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**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION
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AUDITOR-CONTROLLER

MARIA M. OMS
CHIEF DEPUTY

ASST. AUDITOR-CONTROLLERS

ROBERT A. DAVIS
JOHN NAIMO
JUDI E. THOMAS

February 25, 2010

TO: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe
Auditor-Controller

SUBJECT: **STATUS REPORT ON DEPARTMENT OF CHILDREN AND FAMILY SERVICES GROUP HOME MONITORING**

On April 14, 2009, your Board instructed the Department of Children and Family Services (DCFS), in conjunction with the Auditor-Controller, and the Chief Executive Officer (CEO) to transition the Group Home (GH) monitoring responsibility to DCFS.

Your Board also instructed the A-C to provide the Board with semi-annual status reports during the first two years that DCFS has sole responsibility for GH monitoring. The reports should include DCFS' efforts to effectively monitor the GH contractors' compliance with the County contract and DCFS' efforts to follow-up with the GH contractors to ensure that recommendations were appropriately implemented.

We are in the process of finalizing our review for the period of July 1, 2009 through December 31, 2009 and expect to issue our report to your Board by March 15, 2010.

Please contact me if you have any questions or require additional information, or your staff may call Don Chadwick at (213) 253-0301.

WLW:MMO:JET:DC

c: William T Fujioka, Chief Executive Officer
Patricia S. Ploehn, Director, Department of Children and Family Services
Marilynne Garrison, Division Chief, Department of Children and Family Services.
Lisa Campbell, Division Director, Probation Department
Public Information Office
Children's Deputies
Audit Committee



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

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March 17, 2010

TO: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich
Maria M. Oms
FOR

FROM: Wendy L. Watanabe
Auditor-Controller

SUBJECT: **DEPARTMENT OF CHILDREN AND FAMILY SERVICES GROUP
HOME MONITORING STATUS REPORT FOR JULY 1, 2009 THROUGH
DECEMBER 31, 2009 (Board Agenda Item No. 3, April 14, 2009)**

At the April 14, 2009 meeting, your Board instructed the Department of Children and Family Services (DCFS), in conjunction with the Auditor-Controller (A-C), and the Chief Executive Officer to transition the Group Home (GH) program monitoring responsibility to DCFS. The purpose of the program monitoring reviews is to evaluate each GH's compliance with the County contract and California Department of Social Services (CDSS) Title 22 regulations.

Your Board also instructed the A-C to provide semi-annual status reports during the first two years that DCFS has primary responsibility for GH program monitoring. The reports should include DCFS' efforts to effectively monitor the GH contractors' compliance with the County contract and DCFS' efforts to follow-up with the GH contractors to ensure that recommendations were appropriately implemented. This is our first semi-annual report.

Results of Review

Overall, DCFS established the appropriate protocols to effectively monitor their GH contractors and report the results to your Board. DCFS' monitoring protocols are similar to the protocols that we followed in conducting GH monitoring reviews and cover the same key contractual areas such as reviewing the children's Needs and Services Plans,

psychotropic medication requirements, timeliness of children's medical and dental examinations and ensuring all GH staff obtained criminal and child abuse clearances. The monitoring protocols also include facility site inspections, child interviews and procedures for following-up on prior recommendations.

Currently, the County has 85 GH contractors. Of the 85 GHs, 44 GHs provide services to DCFS-placed children, 16 GHs provide services to Probation Department-placed children, and 25 GHs provide services to both DCFS- and Probation-placed children. DCFS indicated they plan to perform program monitoring reviews for the 69 GHs (44 GHs + 25 GHs) with DCFS children at least once during a 12-month period.

During the review period (July 1, 2009 - December 31, 2009), DCFS completed two monitoring reviews and issued two reports to your Board. In addition, 25 other reviews were in various stages of completion. For the two monitoring reviews that were completed, DCFS effectively monitored the GH's compliance with the County contract and CDSS Title 22 regulations and followed-up on the implementation status of the recommendations contained in the A-C's prior reports.

DCFS' monitoring plan did not include monitoring GHs with Probation children only and Probation has not established protocols to monitor these GHs. Prior to transferring the GH monitoring function to DCFS, the A-C staff monitored all GHs, including GHs that only provided services to Probation children.

Probation indicated that they are currently investigating GHs based on Special Incident Reports received from the GHs and that they conduct limited reviews of Probation GHs on a quarterly basis. Probation also indicated that they are in the process of establishing the program monitoring protocols necessary to address this Board motion and expect to begin their GH program reviews in July 2010. DCFS indicated that they will assist Probation in monitoring the GHs with Probation children until Probation establishes the capability to effectively monitor the GHs themselves.

To ensure all GHs are properly monitored, we recommend that: (1) Probation establish protocols to monitor the 16 GHs with Probation-placed children; and (2) Probation and DCFS develop a plan and coordinate the monitoring reviews of the 25 GHs that provide services to both DCFS- and Probation-placed children.

The details of our review are attached.

Review of Report

We discussed our report with DCFS and Probation management on February 10, 2010 and March 10, 2010. Both Departments agree with our report and will continue their efforts to monitor GHs for program contract compliance.

Board of Supervisors
March 17, 2010
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We thank DCFS and Probation management and staff for their responsiveness, cooperation and assistance during our review. Please call me if you have any questions, or your staff may contact Don Chadwick at (213) 253-0301.

WLW:MMO:JET:DC:AA

Attachments

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Patricia S. Ploehn, Director, Department of Children and Family Services
Calvin C. Remington, Acting Chief Probation Officer
Public Information Office
Children's Deputies
Audit Committee

**GROUP HOME MONITORING STATUS REPORT
FISCAL YEAR 2009-2010
JULY 1, 2009 THROUGH DECEMBER 31, 2009**

Background

In 1998, your Board instructed all Group Home (GH) monitoring functions, including those handled by the Department of Children and Family Services (DCFS) and the Probation Department (Probation), be placed with the Auditor-Controller (A-C). The Board was concerned about several deficiencies in DCFS' GH monitoring efforts cited in the 1996-97 Grand Jury Report. In collaboration with DCFS, the A-C established a GH Monitoring Unit. The A-C monitored each GH site annually and issued monitoring reports to your Board. The purpose of the program monitoring reviews was to evaluate each GH's compliance with the County contract and California Department of Social Services (CDSS) Title 22 regulations.

In June 2005, DCFS began monitoring GH contractors on performance outcomes in the areas of child safety, permanency and well being. This resulted in both DCFS and the A-C jointly monitoring the GH contractors. In December 2008, DCFS indicated that their managers and staff were ready to assume full responsibility to monitor GH contractors. Working in collaboration with the A-C and the Chief Executive Office, DCFS assumed the primary responsibility for program monitoring of GHs beginning July 1, 2009.

Methodology

Our review included evaluating DCFS' GH monitoring instruments, monitoring plan and reporting process. We also reviewed DCFS' process for following-up on the implementation status of prior A-C recommendations and reviewed the two reports that DCFS issued to your Board during the review period. In addition, we interviewed DCFS and Probation managers and discussed Probation's future plans to monitor the GH contractors.

Monitoring Instruments

Overall, the monitoring instruments that DCFS developed to monitor the GHs cover the key contractual requirements. The areas are similar to the areas that we monitored during our visits to the GHs.

During July and August 2009, DCFS developed the monitoring instruments for their GH monitoring staff and provided them training on how to conduct and document the GH monitoring reviews. The monitoring instruments appropriately included the following nine key contractual areas:

- Licensure/contract requirements (children's transportation, licensing capacity, disaster drills, Special Incident Reports, etc.)

- Facility and environment (home inspections, recreation equipment, reading and educational resources, food supplies, etc.)
- Program services (Needs and Services Plans, therapeutic services, etc.)
- Education and emancipation (report cards, emancipation and vocational training programs, etc.)
- Recreation and activities (extra-curricular activities, social activities, etc.)
- Children's health related services including psychotropic medications (dental and medical visits, medication logs, etc.)
- Children's personal rights (children interviews, sufficient food, transportation, etc.)
- Clothing and allowances (quantity and quality of clothing, minimum monetary allowance, etc.)
- Personnel Records (qualifications, criminal and child abuse clearances, health screenings, etc.)

Probation management indicated that they plan to review the same nine key contractual areas. However, as of February 2010, Probation is in the process of developing their GH monitoring instruments, which they will begin using in July 2010. During the next evaluation period, we will work with Probation to ensure that their GH monitoring instruments include reviewing the key contractual areas.

DCFS and Probation Monitoring Plan

Currently, the County has 85 GH contractors. Of the 85 GHs, 44 GHs provide services to DCFS-placed children, 16 GHs provide services to Probation-placed children, and 25 GHs provide services to both DCFS- and Probation-placed children.

DCFS indicated that they plan to monitor the 69 GHs (44 GHs + 25 GHs) with DCFS children at least once during a 12-month period. During the review period (July 1, 2009 - December 31, 2009), DCFS started 27 GH monitoring reviews (Attachment). The following is the status of the 27 reviews:

- The fieldwork for 16 (59%) of the 27 reviews is in progress.
- The draft reports for nine (33%) of the 27 reviews are under review.
- The final reports for two (7%) of the 27 reviews were issued to your Board and posted on DCFS' website.

For the two monitoring reviews that DCFS completed, with reports issued to your Board, DCFS effectively monitored the GH's compliance with the County contract and CDSS Title 22 regulations. The reviews also included a follow-up on the implementation status of prior A-C recommendations. DCFS management indicated they will complete the fieldwork for the remaining 42 (69 - 27) GH monitoring reviews by August 31, 2010 (Attachment).

DCFS' monitoring plan did not include monitoring GHs with Probation children only. Prior to transferring the GH monitoring function to DCFS, the A-C staff monitored all GHs, including GHs that only provided services to Probation children. Probation has

not yet established protocols to monitor the 16 GHs with Probation-placed children or how they plan to coordinate with DCFS the monitoring reviews of the 25 GHs that provide services to both DCFS- and Probation-placed children. Probation indicated that they are currently investigating GHs based on Special Incident Reports received from the GHs and that they conduct limited reviews of Probation GHs on a quarterly basis. Probation also indicated that they are in the process of establishing the program monitoring protocols necessary to address this Board motion and expect to begin their GH program reviews in July 2010. DCFS indicated that they will assist Probation in monitoring the GHs with Probation children until Probation establishes the capability to effectively monitor the GHs themselves.

During the next monitoring period, we will report on DCFS' and Probation's efforts to ensure all GHs are properly monitored, including: (1) Probation's protocols to monitor the 16 GHs with Probation-placed children; and (2) Probation's and DCFS' plan to coordinate the monitoring reviews of the 25 GHs that provide services to both DCFS- and Probation-placed children.

DCFS Monitoring Reports

The report format that DCFS developed effectively reports the results of their individual monitoring reviews to your Board. The report format highlights the areas where GH contractors were not in compliance with County contract requirements as well as areas where the GH contractors were in compliance and covers the nine key contractual areas noted above. The report format also contains DCFS' recommendations for corrective action and includes DCFS' follow-up on the implementation status of prior monitoring recommendations. DCFS also attaches the GH contractors' corrective action plans to their reports. In addition, DCFS posts the final reports on the internet at <http://www.lacdcfs.org/aboutus/GHCompMon.html>.

Probation has not yet developed a process to report the results of their GH monitoring reviews to your Board.

Next Steps

For our next semi-annual report, we will report on DCFS' and Probation's progress in completing their planned GH reviews. We will also work with Probation to ensure their reviews include the nine key contractual areas, the results are reported to your Board and that they follow-up with the GHs on the implementation status of prior monitoring recommendations. We will also report back on any issues DCFS and Probation experience in completing the planned reviews. We expect to issue our next semi-annual report covering the period January 1, 2010 through June 30, 2010 by August 31, 2010.

Status of DCFS Group Home Monitoring Reviews
As of December 31, 2009

#	Group Home	Scheduled Monitoring Date	Status
1	West Covina Group Home	September-09	Review Completed
2	Cunningham's Group Home	September-09	Review Completed
3	Dubnoff Center	September-09 *	Finalizing Report
4	New Outlook Boys Home	September-09 *	Finalizing Report
5	Children Are Our Future	September-09	Finalizing Report
6	Hillsides Home for Children	September-09	Finalizing Report
7	Fred Jefferson Memorial Home	September-09	Finalizing Report
8	Luvlee's Residential Care/New Dawn	September-09	Finalizing Report
9	Los Angeles Youth Network	September-09	Fieldwork in Progress
10	Childhelp USA	September-09	Fieldwork in Progress
11	Sand Hill Group Home	September-09	Fieldwork in Progress
12	David And Margaret Home	October-09	Fieldwork in Progress
13	Homes of Hope Group Home	November-09	Finalizing Report
14	Ettie Lee Home	November-09	Finalizing Report
15	Turmont Home for Boys	November-09	Finalizing Report
16	Dream Home Care Inc.	November-09	Fieldwork in Progress
17	Washington-Hancock	November-09	Fieldwork in Progress
18	Hathaway-Sycamores	November-09	Fieldwork in Progress
19	Teen's Happy Homes	November-09	Fieldwork in Progress
20	Counseling and Research/Masada Homes	November-09	Fieldwork in Progress
21	Olive Crest Treatment Center	November-09	Fieldwork in Progress
22	Pioneer Boys Ranch	November-09	Fieldwork in Progress
23	Bourne	December-09	Fieldwork in Progress
24	Boys Town	December-09	Fieldwork in Progress
25	O'Connor and Atkins Home	December-09	Fieldwork in Progress
26	Perfect Image Youth Center	December-09	Fieldwork in Progress
27	South Bay Bright Future	December-09	Fieldwork in Progress
28	Le Roy Haynes Center	January-10	N/A
29	Mary's Shelter Dependent Program	January-10	N/A
30	Mozell Pennington Boys Center	January-10	N/A
31	Children's Homes of Southern California	January-10	N/A
32	Orange County Children's Foundation	February-10	N/A
33	Deliann Lucile Corporation	February-10	N/A
34	Bayfront Youth and Family Services	February-10	N/A
35	Vista Del Mar	February-10	N/A
36	Garces Residential	February-10	N/A
37	Eggleston Youth Center	February-10	N/A
38	Project Six/Health Group	February-10	N/A
39	Rosemary Children's Services	February-10	N/A
40	Junior Blind of America	February-10	N/A
41	Fields Comprehensive Youth Services	February-10	N/A

* Reviews started August 27, 2009

Status of DCFS Group Home Monitoring Reviews
As of December 31, 2009

#	Group Home	Scheduled Monitoring Date	Status
42	Fleming and Barnes Dimondale Adolescent	March-10	N/A
43	Macro Homes	March-10	N/A
44	Downs and Martin Children Services	March-10	N/A
45	Casa Editha Foundation/Ava Lyns Group Home	March-10	N/A
46	Careprovider Organization Foundation	March-10	N/A
47	Saint Anne's Maternity Home	March-10	N/A
48	Five Acres	March-10	N/A
49	Little People World	April-10	N/A
50	Penny Lane	April-10	N/A
51	Murrell's Farm Boys Home	April-10	N/A
52	Moore's Cottage	April-10	N/A
53	T & T Home for Boys	April-10	N/A
54	Teens Happy Homes	April-10	N/A
55	Dream Catcher Foundation	May-10	N/A
56	Lifecircles Group Home	May-10	N/A
57	Florence Crittenton	June-10	N/A
58	Maryvale	June-10	N/A
59	Pinnacle Foundation	June-10	N/A
60	Phoenix House LA	June-10	N/A
61	Human Services Network	June-10	N/A
62	Paragon Center	July-10	N/A
63	Aviva Center/Hamburger Home	July-10	N/A
64	San Gabriel Children's Center	July-10	N/A
65	Diakonia Inc.	July-10	N/A
66	B and I Group Home	August-10	N/A
67	Mckinley Children's Center	August-10	N/A
68	Heritage Group Homes	August-10	N/A
69	Dangerfield Group Home	August-10	N/A



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PATRICIA S. PLOEHN, LCSW
Director

June 30, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

DUBNOFF CENTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Dubnoff Center Group Home is located in the 3rd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Dubnoff Center Group Home's program statement, the stated goal is "to serve court dependent children with behavior and emotionally disturbed problems". Dubnoff Center Group Home is licensed to serve a capacity of 12 children, ages 12 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Dubnoff Center Group Home in August 2009 at which time they had two six-bed sites and four DCFS placed children. All four children were males. For purpose of this review, two currently placed children were interviewed, and their case files reviewed. The two remaining DCFS children were recently placed and there was limited applicable information available for review. Therefore, these two remaining children were not interviewed nor were their case file reviewed. The placed children's average overall length of placement was seven months, and the average age was 16. Seven staff files were reviewed for compliance with Title 22 regulations and contract requirements.

