County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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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

CASA EDITHA FOUNDATION dba AVA LYN'S CONTRACT GROUP HOME COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Casa Editha Foundation, dba Ava Lyn's Group Home (the Group Home) in July 2015. The Group Home has one site located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children, Probation foster youth, and placements from various counties. According to the Group Home's Program Statement, its stated purpose is "to enable these children to increase their independent adaptive skills and decrease their maladaptive behaviors in order to gain skills necessary for successful adult adjustment."

The Group Home has one 6-bed site and is licensed to serve a capacity of six male children, ages 7 through 17 and up to four non-ambulatory children only. At the time of the review, the Group Home served five DCFS placed children and one San Bernardino placed child. The placed children's overall average length of placement was seven months and their average age was 16.

SUMMARY

During CAD's Contract Compliance Review, child interviews were not conducted due to the children's various levels of Intellectual Disability which limits their participation. Therefore, the children were observed in the Group Home setting. Per observation, the children were dressed appropriately and felt comfortable in the presence of the Group Home staff. The Group Home staff were observed as being appropriately responsive to the children's needs and treating the children with respect and dignity.

The Group Home was in full compliance with 9 of 10 sections of our Contract Compliance Review: Licensure/Contract Requirements; Facility and Environment; 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 deficiencies in the area of: Maintenance of Required Documentation and Service Delivery, related to the Group Home not obtaining or documenting efforts to obtain the DCFS Social Worker's authorization to implement the Needs and Services Plan (NSP) and the Initial and Updated NSPs not being comprehensive and timely developed.

Attached are the details of CAD's review.

REVIEW OF REPORT

On August 7, 2015, Chinelo Maduike, DCFS CAD and Gladys Hidayat, Out-of-Home Care Management Division (OHCMD) held an exit conference with the Group Home's representatives: Edith Avanzado, Executive Director; Luis Araullo, Group Home Program Administrator; and Stephen Goodman, Group Home Social Worker. The Group Home's representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and were in agreement with addressing the noted deficiencies in a Corrective Action Plan (CAP).

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

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

OHCMD provided technical assistance to the Group Home on August 14, 2015, to assist the Group Home with implementing their CAP. CAD conducted a follow-up visit to the Group Home on October 13, 2015, to verify implementation of the CAP.

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

PLB:KR
LTI:cm

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Edith Avanzado, Executive Director, Casa Editha Foundation
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

CASA EDITHA FOUNDATION DBA AVA LYN'S GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 191222785
Rate Classification Level: 10

	Contract Compliance Review	Findings: July 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 Foods	Full Compliance (All)
III	**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 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Improvement Needed

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 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 12. Children Given Opportunities to Plan Activities in Extracurricular, Enrichment, and Social Activities (Group Home, School, Community)	Full Compliance (All)

	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)

CASA EDITHA FOUNDATION DBA AVA LYN'S 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 July 2015 review. The purpose of this review is to assess Casa Editha Foundation dba Ava Lyn's 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 compliance 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, four placed children were selected for the sample. The Contracts Administration Division (CAD) did not interview the children due to their various levels of Intellectual Disability which limits their participation. The children were observed by CAD to appear comfortable in the Group Home setting with staff attuned to the needs of the children. CAD 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, one of four sampled children was prescribed psychotropic medication. The case file was 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. A site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following area to be out of compliance.

Maintenance of Required Documentation and Service Delivery

- Efforts to obtain the DCFS Children Social Worker's (CSW's) authorization to implement Needs and Services Plan (NSP) was not documented.

In two out of eight NSPs reviewed, the Group Home did not obtain or document efforts to obtain the DCFS CSW's authorization to implement the NSPs.

- Development of Initial NSPs were not timely and comprehensive.

The two Initial NSPs reviewed were not developed timely. One was not signed by the DCFS CSW and the other NSP was signed late. One NSP was not comprehensive due to the NSP period date "from/to" missing on the report.

- Development of Updated NSPs were not timely.

Three of the four Updated NSPs were developed but not signed by the DCFS CSW. Two of the four NSPs were not sent timely to the CSW for approval. There was no documentation of the efforts to obtain the CSW's authorization to implement the Updated NSPs.

During the exit conference, the Group Home representative stated that the Group Home would have the designated staff sign before the due date to provide ample time for the DCFS CSW to review and send a signed copy for implementation. In addition, the Group Home would ensure that all NSP Signature Requests are documented and sent timely with the efforts to obtain the County CSW's authorization documented in detail. The Group Home representative further indicated that she attended the recent NSP training provided on May 8, 2015 and that the Group Home will ensure full compliance with their new protocol.

