



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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January 26, 2017

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Philip L. Browning
Director

GARCES RESIDENTIAL CARE SERVICES GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Garces Residential Care Services Group Home (The Group Home) in February 2016. The Group Home has one site located in the First Supervisorial District and provides services to the County of Los Angeles DCFS placed children. According to the Group Home's Program Statement, its stated purpose is "to provide services to court dependent developmentally disabled children."

At the time of the review, the Group Home served six placed children. The Group Home has one 6-bed site and is licensed to serve a capacity of six male children, ages 7 through 17. The placed children's average length of placement was 18 months and their average age was 16.

SUMMARY

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 being treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 applicable areas of CAD's Contract Compliance Review: 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 areas of: Licensure/Contract Requirements, related to Community Care Licensing (CCL) citations; Facility and Environment, related to a bathroom not being well maintained;

"To Enrich Lives Through Effective and Caring Service"

and Maintenance of Required Documentation and Service Delivery, related to the Group Home not documenting monthly contacts with the DCFS Children's Social Workers (CSWs).

Attached are the details of CAD's review.

REVIEW OF REPORT

On March 4, 2016, Maria Rosas, DCFS CAD, held an exit conference with the Group Home representative, David Cuevas, Group Home Administrator. The Group Home's representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this report. On May 24, 2016, CAD conducted a follow-up visit to the Group Home to verify implementation of the CAP and found one bathroom still in need of maintenance. On July 21, 2016, CAD conducted an additional follow-up visit and verified that the remaining CAP item related to the bathroom had been corrected.

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

PLB:KR
LTI:mr

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Terri L. McDonald, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Carlos Garces, Executive Director, Garces Residential Care Services
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

GARCES RESIDENTIAL CARE SERVICES GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY
License No: 197803661
Rate Classification Level 12

	Contract Compliance Review	Findings: February 2016
I	<u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed
II	<u>Facility and Environment</u> (5 Elements) <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance
III	<u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements) <ol style="list-style-type: none"> 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 the Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance

IV	<p><u>Educational and Workforce Readiness</u> (5 Elements)</p> <ol style="list-style-type: none"> 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	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 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	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	Full Compliance (All)
VII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements)</p> <ol style="list-style-type: none"> 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 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 at the Group Home, School, and Community 13. Children Given Opportunities to Participate in Extra Curricular, Enrichment and Social Activities at the Group Home, School, and Community 	Full Compliance (All)

VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ol style="list-style-type: none"> 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 or Photo Album 	Full Compliance (All)
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 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	<p><u>Personnel Records</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), Child Abuse Central Index (CACI) Submitted Timely 2. Timely Completed Criminal Background Statement 3. Education/Experience Requirement 4. Employee Health Screening/Tuberculosis Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training 	Full Compliance (All)

**GARCES RESIDENTIAL CARE SERVICES 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 February 2016 review. The purpose of this review was to assess the Garces Residential Care Services' (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, four Department of Children and Family Services (DCFS) placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services the children received. During the site visit, the children were observed to be comfortable and well cared for in the Group Home and the 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, one placed child was prescribed psychotropic medication. This child's case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

CAD reviewed four 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 three areas out of compliance:

Licensure/Contract Requirements

- Community Care Licensing (CCL) citation.

CCL cited the Group Home during an annual inspection on August 28, 2015, due to a missing dresser knob and a lapse in Cardiopulmonary Resuscitation (CPR) certification for a staff member. A Plan of Correction (POC) was required and on July 26, 2016, CCL verified that the POC was cleared.

Recommendation:

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

Facility and Environment

- Common area was not maintained.

The showerhead in the bathroom was clogged and the surrounding area was moldy and in need of cleaning and re-grouting. The Group Home Administrator indicated that maintenance workers would be called to begin the repairs. CAD conducted follow-up visits on May 24, 2016 and July 21, 2016, and verified the work in the bathroom was completed.

Recommendation:

The Group Home's management shall ensure that:

2. Common quarters are well maintained.

Maintenance of Required Documentation and Service Delivery

- DCFS Children's Social Worker's (CSW's) monthly contact was not documented.

