COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

December 3, 2015

TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **YOU ARE THE DIFFERENCE FOUNDATION (LOVING LIFE) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Loving Life Group Home, operated by You Are the Difference Foundation Incorporated, in November 2014. Loving Life has two (2) sites, Loving Life I and Loving Life II, located in the Second Supervisorial District of Los Angeles County. Loving Life provides services to Los Angeles County Probation foster children only. According to Loving Life's program statement, its purpose is to provide residential care and treatment to children with emotional and behavioral problems that require mental health treatment, behavioral interventions and intensive supervision.

Loving Life site I is an eight-bed site, licensed to serve a capacity of eight (8) boys, ages 13-18 years old. Loving Life site II is a six-bed site and is licensed to serve a capacity of six (6) boys, ages 13-18 years old. At the time of review, Loving Life was serving 14 Los Angeles County Probation children. Based on the sample size, the placed children's overall average length of placement was four (4) months, and their average age was 16 years old.

Five (5) Probation children were randomly selected for the sample. There were two (2) children in the sample who were prescribed psychotropic medication. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Loving Life sites I and II, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Loving Life was in compliance with four (4) of the 10 areas of our Contract Compliance Review: "Education and Workforce Readiness", "Psychotropic Medication", "Personal Needs/Survival and Economic Well Being", and Discharged Children".

Although, PPQA/GHM noted deficiencies in six (6) of the 10 areas, there were no egregious findings in any of the areas. In the area of "Licensure/Contract Requirements", Loving Life needed to ensure that the allowance and clothing logs maintain a current ledger accounting with columns for income, disbursements and balance for each client, as their clothing log was missing the full balance. In the area of "Facility and Environment", Loving Life needed to ensure that graffiti was removed from bedrooms, a hole was repaired in the bedroom ceiling and a closet door is painted. In the area of "Maintenance of Required Documentation and Service Delivery", Loving Life failed to develop comprehensive initial and quarterly Needs and Services Plans (NSPs), and in the area of "Health and Medical Needs", Loving Life needed to ensure that initial dental exams are conducted in a timely manner, as well as dental follow-ups. In the area of "Personal Rights and Social/Emotional Well-Being", Loving Life needed to ensure that children have the freedom to attend or not attend religious services or activities of their choice, and finally, in the area of "Personnel Records", Loving Life needed to ensure that documentation is included in each staff's personnel file showing that they have met the education/experience requirement for the hired position, as well as documentation of staff completing their annual training in a timely manner.

REVIEW OF REPORT

On January 23, 2015, Probation PPQA Monitor Raymond Ro, held an Exit Conference with Loving Life's Administrator Alice Brown. Administrator Brown agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Loving Life Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

A copy of this compliance report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:MEP:REB
LCM:ed

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Alice Brown, Loving Life Administrator
Community Care Licensing

YOU ARE THE DIFFERENCE FOUNDATION (LOVING LIFE) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Loving Life Group Home I
700 South Burris Avenue
Compton, CA 90021
License Number: 191600185
Rate Classification Level: 10

Loving Life Group Home II
9601 S. Hobart
Los Angeles, CA 90047
License Number: 198204496
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: November 2014**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Improvement Needed
	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. Full Compliance
	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. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed
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. GH's efforts to provide 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. Reasonable Chores 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 (GH, School, Community)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH School, Community)	13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in 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	Full Compliance (ALL)
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. DOJ, FBI, and CACIs 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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

YOU ARE THE DIFFERENCE FOUNDATION (LOVING LIFE) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Loving Life's compliance with the County contract and State regulations and include a review of the Loving Life's program statement, as well as internal administrative policies and procedures. The monitoring 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
- Personnel Records

For the purpose of this review, five (5) placed children were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, two (2) placed child were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess Loving Life's compliance with permanency efforts.

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following six (6) areas were out of compliance.

Licensure/Contract Requirements

- During a review of the children's clothing allowance logs, it was discovered that Loving Life I and Loving Life II did not document the full balance in the clothing log balance column. The clothing allowance log did not have columns for "income" and "disbursements", and the full

balance was not documented. The weekly allowance log was reviewed and it was properly documented that each youth receives their weekly allowance.

