



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY
DOWNEY, CALIFORNIA 90242
(562) 940-2501



TERRI L. McDONALD
Chief Probation Officer

December 19, 2017

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Terri L. McDonald
Chief Probation Officer

SUBJECT: **NEW BEGINNINGS RESIDENTIAL TREATMENT FACILITIES (NEW BEGINNINGS) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of New Beginnings Group Home, operated by New Beginnings Residential Treatment Center, in January 2017. New Beginnings has three (3) 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). According to New Beginnings program statement, they provide services to pregnant teens, teen mothers and their babies (0-2 years), non-parenting teens and non-minor dependents (NMDs), between the ages of 12 and 19 years of age. They specialize in quality therapeutic care and assistance for teens that have been physically abused, sexually abused, mentally abused, and neglected.

New Beginnings is a 10-bed site and is licensed to serve a capacity of six (6) girls/NMDs, ages 12-19, and four (4) infants or five (5) girls/NMDs, and five (5) infants. New Beginnings-Raja site is a 10-bed site also licensed to serve a capacity of six (6) girls/NMDs, ages 12-19, and four (4) infants or five (5) girls/NMDs and five (5) infants. New Beginnings-Shalom site is a six (6) bed site and is licensed to serve a capacity of five (5) girls/NMDs ages 12-19, and one (1) infant or six (6) girls/NMDs and no infants. At the time of review, New Beginnings was serving two (2) Los Angeles County Probation children and one (1) DCFS child, and the overall length of placement was five (5) months and their average age was 15 years old.

All three (3) children were selected for the interview sample. None of the children in the sample were prescribed psychotropic medication; therefore, those cases were not reviewed for timeliness of Psychotropic Medication Authorizations or to confirm the required documentation of psychiatric monitoring. Additionally, two (2) discharged children's files were reviewed, both Probation, to access compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulation and County Contract Requirements.

SUMMARY

During the PPQNGHM review, the interviewed children generally reported feeling safe at New Beginnings and that they were provided with good care and appropriate and effective services of quality, were comfortable in their environment and treated with respect and dignity. New Beginnings was in compliance with four (4) of the 10 areas of the Contract Compliance Review: "Education and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication", and "Discharge Children".

PPQA/GHM noted deficiencies in six (6) of the 10 areas; with 14 deficient elements out of 76 specific elements within the 10 areas. There were no egregious findings or child safety issues in any of the areas. In the area of "Licensure/Contract Requirements", New Beginnings needed to ensure that all vehicles are maintained and in good repair. In addition, New Beginnings needed to ensure that the clothing voucher logs are clear and accurately maintained. It was noted, in the area of "MFacility and Environment", that New Beginnings needed to make minor repairs to ensure that the common areas and children's bedrooms are adequately maintained. In the area of "Maintenance of Required Documentation and Service Delivery", New Beginnings failed to provide comprehensive Initial and updated Needs and Services Plans.

In the area of "Personal Rights and Social/Emotional Well-Being", New Beginnings needed to ensure that the consequences are fair, that children can speak to an adult in confidence, and that all children are given the opportunity to participate in planning activities. Deficiencies were also noted in the area of "Personal Needs/Survival and Economic Well-Being", in that New Beginnings needed to ensure that all children are provided with enough food to eat and that the group home encourages all the children to keep a life book. In the area of "Personnel Files", New Beginnings needed to ensure that all staff provided verification of their education and that all required trainings are completed.

REVIEW OF REPORT

On March 1, 2017, Probation PPQA Monitor RaTasha Smith held an Exit Conference with New Beginnings Administrator Michelle Hicks. Administrator Hicks 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).

Each Supervisor
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New Beginnings provided the attached approved CAP addressing the recommendations noted in this compliance report and explained how they will ensure permanent changes are made and 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. 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.