The Group Home did not document monthly contacts with the DCFS CSW in the case file or on the Needs and Services Plan.

During the exit conference, the Group Home representative stated that a new tracking system would be implemented to effectively track monthly communications initiated by the Group Home staff to the CSW.

Recommendation:

The Group Home's management shall ensure that:

3. DCFS CSW's monthly contacts are documented.

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

The CAD's last compliance report dated February 22, 2016 (review conducted in February 2015), identified five recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 3 of the 5 recommendations for which they were to ensure that:

- Special Incident Reports (SIRs) are timely submitted and appropriately cross-reported.
- Criminal background statements are signed in a timely manner.
- Health screenings are completed timely.

The Group Home did not implement 2 of the 5 recommendations for which they were to ensure that:

- The Group Home is in compliance with Title 22 regulations and free of CCL citations.
- DCFS CSW's monthly contacts are documented.

Recommendation:

The Group Home's management shall ensure that:

4. The outstanding recommendations from the report dated February 22, 2016, noted in this report as recommendations 1 and 3 are fully implemented.

At the exit conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. CAD conducted follow-up visits on May 24, 2016 and July 21, 2016, and found the Group Home had implemented all three recommendations and were therefore in full compliance with the CAP. The Group Home will consult with the Out-of-Home Care Management Division for additional support and technical assistance and CAD will continue to assess the implementation of the noted recommendations during the next compliance review.



Garces Residential Care Services

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Non-profit
#33-0955048

March 18, 2016

Maria Rosas, CSA I
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Contract Compliance
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Re: Corrective Action Plan (CAP)

GRCS Residential Care Services Inc. is providing Contracts Administration Division (CAD) with a Corrective Action Plan (CAP) as requested regarding the findings revealed during the monitoring of our facility.

I. Licensure/Contract Requirements

9) Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?
(SAFETY)

Regarding Deficiency: Group home failed to provide proof of clearance for a facility evaluation report 8/28/15 identifying a type B citation (CPR & First Aid timely renewal).

Bright Horizon CAP: Renewal card was obtained a week later for required update.

Administrator will ensure a clearance letter is obtained after deficiencies have been cleared.

Quality Assurance Plan: Employees training renewal dates will be input in electronic calendar with reminders set to prevent late renewals on required trainings. A secondary precaution will be

implemented in the form of an internal employee file audits by human resource officer to ensure to all required training are up to date.

II. Facility and Environment

11) Are common quarters well maintained? (Clean/sanitary; neat; adequate furniture and lighting; home-like environment, no safety hazards) (SAFETY)

Regarding Deficiency: Current cleaning protocol needs a specific nightly cleaning list in order to standardize maintained throughout the home.

Bright Horizon CAP: A nightly cleaning checklist was created (Exhibit A) with specific tasks listed and descriptions in order to standardize expectations of nightly cleaning duties. All staff received a memo in their inbox regarding the immediate implementation of the nightly cleaning check list.

Quality Assurance Plan: Nightly cleaning check list was implemented immediately to serve as standardized protocol of maintenance expectations. To ensure that CAP is maintained staff will be held accountable for completing nightly cleaning checklist as verified by facility manager's standard walk through. In order to address future discrepancies in maintenance standards Administrator will address maintenance of common quarters during monthly meetings as advised by Facility Managers.

III. Maintenance of Required Documentation and Service Delivery

21) Are county workers contacted monthly by the GH and are the contacts appropriately documented in the case file? (WELLBEING)

Regarding Deficiency: Agencies has continuing communication with CSW, however current protocol is insufficient as it only tracks efforts made from DCFS to agency. Agency's communication to CSW is done on an individual basis and not properly reflected in case files.

Bright Horizon CAP: Treatment team collaborated in development of a functional template for communication from agency to DCFS (Exhibit B). Template will be sent via email to ensure delivery and proper organization of communication efforts

Quality Assurance Plan: Effective June 2016 email template will become standard protocol for GH initiated communication to CSW's. In house CSW will be cc'd on monthly contact emails and will immediately inform administrator if protocol is breached.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'David Cuevas', written over a faint, illegible typed name.

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