COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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CALVIN C. REMINGTON
Interim Chief Probation Officer

March 28, 2016

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

FROM: Calvin C. Remington
Interim Chief Probation Officer

SUBJECT: **GUIDING LIGHT HOME FOR BOYS INC. GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Guiding Light Home for Boys Inc. in October 2015. Guiding Light has two sites, located in the Fifth Supervisorial District of Riverside County. They provide services to Los Angeles County Probation foster children and Los Angeles County Department of Children and Family Services (DCFS) foster children. According to Guiding Light Home for Boys Inc.'s program statement, its purpose it to provide a structured group living environment designed to motivate and modify behavioral problems and provide treatment for drug and alcohol dependency, anger management, group therapy, one on one therapy, mentorship programs, extensive emancipation, counseling services, tutoring services and church services for those who are interested.

Guiding Light Home for Boys has two (2) six-bed sites and is licensed to serve a capacity of 12 boys, 14-17 years of age. At the time of review, Guiding Light did not have any Los Angeles County Probation or DCFS foster children.

There were no discharged children files to review to assess compliance with permanency efforts since there have been no Los Angeles County foster children placed in the past year, and five staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

Guiding Light was in compliance with none of the 10 areas of our Contract Compliance Review. Seven (7) of the areas were not applicable due to the Group Home not having any Los Angeles County Probation or DCFS children placed for the sample. The following areas did not apply during this monitoring review: "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", and "Discharge Children".

Although PPQA/GHM noted deficiencies in the remaining three (3) of the 10 applicable areas, there were no egregious findings or child safety issues in any of the areas. In the area of "Licensure/Contract Requirements", Guiding Light Home for Boys Inc. needed to ensure that their vehicles are kept in good repair and that they are free of substantiated Community Care Licensing complaints. These were the same deficiencies in this area from the last review period. It was noted in the area of "Facility and Environment" that Guiding Light Home for Boys Inc. needed to make minor repairs to the interior of the home, ensure children had hot running water and remove a broken basketball goal, which could be a hazard due to the shattered backboard. In the area of "Personnel Records", Guiding Light Home for Boys Inc. failed to ensure that all employees had their required training, and one staff was missing their current driver's license.

REVIEW OF REPORT

On November 5, 2015, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Guiding Light Home for Boys Inc. Assistant Administrator Stanley Powell. Mr. Powell 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).

Guiding Light Home for Boys Inc. provided the attached approved CAP addressing the recommendations noted in this compliance report and explained how they will ensure that repeated deficiencies of the same nature will be avoided. 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; however, a quarterly follow up will be conducted on vehicles and hot running water to ensure the agency's adherence to their CAP in this area. 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 and Community Care Licensing.

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.

CCR:REB
LCM:ae

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Lori Glasgow, Executive Officer, Board of Supervisors
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
Candace Hache, Guiding Light Administrator
Community Care Licensing

GUIDING LIGHT HOME FOR BOYS INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Guiding Light, Site 1
License Number: # 336426160
Rate Classification Level: # 10

Guiding Light, Site 2
License Number: # 336423734
Rate Classification Level: # 10

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

	8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	
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	N/A
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	N/A
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	N/A
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	N/A

	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) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
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	N/A
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	N/A
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. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed

GUIDING LIGHT HOME FOR BOYS INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The purpose of this review was to assess Guiding Light Home for Boys compliance with the County contract and State regulations and include a review of the Guiding Light Home for Boys Inc.'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

At the time of the review Guiding Light Home for Boys Inc. did not have any Los Angeles County DCFS or Probation foster children placed. Guiding Light has not had any Los Angeles County children during the last 2 monitoring reviews; therefore, discharge children's files were not available to review to assess for 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

Of the 10 areas under review only three (3) were applicable, and the following three (3) areas were out of compliance.

Licensure/Contract Requirements

Of the nine (9) elements under this area, only four (4) elements were applicable to review due to the fact that there were no Los Angeles County foster youth placed. The areas reviewed included vehicle condition; disaster drills; runaway procedures and CCL complaints, and the deficiencies noted are as follows:

- During the inspection of the facility vehicles, it was noted that the vehicle located at the Middle Brook Site (Site 2) needed to replace the rear storage compartments on both sides of the van. The rear storage/cup holder compartments were missing from both sides of the van leaving the inside of the van exposed. Graffiti needed to be removed throughout the vehicle, as there was graffiti scratched on the side walls inside the van near the top of the seat belts on both sides.