TLM:SEM:FC
LD:LCM:tj

Attachments (3)

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Bobby Cagle, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Community Care Licensing
Latasha Howard, Probation Contracts
Michelle Hicks, New Beginnings Group Home

**NEW BEGINNINGS RESIDENTIAL TREATMENT FACILITIES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

New Beginnings
License Number: #336402151
Rate Classification Level: #11

New Beginnings, Raja site
License Number: # 336403968
Rate Classification Level: #11

New Beginnings, Shalom site
License Number: #336410417
Rate Classification Level: #11

	Contract Compliance Monitoring Review	Findings: January 2017
I	<p><u>Licensure/Contract Requirements</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. The Group Home was free of any substantiated Community Care Licensing Division (CCLD) complaints on child abuse/safety and/or physical deficiencies since the last review. 2. Vehicles used to transport children are maintained in good repair. 3. Disaster drills are conducted at least every six months and documented. 4. The runaway policy is documented and properly maintained. 5. Detailed sign-in/out logs are maintained. 6. Weekly allowance logs are accurately maintained. 7. Monthly clothing allowance logs are accurately maintained. 8. SIRs documented in the NSPs and case files being properly reported via the I-track system. 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. The exterior and the grounds of the Group Home are well maintained. 2. Common quarters are well maintained. 3. Children's bedrooms are well maintained. 4. The Group Home maintains adequate recreational equipment and educational resources in good repair and makes them readily available to children. 5. The Group Home maintains adequate nutritious perishable and non-perishable foods. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance

III	<p><u>Maintenance of Required Documentation and Service Delivery</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. The initial NSP was completed accurately and on time. 2. The Updated NSPs were completed accurately and on time. 3. The Group Home provided children with counseling and other services (based on current NSPs). 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Full Compliance
IV	<p><u>Educational and Workforce Readiness</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children are enrolled in school within three school days. 2. The Group Home ensures the children attend school as required. 3. The Group Home ensures the children's report cards or progress reports, and if applicable, current copies of IEPs are maintained in their files. 	<p>Full Compliance (All)</p>
V	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Initial medical exams are conducted timely. 2. Initial dental exams are conducted timely. 3. Required follow-up medical examinations are conducted timely. 4. Required follow-up dental examinations are conducted timely. 	<p>Full Compliance (All)</p>
VI	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court-Approved Authorizations are on file. (Including accurate dosage) 2. Psychiatric Evaluation/Reviews (561c) are current. 	<p>N/A</p>
VII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (18 Elements)</p> <ol style="list-style-type: none"> 1. Children are informed of the Group Home's rules and consequences. 2. Children report the consequences for not following the rules are fair. 3. Children are informed of the Foster Youth Bill of Rights. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance

	<ol style="list-style-type: none"> 4. Children participate in the development of their NSPs. 5. Children are supervised by staff. 6. Children are treated with respect. 7. Children feel safe in the Group Home. 8. Children have an adult they can talk with privately. 9. Children are allowed to have private telephone calls and to send and received unopened mail. 10. Children have privacy during the visits with family or close friends. 11. Children are offered to participate in mentorship program. 12. Children are allowed to attend or not attend religious services of their choice. 13. Children are given the opportunity to participate in planning recreational activities with the staff. 14. Children are given the opportunity to participate in recreational activities at the Group Home. 15. Children are given the opportunity to participate in extracurricular or community activities. 16. Children's chores are reasonable. 17. Children are informed about their rights to medical and dental treatment (right to refuse). 18. Children are informed about their right to refuse psychotropic medication. 	<ol style="list-style-type: none"> 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed 14. Full Compliance 15. Full Compliance 16. Full Compliance 17. Full Compliance 18. N/A
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (16 Elements)</p> <ol style="list-style-type: none"> 1. Children are provided with medical care when needed. 2. Children are provided with dental care when needed. 3. Children are provided with transportation. 4. Children are encouraged and supported by staff in keeping a Life Book. 5. Children are assisted by adults in completing schoolwork when help is needed. 6. Children are provided with youth development or daily living skills services. 7. Children are provided with their own personal hygiene items. 8. Children get enough food to eat. 9. Children with special diet needs are provided with accommodations by the staff. 10. Children receive at least the basic weekly allowance. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. N/A 10. Full Compliance