Recommendation

Loving Life's management shall ensure that:

1. All children's files have accurate clothing allowance records, which include current ledger accounting with columns for income and disbursements, as well as documenting the full balance for each child.

Facility and Environment

An inspection of the interiors and exteriors of Loving Life revealed some cosmetic deficiencies on the exterior, in the common areas and in the children's bedrooms that require correction.

- At Loving Life I, graffiti was located on the front door of the backyard storage room. In bedroom #1, there was graffiti located on the left side drawer, and in the closet, there was a crack in the closet wall and ceiling. In bedroom #4, there were spider webs on the corner of the ceiling. Additionally, the hallway smoke detector was not working properly.

- At Loving Life II, the backyard fence latch was broken. In bedroom #1, the closet side door needs paint, and there was also a small hole in the ceiling. In bedroom #2, eight (8) curtains were missing. On one of the dressers, drawer #2 had graffiti.

Recommendation

Loving Life's management shall ensure that:

1. All of the aforementioned physical deficiencies cited on the exterior are corrected and repaired in a timely fashion.

2. All of the aforementioned physical deficiencies cited in the common areas are corrected and repaired in a timely fashion.

3. All of the aforementioned physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion.

Maintenance of Required Documentation and Service Delivery

Five (5) children's files were reviewed, and of those five (5), five (5) Initial Needs and Service Plans (NSPs) were reviewed and five (5) Updated NSPs were reviewed.

- Of the five (5) Initial NSPs reviewed, one (1) was missing a date from the Deputy Probation Officer (DPO) of Record. Therefore, Loving Life was not compliant with the section, "Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSP?"

- Of the five (5) Initial NSPs reviewed, all five (5) were not comprehensive. On two (2) Initial NSPs, the Grade Point Averages were missing. All five (5) had either the wrong Concurrent Plan box checked or no box checked at all. On two (2) NSPs, the box for PPLA was checked without justifying why Adoption or Legal Guardianship wasn't chosen. On one (1) Initial NSP, there was minimal information under the Education section for a youth who was diagnosed as Emotionally Disturbed requiring Special Education Services. All five (5) lacked detailed and specific information under NSP Visitation, and it is clear that this section was written outside of the team process with the Probation Officer, since there is no coordination documented as to what visitation, if any, is not approved and who are the important connections. Lastly, the goals on all three Initial NSPs are poorly written with broad clinical language and time frames that are not realistic or specific to each youth. Therefore, Loving Life was not compliant with the section, "Development of Timely, Comprehensive Initial NSPs with Child's Participation".

- Of the five (5) Updated NSPs reviewed, two (2) lacked comprehensive and specific information. Two (2) NSPs did not have any information to document the child's current Grade Point Average and high school credits were missing. One (1) NSP lacked medical/dental exam dates, and the reason why there was a delay in receiving the medical card. One (1) NSP, under the element "Adjustment to Placement", there was not enough information documented regarding, "What is defiant behavior?" Therefore, Loving Life was not compliant with the section, "Development of Timely, Comprehensive Updated NSPs with Child's Participation".

Recommendation

Loving Life's management shall ensure that:

1. Each child's NSP has the County worker's signature/authorization date. The Administrator shall detail in a CAP the reason for non-compliance, how the plan will be implemented and the plan to maintain compliance.

2. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Initial NSP. The Administrator shall detail in a CAP the reason for non-compliance, how the plan will be implemented and the plan to maintain compliance.

3. The aforementioned NSP deficiencies are corrected so that each child has comprehensive Updated NSP. The Administrator shall detail in a CAP the reason for non-compliance, how the plan will be implemented and the plan to maintain compliance.

Health and Medical Needs

Five (5) children's files were reviewed to assess services associated with health and medical needs, and the following deficiencies were identified:

- A review of the files revealed that one (1) of the five (5) children was not provided with a timely initial dental examination. In the initial NSP, it is documented that the child did not receive an initial dental exam within the required time frame. Loving Life was out of compliance with the element "Initial Dental Examination conducted timely." Though the youth did see a dentist on July 14, 2014, within the one month time frame, Loving Life never documented it on the NSP.

