COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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CALVIN C. REMINGTON
Interim Chief Probation Officer

July 7, 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: **DELIANN-LUCILE CORPORATION dba DELILU ACHIEVEMENT GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of DeliLu Achievement Group Home, operated by Deliann-Lucile Corporation, in March 2016. DeliLu Achievement Group Home has one (1) site, located in the Second Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children and the Department of Children and Family Services (DCFS) foster children. According to DeliLu Achievement Group Home's program statement, its purpose is to increase the likelihood for children to demonstrate an increase in academic and social skills and a decrease in maladaptive behaviors that will enable them to adjust successfully as adults.

DeliLu Achievement Group Home is an eight (8) bed site and is licensed to serve a capacity of eight (8) girls, 12-17 years of age, as well as non-minor dependents. At the time of review, DeliLu Achievement Group Home was serving six (6) Probation foster children and two (2) DCFS foster children. Based on the sample size, the placed children's overall average length of placement was three (3) months, and their average age was 17 years old.

Seven (7) foster children were randomly selected for the interview; six (6) Probation foster children and one (1) DCFS foster child. There was one (1) Probation foster child in the sample who was prescribed psychotropic medication, and that case was reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, one (1) Probation foster child and two (2) DCFS foster children, 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 DeliLu Achievement Group Home, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. DeliLu Achievement Group Home was in compliance with five (5) of the 10 areas of the Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/ Survival and Emotional Well-being; and Discharged Children.

Although PPQA/GHM noted deficiencies in five (5) out of the 10 areas, there were no egregious findings or child safety issues; however, the same deficiencies from the last review period were found in the same three (3) areas. In the area of Licensure/Contract Requirements, DeliLu Achievement Group Home needed to ensure that their vehicles contain valid proof of registration from the Department of Motor Vehicle (DMV). Also, under this same area, DeliLu Achievement Group Home needed to ensure that children receive weekly allowance payments; however, this is not a repeated deficiency from the last review period. In the area of Maintenance of Required Documentation and Service Delivery, DeliLu Achievement Group Home needed to ensure that all Initial and Updated Needs and Services Plans (NSP) are comprehensive. In the area of Personnel Records, DeliLu Achievement Group Home needed to ensure that all employees have completed mandatory certifications and trainings.

Deficiencies were also noted in the area of Facility and Environment, in that, DeliLu Achievement Group Home needed to make minor repairs and ensure that all children's bedrooms are adequately maintained. In the area of Personal Rights and Social/ Emotional Well-being, DeliLu Achievement Group Home needed to ensure that the Group Home maintains and enforces an appropriate Reward and Discipline System.

REVIEW OF REPORT

On March 23, 3016, Probation PPQA Monitor Kedra Bracken held an Exit Conference with DeliLu Achievement Group Home Administrator Lisa Seibel. Administrator Seibel 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).

DeliLu Achievement Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted on April 21, 2016, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, due to the same repeated deficiencies, an additional follow up will be conducted for all repeated deficiencies to ensure the agency's

adherence to their CAP in these areas. 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:FC
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
Mary Davis, DeliLu Achievement Group Home, Executive Director
Lisa Seibel, DeliLu Achievement Group Home, Administrator
Community Care Licensing

DELIANN-LUCILE CORPORATION DBA
DELILU ACHIEVEMENT GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

LICENSE NUMBER: 198203559
RATE CLASSIFICATION LEVEL: 12

	Contract Compliance Monitoring Review	Findings: March 2016
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. Improvement Needed
	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. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	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. Improvement Needed
	8. Children Assisted in Maintaining Important	8. Full Compliance

	Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 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	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. 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance

	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) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 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. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

DELIANN-LUCILE CORPORATION DBA
DELILU ACHIEVEMENT GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The purpose of this review was to assess DeliLu Achievement Group Home's compliance with the County contract and State regulations and include a review of the DeliLu Achievement Group Home 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, seven (7) placed children, (six (6) Los Angeles County Probation foster children and one (1) Department of Children and Family Services (DCFS) foster child), were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM) interviewed each child and reviewed their case files to assess the care and services they received; however, one (1) Probation foster child was not interviewed due to an unauthorized absence without leave (AWOL). At the time of the review, one (1) Probation foster child was 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, one (1) Probation foster child and two (2) DCFS foster children, were reviewed to assess DeliLu Achievement Group Home'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 five (5) areas were out of compliance.