New Beginnings Group Home Contract Compliance **Review**

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	<ol style="list-style-type: none"> 11. Children are free to spend their allowance, as long as they are appropriate purchases. 12. Children receive at least the basic clothing allowance. 13. Children are able to choose the clothes they buy, as long as they are appropriate. 14. Children have enough clothes to wear. 15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items. 	<ol style="list-style-type: none"> 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. N/A 16. Full Compliance
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. The Group Home placed the child in accordance with their program statement and population criteria. 2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care. 3. The Group Home attempted to stabilize the child's placement prior to requesting a removal. 	<p>Full Compliance (ALL)</p>
X	<p><u>Personnel Records</u> (14 Elements)</p> <ol style="list-style-type: none"> 1. Staff signed a criminal record statement (UC 508) prior to or on hire date. 2. Staff received criminal clearance from CCLD prior to hire date. 3. Staff received medical clearance within 1 year prior to hire date or within seven days after hire date. 4. Staff received TB clearance within 1 year prior to hire date or within seven days after hire date. 5. Staff met educational and/or experience requirements in accordance with the agency's program statement and Title 22. 6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgement. 7. Staff had current California driver's license on file. 8. Staff had current CPR certification on file. 9. Staff had current First Aid certification on file. 10. Staff received initial emergency intervention training (e.g. Pro-ACT). 11. Staff received initial 24-hour training {8 hours prior to suQ_ revision and 16 hours within 90 days of hire). 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance

	<p>12. Staff has current emergency intervention training on file (e.g. Pro-ACT).</p> <p>13. Staff received 20 hours of on-going training.</p> <p>14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.</p>	<p>12. Full Compliance</p> <p>13. Improvement Needed</p> <p>14. N/A</p>
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**NEW BEGINNINGS RESIDENTIAL TREATMENT FACILITY GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The purpose of this review was to assess New Beginnings compliance with the County contract and State regulations and include a review of the New Beginnings 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, three (3) placed children, two (2) Probation and one (1) DCFS, were 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. At the time of this review, there were no placed children who were prescribed psychotropic medication; therefore, their case files were not reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) or to confirm the required documentation of psychiatric monitoring. Additionally, two (2) discharged children's files, both Probation, were reviewed to assess New Beginnings 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 six (6) areas were out of compliance.

Licensure/Contract Requirements

New Beginnings-Raja site had a substantiated allegation for a complaint on August 16, 2016. A complaint was made stating that a Group Home staff was speaking inappropriately to a resident's infant. Security cameras were reviewed and the

staff involved in the allegation, who was an employee with over 10 years of experience, was terminated from the Group Home, effective August 15, 2016. The Group Home provided training for all staff on August 16, 2016 on Professionalism/Approach, Interpersonal Skills and Boundaries. The allegation was closed by the State Community Care Licensing Program Analyst on August 16, 2017.

During the inspection of the vehicles at New Beginnings Raja site, the Dodge Caravan used to transport the children had a malfunction indicator light illuminated on the dash board.

During the inspection of the children's monthly clothing allowance log at each site, it was discovered that the logs were not clear. It could not be determined how much money the children were receiving or how often they were receiving it, since all three (3) of the sites use the same clothing allowance log.

Recommendation

New Beginnings management shall ensure that:

1. They are free of any substantiated Community Care Licensing Division (CCLD) complaints on child abuse/safety and/or physical deficiencies
2. The vehicles used to transport the children are maintained and are in good repair.
3. The children's monthly clothing allowance logs are clear and accurately maintained.

Facility and Environment

An inspection of the interiors and exteriors of New Beginnings revealed some minor deficiencies that require correction.