- A review of the files revealed that one (1) of the five (5) children was not provided with a timely follow-up dental examination. In the quarterly NSP, it is documented that the youth did have an appointment to see a dentist on August 20, 2014; however, the youth refused to be seen by a dentist. There was no explanation provided by Loving Life as to why the youth refused his follow-up dental appointment. Loving Life was out of compliance with the element "Follow-Up Dental Examination conducted timely", as there was no documentation.

Recommendation

Loving Life's management shall ensure that:

1. All children are provided with an initial dental examination by a dentist within 30 days of placement.

2. All children are provided with a follow-up dental examination by a dentist.

Personal Rights and Social/Emotional Well- Being

During the interview process, one (1) of the five (5) children reported attending church when he did not want to due to "staffing issues".

Recommendation

Loving Life's management shall ensure that:

1. All attendance to religious services shall be on voluntary basis. The Administrator shall detail in a CAP the reason for non-compliance, how the plan will be implemented and the plan to maintain compliance.

Personnel Records

Upon reviewing a sample of Personnel Files at both Loving Life facilities, one (1) of the five (5) employees did not have verification of their educational/experience qualifications in their personnel file. In addition, three (3) of the five (5) files did not have current Pro-Act training, as it was expired.

Recommendation

Loving Life's management shall ensure that:

1. All necessary paperwork and documents to verify each employee's educational/experience qualifications and training are to be included in their personnel files. The Administrator shall detail in a CAP the reason for non-compliance, how the plan will be implemented and the plan to maintain compliance.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated November 26, 2014, identified 15 recommendations.

Results

Based on the follow-up, Loving Life fully implemented seven (7) of the 15 previous recommendations for which they were to ensure that:

- All vehicles had proof of valid registration from the DMV in accordance with CCL, Title 22 standards.

- Each child's NSP has the Group Home staff's signature and the NSP is implemented and discussed with staff in accordance with CCL, Title 22 Standards.

- The Group Home is to assist the children in making their educational progress is documented in their NSP.

- The Group Home is assisting the children in making education progress and is documented in addition each child is provided the opportunity and encouraged to participate in YDS/Vocational Programs, in accordance with CCL, Title 22 Standards.

- All Children are provided with a thorough physical examination by a medical doctor within 30 days of admission, in accordance with CCL, Title 22 Standards.

- All children are encouraged in creating and maintaining photo or life books upon arrival in the Group Home, in accordance with CCL, Title 22 Standards.

- All necessary health paperwork, documents, and initial 24 hours of training are included in each employee's personnel files, in accordance with CCL, Title 22 Standards.

However, the follow-up discovered that Loving Life failed to fully implement eight (8) of the previous 15 recommendations for which they were to ensure that:

- Again, both sites did not have accurate clothing allowance records which are to include a current ledger accounting, with columns for income, disbursements and a balance for each child; therefore, Loving Life failed to implement their previous fiscal year's Corrective Action Plan.

- Most deficiencies noted to the Exterior, Common Areas and Children's Bedrooms were repaired or replaced with in accordance with CCL, Title 22 Standards. However, the hallway smoke detector at Loving Life I was not fixed.

- Each child's NSP has the county worker's signature/authorization to implement the NSP; however, the authorization date was missing in accordance with CCL, Title 22 Standards.
-
- The initial NSP was not comprehensive, as it was missing the Grade Point Average.

- The quarterly NSP was not comprehensive, as it was missing Grade Point Average, credits earned and documentation was explained in detail as to why the child was not receiving his medical card.

- All attendance at religious services shall be on a voluntary basis, in accordance with CCL, Title 22 Standards. However, one (1) youth was required to attend religious service due to staffing issues.

- Upon review of five (5) Personnel Files at both Loving Life facilities, one (1) file did not have verification of their education/experience qualifications in their personnel file.

- Upon review of five (5) Personnel Files at both Loving Life facilities, three (3) did not have record of their initial training in their file.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Loving Life Group Home by the Auditor Controller is underway for the 2014-2015, fiscal year. A report has not yet been posted by the Auditor Controller.