Licensure/Contract Requirements

During an inspection of the DeliLu Achievement Group Home's vehicle, valid proof of registration from the Department of Motor Vehicles (DMV) was not located in the vehicle.

Additionally, during a review of the seven (7) children's weekly allowance logs, it was revealed that DeliLu Achievement Group Home did not give the seven (7) children their weekly allowance during the first two (2) weeks of placement.

Recommendation

DeliLu Achievement Group Home's management shall ensure that:

1. All vehicles have proof of valid registration from the DMV.

2. All children are provided weekly allowances, regardless of the time placed at the Group Home.

Facility and Environment

An inspection of the children's bedrooms revealed some cosmetic deficiencies that require correction.

- Bedroom #1 - Window sills had peeling paint, dresser contained graffiti, bathroom blinds were dirty.

- Bedroom #2 - Window sills had peeling paint.

- Bedroom #3 - Window sills had peeling paint.

- Bedroom #4 – Window was broken.

- Bedroom #5 - Dirty walls and window sills.

Recommendation

DeliLu Achievement Group Home's management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion. In addition, the children's bedrooms are to be maintained daily.

Maintenance of Required Documentation and Service Delivery

Six (6) children's Needs and Services Plans (NSPs) were reviewed. One (1) child was placed less than 30 days and did not have a NSP at the time of the review. Of the total NSPs reviewed, only one (1) child was placed long enough to have any Updated NSPs in their file. Therefore, only one (1) of the children had two (2) Updated NSPs reviewed, and five (5) of the children had only Initial NSPs reviewed.

- Two (2) of the NSPs reviewed, one (1) Initial NSP and one (1) Updated NSP, lacked the County worker's signature authorizing implementation of the NSPs.

- Two (2) of the Updated NSPs reviewed lacked documentation of the County Worker's contact with the Group Home.

- Of the six (6) Initial NSP's reviewed, all six (6) were not comprehensive due to incorrect, inconsistent or incomplete information. All six (6) Initial NSPs had a Concurrent Case Plan Goal section that did not address why adoption or legal guardianship was not an acceptable option for the child's future placement. All six (6) Initial NSPs did not address the lack of parental involvement, mention the child's parent although the Case Plan was reunification or had contradictory information mentioning the child did not want parental involvement in one section and reporting the child wants parent to participate in visits in another. All six (6) Initial NSPs had deficiencies under the Goal section, including goals that were not child specific, measurable and/or achievable. Five (5) of the six (6) had issues with dates; either date of Admission was incorrect or left blank and/or the signature section for the County Worker was not dated or contained pre-typed dates. Four (4) of the six (6) did not specify Family Reunification under the Initial Case Plan Goal Section. One (1) Initial NSP did not contain child-specific information in the Visitation Section, and four (4) of the six (6) had incomplete information or lacked information under one or more sections.

- The two (2) Updated NSPs, reviewed for one (1) child, were not comprehensive. The first Updated NSP contained incomplete information under the Reason for Placement section; the initial Case Plan Goal section did not specify Family Reunification; the Visitation section reported that the father visits the child but he is not listed in the Case Plan section; the Mental Health section reported contradictory information (the Clinical section reported no prescribed psychotropic medication but the NSP disclosed that the child is taking psychotropic medication); all remaining sections of the Updated NSPs, including the Signature section for the

County Worker, was not updated, and the Visitation section lacked information. The second Updated NSP reviewed for the same child did not have updated information under the Treatment section, the Goal section did not address substance abuse (NSP noted the child received an Incident Report for suspected marijuana use); and the Signature section was signed 10 days late.