At the New Beginnings Shalom site, the bedrooms and common quarters needed to be properly maintained. During the inspection of the restrooms, it was revealed that the lower portion of the shower in the master bedroom had a small area of mold. In the hallway restroom, the bathtub faucet was dripping, and there was mold around the bathtub faucet handles.

At the New Beginnings Shalom site, the children's bedrooms needed to be properly maintained. All of the bedrooms were missing the globe covers for the light fixtures.

Recommendation

New Beginnings management shall ensure that:

1. The common quarters are well maintained by removing the areas of mold in the restrooms and repairing the dripping bathtub faucet.
2. The children's bedrooms are well maintained by removing mold from bathroom shower and placing globe covers over all of the light fixtures.

Maintenance of Required Documentation and Service Delivery

Three (3) children's files were reviewed for Needs and Service Plans (NSPs), and of those, only two (2) children were placed long enough to have Updated NSPs in their file. Therefore, two (2) of the three (3) children had Updated NSPs reviewed.

Of the three (3) Initial NSPs reviewed, none of the three (3) were comprehensive due to not having a concurrent case plan goal documented. Additionally, all three (3) Initial NSPs were did not have the child's goals written in the SMART format, and none of the Initial NSPs had goals that were measurable. Two (2) of the three (3) Initial NSPs had the CSW/DPO signature, but the signatures were not obtained within the required five (5) days.

Of the two (2) Updated NSPs reviewed, both were not comprehensive due not having a concurrent case plan goal documented. Additionally, both updated NSPs did not have goals that were written in the SMART format, and the goals provided were not measurable. For example, one of the goals was "be able to cope with routine life stressors and take things in stride". Lastly, one (1) of the updated NSPs was missing the CSW/DPO signature.

Recommendation

New Beginnings management shall ensure that

1. All Initial NSPs are comprehensive by providing concurrent case plan goals, children's goals are to be written in the SMART format and have the CSW/DPO signatures completed timely.
2. All Updated NSPs are comprehensive by providing concurrent case plan goals, children's goals are to be written in the SMART format and have the CSW/DPO signatures.

Personal Rights and Social/Emotional Well-Being

During the child interviews, two (2) children reported that the consequences were not fair. One child stated that the rules in the youth handbook were different from the rules she was verbally told by Group Home staff. The other child stated that she did not feel like consequences should be given at all. She stated that "residents should receive a speech or it should just be a lesson learned."

During the child interviews, one (1) child stated that she is not able to speak to an adult privately for fear of the staff not keeping her information confidential.

During the child interviews, one (1) child stated that she is not given the opportunity to participate in planning activities. The child stated that when she makes suggestions she feels like her suggestions are not taken into consideration.

Recommendation

New Beginnings management shall ensure that

1. All children feel that the consequences for not following rules are fair and consistent with the youth handbook provided by the agency.
2. All children have the ability to speak to an adult privately and with confidence that their privacy is respected.
3. All children are given the opportunity to participate in planning recreational activities with staff.

Personal Needs/Survival and Economic Well-Being

During the child interviews, two (2) of the three (3) children reported not having a life book. When questioned about life books, one of the children did not know what a life book was. The other child stated that she had one but was not able to provide it. When asked where it was, the child stated that she did not know.

During the child interviews, one (1) of the three (3) children reported not getting enough food to eat. She stated that, if she is home during the day, she does not eat lunch at the Group Home. She stated that Group Home staff does not prepare a lunch for her to eat, and there was nothing available for her to prepare her own meal. It should be noted that, during the physical inspection of the Group Home, there was plenty of food available, as well as nutritious snacks.

Recommendation

New Beginnings management shall ensure that:

1. All children are offered, encouraged and supported by staff in keeping and maintaining a life book.
2. All children get enough food to eat; three (3) daily meals in accordance with USDA guidelines, which includes a lunch meal and a snack in between meals.

Personnel Files

During the review of the five (5) personnel files, three (3) staff were missing their verification of education.