- Guiding Light Home for Boys Inc.'s Saffron Site (Site 1) has a substantiated allegation from April 16, 2015, for a personal rights violation for a staff not allowing the children to receive telephone calls. Guiding Light has satisfied Community Care Licensing's requirement for this citation by conducting training on personal rights on April 30, 2015.

Recommendation

Guiding Light Home for Boys Inc. management shall ensure that:

1. All vehicles are repaired in a timely manner and remain in good repair.

2. All sites strive to be free of substantiated complaints by adhering to all Community Care Licensing Requirements and Standards.

Facility and Environment

An inspection of the interiors and exteriors of Guiding Light Home for Boys Inc. revealed some cosmetic deficiencies that require correction.

- At Guiding Light Home for Boys Inc.-Saffron site (Site 1), the Group Home needs to ensure that the water is hot in the shower and sink of restroom #1. During the inspection, the water was turned on to run, in both areas for approximately two minutes and the water did not get hot.

- The Saffron Site (Site 1) also had expired food. The Group Home had all of the food clearly marked for expiration; however, it remained in the cabinets, available for the children to consume after the expiration date. The inspection revealed five (5) bags of marshmallow's that expired in December 2014, two (2) boxes of stuffing mix that expired in October 2014, three (3) one (1) pound sausage breakfast rolls that expired in March 2015 and eight (8) bags of cookies that expired in January 2015. Once the food was identified, it was pulled from the shelves and out of the refrigerator/freezer and disposed of.

- At Guiding Light Home for Boys Inc.-Middle Brook Site (Site 2), the Group Home needs to replace the window screen in Bedroom #1, remove the graffiti on the door stop in the restroom located in Bedroom #1 and from the closet in Bedroom #1.

- The Middle Brook Site (Site 2) needs to remove the broken portable basketball goal from the back yard due to the shattered backboard which is a potential safety hazard.

- The Middle Brook Site (Site 2) also had expired food. The Group Home had all of the food clearly marked for expiration; however, it remained in the cabinets available for the children to consume. The inspection revealed a mixed vegetable platter in the refrigerator, which was expired by two days, one (1) bottle of ketchup that expired in December 2014, two (2) boxes of crackers that expired in January 2015, four (4) boxes of stuffing mix that expired in January 2015, six (6) jars of spaghetti sauce that expired January 2015 and 22 individual boxes of cereal that expired in January 2015. Once the food was identified, it was pulled from the shelves and out of the refrigerator/freezer and disposed of.

Recommendation

Guiding Light Home for Boys Inc. management shall ensure that:

1. All of the aforementioned deficiencies sited to the common areas of the home are repaired or corrected in a timely manner by ensuring that hot running water is maintained consistently throughout both sites.

2. All of the aforementioned deficiencies sited in the children's bedrooms are repaired or corrected in a timely manner.

3. Sufficient Recreational Equipment/Educational Resources are available and maintained by removing and replacing the broken basketball goal from the backyard.

4. Both sites maintain adequate and nutritious perishable and non-perishable foods and adhere to the product expiration dates.

Personnel Records

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements, and during the review, the following deficiencies were found:

- One staff file was missing a copy of a valid driver's license.

- All five (5) staff files were missing verification of emergency intervention training. All five (5) staff files were also missing the required Commercially Sexually Exploited Children (CSEC) training, Developmental Disability (DD) training and Child Abuse training, as well as documentation of additional annual training. The required annual training could not be verified due to the Group Home's failure to provide the staff training log during the monitoring review. The Group Home did not have training logs due to the fact that training was not received. The person responsible for scheduling staff annual training failed to do so, and once this was discovered, the staff was terminated.

Recommendation

Guiding Light Home for Boys Inc. management shall ensure that:

1. All employees have a copy of their valid driver's license in their personnel file.

2. All employees have verification of all required training present in their personnel files.

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

PPQA/GHM's last compliance report dated August 17, 2015, identified three (3) recommendations.