Recommendation

DeliLu Achievement Group Home's management shall ensure that:

1. All County Worker's signatures authorizing implementation of the NSP are documented on the NSP.

2. All County Worker's contact with the Group Home is documented on the NSP.

3. The Treatment Team develops comprehensive Initial NSPs, with the participation of the developmentally age-appropriate child.

4. The Treatment Team develops comprehensive Updated NSPs, with the participation of the developmentally age-appropriate child.

Personal Rights and Social/Emotional Well-being

During the interview process, three (3) of the six (6) children interviewed stated that the Group Home does not have an appropriate rewards and discipline system. One (1) child indicated that the discipline is biased and staff have favorite children, who are treated better. A different child indicated that there is a need for more positive reinforcement and that staff do not always enforce consequences of negative behavior. A third child reported that the Group Home uses group punishment, in that a field trip was cancelled because two (2) children left the facility without permission.

Recommendation

DeliLu Achievement Group Home's management shall ensure that:

1. All staff abides by and enforces an appropriate reward and discipline system, so that they are fair towards all children.

Personnel Records

Upon reviewing a sample of five (5) personnel files at DeliLu Achievement Group

Home, two (2) of the five (5) employees had expired trainings. One (1) employee had expired training for Cardiopulmonary Resuscitation (CPR)/First Aid. Additionally, another employee had expired trainings for CPR/ First Aid and Therapeutic Crisis Intervention (TCI).

Recommendation

DeliLu Achievement Group Home's management shall ensure that:

1. All necessary paperwork and documents to verify each employee's mandatory training are valid and included 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 July 24, 2015, identified nine (9) recommendations.

Results

Based on the follow-up, DeliLu Achievement Group Home implemented five (5) of the nine (9) previous recommendations for which they were to ensure that:

- All of the physical deficiencies previously cited in the common areas were corrected and repaired.
- All of the physical deficiencies previously cited in the children's bedrooms were corrected and repaired.
- Children are allowed to attend religious services of their choice.
- Children are encouraged and assisted with maintaining Life Books.
- All children are treated with respect and dignity by the Group Home staff.

However, the follow-up revealed that DeliLu Achievement Group Home failed to implement four (4) of the previous nine (9) recommendations for which they were to ensure that:

- All vehicles have proof of valid registration from the DMV.
- Each child's NSP includes the county worker's signature authorizing implementation of the NSP.

- The Group Home treatment team will develop comprehensive, Initial NSP with the participation of the developmentally age-appropriate child.

- All necessary paperwork and documents to verify each employee's mandatory training are valid and included in their personnel files.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of DeliLu Achievement Group Home by the Auditor Controller was conducted during the 2014-2015, fiscal year. A report has not yet been posted by the Auditor Controller.

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DeliLu Achievement Home
License # 198203559

Ms. Kedra Frelix
Placement Service Bureau
Los Angeles County, Probation Department
Lynwood Regional Justice Center
11701 South Alameda St., Second Floor
Lynwood, CA 90262

April 28, 2016

Corrective Action Plan

I. LICENSURE/CONTRACT REQUIREMENTS

Recommendations:

1. Does the Group home maintain vehicles in which the children are transported in good repair? One vehicle had expired DMV registration tags.

2. Are appropriate and comprehensive monetary and clothing allowance logs maintained? All children did not receive allowance for the first two weeks of placement at the Group Home.

Plan of Action:

1. The Executive Director is solely responsible for processing vehicle registrations. Registration was obtained in July 2015 for tags that expired in November 2014. Due to the tags being purchased in July of 2015, staff was under the impression that the tags expired in July of 2016. The registration expired in November 2015 and was overlooked again and not purchased until March 2016. These occurrences were due to oversight by staff and managers who drive the vehicles. The Facility Manager will be responsible for notifying the Executive Director of the renewal due date two months prior to expiration date. Facility Manager will follow up with the Executive Director one month prior to ensure that payment has been made and that registration will be received before the expiration date. An electronic notification will be placed on the agency's internet-based calendar. An alert will be set to notify the Facility

Manager, Administrator, Program Director, and Executive Director via email at both the two-month and one-month dates prior to registration expiration. Administrator and Program Director will ensure these steps are followed by acknowledgement through email. DeliLu Achievement Home provided valid registration on 3/14/16.