There were three children on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm the medication logs documented correct dosages were being administered as prescribed.

DUBNOFF CENTER GROUP HOME

June 30, 2010

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SCOPE OF REVIEW

The purpose of this review was to assess Dubnoff Center Group Home's compliance with the Contract and State regulations. The visit included a review of Dubnoff Center Group Home's program statement, administrative internal policies and procedures, two placed children's case files and a random sampling of personal files. A visit was made to both facilities to assess the quality of care and supervision provided to the children, and we conducted interviews with the children to assess the care and services they are receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Dubnoff Center Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in their program statement. The children interviewed stated they were satisfied in the Group Home because the staff were concerned and were interested in their well-being.

The direct care staff stated that they were pleased with the support they receive from the administrative staff. The staff reported that the group home's administration was attentive to the needs of the children and they are open to listening to the staff's suggestions for improvement. The staff reported that they work together as a team and have staff meetings to share their concerns regarding the group home.

At the time of the review, the Group Home needed to develop comprehensive Needs and Services Plan (NSP). During the review, the Administrator stated that he would ensure that the NSPs would be comprehensive. In addition, we noted the children were not provided with life books/photo albums. The Administrator stated the children refuse to provide information for life books/photo albums, however, no documentation was found in the files to confirm children's refusal.

Dubnoff Center Group Home was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement. Further, the Administrator stated that he welcomed the findings in the review so that their current operating systems can be improved.

NOTABLE FINDINGS

The following is the notable finding of our review:

- Of the five NSPs reviewed, none were comprehensive in that they did not complete all required elements in accordance with the NSP template. The A-C's prior review also noted that Dubnoff Center Group Home did not always ensure that Needs and Services Plans/Quarterly Reports were comprehensive.

DUBNOFF CENTER GROUP HOME

June 30, 2010

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The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held October 10, 2009.

In attendance:

Ed Dixon, Residential Program Administrator, Dubnoff Center Group Home and Mary Espinoza, Monitor, Out-of-Home Care Management Division, DCFS.

Highlights:

The Residential Program Administrator was in agreement with our findings and recommendations. He stated that that he will ensure that the recommendations are enforced and that Dubnoff Center Group Home complies with DCFS. During the monitoring review, the Residential Program Administrator stated that the children refused to have life book photo/albums, however there was no documentation to support this claim located in the files. The Residential Administrator indicated that the children would be provided with life books/photo albums or there would be documentation regarding the children's refusal to have life book/photo albums.

As agreed, Dubnoff Center Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have any further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager at (213) 351-5530.

PSP:LP:MG:

EAH:DC:me

Attachments

- c: William T, Fujioka, Chief Executive Officer
- Wendy Watanabe, Auditor-Controller
- Donald H. Blevins, Chief Probation Officer
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Sandra Babcock, Dubnoff Center CEO, President
- Lenora Copeland, Regional Manager, Community Care Licensing
- Jean Chen, Regional Manager, Community Care Licensing

**DUBNOFF CENTER GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

**Dubnoff Center Group Home
Clybourn Site
10526 Dubnoff Way
North Hollywood, CA 91606
License Number 197605110
Rate Classification Level 12**

**Dubnoff Center Group Home
Valley Site
1610 N. Valley Street
Burbank, CA 91505
License Number 91290852
Rate Classification 12**

Contract Compliance Monitoring Review		Findings: August 2009
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	Full Compliance (All)
II	<p><u>Program Services</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance
III	<p><u>Facility and Environment</u> (6 elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	Full Compliance (All)
IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 	Full Compliance (All)

	4. Current Report Cards Maintained	
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment, and Social Activities. 	Full Compliance (All)
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow Up Dental Exams Timely 	Full Compliance (All)
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 7. Children Allowed Private Visits, Calls, and Correspondence Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	Full Compliance (All)
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

	<p>7. Management of Allowance 8. Encouragement and Assistance with Life Book</p>	<p>7. Full Compliance 8. Improvement Needed</p>
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education /Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On Going Training Documentation 12. Emergency Intervention Training Documentation 	<p>Full Compliance (All)</p>

DUBNOFF CENTER GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

**Dubnoff Center Group Home
Clybourn Site
10526 Dubnoff Way
North Hollywood, CA 91606
License Number 197605110
Rate Classification Level 12**

**Dubnoff Center Group Home
Valley Site
1610 N. Valley Street
Burbank, CA 91505
License Number 91290852
Rate Classification 12**

The following report is based on a "point in time" at the time of the monitoring visit. This compliance report addresses findings noted during the August 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of two children's case files and seven staff files, and/or documentation from the provider, Dubnoff Center Group Home was in full compliance with seven out of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Facility and Environment; Educational and Emancipation Services; Recreation Activities; Children's Health-Related Services (Including Psychotropic Medication); Personal Rights; and Personnel Records (Including Staff Qualifications, Staffing Ratios, Criminal Clearances, and Training). The following report details the results of our review:

PROGRAM SERVICES

Based on our review of the children's case files, Dubnoff Center Group Home fully complied with six out of seven elements reviewed in the area of Program Services.

We noted that the sampled children met the Group Home's population criteria as outlined in their program statement and they were assessed for needed services within thirty days of placement.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSPs) with input from the child, and the NSPs' implementation was discussed with the group home staff. We also noted that the Group Home obtains the DCFS CSW's authorization to implement the NSPs. However, the NSPs were not comprehensive as they did not include the methods to reach the children's permanent plans and did not provide dental examination date for one child.

Lastly, we noted the children are receiving individual, family and group counseling, as well as the children's CSWs are contacted monthly by the Group Home staff.

The provider stated that he would ensure that the NSP/Quarterly Reports would be complete and comprehensive.

DUBNOFF CENTER GROUP HOME

June 30, 2010

Page 2

Recommendation:

Dubnoff Center Group Home management shall ensure that:

1. NSPs are complete and comprehensive including all required elements.

CLOTHING AND ALLOWANCE REQUIREMENTS

Based on our review of two children's case files, Dubnoff Center's Group Home fully complied with seven out of eight elements in the areas of Clothing and Allowance.

During our review we noted the children received \$10.00 weekly and they spent their allowance on items of their choice or recreation. The children sign a document indicating receipt of their allowance and Dubnoff Center Group Home maintains allowance logs on file.

Based on our review, the two children interviewed reported that they received the required monthly clothing allowance and we noted documentation that clothing allowance was maintained. The children are provided with the opportunity to select their clothing and have sufficient clothing.

Dubnoff Center Group Home provides the children with their personal care items and the items are accessible to the children. The Group Home staff ensures that the children have sufficient personal care items.

During the time of the monitoring no life books/photo albums were found for the children. The Administrator stated the children refuse to provide information for life books/photo albums, however, no documentation was found in the files to confirm children's refusal.

Recommendation:

Dubnoff Center Group Home shall ensure that:

2. Dubnoff Center Group Home management encourage and assist children in creating and maintaining life books/photo albums or maintain documentation of the youths' refusal to create life book photo/albums.

PRIOR YEAR FOLLOW-UP FROM AUDITOR CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

DUBNOFF CENTER GROUP HOME

June 30, 2010

Page 3

Verification

We verified whether the outstanding recommendations from the A-C last report dated May 9, 2007 were implemented.

Results

The A-C's prior monitoring report contained two outstanding recommendations. Specifically, Dubnoff Center Group Home was to ensure that they develop comprehensive Needs and Service Plans which included measurable and attainable goals, and ensure the Group Home is maintained in good repair in accordance with Title 22 regulations. Based on our follow-up of these recommendations, Dubnoff Center Group Home fully implemented one of the recommendations as it relates to maintaining the group home in good repair. However, Dubnoff Center Group Home did not implement the recommendation regarding development of comprehensive Needs and Services Plans. Since we noted one recommendation was not fully implemented, corrective action was requested of Dubnoff Center Group Home to further address this finding.

Recommendation:

Dubnoff Center Group Home management shall ensure that:

3. They fully implement the one outstanding recommendation from the A-C' report dated May 9, 2007, which is noted in the report as Recommendation 1.



Dubnoff Center
for Child Development

DATE: November 6, 2009
TO: Dorothy Channel, CSA II
9320 Telstar Avenue, Suite 206
El Monte, CA 91713
FROM: Ed Dixon, Program Administrator, DUBNOFF CENTER Group Homes
RE: **Group Home Correction Action Plan for Compliance Report**

1. NEEDS AND SERVICE PLAN (NSP) WERE NOT COMPREHENSIVE

Finding(s):

- 1 Section of the Needs and Service Plans (NSP) were not completed and comprehensive.

Corrective Action Plan:

- 1 Ed Dixon, Program Administrator, will be assigned to review and ensure that updated Needs and Service Plans are comprehensive and the dates are accurate per **Group Home Contract Statement of Work Performance Measure 2.0 Division 6, Chapter 5, Section 84068-2((b-c) and 84068 .3(3). Group Home Contract Statement of Work, Performance 3.1**

2. CLOTHING AND ALLOWANCE REQUIREMENTS

Finding(s):

- 1 Two children who were placed six months did not have a life book/photo album. The staff reported that the children refused to provide information and family photos. However, no documentation was found in the children's file indicating that the children refused to provide information for the life book/photo album, or did not want a life book/photo album. During the time of the monitoring no life books/photo albums were observed.

Corrective Action Plan:

- 1 Group Home supervisors will encourage and assist children in creating and maintaining life books/ Photo Album.


Signed: Ed Dixon, Program Administrator


Dated

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 Sandra Stemig-Babcock, Ex. Director
 Dubnoff Center
 10526 Dubnoff Way
 North Hollywood, CA 91606

Form 3800, August 2006 See Reverse for Instructions

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 1100 Wilshire Place -- Los Angeles, California 90020
 (213) 351-5602

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 Fifth District

November 13, 2009

Sandra Stemig Babcock, Executive Director
 Dubnoff Center Group Home
 10526 Dubnoff Way
 North Hollywood, CA 91606

Dear Ms. Sandra Sternig-Babcock:

We have reviewed your Correction Action Plan (CAP) dated November 6, 2009. Your CAP is approved as written. The Out of Home Care Management Division Monitor will be following up with the Dubnoff Center Group Home to ensure maintenance of the approved CAP during visits.

Thank you for your cooperation. If you have any questions, please contact me at (626) 569-6819 or Mary Espinoza at (626) 569-6854.

Sincerely,


 Dorothy Channel, CSA II
 Out of Home Care Management Division

DC;me

c: Community Care Licensing, Kimberly Evans LPA



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PATRICIA S. PLOEHN, LCSW
Director

June 30, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

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Fourth District
MICHAEL D. ANTONOVICH
Fifth District

**ETTIE LEE HOMES D.B.A ETTIE LEE YOUTH AND FAMILY SERVICES PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Ettie Lee Homes has nine sites. The Oak Knolls and John Eccles sites are located in the 1st Supervisorial District. The North Hollywood site is located in the 3rd Supervisorial District. The Mt. Jurupa, Fontana, Robertson Memorial and Diamond L Ranch sites are located in San Bernardino County. The Santa Ana site is located in Orange County, and the Waterflow Ranch site is located in Riverside County. Ettie Lee Homes provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation Department youth. According to Ettie Lee Homes' program statement, their stated goal "is to treat youth with severe emotional and behavioral problems who require ongoing case management, mental health services, behavioral intervention and intense supervision." Ettie Lee Homes is licensed to serve 88 children, ages 8 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Ettie Lee Homes in November 2009 at which time they had nine sites and two DCFS placed children. Both of the children were male and were placed at the Fontana site. For the purpose of this review, both of the placed children were interviewed and their case files were reviewed. The placed children's overall average length of placement was 53 months and the average age was 16. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

ETTIE LEE HOMES

June 30, 2010

Page 2

Both DCFS children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that the medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Ettie Lee Homes' compliance with the Contract and State regulations. The visit included a review of Ettie Lee Homes' program statement, administrative internal policies and procedures, both children's case files, and a random sampling of personnel files. A visit was made to all nine sites to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they are receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Ettie Lee Homes was providing adequate care to DCFS placed children, and the services were provided as outlined in their program statement. The children interviewed stated that they want to continue residing at the placement and that the staff is genuinely concerned about them.

At the time of the review, each Group Home site needed to address a few physical plant deficiencies, none of which posed a safety hazard to any of the placed children. A review of the two DCFS placed children's clothing indicated that they did not have an adequate quantity of clothing.

Ettie Lee Homes was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement. The report was sent to the Executive Director for review and comments. The Group Home Administrator responded that it is their desire to implement the 2008 Corrective Action Plan (CAP) based on the prior review conducted by the Auditor-Controller, which included replacing the carpets at seven of their sites and landscaping their North Hollywood site. However, due to the State cut backs it has been financially difficult to achieve 100% of the goals. The OHCMD has some concerns regarding the timeline that Ettie Lee included in their CAP for implementing the recommendations related to the physical plant deficiencies, identified by the Auditor Controller in their report issued in 2009. Those deficiencies included replacement of the carpeting and landscaping. Given that these physical plant deficiencies do not pose a safety hazard to any placed children, DCFS approved the CAP dated January 15, 2010 and the written correspondence dated March 9, 2010. In that documentation, Ettie Lee has committed to completing the deficiencies within specific timeframes. In that the majority of children placed in Ettie Lee's facilities are supervised by the Probation Department, the OHCMD will coordinate efforts with their staff to confirm implementation of the repairs.

NOTABLE FINDING

The following is the notable finding of our review:

- Neither child had an adequate supply of clothing. Both of the children needed jackets, dress outfits and bathrobes.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held December 17, 2009:

In attendance:

Karen Turner, Administrator Ettie Lee Homes; Nola Jones, Administrator Ettie Lee Homes; and Christine Spooner, Monitor, Out-of-Home Care Management Division, DCFS

Highlights:

The Administrator, Karen Turner was in agreement with most of the findings and recommendations. She stated that obtaining a copy of the review instrument was very helpful because she had information of the scope of what was being reviewed, and she felt the review was fair.

As agreed, Ettie Lee Homes provided a timely written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

As noted in the monitoring protocol, a follow-up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have any further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager at (213) 351-5530.

PSP:LP:MG

EAH:BB:cs

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Ronald Bateman, Chairman, Board of Directors, Ettie Lee Homes
Clayton Downey, Executive Director, Ettie Lee Homes
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

**ETTIE LEE HOMES
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

SITE LOCATIONS

Mt. Jurupa
13942 Jurupa Avenue
Fontana, California 92335
License Number: 360900703

Robertson Memorial Home
28721 Live Oak Canyon Rd.
Redlands, California 92373
License Number: 360900845

Fontana Home
7637 Citrus
Fontana, California 92336
License Number: 360900339

Diamond L Ranch
11282 Spruce
Bloomington, California 92316
License Number: 360900272

Oak Knolls Home
620 N. Cerritos
Azusa, California 91702
License Number: 191502141

Waterflow Ranch
1119 W. 7th Street
San Jacinto, California 92583
License Number: 330909207

John Eccles Home
3526 Big Dalton
Baldwin Park, California 91706
License Number: 191501961

Santa Ana
1612 & 1616 Palm
Santa Ana, California 92701
License Number: 300603084

North Hollywood Home
12345 Chandler Blvd.
North Hollywood, California 91607
License Number: 191201157

Contract Compliance Monitoring Review		Findings: November 2009
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	Full Compliance (ALL)
II	<p><u>Program Services</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 	Full Compliance (ALL)

	<ul style="list-style-type: none"> 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 	
III	<p><u>Facility and Environment</u> (6 elements)</p> <ul style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ul style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Full Compliance
IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ul style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	Full Compliance (ALL)
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ul style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment, and Social Activities. 	Full Compliance (ALL)
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ul style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow Up Dental Exams Timely 	Full Compliance (ALL)
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ul style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 	Full Compliance (ALL)

	<ul style="list-style-type: none"> 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 7. Children Allowed Private Visits, Calls, and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ul style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	<ul style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ul style="list-style-type: none"> 1. Education /Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On Going Training Documentation 12. Emergency Intervention Training Documentation 	<ul 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 10. Full Compliance 11. Improvement Needed 12. Full Compliance

**ETTIE LEE HOMES PROGRAM CONTRACT COMPLIANCE
MONITORING REVIEW**

SITE LOCATIONS

**Mt. Jurupa
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Fontana, California 92335
License Number: 360900703**

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28721 Live Oak Canyon Rd.
Redlands, California 92373
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Baldwin Park, California 91706
License Number: 191501961**

**Santa Ana
1612 & 1616 Palm
Santa Ana, California 92701
License Number: 300603084**

**North Hollywood Home
12345 Chandler Blvd.
North Hollywood, California 91607
License Number: 191201157**

The following report is based on a "point in time" at the time of the monitoring visit. This compliance report addresses findings noted during the November 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of two children's files and five staff files, Ettie Lee Homes was in full compliance with six out of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Program Services; Educational and Emancipation Services; Recreation and Activities; Children's Health Related-Services, Including Psychotropic Medication; and Personal Rights.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review of Ettie Lee Homes and interviews with the two DCFS placed children, Ettie Lee Homes fully complied with two of the six elements in the areas of Facility and Environment.

