County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

BRANDON NICHOLS
Chief Deputy Director

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

April 22, 2016

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

From: Philip L. Browning
Director

MARYVALE GROUP HOME FISCAL COMPLIANCE ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment and Contract Compliance Review of Maryvale Group Home (the Group Home) in October 2015 and November 2015. The Group Home has one site located in the First Supervisorial District, and provides services to the County of Los Angeles DCFS placed children, Probation foster youth, and children from other counties. According to the Group Home's Program Statement, its stated purpose is "to create a healthy, therapeutic milieu in which each individual child is able to grow physically, emotionally, educationally and spiritually."

At the time of the review, the Group Home served 34 DCFS placed children, and three Probation foster youth. The Group Home has a 72-bed site, and is licensed to serve a capacity of 72 girls, ages 6 through 18. The placed children's average length of placement was 11 months and their average age was 15.

SUMMARY

CAD conducted a Fiscal Compliance Assessment which included an agency-wide review of Maryvale's financial records such as financial statements, bank statements, check register, and personnel files to determine their 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 Group Home was in full compliance with all areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; 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 placement environment, and treated with respect and dignity.

The Group Home was in full compliance with 9 of 10 areas of CAD's Contract Compliance Review: Licensure/Contract Requirements; Maintenance of Required Documentation and Service Delivery; Education 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.

CAD noted one deficiency in the area of Facility and Environment, related to a few items of expired food.

Attached are the details of CAD's review.

REVIEW OF REPORT

On December 3, 2015, Patricia Kirkpatrick, DCFS CAD, and Kong Ng, Out-of-Home Care Management Division, held an exit conference with the Group Home representatives: Karen Sammon, Director of Quality Improvement; Karla Martinez, Quality Assurance Specialist; Daniel Talley, Residential Manager; Gina Peck-Sobolewski, Senior Director of Residential Treatment; and Donna LeCesne, Director of Residential Milieu. On September 16, 2015, Molly Sun, DCFS CAD, held a fiscal exit conference with Olga Diaz, Chief Financial Officer; Fay Ji, Controller; and Jose Valdez, Finance Officer. There were no fiscal findings. The Group Home representatives agreed with the review finding and recommendation; were receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and were in agreement with addressing the noted deficiency in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendation noted in this report.

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

PLB:KR
LTI:pk

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Steven Gunther MSW, President and Executive Director, Maryvale
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

MARYVALE GROUP HOME
FISCAL COMPLIANCE ASSESSMENT REVIEW
REVIEW PERIOD 2015–2016

SCOPE OF REVIEW

The Fiscal Compliance Assessment included a review of Maryvale Group Home's (the Group Home's) financial records for the period of October 1, 2013 through September 30, 2014, and April 1, 2015 through July 31, 2015. Contracts Administration Division (CAD) reviewed the 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.

The on-site 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 all areas of the Fiscal Compliance Assessment: Financial Overview, Loans, Advances and Investments, Board of Directors and Business Influence, Cash/Expenditures, and Payroll and Personnel. There were no fiscal findings.

PRIOR YEAR FISCAL COMPLIANCE ASSESSMENT FOLLOW-UP

CAD conducted a Fiscal Compliance Assessment of the Group Home in County Fiscal Year (FY) 2014-2015. The assessment indicated three recommendations to the Group Home. CAD verified that the recommendations had been implemented by the Group Home.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County FY 2016-2017.

MARYVALE GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY
Rate Classification Level 12
License No. 191500468

	Contract Compliance Review	Findings: November 2015
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign-In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (All)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Food	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed
	Maintenance of Required Documentation and Service Delivery (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. DCFS Children's Social 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. DCFS Children's Social 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	Full Compliance (All)

IV	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Group Home Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. Group Home 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 the Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. Group Home's 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	Full Compliance (All)

	12. Children Given Opportunities to Plan Activities in Extracurricular, Enrichment and Social Activities (Group Home, School, Community) 13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities (Group Home, 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 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 a Life Book/Photo Album	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. FBI, DOJ, 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	Full Compliance (All)

MARYVALE GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the November 2015 review. The purpose of this review was to assess Maryvale Group Home's (the Group Home's) 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 review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education 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, five Department of Children and Family Services (DCFS) placed children and two Probation foster youth were selected for the sample. The Contracts Administration Division (CAD) interviewed seven children. During the site visit, the children were observed to be comfortable and well-cared for in the Group Home and staff were observed to be responsive to the children's needs. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, seven placed children were prescribed psychotropic medication. Each child's case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following area out of compliance:

Facility and Environment

- Perishable food was not adequately maintained.

The Group Home's refrigerators contained five individual size milk cartons that were past the use by date. There was a jar of jelly that required refrigeration and was being stored in an unrefrigerated cabinet. CAD immediately notified the Group Home staff and the milk cartons and jar of jelly were discarded.

During the exit conference, the Group Home representative stated that residential staff would be instructed to check the refrigerators and cabinets daily to ensure compliance with product's use by or expiration dates, and to follow all appropriate food storage requirements.

Recommendation:

The Group Home's management shall ensure that:

1. The Group Home adequately maintains perishable food.

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

CAD's last compliance report dated December 7, 2015, identified seven recommendations.

Results:

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

- All vehicles are maintained in good repair.
- Special Incident Reports (SIRs) are submitted timely and cross-reported in accordance with SIR reporting guidelines.
- Comprehensive clothing allowance logs are maintained.
- A detailed Sign-in/out log is maintained.
- The Group Home is in compliance with Title 22 Regulations and free from Community Care Licensing citations.
- Initial Needs and Services Plans (NSPs) are developed timely and with the child's participation.
- Updated NSPs are developed timely and with the child's participation.

At the exit conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. The Group Home made efforts to utilize information from the CAD review to strive towards greater overall compliance. The Group Home will continue to consult with the Out-of-Home Care Management Division for additional support and technical assistance, and CAD will assess implementation of the recommendations during the next review.

Patricia Kirkpatrick, Children's Services Administrator I
Contracts Administration Division - Contract Compliance
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010
Office: (213) 351-0202
Email: kirkpp@dcfs.lacounty.gov

February 18, 2016

Dear Ms. Kirkpatrick,

This Corrective Action Plan is in response to the findings of expired milk in two group refrigerators (St. Cecilia's and St. Goretti's groups) and one perishable jelly noted in an unrefrigerated cabinet during a DCFS annual site visit.

Although this appears to be an isolated incident, all group staff have been instructed to clean refrigerator daily, check all perishable items daily for expiration dates and ensure that all cupboards are free of perishable or expired items. Further, a checklist will be created to ensure daily consistent follow through. Housekeeping and kitchen staff will collaborate with group staff to ensure that expectations are met when stocking food items in the groups. Said checklist will be utilized during the AM shifts in each residential group. Staff were apprised of need immediately after findings were detected and was formally re-trained of expectations by the Residential Manager on 12/30/15.

The Senior Director of Residential Services, in collaboration with the Director of Milieu Services and the Residential Manager, will ensure follow through of above plan.

Please do not hesitate to contact me directly at 626-537-3337 or at gpeck-sobolewski@maryvale.org should you have any questions or concerns.

Sincerely,

Gina Peck-Sobolewski, LMFT
Senior Director of Residential Treatment, Maryvale

Cc: Ike Kerhulas, PhD
Kong Ng, DCFS