During the review of the five (5) personnel files, three (3) staff, which provide direct child supervision, were missing the required Commercially Sexually Exploited Children (CSEC) training.

Recommendation

New Beginnings management shall ensure that:

1. All staff meet educational and/or experience requirements in accordance with the agency's program statement and Title 22.
2. All staff have the required 20 hours of annual training, including CSEC training.

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

New Beginnings did not have a contract with Los Angeles County during the fiscal period of 2015-2016; therefore, this was the first year a Contract Compliance Review was conducted.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of New Beginnings by the Auditor Controller was not scheduled for the 2016-2017, fiscal year.

New Beginnings Residential Treatment Facilities

P.O. Box 207
Perris, CA. 92572
nbrtf1@gmail.com

July 12, 2017

Los Angeles County Probation Department
Group Home Monitoring and Investigations Unit
Attn: RaTasha Smith, Deputy Probation Officer II
11701 S. Alameda St. 2nd Fl,
Lynwood, CA 90262

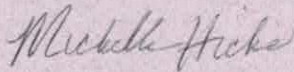
RE: Monitor Report I Recommendations
P.O. Box 207
Perris, CA 92571

Dear DPO, Smith,

New Beginnings appreciate your monitoring visit on Thursday, February 9, 2017, providing direction and guidance in improving our services to our clients. Attached are the Corrective Action Plan for the deficiencies cited.

Should you require any additional information regarding this matter, please do not hesitate to contact me at (951) 536-0550.

Sincerely,



Michelle Hicks
Administration
New Beginnings Residential Treatment Facilities

New Beginnings
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New Beginnings Residential Treatment Facilities

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Los Angeles County Group Home Monitoring Review Corrective Action Plan

April 12, 2017

Category	Findings	Corrective Action Plan
I. Licensure Contract Requirement	<ol style="list-style-type: none"> 1. The Group Home has a substantiated allegation from August 16, 2016. The complaint stated that a staff was speaking inappropriately to a client. 2. Dodge Grand Caravan had an indicator light illuminated on the dash board. 3. Clothing allowance logs were not clear. It could not be determined how much money the clients were receiving. 	<p>1. Staff speaking inappropriately to client This complaint was “substantiated.” On 8/15/16, A client informed Administration that a staff was inappropriate towards another client. (Staff was telling a baby to be quiet and had picked up the baby by her arm).</p> <p>On 8/15/2016, Administration immediately investigated this incident. Staff was interviewed and security cameras were reviewed. This was a veteran staff with over 10 years of service. Administration determined that staff had acted inappropriately and had violated the personal rights of the client. Staff was terminated 8/15/2016.</p> <p>This was an isolated incident.</p> <p>Clients personal rights is included within the first 16 hours of initial training of all new hires and annually thereafter for all employees. Additionally, NBRTF childcare policy training is provided.</p> <p>As a result of this incident, a Professionalism/Approach and Interpersonal Boundaries training was held on 8/16/2017.</p> <p>New Beginnings staff will continue to receive training to provide awareness to professionalism and sensitivity, and client’s personal rights upon newly hired, annually, and as needed.</p>

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2. It is believed that the check engine light came on the day of the inspection by Los Angeles County Group Home Monitor. NBRTF has a Vehicle Log book in all vehicles. (The Vehicle Log book has a section for repairs, fuel, concerns, dents, inspections etc.). There was no record by staff driving the vehicle prior to the inspection that the check engine light was on previously.

Staff daily inspects vehicles at the time of use. Staff completing the inspection is expected to complete the Vehicle Log and to inform the Administrator of any irregularities immediately. To ensure quality assurance two staff has been assigned to the weekly vehicle inspections. New Beginnings has entered into a Memorandum of Understanding (MOU) with our local mechanic for vehicles to be inspected every Monday to assist staff in ensuring the vehicle compliance policy.