Comments:

The Group Home maintained age appropriate and accessible recreational equipment in good condition.

The Group Home maintained a sufficient supply of perishable and non-perishable foods.

There were some deficiencies to the exterior of the homes. There was graffiti that needed to be removed from the rear of the home at one of the sites. All of the sites needed to remove or trim the shrubbery in front of the bedroom windows because in the event of an emergency, the children would have difficulty exiting the bedroom windows. The window screens at six of the nine sites needed to be replaced or repaired. Also the landscaping for one site was to be completed, based on the Auditor-Controller's (A-C) August 18, 2009 report, and it remains unfinished.

While the common quarters were generally well maintained, there were physical plant deficiencies noted at seven of the nine sites. The chairs needed to be sanded and restained due to scratches and graffiti. The mirrors in the bathrooms were etched with graffiti and needed to be replaced. The baseboards and shower stalls at three sites needed to be cleaned. The toilet tissue holders were missing at two sites. The lighting and light covers in the bedrooms and bathroom needed to be replaced at one site. Due to the carpeting being very worn at seven of the nine sites, the A-C's August 18, 2009 report recommended that the carpeting be replaced. This recommendation was not completed. The provider stated that the carpet cannot be replaced at this time due to budget constraints.

The bed baseboards and storage cubicles in the bedrooms at all of the sites needed sanding and painting, due to graffiti and scratches. The vertical blinds at two of the sites needed to be replaced or repaired, as the blinds did not open properly. The wall that was patched needed to be painted and the dresser needed to be refinished at one site. The chipped bookcase needed to be replaced and the door threshold repaired.

All of the nine sites had an appropriate quantity and quality of reading materials. However, the computer was not working at the Mt. Jurupa site and needed to be repaired or replaced.

Recommendations:

Ettie Lee Homes management shall ensure that:

1. The Group Home sites are maintained in good repair in accordance with Title 22 regulations.

CLOTHING AND ALLOWANCE

Based on our review of both placed children's case files and interviews with both of them, Ettie Lee Homes fully complied with six out of the eight areas of Clothing and Allowance.

Comments:

The children are provided with the required \$50.00 a month clothing allowance. The quality of the clothing for the placed children was adequate, however, the quantity was not. The children needed winter jackets, bathrobes, dress outfits and dress shoes. Additionally, neither child is being encouraged or assisted with creating their life book/photo album. These issues were immediately brought to the attention of the Administrator and she stated that the group home parents would be responsible for ensuring that clothing meets all DCFS contractual standards and that photos are updated regularly.

Recommendations:

Ettie Lee Homes management shall ensure that:

2. All placed children have an adequate supply of clothing.
3. All placed children are encouraged and assisted with creating and updating a life book/photo album.

PERSONNEL RECORDS

Based on our review of five staff personnel files, Ettie Lee Homes fully complied with ten out of twelve elements in the areas of Personnel Records.

Comments:

In general, the personnel records are well maintained. All five staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Index Clearance (CAI) and signed a criminal background statement in a timely manner. They also received timely initial health-screenings, signed copies of the Group Home policies and procedures, had a valid driver's license, First-Aid, emergency intervention training and initial training as required per the Group Home's program statement. However, one of the five staff records reviewed did not have a current CPR certificate. Additionally, two staff members did not complete their annual training as required per Title 22 and Ettie Lee's program statement. One staff was missing twelve hours and the other staff member was missing all 20 of the required training hours. The Administrator stated that the facility managers would be responsible for ensuring that all personnel attend agency trainings in a timely manner.

Recommendations:

Ettie Lee Homes management shall ensure that:

4. All of the staff have current CPR training certificates.
5. All of the staff are receiving the required training per Title 22 regulations and the Group Home's program statement.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C report issued August 18, 2009 were implemented.

Results

The A-C's prior monitoring report contained three outstanding recommendations. Specifically, Ettie Lee Homes was to ensure that Needs and Services Plans are current, that the Group Home is maintained in good repair in accordance with Title 22 regulations, and that they provide the children with the minimum weekly allowance.

Based on our follow up these recommendations, Ettie Lee Homes fully implemented the A-C's recommendation that Needs and Services be current and that children are provided with a minimum weekly allowance. The A-C's recommendation that the facility be maintained in good repair in accordance with Title 22 regulations was partially implemented, in that the carpeting has not been replaced at seven of the sites and the landscaping at one site. Since we noted this one recommendation was not fully implemented, corrective action was requested of Ettie Lee Homes to further address these findings.

Recommendation:

Ettie Lee Homes management shall ensure that:

6. They fully implement the one outstanding recommendation from the A-C's monitoring report dated August 18, 2009, that the Group Home sites be maintained in good repair in accordance with Title 22 regulations which are noted in this report as Recommendation 1.



ETTIE LEE
Youth & Family Services

Serving Children & Families since 1950

*Saving lives. Changing lives. Building hope for children
and families in family-like settings.*

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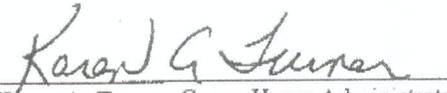
Barbara Butler
Out of Home Care
Management Division
9320 Telstar
El Monte, CA 91731

March 9, 2010

Dear Ms. Barbara Butler,

Ettie Lee Youth and Family Services would like to take this opportunity to comment on the 2009 Program Contract Compliance Monitoring Review. Our auditors have been respectful and fair and continue to support our agencies goal to provide quality treatment for the youth we serve. It is our desire to implement the 2008 corrective action plan and to replace the carpets throughout some of our homes. Due to the on-going financial difficulties of the state and the cut backs we are all faced with we would hope that you will understand these constraints that make it difficult for us to achieve 100% of our goals immediately.

Sincerely Yours,


Karen A. Turner, Group Home Administrator



Ettie Lee Youth and Family Services
North Hollywood Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Landscape the backyard
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
 - Status: Not Implemented.
 - Will be implemented by July 30, 2010

Findings #12:

- Paint the wooden bed base
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Bedroom #3 and #5 – Clean the bedroom carpets.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator



Karen A. Turner Group Home Administrator

1-15-10

Date

Ettie Lee Youth and Family Services
Santa Ana Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Bedrooms #2- Replace the screen.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Bathroom – Replace the screen
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Remove the shrubbery from in front of all bedroom windows.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator



Karen A. Turner Group Home Administrator

1-15-10

Date

Ettie Lee Youth and Family Services
Oak Knolls Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Bedrooms – Replace six screens on pantry, laundry room, staff office, staff bathroom.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
 - Status: Not Implemented.
 - Will be implemented by August 31, 2010.
- Bathroom #2 – Clean shower door track
 - Status: Implemented.
- Bathroom #1 and #2 and #3 – Clean baseboards
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Sand and stain 5 chairs in the living room
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator



Karen A. Turner Group Home Administrator

1-15-10

Date

Ettie Lee Youth and Family Services
Fontana Home
Corrective Action Plan (Compliance)
For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Bedrooms – Replace screens in both bathrooms.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Remove the shrubbery from in front of all bedroom windows.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
 - Status: Not Implemented.
 - Will be implemented by September 31, 2010

Findings #12:

- Paint the wooden bed base
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Bedrooms #1 and # 3 – replace or repair vertical blinds
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

VIII. Clothing and Allowances

Findings:

- Tarron Reece needs a winter jacket, bathrobe and dress shoes and dress outfit.
- Joseph Taylor needs a winter jacket and bathrobe and dress outfit.
- Tarron Reece and Joseph Taylor need life book photo albums.
 - Status: Not Implemented.
 - Will be implemented by January 31, 2010

Plan to prevent reoccurrence of deficiency:

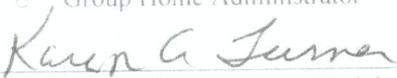
- The Home Parents are responsible to ensure that clothing meets all contractual standards.
- Clothing inventories will be done quarterly.
- The Home Parents are responsible to ensure that school type photos are done yearly.
- The Home Parents are responsible to take photos at birthdays and other celebrations or awards ceremonies.

Person responsible for implementing corrective action:

- The Home Parents

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator



Karen A. Turner Group Home Administrator

1-15-10

Date

Ettie Lee Youth and Family Services
Mt. Jurupa Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Remove the shrubbery from in front of all bedroom windows.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
 - Status: Not Implemented.
 - Will be implemented by June 31, 2010

Findings #12:

- Paint the wooden bed base
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Findings #14:

- Provide a computer for the clients
 - Status Not Implemented
 - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker will replace or repair client's computer as needed.

Person responsible for implementing corrective action:

- Senior Child Care Worker.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator



Karen A. Turner Group Home Administrator

1-15-10

Date

Ettie Lee Youth and Family Services
John Eccles Home – Baldwin Park
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

H. Facility and Environment

Findings #10:

- Remove the shrubbery from in front of all bedroom windows.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Paint wall that has been patched
 - Status: Implemented
- Refinish top of dresser
 - Status: Not Implemented
 - Will be implemented by February 28, 2010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator



Karen A. Turner Group Home Administrator



Date

Ettie Lee Youth and Family Services
Waterflow Ranch Home
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Remove the graffiti on the wall at the rear of the house.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Replace 14 screens.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Remove the shrubbery from in front of all bedroom windows.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
 - Status: Not Implemented.
 - Will be implemented by October 31, 2010
- Mirrors are to be replaced in all bathrooms.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Clean baseboards in all bathrooms.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Install toilet paper holders.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Bedrooms #2 – replace chipped bookcase.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Bedroom #3 Paint bulletin board.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

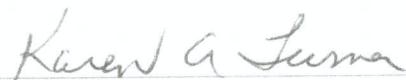
- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator


Karen A. Turner Group Home Administrator

1-15-10
Date

Ettie Lee Youth and Family Services
Robertson Memorial Home - Redlands
Corrective Action Plan (Compliance)
For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Replace screens in living room.
 - Status: Implemented.
 - Will be implemented by February 28, 2010
- Remove the shrubbery from in front of all bedroom windows.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
 - Status: Not Implemented.
 - Will be implemented by November 30, 2010
- Bathroom #1 – replace light
 - Status: Implemented.
- Bathroom #1 – Clean showers
 - Status: Implemented.
- Bathroom #2 – replace mirror
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Bathroom #2 – Install toilet paper holder
 - Status: Not Implemented
 - Will be implemented by February 28, 2010
- Bathroom #2 – Replace light cover.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #12:

- Paint the wooden bed base
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Paint storage cubicles and remove any graffiti.
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Bedroom #8 – Clean desk and top of cabinet
 - Status: Implemented.
- Bedroom #5 – repair threshold
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010
- Bedroom #5 – replace light switch cover
 - Status: Not Implemented.
 - Will be implemented by February 28, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:
Group Home Administrator

Karen A. Turner
Karen A. Turner Group Home Administrator

1-15-10
Date

Ettie Lee Youth and Family Services
Diamond L Ranch Home - Bloomington
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

II. Facility and Environment

Findings #10:

- Bedrooms – Replace six screens on bedroom windows.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Bedroom #5 - Ensure that both windows open.
 - Status: Implemented.
- Remove the shrubbery from in front of all bedroom windows.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010

Findings #11:

- Replace the affected carpets.
 - Status: Not Implemented.
 - Will be implemented by December 31, 2010

Findings #12:

- Paint the wooden bed base
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Paint storage cubicles and remove any graffiti.
 - Status: Not Implemented.
 - Will be implemented by February 28, 2010
- Bedrooms #2 and #3 – replace the lighting
 - Status: Implemented.
 - Will be implemented by February 28, 2010
- Bedrooms #3 and #4 replace the vertical blinds that open in the wrong direction.
 - Status: Implemented.
 - Will be implemented by February 28, 2010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to report daily the general maintenance needs of the group home on the Maintenance Needs List.
- The Maintenance Specialist is responsible to ensure the deficiencies relating to general maintenance issues such as replacing screens etc. are maintained on a weekly basis. The Maintenance Specialist is responsible to report progress to the Lead Maintenance Supervisor weekly.

Person responsible for implementing corrective action:

- The Lead Maintenance Specialist.

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator



Karen A. Turner Group Home Administrator



Date

Ettie Lee Youth and Family Services
All Homes
Corrective Action Plan (Compliance)

For
Group Home Compliance Review 2009
Out of Home Care Management Division
Barbara Butler

IX. Personal Records

Findings:

- Erica Thomas – CPR training expired on 11/1/09
 - Status: Not Implemented.
 - Will be implemented by March 31, 1010
- Parisha Martin – Has not completed 20 hours of Annual training.
 - Status: Not Implemented.
 - Will be implemented by March 31, 1010
- Anthony Biandino – Has not completed 20 hours of Annual training
 - Status: Not Implemented.
 - Will be implemented by March 31, 1010

Plan to prevent reoccurrence of deficiency:

- The Senior Child Care Worker (facility manager) is responsible to ensure that all Child Care Workers attend Agency Wide trainings in a timely manner.
- Administrative Assistant post Agency Wide Training Schedule yearly.
- Administrative Assistant post current training weekly.

Person responsible for implementing corrective action:

- The Senior Child Care Worker

Person responsible for monitoring to ensure the corrective action plan remains implemented and is working as intended:

- Group Home Administrator

Karen A. Turner
Karen A. Turner Group Home Administrator

1-15-10
Date



PATRICIA S. PLOEHN, LCSW
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

June 30, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

**LUVLEE'S RESIDENTIAL CARE D.B.A. NEW DAWN GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Luvlee's Residential Care Incorporated has two sites, the Walnut Facility and the Chino Facility. The Walnut Facility is located in the Fifth District. The Chino Facility is located in San Bernardino County. Luvlee's Residential Care provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Luvlee's Residential Care's program statement, their stated goal is "to stabilize the child within the group home setting and to establish trust and security of knowing that they are cared for unconditionally." The Walnut Facility is licensed to serve a capacity of six children, ages 14 through 17. The Chino Facility is licensed to serve a capacity of six children, ages 10 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Luvlee's Residential Care in October 2009 at which time they had two six-bed sites and 11 placed DCFS children. All 11 children were males. For the purpose of this review, eight currently placed children were interviewed and their case files were reviewed. The other three children were placed less than 30 days and therefore their files were not reviewed, nor were they interviewed. For the sampled children, their overall average length of placement was 15 months and the average age of placed children was 16. Eight staff files were reviewed for compliance with Title 22 regulations and contract requirements.

LUVLEE'S RESIDENTIAL CARE

June 30, 2010

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There were three children on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm the medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Luvlee's Residential Care's compliance with the Contract and State regulations. The visit included a review of Luvlee's Residential Care's program statement, administrative internal policies and procedures, eight placed children case files, and a random sampling of personnel files. A visit was made to both facilities to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they are receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Luvlee's Residential Care was providing good quality care to DCFS placed children, and the services were provided as outlined in their program statement. The children interviewed stated that they wanted to continue residing at the placement and that the staff is genuinely concerned about them.