2. DeliLu was not giving weekly allowance to new intakes during their first two weeks of orientation to prevent absences with out leave (AWOLs). It has been our experience that when new intakes arrive and receive allowance, there is a tendency to AWOL. During the two-week orientation period allowance is withheld to prevent Absence without Leave (AWOLs). Youth were not provided back pay. However, DeliLu is in the process of correcting this by researching amounts owed to youth that were enrolled for the period of September 2015–February 2016 and payment will be issued. Effective March 2016, all new admits will receive allowance weekly, beginning one week after their date of admission. DeliLu will provide proof once completed. DeliLu gives allowance on Friday evenings each week. The point-level system determines the amount of allowance issued each week. Youth are able to earn points in during each shift and extra points when participating in programs. The Facility Manager is responsible for ensuring that all new intakes are provided with allowance. The Administrator will follow up and check the allowance logs weekly to ensure this is accomplished. Administrator will sign off on the "allowance sign-out" sheet as verification.

II. FACILITY AND ENVIRONMENT

Recommendations:

1. Are children's bedrooms well maintained? Room 1- Windowsill had peeling paint, dresser contained graffiti, bathroom blinds need to be cleaned. Room 2 – Window sill had peeling paint. Room 3 – Window sill had peeling paint. Room 4- Broken glass window pane. Room 5 - Dirty walls and windowsill.

Plan of Action:

1. DeliLu Achievement Home maintenance removed graffiti in room #1 and painted the inner part of windowsill on 3/25/16. Bathroom blinds in room #1 were cleaned by 4/27/16. Maintenance repaired peeling paint on 4/27/16. DeliLu maintenance replaced broken glass windowpane in room #4 on 4/27/16. The point system will help and encourage residents to maintain their rooms. Sunday residents have a scheduled time to have spring-cleaning. Staff is trained and aware that if residents don't maintain rooms then part of their job duty is to maintain a clean facility. Facility Manager during evening shift will be responsible for completing weekly checklist to ensure the facility is in compliance.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Recommendations:

1. Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSP? Two NSPs lacked County worker's signatures.

2. Are County Workers contacted monthly by the Group home and are the contacts appropriately documented in the case file? One child's NSPs lacked appropriate documentation of the Group Home's monthly contacts with the County Worker.

3. Did the treatment team develop timely, comprehensive, initial and updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? Six children's initial NSPs and one child's updated NSP was determined to be not comprehensive.
4. Did the treatment team develop timely, comprehensive, Updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

Plan of Action:

1. DeliLu Achievement Home shall ensure the County Worker's signatures to authorize the implementation of NSPs are obtained. When this cannot be done, DeliLu Achievement Home will effectively document efforts to obtain the County Worker's signature to authorize the implementation of the NSPs. DeliLu will email and call county workers, and document three attempts. In the event that signature is still not maintained, a call will be placed to the supervisors. Notation of dates and times of attempts and actual contacts will and document on a "case note" form until signatures are obtained. As a result of not having the County Worker's signatures on the two NSPs, DeliLu Achievement Home has hired a new case manager who is responsible for ensuring County Workers' signatures are gathered in a timely manner. Additionally, the Case Manager will properly document all efforts made by DeliLu Achievement Home are filed in the case file. A client case notes document has been created and will be used to document all contacts made with County Workers and service providers. Subsequently, on 05/09/2016, DeliLu Achievement Home will hire two clinical interns whose primary responsibility is to ensure resident case files are up to date and in compliance.

2. DeliLu Achievement Home shall ensure County Workers are contacted monthly by the Group Home and appropriately document each monthly contact in the case file.

   As a result of not having documentation of contact with County Workers on the updated NSPs, DeliLu Achievement Home has created a new document named Client Case Notes that will be used to record all contact made with County Workers. Mental Health

Director, Administrator, and Case Manager will ensure that reviewing NSPs are appropriately documented at Monthly Mental health team meetings.