Results

Based on the follow-up, Guiding Light Home for Boys Inc. fully implemented two (2) of the four (4) previous recommendations for which they were to ensure that:

- All employees have documentation of their education/experience included in their personnel files.

- All physical deficiencies are repaired or corrected in a timely manner.

However, the follow-up discovered that Guiding Light Home for Boys Inc. failed to fully implement two (2) of the previous four (4) recommendations for which they were to ensure that:

- Keep all vehicles in good repair

- Strive to be free from substantiated complaints by adhering to all CCL Requirements and Standards.

- Guiding Light fully implemented the recommendations from the prior year review under Facility and Environment, however; they have new recommendations during this review period.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Guiding Light Home for Boys, Inc. by the Auditor Controller was not scheduled for the 2015-2016, Fiscal Year.

Guiding Light

Home for Boys

Group Home

December 14, 2015

Los Angeles County Probation Department
Group Home Monitoring Unit

Attn: Deputy Probation Officer Ratasha Smith
Lynwood Regional Justice Center
Attention SDPO Pamela Pease
11701 Alameda St 2nd floor
Lynwood, CA 90262

Re: Corrective Action Plan (CAP)

As a result of our November 5, 2015 Audit, the Los Angeles County Probation Department recommended the following corrections for the Corrective Action Plan (CAP):

Licensure/Contract Requirements

Site #2 Van

AREA OF NON-COMPLIANCE (a). Group Home needed to replace rear compartment (cup holders)…In Site #2 van and remove graffiti engraved on the sides.

EXPLAIN THE CAUSE: Due to the population of clients that we serve, clients are destructive and consistently marking their territory by tagging facility property as well as being destructive to release their anger.

HOW WAS THIS IMPLEMENTED: Administrator met with Facility Manager & Lead Staff on recommendation and enforced that van be checked daily due to behavior of clients that are destructive and wanting to mark their territory on company property. Cup Holders were purchased and graffiti was removed by handyman.

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QUALITY ASSURANCE PLAN:
Administrator will ensure that Facility Manager check facility van daily to stay on top of tagging and property destruction. The timeframe for this to be corrected will be 24-48 hours

AREA OF NON-COMPLIANCE: On April 16, 2015 Site#1 had an allegation that was substantiated for personal rights for staff not allowing a client to receive a telephone call.

EXPLAIN THE CAUSE: There was a client on shut down due to his behavior and a particular staff did not allow him to utilize telephone to speak to anyone other than licensing, parents, social worker, and/or probation officer

HOW WAS THIS IMPLEMENTED:
All staff were properly trained due to that allegation and are aware that at no time what so ever even on Shut Down can they be denied phone calls unless it's a court order.

QUALITY ASSURANCE PLAN:
Administrator will ensure that Facility Manager is consistently keeping staff updated and informed on regulations and rules so that personal rights don't get violated.

Facility and Environment

Site #1 Restroom

AREA OF NON-COMPLIANCE
(b). Restroom #1 did not have hot water in the sink or shower.

EXPLAIN THE CAUSE:
Clients from time to time turn knobs out of curiosity. The water temperature knob was turned off in the garage.

HOW WAS THIS IMPLEMENTED:
Administrator met with handyman on recommendation and had water temperature turned up and a case put around it so others are unable to change the temperature.

QUALITY ASSURANCE PLAN:
Administrator and Facility Manager will conduct weekly facility checks to ensure that security is in place in all possible areas to prevent tampering from clients.

AREA OF NON-COMPLIANCE
(c). Site 2 Bedroom #1 did not have a window screen.

EXPLAIN THE CAUSE:
Clients remove screens frequently due to possible AWOLing or just to stick their heads out the window.

HOW WAS THIS IMPLEMENTED:
Administrator met with handyman on recommendation and had window screen repaired that was on the roof. Handyman was asked to screw screen from the outside so that clients cannot remove them, which they tend to do frequently. Daily inspections of screens will be done by staff.

QUALITY ASSURANCE PLAN:
Administrator & Facility Manager will review all screens while doing a weekly facility check to ensure all screens are properly on windows. Time frame for this to be corrected will be 24-72 hours.

Restroom Bedroom #1

AREA OF NON-COMPLIANCE
(c). There was graffiti on the door stop in restroom in bedroom #1and in the closet.