Recommendations:

The Group Home Management shall ensure that:

1. DCFS CSW's authorization is obtained prior to the implementation of NSPs.

2. All Initial NSPs are comprehensive and timely developed.

3. All Updated NSPs are timely developed.

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

The last CAD compliance report dated April 30, 2015, identified four recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 4 of 4 recommendations which were to ensure that:

- The Group Home maintains detailed Sign-In/Out Logs.
- All Follow-Up Medical Exams are conducted.
- All Initial Dental Exams are conducted.
- Employees complete all required trainings.

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 Administrator and Social Worker will ensure that DCFS CSW's authorization is obtained prior to the implementation of NSPs and Initial and Updated NSPs are comprehensive and developed timely.
On October 13, 2015, CAD conducted a follow-up visit and verified that the agency was in full compliance with their protocol. Three updated NSPs were reviewed and it was verified that the DCFS CSW's authorization was obtained prior to the implementation of the NSPs. All three NSPs were comprehensive and timely developed. The Group Home will consult with the Out-of-Home Care Management Division 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.

AVA-LYN'S GROUP HOME
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Email: avalynhome @yahoo.com

Chinelo Maduike, MSW
Children's Service Administrator I
Contracts Administration Division- Compliance Section
3530 Wilshire Blvd. 4th floor
Los Angeles, CA 90010

October 13, 2015

Dear Ms. Maduike:

Attached please find the modified CAP (Corrective Action Plan) for Ava-Lyn's Group Home in response to the group home monitoring review exit summary dated 8-07-15.

Sincerely,

Luis Araullo
Administrator

Steve Goodman, LCSW
Facility Social Worker

CC: Amy Kim

III. Maintenance of Required Documentation and service Delivery

16 did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and services Plan? (Well- Being)
Child # 2 initial not signed by CSW and then there were no documented efforts on file. 1st Quarter NSP, updated NSPS were signed late by the CSW. Agency only had one documented effort on file and for the 3rd qtr NSP . , 2nd attempt was sent late on 7/14/15; which was beyond the grace period.

CAP:

One week prior to due date of the NSP the CSWs will be contacted by phone, fax and email and the NSP will be forwarded to them requesting their input and signature from them.

If there is no response from CSWs three days prior to the due date of the NSP, CSWs and CSW supervisor will be contacted via phone and email to remind them.

If there is no response as of the due date, CSW and CSW supervisor will be contacted by phone and email. Phone and email contacts will continue to be made weekly until the NSP is signed.

Persons Responsible: Group Home Social Worker
Group Home Administrator

#23 Child # 2 Initial NSP was not signed by CSW and no documented effort to reach CSW; The period "from to" dates were missing.

CAP:

One week prior to due date of the NSP the CSWs will be contacted by phone, fax and email and the NSP will be forwarded to them requesting their input and signature from them.

If there is no response from CSWs three days prior to the due date of the NSP, CSWs and CSW supervisor will be contacted via phone and email to remind them.

If there is no response as of the due date, CSW and CSW supervisor will be contacted by phone and email. Phone and email contacts will continue to be made weekly until the NSP is signed.

Group home inadvertently excluded "from to dates" This was corrected during the review period.
All "from to" dates will be filled out and completed on all Initial and Quarterly NSPS .

Persons Responsible: Group Home Social Worker
Group Home Administrator

#24 Child # 2 1st qtr. NSP was due 1/4/15: CSW signed late on 2/18/15, only one documented effort on file to reach CSW. The same child's 3rd qtr NSP was due 7/4/15: CSW has not signed as of review date of 7/30/15. Agency documented 2 efforts, 2nd attempt was sent late on 7/14/15.

CAP:

One week prior to due date of the NSP the CSWs will be contacted by phone, fax and email and the NSP will be forwarded to them requesting their input and signature from them.

If there is no response from CSWs three days prior to the due date of the NSP, CSWs and CSW supervisor will be contacted via phone and email to remind them.

If there is no response as of the due date, CSW and CSW supervisor will be contacted by phone and email. Phone and email contacts will continue to be made weekly until the NSP is signed.

Persons Responsible: Group Home Social Worker
Group Home Administrator

The group home administrator will ensure continued compliance of the corrective action plan.

Sincerely,

Luis Araullo
Administrator

Stephen R. Goodman, LCSW
Facility Social Worker