The direct care staff stated that they were pleased with the support that they receive from the administrative staff. In fact, the facility manager reported that the Group Home administrative staff was attentive to the needs of the children and were open to listening to the direct care staff's suggestions for improvement.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSPs) and maintain documentation to demonstrate that the logs for children taking psychotropic medications are completely and accurately documented.

Luvlee's Residential Care was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement. Further, the Executive Director stated that he welcomed the findings in the review so that their current operating systems can be improved.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 26 initial and updated NSPs reviewed for the eight children's case files, none were comprehensive in that they did not complete all the required elements in accordance with the NSP template. The NSPs did not include specific and

LUVLEE'S RESIDENTIAL CARE

June 30, 2010

Page 3

measurable treatment goals as they related to permanency, life skills and visitation. Additionally, there was no documentation regarding progress toward the permanency plans. The A-C's prior review also noted that Luvlee's Residential Care did not always ensure that NSP/Quarterly Reports were comprehensive. Subsequent to this review, DCFS provided Group Home Contractors with a refresher Needs and Services Plan training on January 12, 2009.

- Although the Facility Manager indicated that the Group Home maintains monthly contact with the DCFS CSWs, none of the eight case files reviewed reflect adequate documentation to confirm the contacts.
- Two of the three children taking psychotropic medications had current psychotropic medication authorization forms. Of the two children who had current forms, only one had correct documentation on his medication logs. The missing information on the other child's medication log was whether or not he had taken his psychotropic medication, Adderall on August 13 and 14, 2009. The third child's psychotropic medication authorization form for Abilify was not current. The authorization form dated August 26, 2009 had been approved for only 30 days pending the child's laboratory test results. At the time of the review, the child was still being administered the medication even though the authorization form had expired. There was no confirmation that Luvlee's had conducted follow up to obtain a renewed authorization form for the Abilify. This was brought to the provider's attention and the provider stated that, in the future, all court-approved authorizations for the administration of psychotropic medication will be current and on file. Luvlee's Residential Care has appropriately addressed this finding in the attached CAP.
- At the Chino Facility, there were no counseling progress notes found for the four sampled children who receive individual and group counseling.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held October 28, 2009:

In attendance:

Sean Hardge, Executive Director, Luvlee's Residential Care; and Jui Ling Ho, Monitor, Out-of-Home Care Management Division, DCFS

LUVLEE'S RESIDENTIAL CARE

June 30, 2010

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Highlights:

The Executive Director was in agreement with our findings and recommendations. He stated that obtaining a copy of the review instrument was very helpful because he had information on the scope of what was being reviewed.

As agreed, Luvlee's Residential Care provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager at (213) 351-5530.

PSP:LP:MG

EAH:BB:jh

Attachments

- c: William T Fujioka, Chief Executive Officer
- Wendy Watanabe, Auditor-Controller
- Donald H. Blevins, Chief Probation Officer
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Tiffany Baker, President, Board of Directors, Luvlee's Residential Care
- Sean Hardge, Executive Director, Luvlee's Residential Care
- Jean Chen, Regional Manager, Community Care Licensing
- Lenora Copeland, Regional Manager, Community Care Licensing

**LUVLEE'S RESIDENTIAL CARE PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

SITE LOCATIONS

Walnut Facility
 20273 Walnut Valley Drive
 Walnut, California 91789
 Phone: (909) 595-1177
 License Number: 191593081
 Rate Classification Level: 11

Chino Facility
 4340 Wilson Street
 Chino, California 91740
 Phone: (909) 594-2762
 License Number: 360908565
 Rate Classification Level: 11

	Contract Compliance Monitoring Review	September 2009
I	<u>Licensure/Contract Requirements</u> (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	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>Program Services</u> (7 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed
III	<u>Facility and Environment</u> (6 elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Full Compliance
IV	<u>Educational and Emancipation Services</u> (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning	Full Compliance (ALL)

	<ul style="list-style-type: none"> 3. Current IEPs Maintained 4. Current Report Cards Maintained 	
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ul style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment, and Social Activities. 	<ul style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ul style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow Up Dental Exams Timely 	<ul style="list-style-type: none"> 1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ul style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 7. Children Allowed Private Visits, Calls, and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<ul style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Improvement Needed
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ul style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 	<ul 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. Encouragement and Assistance with Life Book	8. Improvement Needed
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education /Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On Going Training Documentation 12. Emergency Intervention Training Documentation 	<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. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Improvement Needed

LUVLEE'S RESIDENTIAL CARE PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

SITE LOCATIONS

Walnut Facility
20273 Walnut Valley Drive
Walnut, California 91789
Phone: (909) 595-1177
License Number: 191593081
Rate Classification Level: 11

Chino Facility
4340 Wilson Street
Chino, California 91740
Phone: (909) 594-2762
License Number: 360908565
Rate Classification Level: 11

The following report is based on a "point in time" at the time of the monitoring visit. This compliance report addresses findings noted during the September 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of eight children's files and eight staff files, Luvlee's Residential Care was in full compliance with one out of nine sections of our Contract Compliance review: Educational and Emancipation Services. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of eight children's case files and/or documentation from the provider, Luvlee's Residential Care fully complied with eight out of nine elements reviewed in the areas of Licensure/Contract Requirements.

Based on our review of the two licensed contracted facilities, both were in compliance with licensed capacity. Both conducted disaster drills at least every six months and maintained runaway procedures in accordance with the contract. The Group Home was also using all available resources to attempt to stabilize the placement prior to requesting the removal of the child. However, the weekly allowance logs for the Chino Facility were not fully completed in that they did not include a staff member's signature.

Recommendation:

Luvlee's Residential Care management shall ensure that:

1. Comprehensive weekly allowance logs are fully maintained.

PROGRAM SERVICES

Based on our review of eight children's case files, Luvlee's Residential Care fully complied with three out of seven elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in their program statement, and they were assessed for needed services within thirty days of placement.

LUVLEE'S RESIDENTIAL CARE
PAGE 2

Based on our review, we found that the treatment team develops and implements the Needs and Services Plans (NSPs) with input from the child. The NSPs are current. However, none of the twenty-six required initial and updated NSPs were comprehensive. The NSPs did not include specific and measureable treatment goals as they relate to permanency, life skills and visitation. Additionally, there was no documentation of specific information regarding visits, such as: the dates of visits, who the child visited, how the visit went, and the transportation arrangement. Also, three out of the twenty-six required NSPs were not approved by the DCFS CSWs for implementation. The provider stated that they have re-trained the Group Home social workers so that any NSP/Quarterly Report issues can be resolved. Additionally, the Administrator stated that the Facility Manager will assure that all NSPs are faxed to the CSWs to obtain signatures in a timely manner. Confirmation of the faxes will be placed in the case files. The Auditor-Controller's (A-C) prior year review also noted that Luvlee's Residential Care did not always ensure that NSPs were comprehensive.

Although the Executive Director indicated that the Group Home maintains monthly contact with the DCFS CSWs, none of the eight case files under review reflected adequate documentation to confirm the contacts. The provider stated that a CSW folder will be implemented to show documentation of CSW contacts being recorded.

One out of eight children did not receive counseling services based on his NSP treatment goals. This child's NSPs indicated that he should receive weekly individual counseling, however since his placement on July 8, 2009, he had only received one individual counseling session. Additionally no counseling progress notes were on file for the sampled children placed at the Chino facility. The provider additionally stated that all residents are currently receiving therapeutic services at Serenity Outreach or with the Therapist Gwen Washington on a weekly basis. Each resident also meets with the facility social worker once weekly and all residents attend weekly group sessions. Verification of Mental Health Services will be completed after all therapeutic services are rendered and the documentation will be kept in each child's mental health binder. In the event a resident is unable to attend therapy due to a conflict in scheduling, an alternative schedule will be provided by the group home social worker to ensure all residents receive therapy at least once a week.

Recommendations:

Luvlee's Residential Care management shall ensure that:

2. NSPs are comprehensive and include all required elements.
3. Documentation is maintained as verification that DCFS CSWs approve the implementation of the NSPs.
4. Monthly contacts with DCFS CSWs are adequately documented.
5. Counseling progress notes are adequately documented and on file.

6. NSP treatment goals are implemented to meet the children's needs.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review of Luvlee's Residential Care and interviews with eight children, Luvlee's Residential Care fully complied with three out of six elements in the areas of Facility and Environment.

The Group Home maintains age-appropriate and accessible recreational equipment and on site educational resources.

The Group Home maintains a sufficient supply of perishable and non-perishable foods.

Generally, the exterior of the Group Home was well-maintained. The front yards were clean and adequately landscaped. However, they had some minor deficiencies, none of which posed any safety risks to placed children. Specifically, two fascia boards, adjacent to the garage door were rotten at the Walnut Facility and needed to be replaced. The damage appeared to be caused by termites. At the Chino facility, the soil beneath the lawn in the backyard was uneven and could pose a potential injury to children playing in that area. The area needs to be leveled and maintained in accordance with Title 22 regulations. The Executive Director has submitted a Corrective Action Plan addendum which fully addressed this matter.

The interior of the Group Home was well maintained. The Group Home provided a home-like environment. All rooms were adequately furnished with drawers and storage spaces. All bedrooms were orderly and currently occupied by two children in each room. The mattresses were in good repair and the beds all have a full complement of linens. Window coverings and window screens were also in good repair, and the fireplace was properly screened. All hazardous items were properly secured. The medications were locked and stored in the game room. However, only two out of eight reviewed children's bedroom had age-appropriate personalized decorations.

The A-C's prior year review also noted that Luvlee's Residential Care did not always ensure that the Group Home's facilities were maintained in accordance with CDSS Title 22 regulations.

Recommendation:

Luvlee's Residential Care management shall ensure that:

7. The Group Home site is maintained and in good repair in accordance with Title 22 regulations.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with all four elements reviewed in the areas of Educational and Emancipation Services.

Recommendation:

None

RECREATION AND ACTIVITIES

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with two out of three elements in the areas of Recreation and Activities.

The Group Home provides children with recreational activities. The Group Home also provides transportation to and from activities. Additionally, all eight reviewed children are provided with opportunities to participate in planning activities. However, three children indicated that they like to participate in extra-curricular, enrichment and social activities in which they have an interest; however, the Group Home has not made efforts for them to do so or there are no resources available at this time. The Executive Director stated that they are located in the Walnut and Chino areas and not many resources are available. Luvlee's Residential Care has further addressed this finding in the attached CAP.

Recommendation:

Luvlee's Residential Care management shall ensure that:

8. Group Home staff seek available community resources and that all children are given the opportunity to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with six out of nine elements in the areas of Children's Health Related-Services, including Psychotropic Medication.

The Group Home has ensured that all children's initial and follow-up physical examinations were conducted in a timely manner and were well documented in their case files. There was also a current psychiatric evaluation/review for each child on psychotropic medication. However, two of the children's initial dental examinations were late. One initial dental exam was 33 days late and the other was 8 days late. The Group Home did not provide any explanation to indicate why the required dental services were delayed.

LUVLEE'S RESIDENTIAL CARE
PAGE 5

Two of the three children taking psychotropic medications had current psychotropic medication authorization forms. Of the two children who had current authorization forms, only one had correct documentation on his medication logs. The missing information on the other child's medication log was whether or not he had taken his psychotropic medication, Adderall, on August 13 and 14, 2009. The third child's psychotropic medication authorization form was not current. His psychotropic medication, Abilify, was approved on August 26, 2009, for only 30 days pending additional medical information that required laboratory test results. At the time of the review, this child's authorization form for Abilify had expired. The provider stated that, in the future, all court-approved authorizations for the administration of psychotropic medication will be current and on file. Luvlee's Residential Care has appropriately addressed this finding in the attached CAP.

Recommendations:

Luvlee's Residential Care management shall ensure that:

9. All children's dental examinations are done in a timely manner.
10. All children who take psychotropic medications have current Court authorization forms.
11. All of the medication distribution logs are correctly maintained and documented.

PERSONAL RIGHTS

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with five out of 11 elements in the area of Personal Rights.

All eight reviewed children reported that they are assigned chores that are reasonable and not too demanding. The eight reviewed children reported satisfaction with meals and snacks. All eight reviewed children also reported that they receive requested medical, dental and psychiatric care. The children also reported that they are given information about the Group Home's policies and procedures regarding discipline, child personal rights, house rules, and children's complaint grievance procedures. All eight reviewed children also reported that they felt safe in the Group Home and are provided with appropriate staff supervision. Seven reviewed children expressed satisfaction with the quality of their interactions with staff and report that most of the staff members treat them with respect and dignity. However, one child indicated that he was not treated well by the Administrator and the Facility Manager. He stated that responses to his needs and requests were all based on the staff's mood. The provider stated that all children are allowed to file a grievance with the Administrator, without fear of retaliation, if residents believe they are not being treated with respect or dignity by staff. On November 16, 2009, the Executive Director, Sean Hardge again met with all residents and provided them with a copy of the grievance procedures and a grievance form.

Five reviewed children reported that they are allowed to make and receive telephone calls, send and receive unopened mail, and have private visitors; however three children indicated that their phone calls are not private. They reported that they have to sit inside the staff office to make and receive phone calls. The Administrator stated that all residents have been informed that immediately, they will be allowed to use the phone privately. In the event that a child's telephone calls from a particular individual need to be monitored, written confirmation from the child's CSW must be in his case file.

Seven out of eight reviewed children also reported that they attend religious services of their choice; however, one child indicated that attending the Serenity counseling program for self-growth and drug awareness makes him uncomfortable as it is based on religion. The provider stated that residents have the right to refuse to attend any program that is against their beliefs and staff will assist the residents in finding alternative therapy.

Five out of eight reviewed children reported that the discipline policies are consistently enforced and that there are fair and appropriate consequences for inappropriate behavior; however three out of eight children felt that their points were deducted unfairly and their levels were lowered unfairly. The three children said, as an example, that if they talked back to the staff in the morning; their points would be taken for the entire day, even if they offered to do extra chores or followed the rules for the remainder of that day. These children felt that this policy does not motivate them to correct their mistakes. The provider stated that the Administrator met with all staff members on November 14, 2009 to address the children's concerns regarding the Luvlee's Residential Care's point system. A decision was made that the residents will be allowed to make up points for daily infractions.

One out of three children taking psychotropic medications was not aware of his right to refuse medication. All four reviewed children placed at the Chino Facility also reported that if they refused their medications, their daily points were deducted. The provider stated that all staff has been informed it is the right of the residents to refuse medication and they will not be penalized if they choose to do so. If there are any concerns or complaints about the medication, the Administrator will ensure that the placed child is offered the opportunity to discuss the matter with staff and doctors.

All four reviewed children at the Chino Facility reported that there is no appropriate reward system in place. The same four children also reported that the reward for good behavior is a \$15.00 weekly allowance, rather than the basic amount of \$7.00, and more community passes. None of the four children felt that the current system is an incentive for improving their behavior. The provider stated that Luvlee's Residential Care will implement a system in which the residents will receive a double allowance if they remain on program for three consecutive weeks.

Recommendations:

Luvlee's Residential Care management shall ensure that:

12. All children's personal rights are honored by treating them with respect and dignity.
13. All children are allowed to make and receive private phone calls.
14. The children's therapeutic services agency will not impose their religious belief on the children.
15. The point system is executed accurately and fairly by regularly training staff on appropriate and acceptable discipline measures.
16. An appropriate rewards and discipline system is in place in accordance with Title 22 Regulations and Luvlee's Residential Care's Program Statement.
17. All children are aware of their rights to refuse medication and will not be disciplined for their refusal and if there are any concerns and complaints about the medication, ensure that the placed child is offered the opportunity to discuss with staff and prescribing physician.

CLOTHING AND ALLOWANCE

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with six out of eight elements in the areas of Clothing and Allowance.

Based on our review, while four children at the Chino Facility reported they received \$100-150 every two to three months, the remaining four children at the Walnut Facility reported they received the required \$50 per month for clothing. Therefore, basically all children received an average of \$50 per month for clothing. Children are provided with opportunities to select their own clothes. Clothing provided to children is of good quality and of sufficient quantity. The clothing allowance logs and inventories confirmed that the requirements were being met; however children in the Chino Facility reported that the staff only allowed them to shop in certain stores for their clothes and shoes. The provider stated that each resident is encouraged make best use of their funds while shopping for clothing. Residents are allowed to shop at stores of their choice and select their own clothing, providing that the attire meets the requirements of Luvlee's Residential Care's dress code.