EXPLAIN THE CAUSE:
Due to the population of clients we serve they can be destructive and consistently mark their territory by tagging facility property.

HOW WAS THIS IMPLEMENTED:
Administrator met with Facility Manager & Lead Staff on recommendation and enforced facility to be checked daily around perimeter of the facility inside & out (i.e: door stops and inside closets) due to behavior of clients that are destructive and wanting to mark their territory on company property. The timeframe for this to be corrected will be 24-48 hours.

QUALITY ASSURANCE PLAN:
Administrator & Facility Manager will ensure that facility is inspected daily for all possible graffiti throughout the house. Time frame for this to be corrected will be 24-48 hours.

Site #2 Removal Broken Portable Basketball Goal

AREA OF NON-COMPLIANCE
(d). Removal of broken portable basketball goal from backyard.

EXPLAIN THE CAUSE:
During recreation time one of the clients became upset and purposely destroyed the basketball goal. The goal was in the process of being removed by handyman since it's an item that was too big to install in the trash bin.

HOW WAS THIS IMPLEMENTED:
Administrator met with contracted handy man and asked him to make sure that when an item is destroyed or broken to please remove within 24 hours to prevent any hazard that can take place.

QUALITY ASSURANCE PLAN:
Administrator and Facility Manager will ensure while doing their daily facility plant inspection that all destroyed property is removed within 24 hours off facility premises.

Site #1 & Site 2 Food Items

AREA OF NON-COMPLIANCE
(e). Both Facilities had expired food in the pantries.

EXPLAIN THE CAUSE:
Due to morning staff not fulfilling their job duties food that expired was not removed from pantry.

HOW WAS THIS IMPLEMENTED:

Administrator had AM CCW throw the items away as soon as it was identified. This person was responsible for rotating foods and making sure there was no expired food. Immediately that afternoon AM CCW was terminated for lack of job performance and not following supervisor directives. It was unfortunate, but this is not accepted or allowed.

QUALITY ASSURANCE PLAN:
Administrator/Facility Manager will ensure that morning and NOC staff are rotating food and throwing away expired food from pantry.

Personnel Records

AREA OF NON-COMPLIANCE
(f). Staff Missing Pro Act/TCI Training and Required Annual Training

EXPLAIN THE CAUSE:
Staff were missing Pro Act Training/TCI Training. The Administrator at the time was responsible for scheduling all required trainings and making sure that

all staff attended trainings as scheduled. The administrator failed to schedule trainings.

Due to deliberate non-performance of her responsibilities as a result she was terminated from the company.

HOW WAS THIS IMPLEMENTED:
Executive Director has training set up in December for Pro Act Training for all staff.

Due to changes in the Required CARF Accreditation Director is contracting outside trainer for the New Year to set a calendar for the year 2016 on all the required trainings for the Continuum of Care Requirements to be completed each month covering mandatory topics.

QUALITY ASSURANCE PLAN:
Executive Director will ensure that all required trainings are completed by contracting an outside trainer.

AREA OF NON-COMPLIANCE
(f). Drug & Alcohol Counselor drivers license expired 9-27-15.

EXPLAIN THE CAUSE:
D & A Counselor was off work due to medical issues and had not returned.

HOW WAS THIS IMPLEMENTED:
License is in file. Once she returned copy of license was retrieved.

QUALITY ASSURANCE PLAN:
Administrator will ensure that all pertinent documentation is in clients files.

AREA OF NON-COMPLIANCE
(g). No staff have received CSEC training.

Guiding Light

Home for Boys

Group Home

EXPLAIN THE CAUSE:

Administrator just went to the Training for Trainers CSEC on Monday November 9, 2015. We just received the initial training so that we can implement it to our staff.

HOW WAS THIS IMPLEMENTED:

All required training will be completed as needed to all staff.

QUALITY ASSURANCE PLAN:

Executive Director will ensure that all required training is conducted to all staff. We are currently working on setting up Trainings for 2016 for all required trainings on a calendar to ensure that all staff get properly trained in required areas. There will be an outside trainer contracted to oversee and have a third party to train with all staff for additional benefits learning from a neutral person who specializes in this area.