Loving Life Homes

700 S. Burris Ave Compton, Calif, 90221 (310) 608-0150 (310) 608-6920, Fax

9601 S. Hobart Blvd Los Angeles, Calif. 90047 (323) 757-9491 (323) 757-9191, Fax

---

Dear Mr. Ro June 10, 2015

This corrective action plan is a response to the exit conference for Loving Life Homes on January 23, 2015 and subsequent meetings since February 22, 2015.

I. Licensure/Contract Requirements

Deficiency: (Compton and LA Site) both sites – Allowance/Clothing logs do not have a current ledger accounting with columns for income disbursements and balances for each client. Clothing log missing full balance.

The allowance ledger we had in place was missing section for total balance, and the clothing log ledger was missing section for remaining balance.

Correction: The proper forms have been updated, and are presently in place at both sites with disbursements, beginning and running or closing balances. All forms will be reviewed by the administrator monthly and will be updated as needed.

II. Facility and Environment

Deficiency: An inspection of the interiors and exteriors of Loving Life revealed some cosmetic deficiencies on the exterior, in the common areas and in the children's bedrooms that require correction.

(Compton Site) Graffiti found on the door of the storage closet located next to the front door of the facility was done by one of the residents. The smoke detector in hallway was found not to be working properly needed a new battery. Graffiti was found on the left side of the dresser drawer in bedroom #1 was done by one on the residents residing in that room. A crack was found on the ceiling of the closet of bedroom #1. Spider webs were found on the ceiling of bedroom #4 due to staff not properly monitoring the youth during room cleanup.

Correction: (Compton Site)

1) Graffiti found on the storage closet has been removed and painted over.

2) The battery was replaced in the smoke detector in the hallway, and is now working properly.

Loving Life Homes

700 S. Burris Ave Compton, Calif, 90221 (310) 608-0150 (310) 608-6920, Fax

9601 S. Hobart Blvd Los Angeles, Calif. 90047 (323) 757-9491 (323) 757-9191, Fax

3) Graffiti found on the dresser drawer in bedroom #1 has been removed.

4) Crack found in the ceiling of the closet in bedroom #1 has been plastered and painted.

5) Spider webs found on the ceiling of bedroom #4 have been removed.

(LA Site) Fence latch on the side of the house would not fasten properly, due to the hole in the wall where the bolt slides in needing to be repaired. Paint peeling on closet door in bedroom #1. Hole found in ceiling of bedroom #1. Window blinds in bedroom #2 has 8 separate strips with the ends broken off, due to the constant opening of the window without pulling up the blinds. Graffiti found on dresser #2 in bedroom #2, which was done by one of the resident residing in that room.

Correction: (LA Site)

1) The hole on the wall next to the fence had to be repaired in order to properly fasten the latch on the fence.

2) The closet door in bedroom #1 was sanded and repainted.

3) The hole in the ceiling of bedroom #1 has been plastered and painted over.

4) The blinds in bedroom #2 have been replaced.

5) Graffiti on dresser #2 in bedroom #2 has been removed.

At the end of each shift, off going and on coming staff will perform a complete walk through of the facility inside and out, and document any deficiencies found in the shift exchange log. Managers will review the shift exchange log daily and insure that any deficiencies noted are addressed and corrected immediately.

Loving Life Homes

700 S. Burris Ave Compton, Calif, 90221 (310) 608-0150 (310) 608-6920, Fax

9601 S. Hobart Blvd Los Angeles, Calif. 90047 (323) 757-9491 (323) 757-9191, Fax

III. Maintenance Of Required Documentation And Service Delivery

Deficiency: Of the five (5) Initial NSPs reviewed, one (1) was missing a date from the Deputy Probation Officer (DPO) of Record. Client#2 NSP had no dates on the signature page for the DPO.

This was an oversight in that the DPO mistakenly did not date it and the facility social worker missed this information.

