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April 22, 2016

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

WEST COVINA GROUP CORPORATION GROUP HOME COMPLIANCE AND FISCAL ASSESSMENT REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment and Contract Compliance Review of West Covina Group Corporation (the Group Home) in March 2014 and May 2015. The Group Home has one site located in San Bernardino County and provides services to the County of Los Angeles DCFS placed children and Probation foster youth as well as children from various other counties. According to the Group Home's program statement, its stated purpose is, "to help youths develop the skills and self-esteem which will enable them to become self-sufficient and productive persons in society."

The Group Home has one 6-bed site licensed to serve a capacity of six male children, ages 11 through 17. At the time of review, the Group Home served five DCFS placed children, and one San Bernardino placed child. The children's overall average length of placement was nine months, and their average age was 14.

SUMMARY

CAD conducted a Fiscal Compliance Assessment which included an agency-wide review of the Group Home's financial records, such as financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

West Covina Group Corporation was in full compliance with 5 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influences; Cash/Expenditures; and Payroll and Personnel.

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 sections of our Contract Compliance Review:

Facility and Environment; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident reports (SIRs) were not timely submitted, and Community Care Licensing (CCL) citations; Maintenance of Required Documentation and Service Delivery, related to the Group Home not documenting monthly contact with the County Social Workers, Initial Needs and Service Plans (NSPs) and the Updated NSPs not being comprehensive and timely developed; Personal Needs/Survival and Economic Well-Being, related to two children reporting the Group Home did not help them maintain a Life Book/photo book.

Attached are the details of CAD's review.

REVIEW OF REPORT

On June 16, 2015, Chinelo Maduike, and Patricia Kirkpatrick DCFS CAD, and Kirk Barrow, Out-of-Home Care Management Division (OHCMD) held an exit conference with the Group Home representatives: Gill Hardip, Executive Director; Tonya Alexander, Group Home Administrator; and Susan Pennington, Licensed Clinical Social Worker (LCSW), Group Home Clinician. On March 19, 2014, Omnaya Zaklama, DCFS CAD held the Fiscal exit conference with Hardip S. Gill, Executive Director. The Group Home's representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and to address the noted deficiencies in Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor Controller and CCL.

OHCMD provided technical assistance to the Group Home on July 9, 2015, to assist the Group Home with implementing their CAP. CAD conducted a follow-up visit to the Group Home on October 14, 2015, to verify implementation of the compliance CAP.

If you have any questions, your staff may contact me Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM
LTI:cm

Attachments

c: Sachi Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Gill Hardip, Executive Director, West Covina Group Corporation
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

WEST COVINA GROUP CORPORATION
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR JULY 2014 – JUNE 2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included review of West Covina Group Corporation's financial records for the period of January 1, 2012 through July 31, 2014. CAD reviewed the financial statements, bank statements, check register, and personnel files to determine West Covina Group Corporation Group Home's (the Group Home) compliance with the terms, conditions, and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The agency-wide Fiscal Compliance Assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with 5 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influences; Cash/Expenditures; and Payroll and Personnel.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent fiscal review of the Agency was posted by the Auditor-Controller (A-C) on December 2, 2011. The A-C noted $2,611 in questioned costs and also recommended that the Group Home strengthen its internal controls. The Group Home repaid in full the $2,611.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County Fiscal Year 2015 - 2016.

WEST COVINA GROUP CORPOPRATION
GROUP HOME CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 360911241
Rate Classification Level: 11

	Contract Compliance Review	**Findings: May, 2015**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (All)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (All)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. Efforts to provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (Group Home, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (Group Home, School, Community)	Full Compliance (All)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in the Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. FBI, DOJ, and CACI Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

WEST COVINA GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addresses findings noted during the May 2015 review. The purpose of this review was to assess West Covina Corporation Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The compliance review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, four placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two of four sampled children were prescribed psychotropic medication. The children's case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five Group Home staff files for compliance with Title 22 regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIR) were not timely submitted.