It was reiterated to all staff to report all major concerns (vehicle warning lights notification) to Administration immediately via the Communication Book and Vehicle Log notification and to place a written notification in the vehicle (dashboard) that repair is required so that the vehicle is not use until the repair has been made. Additionally, weekly inspection notification with the local mechanic was sent to all staff via the Communication Book and Vehicle Log.

NBRTF has 5 vehicles to ensure staff transportation to all medical/dental appointments, home visits, school etc.

3. The Clothing Cash Register Log, which New Beginnings was previously using, did not include a column for balances and the client's signature acknowledging balance amount. The Clothing Cash Register Log was revised on 3/2/2017 to include columns for clarification of all deposits/credits and sources; all debits and sources; daily balance and client's signature of understanding of daily balances available. Clothing allowance of \$75.00 will

		<p>be given monthly between the 15th and 20th of the month.</p> <p>Staff was informed of and trained on the revised Clothing Cash Register Log.</p> <p>As a part of the quality assurance New Beginnings Supervising Facility Manager will review the Clothing Cash Register Log with the client monthly to ensure accuracy and that the client has an understanding of monies spent and available at any given time. Additionally, this time will be used to review the client's needs.</p>
<p>II. Facility and Environment</p>	<ol style="list-style-type: none"> 1. Shalom facility, master bathroom, shower base had a small area of mold. 2. Shalom facility, hallway bathroom the bathtub faucet, had mold around the knobs and a drip. 3. Shalom facility, globes were missing from the bedrooms ceiling fan light fixtures. 	<ol style="list-style-type: none"> 1. New Beginnings has in place a "Facility Check" report, in which all staff is to inspect the facility daily and to report concerns to Administration immediately. In-house reports reflect that staff attempted to clean the area with household products, mold remover etc. and was unsuccessful. Staff did not report to the Supervising Facility Manager that they were unsuccessfully in cleaning the area to NBRTF standards. <p>As a result, staffs were reminded to continue daily facility inspections and to report concerns to Administration immediately via the Facility Check and the Communication Log. The Facility Supervisor will conduct a detailed inspection once a week and as needed to ensure cleanliness and overall safety of the facility.</p> <p>Administration will make the final decision as to how to correct the concern. All concerns will be handled immediately.</p> <ol style="list-style-type: none"> 2. On March 16, 2017, the bathroom was remodeled (new tub and shower installed). To maintain compliance and quality assurance, Administration will utilize the Facility Check report to demonstrate the comprehensive health and safety self-inspection of the facility daily. Graveyard shift will complete the Weekly Assessment weekly. The Supervising Facility manager will review the Weekly Assessment. The Weekly Assessment is a

		<p>written report that identifies the areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.</p> <p>3. New Beginnings had received 10-year energy saving light bulbs from Southern California Edison which are longer in length, than the normal size light bulbs. The ceiling fans globes were removed to accommodate the light bulb. After the inspection, light bulbs were purchased and the globes were replaced. New Beginnings will ensure that all lighting fixtures have a globe or a lamp shade. To maintain compliance and quality assurance, Administration will utilize the Facility Check report to demonstrate the comprehensive health and safety self-inspection of the facility daily. Graveyard shift will complete the Weekly Assessment weekly. The Supervising Facility manager will review the Weekly Assessment weekly. Administration will review Weekly Assessment by-weekly.</p> <p>On March 21, 2017, Los Angeles County Probation monitor returned to the facility and inspected the bathroom and vehicle ignition lights. Both items had been repaired and meet the approval of the monitor.</p>
<p>III. Maintenance of Required Documentation and Service Delivery.</p>	<ol style="list-style-type: none"> 1. Initial and Updated NSP's missing the concurrent case plan goal, the goals provided were not written in SMART Format. 2. Initial and Updated NSP's were missing the DPO/CSW signature or the signature was not obtained within the required 5 days. 	<ol style="list-style-type: none"> 1. Due to New Beginnings having a new contract with Los Angeles County we were unaware of the new Needs and Service Plan format utilizing the SMART format required by Los Angeles County and was using the former format. <p>New Beginnings Therapist, Administration and Managers will review the NSP policies and procedures and will comply with the new format. Additionally, the Administration team will work closer with LA County support team and attend meetings to ensure that all updates/revisions are received and implemented into our program in a timely manner.</p> <p>The NSP goals will be written in the SMART format ensuring that the goals are specific, measurable, attainable, result orientated and timely will be adhered to. The NSP will be</p>