3. DeliLu Achievement Home shall ensure the treatment team develops timely, comprehensive, initial and updated NSPs with the participation of the developmentally age-appropriate child. As a result of not having the treatment team develop timely, comprehensive, initial and updated NSPs with the participation of the developmentally age-appropriate child, DeliLu Achievement Home has created a new position of mental health director and hired a licensed clinical social worker for this position. In conjunction with the newly hired case manager, the mental health director will ensure the following items are addressed in all future Needs and Services Plans:

    a. Date of admission is documented and reflects the accurate date.
    b. Case Plan Goal will reflect Family Reunification in the first year unless parental rights have been terminated or the youth has been in care longer for a significant amount of time.
    c. Concurrent Case Plan Goal will be complete and address adoption and legal guardianships as options, if applicable.
    d. Goals section will be individualized and contain achievable, measurable and relevant goals.
    e. More comprehensive information will be offered in the Life Skills Training section.
    f. If applicable, a thorough explanation of why medical and/or dental examinations were not conducted in a timely manner.
    g. If applicable, treatment section will include information about parental involvement.
    h. If applicable, updated information and thorough description of psychotropic medication will be documented.
    i. Education section will be updated.
    j. If applicable, thorough explanation of visitation information pertaining to the resident and visiting family or friends will be documented.
    k. Explanation of reasons for modifications to Case Plan Goals will be included.
    l. If applicable, these reports will thoroughly address the lack of parental involvement.
    m. Mental to health team will be responsible for ensuring and reviewing all sections of the NSPs are complete and comprehensive.
    n. Group home monitor Kedra Frelix met with Mental Health Director, Case Manager, and Administrator on NSPs on 4/21/16. She explained findings and what was expected.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL BEING

Recommendations:

1. Is a fair rewards and discipline system in place? Three children reported that the reward and discipline system were not fair. The children stated that there is a need for more positive reinforcement, that staff do not always enforce consequences of negative behaviors and one child was not allowed to go on a field trip because other children AWOL.

Plan of Action:

1. DeliLu Achievement Home revised the point system and Facility Manager reviews points on Friday. Total points are posted on wall in hallway with possible allowance raises. The children can earn points to increase total points for possible allowance raises. See Attachments. DeliLu Achievement Home also has established a positive reward system for participation in activities, no AWOLs for the month, A's on report card, and a Pink Ribbon Award. The Pink Ribbon Award is how we acknowledge their achievement in a group setting and all staff and residents give praise to resident for achieving their goal. The certificate is given to them and one is placed in their file. Residents like to show their parents, DPO of record and their judge their certificate. DeliLu Achievement Home does not practice or encourage group punishment. The cancelled field trip, which was referenced by one child, was canceled due to the DPO of record not approving the activity. Six months ago, DeliLu established a committee meeting twice a month (at the beginning of the month and at the end of the month). The residents also voted who would be president, vice-president and secretary. Administrator meets with president prior to meeting to establish agenda for the group, which include topics such as outings, points, menus, extra curricular activities, and topics of concerns.

Recommendations:

1. Have appropriate employees received all required training? Two employees did not have updated trainings for Therapeutic Crisis Intervention and First Aid/ Cardio Pulmonary Resuscitation (CPR).

Plan of Action:

1. DeliLu Achievement Home shall ensure that all staff received the required training, such as CPR and First Aid, and Therapeutic Crisis Intervention training. Trainings lapsed due to staff being unavailable to attend training. Trainings occur three to four times a year through outside vendor. Staff did not attend previous trainings and did not anticipate

leaving out of town during the training that was scheduled for them. The Administrator will keep a spreadsheet of the due dates for trainings on each staff. In addition, the Administrator will check the spreadsheet on a monthly basis and will provide a memo to staff requiring training a month before the training is due. The two staff completed there training for TCI on 4/9/16 and CPR and first Aide on 3/30/16, please see attachments.

Signature _____ Date 4/28/16

Title Administrator