A review of SIRs revealed that the Group Home did not consistently follow SIR reporting guidelines. Three of the 12 SIRs reviewed were submitted late; an incident that occurred on May 25, 2015 was reported until June 1, 2015; an incident that occurred on May 7, 2015 was reported on May 16, 2015; and an incident that occurred on April 21, 2015 was reported until April 28, 2015.

The Out-of-Home Care Management Division (OHCMD) provided technical assistance to the Group Home on June 3, 2015, to assist the Group Home with implementing their Corrective Action Plan (CAP) and provided SIR training.

- Community Care Licensing (CCL) citations.

CCL cited the Group Home for a complaint received on October 6, 2014. According to the report dated December 10, 2014, CCL substantiated a Personal Rights violation. CCL requested a Plan of Correction (POC), which included the Group Home conducting a review of personal rights, and approved emergency intervention techniques with all staff by December 29, 2014. The Group Home submitted a written POC to CCL stating the former staff involved was put on administrative leave and was terminated on October 14, 2014, and confirming completion of the training of its staff on December 22 2014, December 26 2014, and on October 23, 2015. CCL cleared the POC on April 11, 2016. This referral was investigated by a Department of Children and Family Services (DCFS) Emergency Response Children's Social Worker (ER CSW) and the General Neglect allegation Substantiated. DCFS Out-of-Home Care Investigation Section (OHCIS) requested a CAP and on March 12, 2015, OHCIS received and approved the Group Home's CAP.

Recommendations:

The Group Home management shall ensure that:

1. All SIRs are timely submitted.

2. The Group Home is in compliance with Title 22 regulations and free of CCL citations.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Workers (CSWs) monthly contacts were not documented.

In all ten Needs and Services Plans (NSPs) reviewed, the County CSW's monthly contacts were not documented in the case file and were not included in the NSPs.

- Development of Initial NSPs was not timely.

Four Initial NSPs were reviewed and all were not timely developed. The children signed late and/or the dates were missing.

- Development of Updated NSPs was not timely comprehensive.

Although the updated NSPs were developed, 3 of 10 updated NSPs were not signed by the children. On one NSP, the dates on the goals remained the same as the prior NSP. For two NSPs reviewed, the Group Home did not timely obtain the County Social Worker's (CSW) authorization to implement the NSPs and two other NSPs were not sent timely with efforts to obtain the CSW's authorization to implement the NSPs was not documented.

During the exit conference, the Group Home representative stated that a new protocol was implemented to ensure that all parties are involved in the creation of goals and treatment plans, all CSW contacts are documented in the NSPs, and all NSP signature requests are timely and documented. A Group Home representative attended the NSP training provided by DCFS on May 8, 2015.

Recommendations:

The Group Home Management shall ensure that:

3. County CSW's monthly contacts are documented.

4. Timely initial NSPs are developed.

5. Timely, comprehensive updated NSPs are developed.

Personal Needs/Survival and Economic Well-being

- Children are not encouraged and assisted with a Life Book/photo book.

Two of the four children interviewed stated that the Group Home does not encourage and assist them in creating and updating a Life Book/photo book.

On October 14, 2015, CAD conducted a follow-up visit with the Group Home and completed a re-inspection of the minors' photo books which revealed that all minors have an appropriate Life Book/photo book.

Recommendation:

The Group Home Management shall ensure that:

6. Children are encouraged and assisted with a Life Book/photo album.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Contract Administration Division's (CAD's) last compliance report, dated November 25, 2014, identified 11 recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 8 of 11 recommendations for which they were to ensure that:

- County CSW's authorization is obtained prior to the implementation of NSPs.

- Recommended assessments/evaluations are implemented.
- All school age children attend school as required and education goals are facilitated.
- All school age children are provided the appropriate education services to increase academic performance.
- All staff meet the education/experience requirements.
- All appropriate staff have timely health screenings and TB clearances.
- All staff have signed copies of Group Home policies and procedures in their file.
- All staff complete required training.