All eight reviewed children reported that the Group Home provides them with the required minimum weekly allowance and all children reported that they spend their allowances as they choose.

The Group Home provided children with adequate personal care items. However, seven out of eight reviewed children were not encouraged and assisted in creating and

LUVLEE'S RESIDENTIAL CARE
PAGE 8

maintaining their photo albums/life books. The provider stated that the creating of photo albums and life books will be implemented during activity time.

Recommendations:

Luvlee's Residential Care management shall ensure that:

18. All children are allowed to shop at a variety of stores to make their own selection of appropriate clothing.
19. All children are encouraged and assisted in creating and maintaining photo albums/life books.

PERSONNEL RECORDS

Based on our review of eight staff personnel files, Luvlee's Residential Care fully complied with nine out of 12 elements in the area of Personnel Records.

All eight reviewed staff met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Index Clearance (CAI) and signed a criminal background statement in a timely manner. They also received timely initial health-screenings, signed copies of the Group Home policies and procedures, had a valid driver's license, and completed CPR, First-Aid as required per the Group Home's program statement. However, two staff members did not complete their initial and on-going training as required per Title 22 and Luvlee's Residential Care's program statement. These two staff members were both missing nine hours of the 40 required on-going training hours. Additionally, seven staff did not complete emergency intervention training as required in Luvlee's Residential Care's Program Statement. The provider stated that the two above-mentioned staff members were at their initial training sessions; however, they failed to convert their training hour information to the new training log. The agency will ensure that all training records are accurately documented and staff members are receiving the required training in accordance with Title 22 regulations and the Group Home program statement. Staff members are removed from their shifts if they do not complete their training. A-Pro-Act training was held on November 21 and 22, 2009 for all staff members.

Recommendations:

Luvlee's Residential Care management shall ensure that:

20. All training hours are documented accurately.
21. All the staff are receiving the required training per Title 22 regulations and the Group Home's program statement.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the last monitoring review were implemented. The last report was issued on February 20, 2007.

Results

The A-C's prior monitoring report contained two outstanding recommendations. Specifically, Luvlee's Residential Care was to ensure that they develop comprehensive Needs and Services Plans which included measurable and attainable goals, and that the Group Home is maintained in good repair in accordance with Title 22 regulations. Based on our follow up of these recommendations, the A-C's recommendation that the facility be maintained in good repair in accordance with Title 22 regulations and development of comprehensive Needs and Services Plans which included measurable and attainable goals were partially implemented. As we noted, two recommendations were not fully implemented; corrective action was requested of Luvlee's Residential Care to further address these findings.

Recommendation:

Luvlee's Residential Care management shall ensure that:

22. They fully implement the two outstanding recommendations from the the A-C's February 20, 2007 monitoring report, which are noted in this report as Recommendations 2, 3, 6 as to the NSPs and 7 as to the physical plant issues.

**LUVLEE'S RESIDENTIAL CARE PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW**

Walnut Facility
20273 Walnut Valley Drive
Walnut, California 91789
Phone: (909) 595-1177
License Number: 191593081
Rate Classification Level: 11

Chino Facility
4340 Wilson Street
Chino, California 91740
Phone: (909) 594-2762
License Number: 360908565
Rate Classification Level: 11

	Contract Compliance Monitoring Review	Findings: October 2009
1	Licensure/Contract Requirements 9 Elements	Eight Elements Full Compliance; Weekly Allowance Logs Need Improvement (1)
2	Program Services 8 Elements	Three Elements Full Compliance; NSPs need improvement (2); Therapeutic services needed (1); Monthly contacts not documented (1); Recommended assessments not implemented (1)
3	Facility and Environment 6 Elements	Three Elements Full Compliance; GH Site to be maintained in good repair (2); Educational resources and supplies needed(1)
4	Educational and Emancipation Services 4 Elements	Full Compliance
5	Recreation and Activities 3 Elements	Two Elements Full Compliance; Extra-curricular and social activities needed (1)
6	Children's Health-Related Services (including Psychotropic Medications) 9 Elements	Six Elements Full Compliance; Authorization for psychotropic medication needed (1); Medical Logs not maintained (1); No timely initial dental examination (1)
7	Personal Rights 11 Elements	Five Elements Full Compliance; Need to treat children with respect (1); Appropriate rewards and discipline system needed(1); Free to receive and reject health related services (1); Allowed private visits/ phone calls/unopened mail (1); Free to attend religious services (1); Be aware the right to refuse medications (1)
8	Children's Clothing and Allowance 8 Elements	Six Elements Full Compliance; Free to select their clothing (1); Creating a life book (1)
9	Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training) 12 Elements	Nine Elements Full Compliance; Emergency intervention training (1) and Required training per Title 22 (2)

GROUP HOME CONTRACT COMPLIANCE REVIEW FILED EXIT SUMMARY
Luvlee's Residential Care

Barbara Butler
9230 Telstar Avenue
El Monte, CA 91731

RE: Corrective Action Plan

Identified Deficiencies:

I. LICENSURE/CONTRACT REQUIREMENTS

9. Comprehensive allowance logs were not fully completed at Chino site. Minor Pedro Almanza did not receive his weekly allowance while he was visiting his brother in July 2009.

II. FACILITY AND ENVIRONMENT

10. Two fascia boards (wood trim) are rotten at Walnut site. It appears to be termite damage. Chino site's back yard grounds are uneven.
12. All bedrooms need to have more age-appropriate personalized decorations.
14. Walnut site's computer was stolen. The administrator has contacted Title I Education Program through Los Angeles County Office of Education to replace three computers for placed children.

III. PROGRAM SERVICES

Reference # 17, 20, 21, 22

Note: Child #2 – No CSW's signature for 2-09 & 5-09 NSPs. Child #5 – Although 7-09 NSP was faxed to CSW for approval, there was no return confirmation. Child #7 – Initial NSP was faxed to CSW 50 days late. Implemented NSPs were discussed with staff during the regular staff meeting. Child #8 – Should receive weekly individual counseling; however, he has only received one session since July 09. Although staff indicated that they always contact CSWs, no documentation of contacts were recorded.

V. RECREATIONAL ACTIVITIES

Reference # 29

29. Child 5, 6, & 8 indicated that they were not given opportunities to participate in age-appropriate extra-curricular activities in which they have an interest. (Acting, boxing, visiting library, etc.)

VI. CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Reference # 30, 32, 37

Child #8 – Psychotropic medication, Abilify, was approved for 30 days to allow time for resubmission with additional information. The current Court approved authorization for Abilify for Kai Shriky could not be located. Although children 1 to 4 are not on psychotropic medication, they do take some medications as needed. There were no medication logs found for them. Child #5 – There was no information indicating whether Adderall was taken or not on August 13 & August 14, 2009. Child 5 & 8 – Not due for the follow-up medication. Child #2 – received his dental exam on 1-22-08 which is more than 30 day time frame requirement. Child #3 does not need a dental exam because he had a dental exam within one year prior to the placement. Child #4 refused to go for his dental appointment. CSW is aware of this. Child #7 received his dental exam on 3-25-09 which is more than 30 day time frame requirement. Child #3, 6, 7 – Not due for the follow-up dental examination.

VII. PERSONAL RIGHTS

Reference # 42, 43, 44, 45, 46, 49

Child #8 indicated that requests all depends on staff's mood. Child #5, 6, & 8 indicated that some rules are unfair. For example: If you do one thing wrong, your points will be zero for the whole day; Even if you did extra chores or follow the rest of the program on that day. All children in the Chino site indicated that they did not really have a reward system; only extra chores extra points for weekly allowance from \$7 to \$15. All children in the Chino site indicated if they rejected medical, dental and psychiatric care, they will lose their points. Child #4, 5, & 8 indicated that they can have private visits but not phone call. Child #8 indicated that Serenity program (for self growth and drug awareness counseling) is too religious.

VIII. CLOTHING AND ALLOWANCE

Reference #52, 57

Children in Chino Site indicated that they got \$100 clothing allowance for two months or \$150 for three months; however they prefer to receive clothing allowance monthly. Only one child indicated that he was encouraged by the staff to create his life book and photo album.

IX. PERSONNEL RECORDS

Reference #64, 68, 69

Staff 6 & 7 did not complete initial training per Title 22 regulation and Program Statement. Staff 6 & 7 did not complete on-going training per title 22 regulation and Program Statement. Staff 1 & 2 are new staff. They are not due for their annual training. Staff 1 only completed 16 hours basic PRO-ACT training. Staff 3 to 8 complete partially PRO-ACT refresher training.

Corrective Action Required:

I. LICENSURE/CONTACT REQUIREMENTS

9. Pedro was on vacation for a month and was not given allowance. In the future all residents will receive allowance regardless of there current status. Facility Manager will assure they are fully completed.

II. FACILITY AND ENVIRONMENT

10. Two fascia boards were replaced and the backyard will be maintained. Pictures will be included in the CAP.
11. Personalized decorations were placed in the bedrooms. Pictures will be included in the CAP.
12. The computers are on back order per LACOE and we should be receiving them shortly.

III. PROGRAM SERVICES

Reference #17, 20, 21, 22

The Office Manager will assure that all NSP's are faxed to the CSW and a returned signed in a timely matter. Confirmation of the faxes will be placed in the files. A CSW folder was implemented to show documentation of CSW contacts being recorded.

V. RECREATIONAL ACTIVITIES

Reference #29

A monthly activity planning form was implemented to allow residents to participate in age-appropriate extra-curricular activities. The forms will be sent with the CAP.

VI. CHILDREN'S HEALTH RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Reference # 30, 32, 37

On 11-4-09 a staff meeting was conducted to enforce the importance of medication. An over the counter medication chart was implemented and sent with the CAP. Also facility manager will review the medication log book each day to assure medication is given and signed for. Dental exams will be timely and all forms properly completed and CSW made aware of the residents who refuse there appointments.

VII. PERSONAL RIGHTS

Reference # 42, 43, 44, 45, 46, 49

The Administrator met with all staff on November 14, 2009 to address the children's concerns in regards to the New Dawn point system. Residents cannot be zeroed out for the day. Residents can only be zeroed out if they are not following program rule. For example, if a resident refuses to clean their room they can be zeroed out for their room only. New Dawn will be implementing a system where the residents will receive a double allowance if they remain on program for three consecutive weeks. All staff has been informed it is the right of the residents to refuse medication. Residents have the right to refuse attending any program that is against their beliefs and staff will assist the resident's with finding alternative therapy. In addition, when a CSW states that a child's phone call should be monitored from a particular person, New Dawn will insure that a note to that effect will be kept in the child's case file.

VIII. CLOTHING AND ALLOWANCE

Reference # 53, 57

New Dawn program statement requires residents to go clothing shopping every three months. Residents will be given the opportunity to go shopping each month. Life books will be implemented during study time. Some residents feel the information is too sad to create there life book.

IX. PERSONNEL RECORDS

Reference # 64, 68, 69

All staff will complete initial training per Title 22 regulations. Staff are removed from there shifts if they do not complete there training. A Pro-Act training was held on November 21, 22, 2009 for all staff.



New Dawn Residential Care

Monthly Activities Planning Impact

Month: November

Year: 2009

We the residents of New Dawn have discussed as a team and have given our input for the monthly activities.

Resident Signature	
1.	Richard Sailer
2.	Kevin Wroten
3.	[Signature]
4.	Bones Barnett
5.	Bally Chew
6.	

The outcome were as follows: _____

Staff Signature: [Signature]



New Dawn Residential Care

Monthly Activities Planning Impact

Month: October 09

Year: 09

We the residents of New Dawn have discussed as a team and have given our input for the monthly activities.

Resident Signature	
1.	ELIJAH JACKSON
2.	Pedro Almanza
3.	Robert ... VRAVEZ
4.
5.	^{DM} Kai Kai Shriky
6.

The outcome were as follows: clients all gave input
on outings would like to go to
restaurants more!

Staff Signature: [Signature]

Technical Support Specialist

Date: 11/14/09

Provider: _____

Location: 207813 & around Valley

Trainer: _____

Topic: Residents Medication

Summary: _____

Participant's Name	Signature
Roy Crosby	Roy Crosby
Pregina Wood	Pregina Wood
George Austin	George Austin
Marcus Austin	Marcus Austin
Jolleen Newby	Jolleen Newby
Kevin Eldridge	Kevin Eldridge
Danielle Hilder	Danielle Hilder
Markene Arzapalo	Markene Arzapalo
Bilona Amaya	Bilona Amaya
KATHERINE S. WILDER	Katherine S. Wilder
Tu Khong	Tu Khong

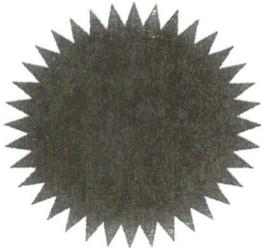
OVER THE COUNTER MEDICATION CHART

Please be sure the medication being given is approved on the doctor's approval form. CHECK FIRST!

Resident Name: _____

Allergies to Meds: _____

DATE	SYMPTOM	MED GIVE (quantity & dose)	TIME GIVEN	STAFF SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				



Luvlee's Residential Care, Inc.

NEW DAWN



Established 1988

P.O. Box 2232 - Walnut, CA 91788-2232 / phone: (909) 594-2762 fax: (909) 594-2922

Barbara Butler
9230 Telstar Avenue
El Monte, CA 91731

December 21, 2009

RE: CORRECTIVE ACTION PLAN (ADDENDUM)

GROUP HOME CONTRACT COMPLIANCE REVIEW FILED EXIT SUMMARY

Luvlee's Residential Care, Inc.

III. PROGRAM SERVICES

Reference # 20:

All residents are currently receiving therapeutic services through Serenity Outreach or with Gwen Washington LCSW once a week. Each resident also meets with New Dawn's on grounds social worker, Pearlean White or Tania Patrizio, once a week and all residents meet for weekly group. A Verification of Mental Health Services form will be completed after all therapeutic services are rendered, stored in a binder labeled mental health, and separated by the residents' name. Staff will ensure all off grounds services (e.g., substance abuse, anger management, etc.) are documented and placed in the appropriate binder. In the event a resident is unable to attend therapy due to a conflict in scheduling, an alternative schedule will be provided by the on grounds social worker to ensure all residents receive therapy at least once a week.

V. RECREATION AND ACTIVITIES

Reference #29

Effective October 22, 2009 residents are given the opportunity to participate in age appropriate extracurricular, enrichment and social activities of their interest. A monthly activity meeting is held with all residents prior to discuss and plan the upcoming month's activities. A monthly activity form is completed by each resident to ensure all residents input are implemented in the

following month's activities. The on grounds social worker will review the form with the residents during group. A copy of the current month's planning is attached for review.

VI. CHILDREN'S HEALTH RELATED SERVICES

Reference #30:

All court-approved authorizations for the administration of psychotropic medication will be current and on file for review. The facility manager will be responsible to ensure all residents are scheduled for a reassessment appointment with the psychiatrist, Dr. Nadia De Saca Colomer, one week prior to the expiration of the current court authorization. Dr. Colomer will send the authorization to the courts prior to the expiration date and provide the Facility Manager with a copy. Once the court authorization is approved, the Facility Manager will place a copy in the resident's file. Quality Assurance will follow up with the Facility Manager to ensure all authorizations are current and properly filed.

VII. PERSONAL RIGHTS

Reference # 42:

All children are allowed to file a grievance with the Administrator without fear of retaliation, if residents believe they are not being treated with respect or dignity by staff. On November 16, 2009 Administrator, Sean Hardge met with all residents and provided them with a copy of the grievance procedures and a grievance form. Upon entry to New Dawn all residents are provided with a copy of the grievance procedures.

Reference #45:

On November 16, 2009 all residents were reassured by the administrator, they are allowed to use the phone privately. Due to some resident's requiring monitored phone calls the resident must first identify who they wish to call. A cordless phone will be provided for the resident's use. The residents are allowed to talk in private in their bedrooms, in the staff office, or on the patio.

Reference #46:

All residents are provided with the opportunity to attend religious services of their choice. Religious activities are scheduled during the monthly activity planning and are implemented on the activities schedule. The on grounds social worker will provide residents with a list of religious services upon request. Staff will provide transportation to and from religious activities of the residents' choice.