Correction: Dates were reviewed and added to this youth's signature page based on the meetings that occurred with this client and family. A system to monitor and review signatures and dates on all N&S/Quarterly Reports has been implemented which will include the manager or administrator and the facility social worker will also review that correct dates are on all reports after the N&S Plan/Quarterly meetings.

Deficiency: Of the five (5) Initial NSPs reviewed, all five (5) were not comprehensive. On two (2) Initial NSPs, the Grade Point Averages were missing. Client #4 and client #5 had missing credits earned and no GPA listed on the education portion of the NSP/Quarterly Report.

This was an oversight by Loving Life Home administration.

Correction: The GPA and missing credits information was added to the NSP/Quarterly Reports of both clients. The school liaison and caseworker will ensure that N&S Plans/Quarterly Reports are comprehensive by inputting missing credits and GPA information documented and updated regularly on the educational portion of the report. Information even after discharge, or at the end of a semester, or if a client is in middle school and has no GPA or missing credits, this will be documented in the educational information section of the report. The development of comprehensive N&S Plans/Quarterly Reports is a team effort as well as the weekly monitoring and reviewing by the manager and/or the administrator along with a review and sign off by the facility social worker.

Deficiency: Of the five (5) Initial NSPs reviewed, all five (5) had either the wrong Concurrent Plan box checked or no box checked at all. On two (2) NSP's, the box for PPLA was checked without justifying why Adoption or Legal Guardianship wasn't chosen. On one (1) Initial NSP, there was minimal information under the Education section for a youth who was diagnosed as Emotionally Disturbed requiring Special Education Services. All five (5) lacked detailed and

specific information under NSP Visitation and it is clear that this section was written outside of the team process with the Probation Officer since there is no coordination documented as to what visitation, if any, is not approved and who are the important connections. Lastly, the goals on all three Initial NSP's are poorly written with broad clinical language and time frames that are not realistic or specific to each youth. Therefore, Loving Life was not complaint with the section, "Development of Timely, Comprehensive Initial NSP's with Child Participation.

The LLH team completing the NSP had not been trained sufficiently on Concurrent Planning and an oversight occurred in developing the visitation section with the DPO.

Correction: LLH treatment team will have updated training conducted by Care Providers on November 6, 2015 on the topics of Permanency, Family Finding, Case Plan Goal and Concurrent Planning Goals. The LLH Treatment team is composed of the PO, an administrator and a licensed clinician who will coordinate and collaborate on each NSP. The LLH Treatment team member will hold a weekly conference call to ensure accuracy. In addition, a monthly meeting will be held to document, overview, and address all goals and information outlined in the NSP. By addressing the NSP's at several intervals, LLH will facilitate a detailed concurrent plan that will fully denote and support the goals and information submitted. The youth's first MDT after admission will result in a detailed concurrent plan that will fully indicate the rational for the box/category selected and will address those boxes not selected as applicable to the status of the youth in the review and will uphold the choice as to the reason the other boxes were not selected. The concurrent plan will also outline the visitations plan in regard to the parent, other adults or sibling as well as any other connections that prove salient to the youth and who is approved and not approved by the DPO the parent or family.

Our facility trainer, PhD Psychologist, is attending the T4T training on 10/23/15 and will train LLH staff on Saturday, November 21, 2015. All staff will be required to attend this training on the topic of the Developmentally Disabled, which includes any youth with an IEP and/or a learning disability. LLH will elaborate by documenting on the services required for that youth as it pertains to the IEP in the Education portion of the N&S report. The LLH Treatment team will ensure that this information is included in the final report including how they are classified at school related to the Resource Specialist Program, Seriously Emotional Disturbed and if a Non-Public placement is warranted (information shared within HIPPA guidelines).

Loving Life Homes

700 S. Burris Ave Compton, Calif, 90221 (310) 608-0150 (310) 608-6920, Fax

9601 S. Hobart Blvd Los Angeles, Calif. 90047 (323) 757-9491 (323) 757-9191, Fax

All members of the Treatment Team, who develop, complete and write the NSP reports, will receive updated training with Care Providers on November 6, 2015. We will thereby be more informed with how to write goals that are child-specific, comprehensive, measurable and realistic. LLH Treatment Team and Administration will put into operation a quality assurance system by implementing a review of each NSP report at least twice monthly. We will devise a blue print that requires each indexed section of the NSP to be reviewed singularly in order to address the prominent areas necessary for overall compliance and completion. The LLH Clinical Social Worker will oversee that this protocol is adhered to and will sign off on each section approving the aforementioned standards of NSP compliancy have been achieved. This process will be in place by November 1, 2015.