In conclusion, Guiding Light Home for Boys is currently restructuring our program, bringing in case managers for each site to enhance our Quality Assurance Plan, to maintain compliance, working with a few consultants in preparing to change policies, working on trainings on new implementations, and moving towards the CARF Accreditation Process.

Please advise me if there is anything else in addition that you may need.

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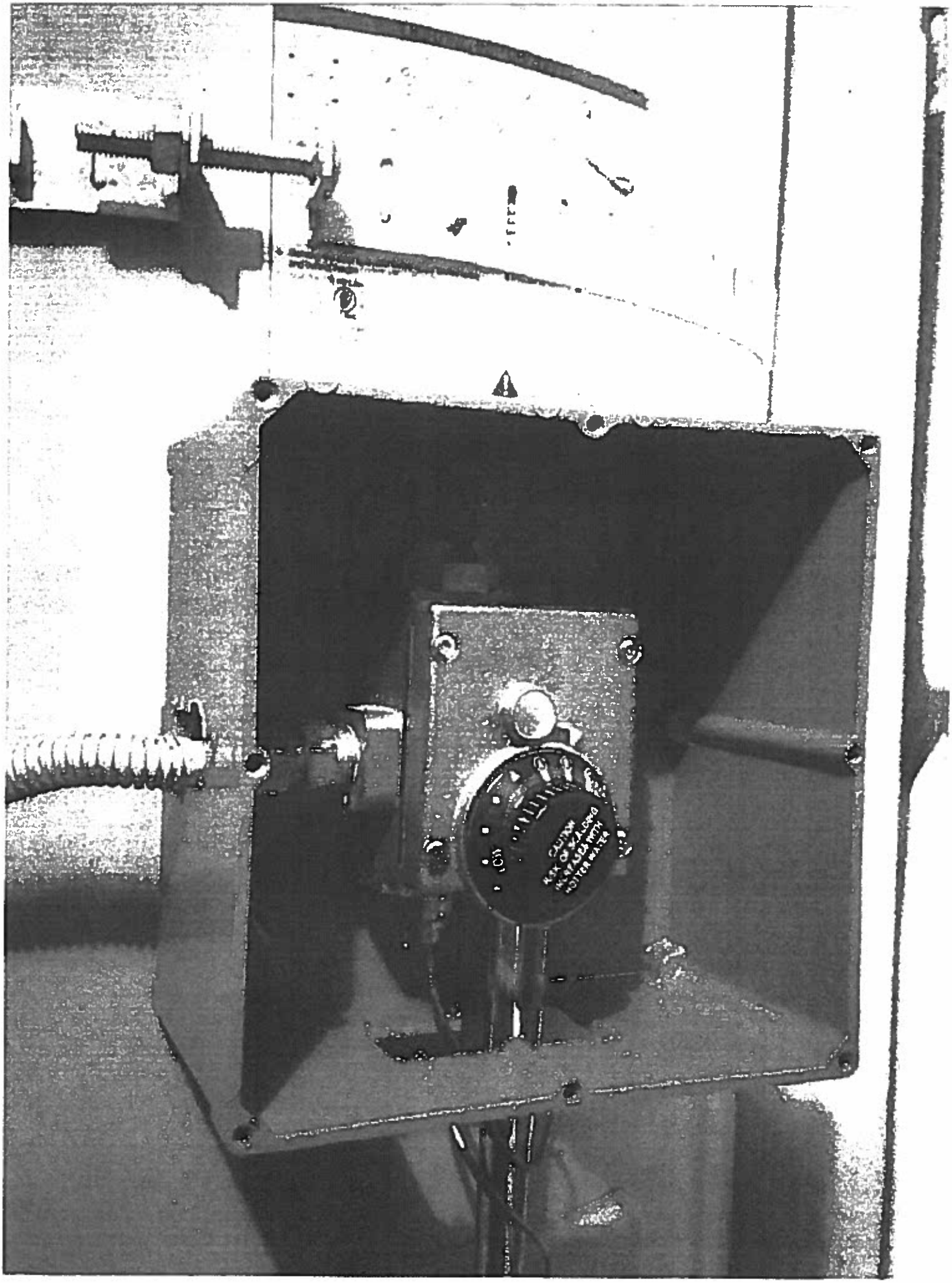
CAUTION
RISK OF SCALDING
INCREASES WITH
HOTTER WATER