		<p>individualized and developed with input from the client, placing agency and family. The Therapist will utilize the person-centered approach that emphasizes the development of partnerships between the clients and New Beginnings. All aspects of person-centered treatment planning rely on shared decision making and client-defined outcomes. This process promotes client choice, empowerment, resilience, and self-reliance.</p> <p>2. New Beginnings Facility Managers failed to obtain signatures on the NSP within the allotted timeframe. The Facility Manager assumed that when the signature page was not returned within the timeframe managers that they would be able to wait until the DPO/CSW come to the facility for their monthly visit to obtain the signatures. New Beginnings will collaborate with the DPO/SW to obtain signatures within the required time frame. If a signature is not obtained within 3 days, staff has been instructed to contact the LA County supervisor (telephone call and follow-up with an email) and to attached process taken to the clients NSP.</p> <p>To ensure quality assurance, a chart was created to frame the NSP due date for completion, submission, and signatures. New Beginnings Therapist/Head of Service will conduct monthly reviews of NSPs and quarterly reports for compliance.</p>
<p>VII. Personal Rights and Social/Emotional Well-Being</p>	<ol style="list-style-type: none"> 1. Two clients stated that the consequences are not fair. 2. Clients feel they could not talk to staff because they believe that staff would tell their business. 3. Client stated they are not given the opportunity to participate in the planning of activities. 	<ol style="list-style-type: none"> 1. It is unclear why clients would feel that the consequences are not fair possibly the client did not have a full understanding of the discipline policy. <p>Upon placement, the Residents Handbook is reviewed with the client. The handbook includes consequences that are natural, therapeutic and universal. All questions or clarification of the policies that the client may have is explained at this time to ensure understanding. The client is then required to</p>

sign an acknowledgment of review and provided a copy of the Resident Handbook.

House meetings are held daily with clients and Staff to discuss any “concerns of the day” as well as, house rules, consequences, program policies, menu, activities, and positive achievements/rewards and celebrations, etc.

New Beginnings has a Grievance policy that a client can utilize at any time. The Grievance policy is clearly outlined in the Residents Handbook and on the Resident’s bulletin board located in the family room. Clients are encouraged to and have the right to file a grievance. Staff will work diligently to resolve the grievance immediately. The placing agent will be notified of the grievance. No client will be treated unfairly, harassed, or personal right violated for filing a grievance.

2. There has been time when a client has confided in a staff and that staff will inform administration of the discussion if the staff felt that administration needed to know the information.

Within the first 16 hours of hiring a new employee and annually thereafter, Confidentiality training is provided. It is NBRTF policy to build supportive relationships and to provide open communication with all clients. Staff are to remind clients that anything said that is life threatening will be reported for their safety and to ask the client if they are able to share other information (facility concerns etc.) with staff so that their concern(s) can be addressed immediately. Staff also encourages the clients to report all concerns to the Facility Manager or Therapist.