LLH therapist and case worker will be trained by Care Providers on November 6, 2015 in the use of SMART goals and will utilize SMART goals yielding a quantitative, as well as qualitative outcome, for all the NSP reports, which will be reviewed and signed off by the Treatment Team. Client's goals are developed directly with the youth, starting within the 7 days after admission. The client's clinical behaviors, past assessment information and the clinician's current assessment will be taken into consideration. Through the aforementioned process, LLH Treatment Team will facilitate an appropriate clinical picture, realistic time frames and specificity to the youth's circumstances.

Deficiency: Of the five (5) Updated NSPs reviewed, two (2) lacked comprehensive and specific information. Two (2) NSPs did not have any information to document the child's current Grade Point Average and high school credits were missing.

This was an oversight by Loving Life Home administration.

Correction: The GPA and missing credits information was added to the NSP/Quarterly Reports of both clients. The school liaison and case worker will ensure that N&S Plans/Quarterly Reports are comprehensive by inputting missing credits and GPA information documented and updated regularly on the educational portion of the report. Information acquired even after discharge, at the end of a semester, or if a client is in middle school and has no GPA or missing credits, this will be documented in the educational information section of the report.

The development of a comprehensive N&S Plans/Quarterly Reports is a team effort. The weekly monitoring and review of academic records by the School Liaison, the administrator along with a review and signed off by the Treatment Team.

Loving Life Homes

700 S. Burris Ave Compton, Calif, 90221 (310) 608-0150 (310) 608-6920, Fax

9601 S. Hobart Blvd Los Angeles, Calif. 90047 (323) 757-9491 (323) 757-9191, Fax

Deficiency: One (1) NSP lacked medical/dental exam dates, and the reason why there was a delay in receiving the medical card. Client #1 NSP (Medical/Physical/Dental record page 4) involved a delay in receiving the medical card number.

There are systemic issues with receiving or not receiving the medical cards correct number. Once a medical card number is no longer valid, DCFS was contacted to rectify this recurrent problem. There are delays before we receive the correct number or this number may change again before the client's appointment, resulting in another phone call to DCFS for additional numbers. This number may change up to three to four times before the correct number information is known.

Correction: Staff members will receive on-going training offered through the Department of Health Care Services Medi-Cal that will start in January 2016. In addition, LLH staff will attend classes, seminars, and/or webinars offered by UC Davis Extension educational programs on the topic of Medi-Cal. UC Davis will also begin the calendar year in January 2016. Once a week, the LLH site managers will review the facility records and insure that the proper documentation of all client's medical cards are correct and documented on our forms and placed in the client files.

Deficiency: One (1) Updated NSP, under the element "Adjustment to Placement", there was not enough information documented regarding, "What is defiant behavior?" Client #1 N&S/ Quarterly 4-8-14 & 7-11-14 (Adjustment to Placement page 2) this section read "numerous documentations of defiant behavior".

This was an oversight by Loving Life Home Administration.

Correction: Specific defiant behaviors were listed in the client's Youth Observation Log and the client's behaviors were taken from that form and placed in both reports and they were: taking back to staff, not listening or following directions, setting off his alarm in his room, cursing at staff and the use of gang talk, this information was placed on the 4-8-14 and 7-11-14 reports. The LLH staff members (case worker or social worker) will be retrained as required in the proper procedures for developing, documenting and completing comprehensive N&S/Quarterly Report. Once a week the Treatment Team will review documentations for all client goals to ensure they are documented appropriately and are based on staff feedback as well as observation and are modified based on a review of that youth's current behaviors and barriers. All goals will be related to the level of the youth's capacity and the ability to change goals for

future compliance and will be modified by the client's individual therapist as needed. The development of comprehensive N&SP/Quarterly Reports is a team effort as well as the weekly monitoring and reviewing by the manager and or the administrator along with a review by facility Social Worker. Training of staff for the topic of Functional Behavioral Analysis has been scheduled for all group home staff by the Group Home Consultant for Trainings.