VIII. CLOTHING AND ALLOWANCE

Reference#53:

Each resident is encouraged to shop to make best use of their funds. Residents are allowed to shop at a store of their choice and select their own clothing, provided the attire meets the requirements of New Dawn's dress code and all required clothing items are met. It is the policy of New Dawn to provide each resident with \$50 per month for clothing, however at the Chino facility the resident's requested to receive their clothing allowance every quarter. Residents' will now be encouraged to use their clothing allowance monthly, in the event the resident refuses a form will be signed by the resident stating they would like to save their funds until the following month. The funds will then be logged, placed in a secure location, and made available if needed.

Sean Hardge

A handwritten signature in black ink, appearing to read 'Sean Hardge', written over the printed name.

Administrator

April 7, 2010

RE: CORRECTIVE ACTION PLAN (ADDENDUM)

Dear Jui Ling Ho:

We are submitting the following corrective action plan addendum per our conversation on April 6, 2010. The person in charge of New Dawn remaining in compliance to the CAP is Sean Hardge, Administrator.

Identified deficiency:

SECTION II. FACILITY AND ENVIRONMENT

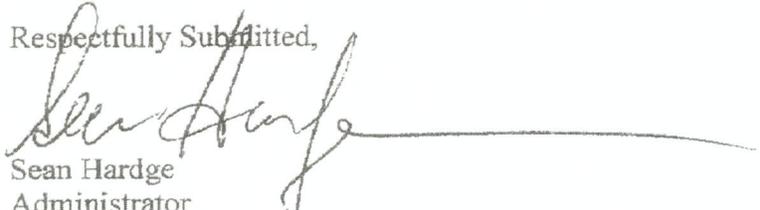
Reference #10:

Chino site's backyard grounds are uneven.

Corrective Action Plan:

1. On April 9, 2010 Gustavo's Gardening service will evaluate the grounds and provide an estimate of the costs.
2. The backyard will be rotor tilled to even the grounds by April 21, 2010.
3. Gustavo's gardening service will maintain the grounds semi-monthly to ensure the grounds are well maintained.

Respectfully Submitted,


Sean Hardge
Administrator



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PATRICIA S. PLOEHN, LCSW
Director

June 30, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Patricia S. Ploehn, LCSW
Director

zish

Board of Supervisors
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First District
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Second District
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Third District
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Fifth District

**NEW OUTLOOK BOY'S HOME GROUP HOME PROGRAM CONTRACT
COMPLIANCE MONITORING REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

New Outlook Boy's Home Group Home was located in the 2nd Supervisorial District and provided services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to New Outlook Boy's Home Group Home's program statement, their stated goal was "to provide adolescents in need of out-of-home placement with a safe and secure home to live in". New Outlook Boy's Home Group Home was licensed to serve a capacity of eight children, ages 12 through 17. This Group Home voluntarily closed the month after the compliance monitoring review was completed.

The Out-of-Home Care Management Division (OHCMD) conducted a review of New Outlook Boy's Home Group Home in September 2009 at which time they had one eight bed site and four placed DCFS children. All four children were males. For purposes of this review, all currently placed children were interviewed, and their case files were reviewed. The placed children's overall average length of placement was three months, and the average age was 16. Five staff files were reviewed for compliance with Title 22 regulations and the contract requirements.

There was one child on psychotropic medication. We reviewed the case file to assess timeliness of psychotropic medication authorization and to confirm the medication logs documented correct dosages were being administered as prescribed.

NEW OUTLOOK BOY'S HOME GROUP HOME

June 30, 2010

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SCOPE OF REVIEW

The purpose of this review was to assess New Outlook Boy's Home Group Home compliance with the Contract and State regulations. The visit included a review of New Outlook Boy's Home Group Home's program statement, administrative internal policies and procedures, all placed children's case files and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they are receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, New Outlook Boy's Home Group Home was providing minimal care to DCFS placed children and the services were not provided as outlined in their program statement. However, the children interviewed stated that they wanted to continue residing at the placement and that the direct care staff is genuinely concerned about them.

The direct care staff stated that they were not pleased with the support they received from the administrative staff. In fact, three staff reported that the Group Home administration was not attentive to the needs of the children and was not open to listening to the direct care staff's suggestions for improvement. Three staff reported that the administration did not review the children's NSP with them.

At the time of the review, New Outlook Boy's Home Group Home needed to address numerous physical plant deficiencies, none of which posed a safety hazard to the placed children. In addition, the Group Home needed to develop comprehensive Needs and Services Plans (NSP). For the one child on psychotropic medication, the Group Home did not obtain court-approved authorization or parental approval to administer the medication.

Shawn Chustz, Executive Director, New Outlook Boy's Home Group Home, was not receptive to attending the exit conference to discuss the Group Home's lack of compliance with State and County Regulations.

Shawn Chustz, Executive Director, New Outlook Boy's Home Group Home, did not respond, express comment or concern regarding the OHCMD's findings.

NEW OUTLOOK BOY'S HOME GROUP HOME

June 30, 2010

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NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the four NSPs reviewed, none were comprehensive in that they did not complete all the required elements in accordance with the NSP template. The Auditor-Controller's prior review dated October 3, 2008 also noted that New Outlook Boy's Home Group Home did not always ensure that Needs and Services Plans/Quarterly reports were comprehensive.
- The OHCMD observed that the New Outlook Boy's Home Group Home did not successfully comply with the OHCMD's March 25, 2009 Corrective Action Plan (CAP) by correcting all of the physical plant deficiencies. The A-C's prior review also noted that New Outlook Boy's Home Group Home did not always ensure that the facility and surrounding environment were well maintained.
- For the one child on psychotropic medication, the Group Home did not document their efforts to obtain court-approved authorization or parental approval to administer the medication.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held September 21, 2009:

In attendance:

Andrew Moppin, Child Care Manager, New Outlook Boy's Home Group Home and Edward Preer, Monitor, Out-of-Home Care Management Division, DCFS.

Highlights:

Shawn Chustz, Executive Director, New Outlook Boy's Home Group Home did not participate in the exit conference. In addition, the Executive Director did not provide the missing documentation requested during the monitoring review and the current children's files reviewed were incomplete. The Executive Director provided an e-mail statement dated September 9, 2009 reporting that the New Outlook Boy's Home Group Home would voluntarily close October 15, 2009.

NEW OUTLOOK BOY'S HOME GROUP HOME

June 30, 2010

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Andrew Moppin, Child Care Manager, New Outlook Boy's Home Group Home did not comment regarding the monitoring findings and signed the Group Home Contract Compliance Review Field Exit Summary.

New Outlook Boy's Home Group Home did not respond, express comment or concern regarding the findings. The Group Home voluntarily closed effective October 15, 2009 therefore a CAP was not submitted. All the children were replaced and the facility was placed on Termination Hold on November 2, 2009.

If you have any further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager at (213) 351-5530.

PSP:LP:MG

EAH:DC:ep

Attachments

- c: William T Fujioka, Chief Executive Officer
- Wendy Watanabe, Auditor-Controller
- Donald H. Blevins, Chief Probation Officer
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Shawn Chustz, Executive Director, New Outlook Boy's Home Group Home
- Jean Chen, Regional Manager, Community Care Licensing
- Lenora Copeland, Regional Manager, Community Care Licensing

**NEW OUTLOOK BOY'S HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY**

**1901 West 41st Place
Los Angeles, CA 90062
License Number: 191801203
Rate Classification Level:7**

Contract Compliance Monitoring Review		Findings: September 2009
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	<ol style="list-style-type: none"> 1. N/A 2. N/A 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Improvement Needed 8. Full Compliance 9. Full Compliance
II	<p><u>Program Services</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed
III	<p><u>Facility and Environment</u> (6 elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Improvement Needed 6. Full Compliance

IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment, and Social Activities. 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Full Compliance 3. Full Compliance
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow Up Dental Exams Timely 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. N/A 7. Full Compliance 8. Full Compliance 9. N/A
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 7. Children Allowed Private Visits, Calls, and Correspondence Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<p>Full Compliance (ALL)</p>

VIII	<p><u>Children’s Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education /Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver’s Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On Going Training Documentation 12. Emergency Intervention Training Documentation 	<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. Improvement Needed 10. Improvement Needed 11. Full Compliance 12. Full Compliance

NEW OUTLOOK BOY'S HOME GROUP HOME PROGRAM COMPLIANCE MONITORING REVIEW

NEW OUTLOOK BOY'S HOME GROUP HOME
1901 West 41st Place
Los Angeles, CA 90062
License Number: 191801203
Rate Classification Level: 7

The following report is based on a "point in time" at the time of the monitoring visit. This compliance report addresses the findings noted during the September 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of four children's files and five staff files, New Outlook Boy's Home Group Home was in full compliance with only one out of nine sections of our Contract Compliance review: Personal Rights. This Group Home voluntarily closed effective October 15, 2009. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of four children's case files and/or documentation from the provider, New Outlook Boy's Home Group Home fully complied with four out of seven elements, and two elements were non applicable in the area of Licensure/Contract Requirements.

Two of the elements were not applicable. This is a one site facility so there is no possibility of the children being relocated to another location.

We noted that New Outlook Boy's Home Group Home special incidents were appropriately documented and cross-reported. The Group Home was operating in compliance with the licensing capacity, maintained a runaway procedure and appropriate comprehensive allowance logs were maintained.

The Group Home did not adequately provide for the children's transportation needs. Two of the four residents stated that the Group Home did not provide them with transportation to and from recreational activities. One of the four residents stated that a relative transported him to and from baseball practice daily.

According to the disaster drill posted, the Group Home did not conduct disaster drills every six months or maintain updated disaster drill logs. In addition, the Group Home did not advise the children of the disaster drill procedures. New Outlook Boy's Home Group Home did not respond, express comment or concern regarding the findings. The Group Home voluntarily closed effective October 15, 2009.

Recommendations:

NEW OUTLOOK BOY'S HOME GROUP HOME

PAGE 2

New Outlook Boy's Home Group Home management shall ensure that:

1. The children are transported to and from school and recreational activities.
2. Disaster drills are conducted every six months and document the disaster drills in their log.
3. The children are advised of the Group Home's disaster drill procedures at the time of placement.

FACILITY AND ENVIRONMENT

Based on our review of New Outlook Boy's Home Group Home, review of four children, and/or documentation from the provider, New Outlook Boy's Home Group Home fully complied with one out of six elements in the area of Facility and Environment.

The Group Home's exterior grounds were not well maintained and free of hazards. However, none of the deficiencies posed a safety hazard to the placed youth. The grass was brown; the hedges and trees needed trimming; there was trash under the hedges; and rubbish in the backyard. The A-C's prior review also noted that New Outlook Boy's Home Group Home did not always maintain this area of the Facility and Environment.

The common quarters of the Group Home were not clean, and free from hazards. The Group Home wall heater was covered with dust; the kitchen cabinet above the stove was covered with residue of grease; and the holes in the hallway walls were not patched adequately to conceal the holes. The A-C's prior review also noted that New Outlook Boy's Home Group Home did not always maintain this area of the Facility and Environment.

The children's bedrooms were not well maintained. The built-in-dresser is located in the bedroom's walk-in-closet. The built-in-dresser is made of wood, the wood of the drawer face was splintered. The bedroom closet door was not secured to the wall; and the holes in the bedroom walls were not patched adequately to conceal the holes. The A-C's prior review also noted that New Outlook Boy's Home Group Home did not always maintain this area of the Facility and Environment.

The Group Home did not maintain sufficient age appropriate recreational equipment in good condition for the children. The only recreational equipment observed was a newly installed basketball goal in the driveway.

The Group Home did not have an appropriate quantity and quality of reading materials; magazines and classic books, and educational resources and supplies; dictionaries, paper, pen, and pencils. In addition, the Group Home did not provide a computer in the Group Home for the children.

NEW OUTLOOK BOY'S HOME GROUP HOME
PAGE 3

We noted that the Group Home maintained adequate perishable and non perishable foods.

New Outlook Boy's Home Group Home did not respond, express comment or concern regarding the findings. The Group Home voluntarily closed effective October 15, 2009.

Recommendations:

New Outlook Boy's Home Group Home management shall ensure that:

4. The Group Home will ensure that the interior and exterior of the facility are maintained in good repair in accordance with Title 22 regulations.
5. The Group Home will maintain sufficient recreational equipment in good condition and age appropriate.
6. The Group Home will maintain an appropriate quantity and quality of reading material, educational resources, supplies, including computers readily available to children.

PROGRAM SERVICES

Based on our review of four children's case files and/or documentation from the provider, New Outlook Boy's Home Group Home fully complied with one out of seven elements in the area of Program Services.

The Group Home's population is consistent with the criteria in the Program Statement.

Although the Group Home monitor requested verification, there was no documentation to indicate that the Group Home obtained the DCFS CSWs' authorization to implement the Needs and Services Plan (NSP). One of the two age-appropriate children placed in the group home 30 days stated he did not participate in the development of the NSP. Two children were not applicable regarding this element as they were placed less than 30 days and no NSP was due. Three of the seven Group Home staff interviewed stated that the implementation of the NSP was not discussed with them. Of the four NSPs reviewed, none provided complete, attainable and comprehensive case goals. The A-C's prior review also noted that New Outlook Boy's Home Group Home did not always provide the required Program Services.

One of the two children placed in the group home 30 days stated he did not receive therapeutic services and for one of the two children placed in the group home 30 days, recommendations and or assessment/evaluation were not implemented.

We noted that the CSWs' monthly contacts with the Group Home were not appropriately documented for the two children placed in the GH 30 days. New Outlook Boy's Home

**NEW OUTLOOK BOY'S HOME GROUP HOME
PAGE 4**

Group Home did not respond, express comment or concern regarding the findings. The Group Home voluntarily closed effective October 15, 2009.

Recommendations:

New Outlook Boy's Home Group Home management shall ensure that:

7. The Group Home will obtain and document the DCFS CSW's authorization to implement the Needs and Services Plan.
8. The age appropriate children will participate in the development of the NSP.
9. The children's NSP are comprehensive.
10. The NSPs are implemented and discussed with the Group Home staff.
11. The children are receiving the required therapeutic services.
12. The children's recommendations and/or assessments/evaluations are implemented.
13. The DCFS CSWs monthly contacts are appropriately documented.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of four children's case files and/or documentation from the provider, New Outlook Boy's Home Group Home fully complied with none of the four elements in the areas of Education and Emancipation Services.

The two children placed at least 30 days reported that the Group Home did not provide them the opportunity to participate in emancipation, and vocational training. In addition, the two children stated that the Group Home did not provide them with Independent Living Program Services. Further, the Group Home did not maintain the children's Individual Educational Plans, report cards, and progress reports. New Outlook Boy's Home Group Home did not respond, express comment or concern regarding the findings. The Group Home voluntarily closed effective October 15, 2009.

Recommendations:

New Outlook Boy's Home Group Home management shall ensure that:

14. The Group Home will document their efforts to have the children participate in emancipation and vocational training.
15. The Group Home will document their efforts to provide the children with Independent Living Program Services and Emancipation Planning.

**NEW OUTLOOK BOY'S HOME GROUP HOME
PAGE 5**

16. The Group Home will maintain the children's Individual Education Plans in their case files.
17. The Group Home will maintain the children's report cards and progress reports.

RECREATION AND ACTIVITIES

Based on our review of four children's case files and/or documentation from the provider, New Outlook Boy's Home Group Home fully complied with two (66%) out of three elements in the area of Recreation and Activities.

We noted that the Group Home provided the children with activities at home and in the community. In addition, the children stated that they are given the opportunity to participate in extra-curricular activities of their choice.

The Group Home did not provide the children with the opportunity to participate in planning the activities. The children reported that going to the park and a movie once a week was the only activities offered by the Group Home. New Outlook Boy's Home Group Home did not respond, express comment or concern regarding the findings. The Group Home voluntarily closed effective October 15, 2009.

Recommendation:

New Outlook Boy's Home Group Home management shall ensure that:

18. The Group Home will give the children the opportunity to participate in planning the activities.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of four children's case files and/or documentation from the provider, New Outlook Boy's Home Group Home fully complied with five out of seven elements and two elements were not applicable in the area of Children's Health Related-Services, including Psychotropic Medication.