New Beginnings has a Grievance policy that a client can utilize at any time. The Grievance policy is clearly outlined in the Residents Handbook and on the Resident’s bulletin board located in the family room. Clients are encouraged to and have the right to file a grievance. Staff will work diligently to resolve the grievance immediately. The placing agent

		<p>will be notified of the grievance. No client will be treated unfairly, harassed, or personal right violated for filing a grievance.</p> <p>A Sensitivity training was held on March 25, 2017 for all staff. During this training confidentiality, privacy in communicating and staff availability for clients. It is New Beginnings goal to provide one-on-one staff to client interaction weekly to develop a healthy relationship with the clients and to give the client privacy time to discuss any issues with staff or their supervising manager.</p> <p>3. It is unclear why a client would feel that they cannot participate in the development of daily activities and meals. NBRTF policy is to include all clients in the planning of activities and the menu for the month. New Beginnings utilize a "Personal Request" form which is locate on the client's board, in a non-obstructive, visible location to gather input from the clients. The Personal Request forms will be kept in the client's main-book. To ensure quality assurance, during the daily "house meeting" the Supervising Managers will discuss any request or suggestions that the client may have. This meeting will be documented in the Significant Event Log. Additionally, clients are encouraged to go the market with staff to assist in purchasing food items that they may like. Refusal to participate is kept on file.</p>
VIII. Personal Needs/Survival and Economic Well-being	<ol style="list-style-type: none"> 1. The clients reported that they did not have a life book. 2. Youth stated that when she does not attend school she does not eat lunch. 	<ol style="list-style-type: none"> 1. Managers have not been checking to make sure that the Life Books are being done. <p>NBRTF recognizes the importance of Life Books and has incorporated the development of life books into the activity component.</p> <p>Upon the client's placement, NBRTF Administration will ensure that a Life Book is issued and documented in the Significant Event log.</p> <p>Life books will be development during Arts and Crafts/ILS classes monthly. If a client refuses to participate in the class it will be documented as to what the topic of the class</p>

was and a refusal will be placed in the client's main-book indicating why the client refused to participate. Additionally, staffs were advised to be creative and to take pictures on outings, daily activities, to copy rewards and certificates etc. to incorporate in the Life Books.

To ensure quality assurance New Beginnings Supervising Facility Manager will review the client's Life Books monthly and report the finding to the Treatment Team during the weekly meeting.

2. It is unclear why a client would feel that they do not receive lunch when home from school.

NBRTF purchase and provides nutritional meals and snacks for all clients. It is noted that "cups of noodles" is a popular choice for meals. The request to have "cups of noodles and sandwiches" will be provided. However, the five food groups, healthy eating choices, rotation of meals, will be explained and reiterated during daily house groups, ILS skills classes, and during the purchase of groceries.

Clients have access to meal and snacks 24 hours a day. Staff are advised to continue to document in the Legal Log what meals were prepared for breakfast, lunch and dinner daily. Staff are also advised to continue to utilize the Refusal Form if a client refuses what is on the menu and to offer a substitute food item. If a client is sleep during a meal time staff are to wake the client up and inform the client that their meal is ready. At no point, will a client be denied a meal.

To ensure quality assurance, New Beginnings Facility Managers or designee will continue to meet with each client weekly to ensure that all needs are met. The client will be required to sign the Personal Request form indicating any needs for the week and that they met with the manager to discuss this request. All staff are encouraged to build one-on-one relationships with the clients; to encourage and provide an open communication; and to put the client at ease to discuss concerns so that they can be

		addressed immediately. This process will begin April 10, 2017, to ensure notification and review to all staff.
X. Personnel Files	<ol style="list-style-type: none"> 1. Staff missing education verification. 2. Staff missing verification for CSEC training. 	<ol style="list-style-type: none"> 1. NBRTF original program statement (written in 1999) required a high school or college diploma for staff. A high school diploma was not obtained for three staff. All three staffs are veterans' employees, each with more than five years of service as of this report. NBRTF is in the process of working with two of the staff to obtain a high school diploma: one employee graduated in 1973 from LAUSD; and one graduated 1978 from CUSD. The other employee was terminated. 2. Staff received CSEC training on April 4, 2017. A certificate of completion has been placed in the staff's personnel file. CSEC training will be provided for all new hires within the first 90 days of employment, and as needed to meet county requirements. The HR department has created a new hire/employee training log to track and document training requirements to meet State and County requirements. This form will be reviewed by Administration bimonthly to ensure compliance.

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