IV. Health and Medical Needs

Deficiency: A review of the files revealed that one (1) of the five (5) children was not provided with a timely initial dental examination. (Compton Site) There was no documentation in the file of client #1 supporting if he had initial dental examination.

Staff misplaced the document showing that client #1 did in fact have an initial dental exam.

Correction: Documentation showing that this youth did indeed have an initial dental exam was gathered from the dental office and placed in the file of client #1.

Deficiency: A review of the files revealed that one (1) of the five (5) children was not provided with a timely follow-up dental examination. (Compton Site) there was no record on file to indicate if client #1 had a follow up dental appointment.

Documentation showing that client #1 did have a follow up dental appointment was documented in the staff communication log instead of the youth's file.

Correction: Documentation of the follow up dental appointment for client #1 has been placed in his file. Staff members will be retrained every six months on the proper procedures for gathering and filing medical and dental documents. Once a week, the managers will review the facility appointment schedules, and insure that documentation of all clients' appointments are documented on the appropriate forms and placed in the files.

V. Personal Rights and Social/Emotional Well-Being

Deficiency: During the interview process, one (1) of the five (5) children reported attending church when he did not want to due to "staffing issues". (Compton Site) Client #3 reported that he had to attend church when he did not want to attend.

Youth are never forced or coerced to attend church regardless of staffing; youth attended willingly as did other youth who have attended church with the youth.

Correction: During orientation all clients are informed that they have the right to refuse attending church, as well as the right to visit their own clergy of choice. We will inform the clients again, on their rights not to attend church services before asking them if they would like to attend. Additionally, all youth who do attend church will sign a statement acknowledging they are attending on their own freewill and accord.

VI. Personnel Records

Deficiency: Upon reviewing a sample of Personnel Files at both Loving Life facilities, one (1) of the five (5) employees did not have verification of their educational/experience qualifications in their personnel file. In addition, three (3) of the five (5) files did not have current Pro-Act training, as it was expired.

(Compton Site) Documentation showing past experience or education for staff #3 was not in the file.

The information for past experience and or education documentation was not present in the file of staff # 3 at the time of the review. This was an oversight by the administration and the information was misfiled.

Correction: Documents pertaining to past experience and education, such as resume and transcripts, has been collected and placed in the file of staff #3.

Deficiency: (Compton Site) There was no record of initial Pro-Act training, as well as expired certificates in the files of staff #3, #4, and #5.

Staff #3, #4, and #5 did receive the Pro-Act refresher training at the end of 2014; however, we had not received their certificates at the time of the inspection.

Correction: All certificates have been gathered and placed in the employee files. For all Personnel records, Administration will review all staff files on a monthly basis using a checklist to insure that all documents required for employment are complete, that any expired documentation is replaced with updated documentation and that current certificates are in the employee's file.

LOVING LIFE HOME EMPLOYMENT FILE CHECK LIST

Loving Life I Facility #: 191600185
Loving Life II Facility #: 198204496

Staff Name:_____ Date of Hire:_____
Position: _____

SSN: _____ DL#: _____

Associated Y ☐ N ☐ Date In:_____

Document	IN	Date
Personnel Record Form		
Criminal Record Statement LIC 508 Name of CCL Personnel:_____		
Fingerprint Clearance (DOJ/FBI) Name of CCL Personnel:_____		
Child Abuse Index Clearance LIC 198 Name of CCL Personnel:_____		
Abuse Reporting Form LIC 9108 Name of CCL Personnel:_____		
Associated Clearance By CCL/Who_____ Confidentiality Statement: Reviewed? Signed? _____		
Health Screening/TB Test Results LIC 503		
First Aid Card/Expires_____/_____		
Verification of Education/Experience		
Driver's License or DMV Printout		
Pro Act Certification/Expires_____ **Other Certificates/Trainings:**_____ _____		