The Group Home properly maintained a medication log for the one child on psychotropic medication. The two children placed in the Group Home at least 30 days received timely initial medical and dental examinations. One of the four placed children required medical and dental follow up examinations, which were completed timely.

The Group Home did not obtain current court authorization or parental consent to administer psychotropic medication for the one placed child on psychotropic medication. The Group Home also did not have a psychiatric evaluation/review for the one placed child on psychotropic medication. The A-C's prior review also noted that New Outlook

NEW OUTLOOK BOY'S HOME GROUP HOME
PAGE 6

Boy's Home Group Home did not maintain documentation to confirm that children taking psychotropic medications are routinely seen by the prescribing psychiatrist. New Outlook Boy's Home Group Home did not respond, express comment or concern regarding the findings. The Group Home voluntarily closed effective October 15, 2009.

Recommendations:

New Outlook Boy's Home Group Home management shall ensure that:

19. The Group Home will obtain current court authorization to administer psychotropic medication and/or parent approval at the time of placement.
20. The Contractor shall arrange for the placed child on psychotropic medication to have a psychiatric/psychological assessment, indicating the placed child's diagnosis, need for treatment, prognosis, and possible side effects of the medication.

PERSONAL RIGHTS

Based on our review of all placed children's case files and/or documentation from the provider, New Outlook Boy's Home Group Home fully complied with all eight elements reviewed in the area of Personal Rights.

Recommendation:

None

CLOTHING AND ALLOWANCE

Based on our review of four children's case files and/or documentation from the provider, New Outlook Boy's Home Group Home fully complied with six out of eight elements in the area of Clothing and Allowance.

We noted that the children had an adequate quantity of quality clothing. The children were allowed to select their own clothing and they were provided with adequate personal items. In addition, the children were provided with the weekly (\$7) minimum monetary allowance and were free to spend their allowance.

One of the two children placed at least 30 days reported that the Group Home did not provide him with the \$50 monthly clothing allowance. The A-C's prior review also noted that New Outlook Boy's Home Group Home did not always ensure that the children received the \$50 monthly clothing allowance. In addition, the Group Home did not provide any of the four children with a life book that included documents such as photos, awards, honors. New Outlook Boy's Home Group Home did not respond, express comment or concern regarding the findings. The Group Home voluntarily closed effective October 15, 2009.

Recommendations:

New Outlook Boy's Home Group Home management shall ensure that:

21. The children will receive the \$50 monthly clothing allowance.
22. The children are encouraged and assisted with the creating and updating of their life books/photo albums.

PERSONNEL RECORDS

Based on our review of five staff personnel files and/or documentation from the provider, New Outlook Boy's Home Group Home fully complied with nine out of 12 elements in the area of Personnel Records.

We noted the Group Home staff meets the education/experience requirements. The criminal fingerprint cards, Child Abuse Index Clearance, and criminal background statements, were submitted timely. In addition, the Group Home staff's drivers' licenses were valid. The Group Home staff received initial, on-going training, and emergency intervention training. The Group Home staff signed the Group Home's policies and procedures.

One employee's initial health screening was not adequately documented on the State Health Screening Report LIC 503 form. In addition, the Group Home failed to document that one employee received CPR and First-Aid training. New Outlook Boy's Home Group Home did not respond, express comment or concern regarding the findings. The Group Home voluntarily closed effective October 15, 2009.

Recommendations:

New Outlook Boy's Home Group Home management shall ensure that:

23. The Group Home will use the State approved health screen form to document the employee's health screen.
24. The Group Home will maintain the employees' CPR and First-Aid training records in the personnel file.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C's most recent report dated October 3, 2008 were implemented.

Results

The A-C's prior monitoring report contained six outstanding recommendations. Specifically, New Outlook Boy's Home Group Home was to ensure that they maintain the Group Home in good repair in accordance with Title 22 regulations, include all treatment team members in the development of comprehensive NSP, maintain documentation to confirm that the children taking psychotropic medication are routinely seen by the prescribing psychiatrist, and the management provide the children with the required \$50 monthly clothing allowance. Based on our follow up of these recommendations, New Outlook Boy's Home Group Home fully implemented none (0%) of four A-C's recommendations as it relates to the Facility and Environment, Program Services, Psychotropic Medication, Clothing and Allowance. Since we noted that the four recommendations were not fully implemented, a corrective action plan was requested of New Outlook Boys Home Group Home to further address these findings.

Recommendation:

New Outlook Boy's Home Group Home management shall ensure that:

25. They fully implement the four outstanding recommendations from the A-C's Report dated October 3, 2008, which are noted in this report as Recommendations 4, 8, 9, 20, and 21. However, New Outlook Boy's Home Group Home voluntarily closed effective October 15, 2009.



PATRICIA S. PLOEHN, LCSW
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

August 19, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

DAVID AND MARGARET GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

David and Margaret Group Home is located in the 5th Supervisorial District, Los Angeles County, and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to David and Margaret Group Home's program statement, their stated goal is "to provide a safe and structured environment for remediation and treatment of presenting symptoms of adolescent girls who have histories of abuse, neglect, or delinquent behavior." David and Margaret Group Home is licensed to serve a capacity of 84 girls, ages 11 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of David and Margaret Group Home in October-November 2009 at which time they had one 40-bed site. There were 17 placed Los Angeles County DCFS children. All 17 children were females. For purpose of this review, 12 currently placed children's case files were reviewed and 10 of the 12 were interviewed. The sampled children's overall average length of placement was 8.24 months and the average age was 17. Fifteen staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Nine of the reviewed children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that the medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess David and Margaret Group Home's compliance with the Contract and State regulations. The visits included a review of David and Margaret Group Home's program statement, administrative internal policies and procedures, 12 children's case files, and a random sampling of personnel files. A visit was made to the site to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they are receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, David and Margaret Group Home was providing good quality care to DCFS' placed children, and the services were provided as outlined in their program statement. The children's case files and personnel files were well organized and professionally maintained. The site was clean and adequately landscaped. The children interviewed stated they felt safe at the Group Home.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSPs).

David and Margaret Group Home was receptive and willing to make the necessary corrections regarding the deficiencies highlighted to improve their compliance with regulations and the Group Home Foster Care Agreement. The Director and his management staff were accessible and cooperative during the review.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Twelve initial and 15 updated NSPs were reviewed. Seven initial and 10 updated NSPs were comprehensive and met all the required elements in accordance with the NSP template. Five initial and five updated NSPs were not comprehensive and did not meet all the required elements in accordance with the NSP template. Three initial NSPs did not have a case plan goal, four initial and four updated NSPs did not have Children Social Workers' (CSWs) signatures or documentation that NSPs were sent to the CSWs. One initial NSP had no school information about the child. One updated NSP did not document the date the court authorization for psychotropic medication was obtained. One updated NSP lacked sufficient details of visits the child was having with family, the goals were not detailed and the NSP did not address how the goals were to be achieved or who was responsible to ensure the goals were achieved. The A-C's prior review also noted that David and Margaret

DAVID AND MARGARET GROUP HOME
PAGE 3

Group Home did not always ensure that NSPs/Quarterly Reports were comprehensive.

- Two children who were eligible for Independent Living Program (ILP) services were not interviewed. Two of the nine children interviewed who were eligible for ILP services said they were not participating in ILP or Emancipation Planning services.
- Eight out of nine children on psychotropic medication had a current psychiatric evaluation review, however one child disclosed during the interview that she refused to attend monthly visits with the psychiatrist and there was no documentation that indicated otherwise. This was immediately brought to the attention of the Residential Director and also at the Exit Conference. The Residential Director immediately made arrangements for the child to start having monthly visits with the psychiatrist.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held January 25, 2010:

In attendance:

Charles Rich, Director/Chief Executive Officer, David and Margaret Group Home; Andrew Lavender, Residential Director, David and Margaret Group Home; and Kirk Barrow, Monitor, Out-of-Home Care Management Division, DCFS.

Highlights:

The Director and Residential Director were in agreement with the findings regarding the comprehensiveness of the NSPs. During the exit conference, they stated that the problem was a result of a personnel issue which they have now resolved. David and Margaret plans to improve their documentation in the NSPs, as well as encourage their staff to ensure that the NSPs are comprehensive. Regarding emancipation services, the Director stated that all the children who met the requirements for Youth Development Services (YDS) were offered Independent Living Planning (ILP) services by David and Margaret if they were not enrolled in YDS. In response to inappropriate discipline and restrictions, the Residential Director clearly stated that most children were provided opportunities to plan their activities. However, he stated that children on low behavior status are sometimes not allowed to participate in such planning. David and Margaret's Residential Director stated that outings are to be planned in advance during the business meetings with the children and that residents on restriction may be allowed to go on outings if it would be therapeutic. However, no mention is made in the Program Statement that children would be denied participating in the planning of activities based on their low behavior status, therefore the finding remains. This finding is addressed in the agency's approved Corrective Action Plan.

DAVID AND MARGARET GROUP HOME
PAGE 4

The Director stated that the initial medical and dental exams were late for one child because the child received both exams shortly before placement at David and Margaret and that David and Margaret should not be held responsible when a child is unable to obtain a medical or dental examination as a result of the medical guidelines. The Director made it clear that the child has now received both his medical and dental exams.

As agreed, David and Margaret Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

A draft copy of the report was forwarded to the Executive Director for his comments but he stated that he had no concerns or comments to make regarding the report.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:MG:
EAH:DC:kb

Attachment

- c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Donald H. Blevins, Chief Probation Officer
Sybil Brand Commission
Cindy Walkenback, President-Board of Directors, David & Margaret Group Home
Charles Rich, Executive Director, David and Margaret Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

DAVID AND MARGARET GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

David and Margaret Group Home
1350 Third Avenue
La Verne, California 91750
License Number 191500192
Rate Classification Level 12

The following report is based on a "point in time" monitoring visit and is only intended to report the findings noted during the October-November 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home was in full compliance with three out of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Recreation and Activities; and Children's Clothing Allowance. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home fully complied with all nine (100%) elements reviewed in the area of Licensure/Contract Requirements.

Recommendation:

None

PROGRAM SERVICES

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home fully complied with six out of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in their program statement, and they were assessed for needed services within 30 days, and received the required therapeutic services.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSPs) with the participation of age-appropriate children, and discussed the plans with Group Home staff. However, of the 27 NSPs reviewed, only 17 were comprehensive and met all the required elements in accordance with the NSP template. Ten were not comprehensive, as all the required elements were not completed in accordance with the NSP template. Specifically, CSWs' authorizations to implement the NSPs were lacking, three did not have a case plan goal, and one did not include the court authorization date for psychotropic medication for the child. One updated NSP lacked sufficient details regarding visits the child was having with family. The goals were not detailed, and the NSP failed to address how they would be achieved and who was responsible for ensuring they were achieved. One child's recommended assessments/evaluations were not implemented. In addition, the Group Home's monthly contact with one child's CSW was not documented in child's case file. The CSW confirmed that the Group Home contacted him several times when the child

DAVID AND MARGARET GROUP HOME
PAGE 2

was placed at David and Margaret, and NSPs noted that the child's case manager contacted the CSW on an "as needed basis."

The A-C's prior review also noted that David and Margaret Group Home did not always ensure that NSPs were comprehensive.

Recommendations:

David and Margaret Group Home Management shall ensure that:

1. They develop comprehensive NSPs that document case plan goals and court authorization dates for psychotropic medication.
2. They obtain DCFS CSW's authorization to implement the NSPs.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review of David and Margaret Group Home and interviews with 10 of the 12 children reviewed, 15 staff files reviewed, and/or documentation from the provider, David and Margaret Group Home fully complied with five out of six elements reviewed in the area of Facility and Environment.

Generally, the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped, and common quarters were well maintained.

The Group Home maintained a sufficient supply of perishable and non-perishable foods, as well as age-appropriate accessible recreational equipment and on-site educational resources.

The mattresses on the children's beds were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate and the Group Home provided a home-like environment. However, in one bedroom, in Turner Cottage, the window screens were broken and needed replacement. This posed no safety risks to placed children. One child's bedroom in Turner Cottage and one child's bedroom in Wynn Cottage were messy and untidy. This was observed during the site inspection and later brought to the attention of the Residential Director, who agreed with the findings and directed his staff to make the necessary repairs and tidy up immediately.

Recommendation:

David and Margaret Group Home Management shall ensure that:

3. All cottages are well maintained and broken window screens are replaced or repaired immediately.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of 12 children's files and 15 staff files, and/or documentation from the provider, David and Margaret Group Home fully complied with one of the four elements reviewed in the area of Educational and Emancipation Services.

Current copies of the children's report cards or progress reports were all well maintained in their case files. However, two of the nine children eligible to participate in emancipation and vocational training programs said that they were not receiving those services. Seven of nine children who are eligible for Independent Living Program (ILP) or Emancipation Planning services were receiving those services however, two children said they were not participating in ILP and Emancipation Planning services. Eleven of 12 children had a current IEP in their case files; however, one child who attended the on-grounds Non Public School did not have a current IEP in her case file. The Residential Director reported that the child's IEP was pending as the child enrolled in school shortly before the end of the 2008-2009 school year. The most current NSP for the child shows that the child was enrolled in school June 17, 2009.

Recommendations:

David and Margaret Group Home Management shall ensure that:

4. They provide vocational training, Independent Living Program and Emancipation Planning Services to age-appropriate children.
5. IEPs are current and maintained for all applicable children.

RECREATION AND ACTIVITIES

Based on our review of 12 children's files and 15 staff files, and/or documentation from the provider, David and Margaret Group Home fully complied with two of the three elements in the area of Recreation and Activities.

Recommendation:

David and Margaret Group Home Management shall ensure that:

6. All the children participate in the planning of activities.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 12 children's files and 15 staff files, and/or documentation from the provider, David and Margaret Group Home fully complied with six out of nine elements in the area of Children's Health Related-Services, including Psychotropic Medication.

The Group Home maintained current court-approved authorizations for the administration of psychotropic medication, and medication logs were properly maintained. Eight out of nine children on psychotropic medication had current psychiatric evaluations/reviews with their psychiatrist. One child placed at the Group Home for approximately four months disclosed during the interview her refusal to receive timely psychiatric reviews. The Residential Director stated that the child was

DAVID AND MARGARET GROUP HOME
PAGE 4

initially a voluntary placement and although her status has changed she has the right to refuse monthly psychiatric reviews.

Initial medical and dental examinations were conducted and follow-up medical/dental examinations were timely. Eleven of the 12 children's files reviewed the initial medical and dental were done timely. Ten children's follow-up medical and dental exams were not required. However, the initial medical exam was 58 days late and the initial dental was 63 days late for one child who was placed at David and Margaret for 16 months. The Residential Director agreed with the findings but noted that the child had medical and dental exams shortly before being placed at David and Margaret. He will ensure that children's medical and dental exams are within the initial 30 days of placement.

Recommendations:

David and Margaret Group Home Management shall ensure that:

7. Children's initial medical and dental examinations are timely.
8. All children with a current court authorization continue to have timely psychiatric reviews and/or maintain documentation why children are not having routine psychiatric reviews.

PERSONAL RIGHTS

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home fully complied with eight out of 11 elements in the area of Personal Rights.

Two children were not available for interview at the time of the review. All ten children interviewed reported that they are informed of the Group Home policies and procedures and they feel safe in the Group Home. Three children who were interviewed were not taking psychotropic medication; all the others interviewed reported that they have the right to voluntarily receive or reject medical, dental and psychiatric care. They were provided information regarding their psychotropic medication and their right to refuse psychotropic medication. They all reported that they were free to attend religious services and activities of their choice and that their chores were reasonable.

While we noted sufficient food and snacks during our review and four of the 10 children interviewed stated that they were satisfied with the meals and snacks, six of the 10 children interviewed stated that they were not satisfied with the meals and snacks. The food was not tasty and not the type of food they like to eat. The Residential Director noted that some children will never be satisfied with the food and snacks, however David and Margaret ensures that the meals and snacks are nutritious for the children. Four of the 10 children interviewed reported that staff treated them with respect and dignity. Five reported that they were not treated with respect and dignity by staff, and one child was not sure if staff treated her with respect and dignity.