The Group Home did not implement three recommendations for which they were to ensure that:

- SIRs are appropriately documented, cross-reported, and submitted timely to all required parties via ITrack.
- The site maintains compliance with Title 22 regulations and free of CCL citations.
- Documentation of monthly contact with the County CSW is completed.

Recommendation:

7. The outstanding recommendations from the Fiscal Year 2013-2014 report dated November 25, 2014, which are noted in this report as recommendation numbers one, two and three are fully implemented.

At the exit conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 regulations and Contract requirements.

On October 14, 2015, CAD conducted a follow-up visit and verified all children are encouraged and assisted in creating and updating a life book/photo book. SIRs and NSPs were reviewed and found to not be in compliance. Of the 26 SIRs reviewed, nine were submitted late. One initial NSP was reviewed and found to be signed late by all parties. Four updated NSPs were reviewed and all were found to have incomplete CSW contacts and late signatures with no documentation of the Group Home's efforts to obtain the CSW's signature. In one updated NSP, the Group Home documented their attempt to transport child to a visit in the Group Home contact with CSW section. The Group Home was reminded to fully implement their revised protocol, and to document the implementation. The Group Home will consult with OHCMD for additional support and technical assistance during this review period. CAD Contract Compliance will visit the Group Home to verify that the recommendations noted in this compliance report have been implemented during upcoming reviews.

WEST COVINA GROUP CORP.

4041 CARROLL COURT
CHINO, CA 91710
(909) 591-2589
FACILITY #360911241

July 14, 2015

Ms. Chinelo Maduike, MSW
Children Service Administrator I
Contract Compliance Section
Department of Children and Family Services
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

Subject: Corrective Action Plan (CAP)

Dear Ms. Chinelo,

This is in response to group home monitoring review field exit interview held on June 16, 2015. Attached is corrective action plan for your approval.

You will be receiving the original by mail.

If you have any questions, please call me at (909) 591-2589.

Sincerely,

Hardip Gill

Hardip Gill
Executive Director

WEST COVINA GROUP CORP.

4041 CARROLL COURT
CHINO, CA 91710
(909) 591-2589
FACILITY #360911241

CORRECTIVE ACTION PLAN

1. LICENSURE/CONTRACT REQUIREMENTS:

#4 Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely.

CAP: West Covina Group Home (WCGH) will take the following steps:

- The Administrator has trained all the night shift Facility Mangers on June 22, 2015 and June 26, 2015.
- The Facility Managers will complete the SIR and will report all cross-reported incidents. The Administrator will review all SIR's before they are submitted.
- All SIR's must be reported within 24 hour.
- The Administrator will check ITrack log everydays to make sure that SIR are done properly.
- The Facility Manager will be responsible for submitting the SIR's to all appropriate parties.

#9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review? (SAFETY)

CAP: The CAP was approved on December 10, 2014 by CCL:

- West Covina Group Home Emergency Intervention Plan.
- Pro-Act self control Plan.
- Reasonable force per Pro-Act Intervention.
- How to handle different levels of threats per Emergency Intervention Plan.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY:

#21. Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file?

CAP: The Administrator and in-house Social Worker will met together and came up with the following procedure:

- The staff will document all social worker contact.
- The facility Manager will email this information to the social worker.
- This information will be logged in the logbook and Home Pass verification book.
- The social worker will be responsible for making monthly contact with all the resident DCFS social worker.
- The social worker will be responsible for adding the information on the NSP.

#23 and # 24 - Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

CAP:

- The in-house social worker and the administrator will have a team meeting with each resident and staff to ensure that they are involved in the development of their NSP.
- This will be done quarterly.
- After administrator review, a copy of NSP will be given to resident for review and signature.
- The Administrator will email this copy of NSP to the social worker for review and signature within 5 days of completion.

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

#55. Are children encouraged and assisted in creating and updating a life book/photo album?

CAP:

- The Facility Manager will be responsible for working on Life books twice weekly.
- The residents will be taking pictures during outings, family visits, school and sporting events.
- The Administrator will check life book/photo album every week to make sure everything is done properly.

Note: All CAP revisions will be effective July 15, 2015.