Five of the 10 children interviewed reported that the rewards and discipline systems in place were appropriate, and five reported that the systems in place were not appropriate. They felt there were too many restrictions.

Seven of the 10 children interviewed reported that they are allowed private visits, to make and receive telephone calls, and to send and receive unopened correspondence,

DAVID AND MARGARET GROUP HOME
PAGE 5

and three reported that they were not given these privileges. The Executive Director agreed with the findings and will continue to ensure that children's rights are respected.

Recommendations:

David and Margaret Group Home Management shall ensure that:

9. All children are treated with respect and dignity.
10. Rewards and discipline systems are appropriate.
11. Children are allowed to have privacy during visits, phone calls and correspondence.

CLOTHING AND ALLOWANCE

Based on our review of 12 children's files and 15 staff files, and /or documentation from the provider, David and Margaret Group Home fully complied with all eight (100%) elements reviewed in the area of Clothing and Allowance.

Recommendation:

None

PERSONNEL RECORDS

Based on our review of 15 staff personnel files and/or documentation from the provider, David and Margaret Group Home fully complied with 10 out of 12 elements reviewed in the area of Personnel Records.

All 15 staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Index Clearances (CAI) and signed criminal background statements in a timely manner. They also received timely health screenings, had valid driver's licenses, and completed CPR, First Aid and on-going training. Three staff members who were non-residential staff did not need initial training, however all twelve staff members who were required to have initial training received the required training.

Eleven out of 13 required staff members signed copies of Group Home policies and procedures.

Five staff members who were non-residential staff did not need emergency intervention training; eight out of 10 staff members who required emergency intervention training received the training.

Recommendations:

David and Margaret Group Home Management shall ensure that:

12. All direct care staff members sign copies of the Group Home's policies and procedures.
13. All direct care staff members receive current emergency intervention training and have a current PRO-ACT or CPI certification on file.

FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the Auditor-Controller's (A-C) last monitoring review.

Verification

We verified whether the outstanding recommendations from the last A-C's report issued October 23, 2007 were implemented.

Results

The A-C's prior monitoring report contained six outstanding recommendations. Specifically, David and Margaret was to ensure that comprehensive NSPs are developed with input from all members of the treatment team and the child and include measurable and achievable short and long term goals; all children taking psychotropic medication are routinely seen by the prescribing psychiatrist; children are aware of their right to refuse medication; medication distribution logs are properly maintained; on-going staff training is provided; all staff treat children with respect and dignity; and the current reward and discipline system is reviewed and revised as needed. The A-C also noted that the Group Home needs to encourage and assist all children in creating and maintaining photo albums/life books. Based on our follow up of these recommendations, David and Margaret fully implemented five of the A-C's recommendations. However, David and Margaret Group Home did not fully implement the A-C's recommendation regarding the development of comprehensive NSPs, and the recommendation that children taking psychotropic medications are routinely seen by the prescribing psychiatrist was only partially implemented. As we noted, two recommendations were not implemented, and corrective action was requested of David and Margaret Group Home to further address these findings.

Recommendation:

David and Margaret Group Home management shall ensure that:

14. They fully implement the two outstanding recommendations from the Auditor-Controller (A-C) monitoring report dated October 23, 2007, which are noted in this report as Recommendations 1 and 8.

**DAVID & MARGARET GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

1350 Third Avenue
La Verne, CA 91750
License Number: SAMPLE 191500192
Rate Classification Level: 12

Contract Compliance Monitoring Review		Findings: November 2009
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	Full Compliance (ALL)
II	<p><u>Program Services</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
III	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance
IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed

	4. Current Report Cards Maintained	Full Compliance
X	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Full Compliance 3. Full Compliance
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 	Full Compliance (ALL)

	<ul style="list-style-type: none"> 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ul style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<ul 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 11. Full Compliance 12. Improvement Needed

David & Margaret

Youth and Family Services

1350 Third Street, La Verne, CA 91750 (909) 596-5921

Corrective Action Plan

June 6, 2010

Department of Children and Family Services
Out of Home Care Management Division
ATTN: Dorothy Channel (channd@dcfs.lacounty.gov)
425 Shatto Place
Los Angeles, CA 90020
Fax (626) 572-2368

Dear Ms. Channel:

This letter will serve as the Corrective Action Plan for the findings of the audit that was conducted at our facility beginning on October 10, 2009

12. In the event that a resident's room is un-kept, staff assigned to that cottage up to and including the cottage Case Manager, will support and ensure that the residents as part of their social skill, pre-emption and emancipation skill sets, are helped with chores and understand how the cleanliness of their environment and care of personal belongings are essential to emotional and social well being. In the event that residents mess up each other's rooms we will continue to monitor the need for and provide peer-to-peer support and conflict resolution to enhance responsibility and clarify roles within the cottages. When screens are missing or damaged a maintenance request form will be written and sent to Hugo Avila the maintenance supervisor for replacing and or repair. Cheryl Kroll, Supervising Case Manager is responsible for ensuring that the Corrective Action Plans are attended to and implemented. She will work closely with cottage Case Managers as well.

17. It is the plan at David & Margaret that when authorizations are required for NSP implementation we will mail the authorization form with the NSP report and document dates and times of said follow up, and keep a CSW authorization log in the Front Office Coordinator office as well as the Case Managers' offices to ensure our compliance with this step related to NSP completion. Cheryl Kroll, Supervising Case Manager and Jessica Martin, Front Office Coordinator is jointly responsible for ensuring that the Corrective Action Plans are attended to and implemented.

21. In the future, David & Margaret will ensure that recommendations are implemented and followed up on timely. Andrew Levander, LMFT, Director of Residential Services will be responsible to follow up on recommendations.

22. In the future there will be documentation regarding our correspondence with CSW's noted in the report. Jessica Martin, Front Office Coordinator and Cheryl Kroll, Residential Program Coordinator will be responsible for ensuring adherence to documentation of CSW correspondence. We will ensure that all NSP reports are comprehensive and along with the Social Worker Acknowledgement Form, we will follow up with emails and

David & Margaret
Youth and Family Services

telephone calls, which will be logged in the Front Office Supervisors office as well as the Case Managers offices in relation to our efforts to obtain needed signatures on all NSP's. In addition, we will ensure all required content areas of the NSP meet the established guidelines.

23. David & Margaret will continue to ensure children are given opportunities to participate in emancipation and vocational training programs while a resident at David & Margaret. Becky Schaal, Case Manager and ILP liaison and Cheryl Kroll, Residential Program Coordinator are responsible for ensuring resident participation.

24. We will continue to be attentive to the needs of our residents and document two follow up contacts with CSW's to meet the needs of our residents. Despite the formal ILP courses not being offered timely, our residents receive valuable ILP services while on our campus. Cottage opportunities for cooking, daily living and self-care as well as academic enrichment with tutors, shopping, recreation, supervised co-ed events and banking are all provided on our campus when indicated and or requested. Cheryl Kroll, Supervising Case Manager is responsible for ensuring that the Corrective Action Plans are attended to.

25. David & Margaret maintain needed IEP's on all residents who have IEP's. The documents are located in both the residents file as well as at our NPS School. In the case of Kaylee T. She was enrolled in a public school and did not have an IEP.

31. Amanda P. has only parental consent in her file for Psych medication because she was a voluntary placement upon admission. Subsequent to her change in status we have not been able to secure authorization from the court. We were working on getting this needed document but did not get it prior to her discharge. We recognize that this was an oversight on our part and will make sure that in the future all correspondence related to change in status is communicated with our Mental Health Department, Psychiatrist, Nurse and Intake Department. Attachment #31 refers to her being seen appropriately for medical and dental exam. Laura Russell, LVN is responsible for ensuring that the Corrective Action Plan is attended to and implemented. Cheryl Kroll in her upcoming new role as Residential Program Coordinator will have oversight in this area.

34. David & Margaret will continue to ensure that children receive medical examinations as indicated and required. Laura Russell, LVN is responsible for ensuring medical evaluations are timely. This resident had received a physical at her previous placement 3 weeks prior to placement at David & Margaret.

37. David & Margaret will continue to ensure that children receive dental examinations as indicated and required. Laura Russell, LVN is responsible for ensuring dental evaluations are timely. The resident who did not receive the medical and dental evaluation within 30 days of placement occurred due to established Medical regulations which states that they will provide a dental evaluation every six months. This resident had received a dental exam at her previous placement 3 weeks prior to placement at David & Margaret.

42. It is the continued expectation that all David & Margaret staff treat each resident with respect and dignity and that all staff are continuously trained in how to respond and interact with the children in our care. Our procedure for ensuring this is outlined in part in our cottage grievance policy, which provides an opportunity for each resident to fill out a form located in each cottage whenever they feel a need is not being met. This form is then given to the Case Manager, Supervising Case Manager, as well as the Director of Residential Treatment. All Grievances are looked into immediately. In the event a resident does not choose to use a Grievance Form, they have the right as well as access to speak with a staff member in their cottage, cottage Case Manager, the Chaplain, their therapist or Director of Residential Treatment Andrew Levander.

43. Based on our well established level system our residents have the opportunity to engage in activities and be rewarded based on the level they reach each week. We will increase resident's input related to rewards and discipline to ensure a more efficient way of showing residents we value their input. We will continue to include residents in the weekend planning and cottage outing planning and ask residents more often for feedback related to our reward and discipline system. Cheryl Kroll, Supervising Case Manager is responsible for ensuring that the Corrective Action Plan is attended to and implemented along with input from each Case Manager.

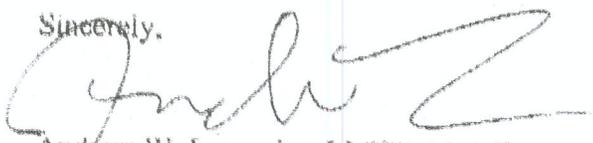
45. It is the policy at David & Margaret to ensure the safety of residents related to visitation. We will make sure that all staff is aware of policy and procedures related to visitation and correspondence and are aware of all individual safety concerns and needs for monitoring of visits and telephone correspondence for each resident on campus. The Cottage Case Manager with oversight and supervision provided by Cheryl Kroll will ensure that the Corrective Action Plan is attended to and implemented.

65. David & Margaret will ensure that all employees sign copies of our GH policies and procedures upon hire or by time of employee orientation. Sheila Davis, HR Director is responsible for ensuring adherence to this requirement.

69. Attached are documents attesting to the completion of emergency trainings provided by David & Margaret to all indicated staff. In question were Cheryl K., Rebecca Hurt Schaal, and Elba Tatum. As outlined in the first CAP section, Kirk Barrow is aware of Elba T. training three years ago and included in this packet is documentation for Rebecca and Cheryl. Our approved program statement includes the initial training of staff in this area but not re-training every three years. The various components of the training are reviewed in training regularly. Within the next 90 days we will ensure that all required staff is Pro-Act trained according to CCL guidelines. Once required staff is trained, we will forward copies of training certificates to CCL.

Please feel free to contact me if you have any questions or concerns regarding this Corrective Action Plan.

Sincerely,



Andrew W. Levander, I.MFT, M.A.C.
Director of Residential Services
David & Margaret Youth and Family Services
(909) 596-5921 ext. 3191



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

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

PATRICIA S. PLOEHN, LCSW
Director

September 3, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

From: Patricia S. Ploehn, LCSW
Director

**FRED JEFFERSON MEMORIAL HOMES FOR BOYS GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group Home compliance review.

Fred Jefferson Memorial Homes for Boys Group Home is located in the 2nd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to its program statement, its stated goal is "to provide adolescents in need of out-of-home placement with a safe and secure home to live in. We offer a program of services designed to meet individual needs. As appropriate, we will work with families toward re-unification. We coordinate our efforts to provide continuity and quality of programming." The agency is licensed to serve a capacity of 12 children, ages 13 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of the Fred Jefferson Memorial Homes for Boys Group Home in September 2009 at which time, it had two six-bed sites and ten placed DCFS children. All ten children were males. For the purpose of this review, all placed children were interviewed and their case files were reviewed. The children's average overall length of placement was nine months and average age was 16. Twelve staff files were reviewed for compliance with Title 22 regulations and contract requirements.

One child was on psychotropic medication. We reviewed his case file to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

FRED JEFFERSON MEMORIAL HOMES FOR BOYS GROUP HOME
PAGE 2

SCOPE OF REVIEW

The purpose of this review was to assess Fred Jefferson Memorial Homes for Boys Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, all placed children's case files, and a random sampling of personnel files. Visits were made to the facilities to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Fred Jefferson Memorial Homes for Boys Group Home was providing adequate care to DCFS' placed children, and the services were provided as outlined in its program statement. The children interviewed stated that the staff treated them with respect and dignity and services were made available to them.

The direct care staff stated that the needs of the children were met in a timely fashion by the administrative staff.

At the time of the review, the Group Home needed to address several physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to ensure that there was documentation that the DCFS Children's Social Workers (CSW) approved the implementation of the Needs and Services Plans (NSP). Further, the Group Home needed to ensure that the monthly contacts with the DCFS CSWs were adequately documented. Additionally, the Group Home needed to ensure that all children had initial dental examinations. The Group Home needed to encourage and assist children in creating and maintaining photo albums/lifebooks.

NOTABLE FINDINGS

The following are the notable findings of our review:

Of the NSPs reviewed for the ten children's case files, none were comprehensive. They did not include specific, measurable and attainable treatment goals. Two of the NSPs did not address progress towards emancipation goals. The A-C's prior review also noted that Fred Jefferson Memorial Homes for Boys Group Home did not always ensure that NSPs/Quarterly Reports were comprehensive. One child's NSP was not timely, and the goals were not updated. Seven of the reviewed NSPs were not approved by the DCFS CSWs for implementation. Additionally, none of the NSPs reflected adequate documentation to confirm monthly contacts with DCFS CSWs.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on September 30, 2009:

In attendance:

Cecelia Jefferson-Freeman, Executive Director, Fred Jefferson Memorial Homes for Boys, and Greta F. Walters, Monitor, DCFS OHCMD.

Highlights:

The Executive Director expressed an understanding of our findings and recommendations.

As agreed, Fred Jefferson Memorial Homes for Boys provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

The Group Home was provided a draft copy of the report; however, Cecelia Jefferson-Freeman, Ph.D., Executive Director, stated that they had no further responses to provide.

On or about May 26, 2010, Fred Jefferson Memorial Homes for Boys closed its Denker site and subsequently relocated to 1448 East 142nd Street, Compton, CA 90220.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:MG
EAH:BB:gfw

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Bonita Dent, Chairperson, Board of Directors, Fred Jefferson Memorial Homes
Cecelia Jefferson-Freeman, Executive Director, Fred Jefferson Memorial Homes
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional, Manager, Community Care Licensing

**FRED JEFFERSON MEMORIAL HOMES FOR BOYS
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

**Fred Jefferson Memorial Home
1000 West 152nd Street
Compton, California 90220
License Number: 1982000050
Rate Classification Level: 10**

**Fred Jefferson Memorial Home
9156 S. Denker Avenue
Los Angeles, CA 90047
License Number: 198201547
Rate Classification Level: 10**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the September 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of ten children's files and twelve staff files, Fred Jefferson Memorial Homes for Boys was in full compliance with five of nine sections of our Contract Compliance review: Licensure/Contract Requirements, Educational and Emancipation Services, Recreation and Activities, Personal Rights and Personnel Records. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of Fred Jefferson Memorial Homes for Boys Group Home's two sites and interviews with ten children, the agency fully complied with three of six elements in the area of Facility and Environment.

The Group Home maintained age-appropriate and accessible recreational equipment and on-site educational resources. The Group Home maintained a sufficient supply of perishable and non-perishable foods.

The exterior of the Compton and Denker Sites were adequately maintained. However, at the Compton site, there were large cracks in the driveway and there was writing on the fence in the back yard. Further, at the Denker site, the stucco was peeling from the exterior, the porch light fixture was broken and the backyard grass was dried and brown.

The interior of both sites was neat and orderly. However, the carpet throughout both was dirty and damaged in some areas. At the Compton site, the kitchen cabinets and ceiling were dirty. At the Denker site, the bathroom was dirty, the surface of the bathtub was damaged, and there were cracks in the bathroom wall and living room ceiling.

The children's bedrooms were not well maintained; the bedrooms were messy. There was writing on the dressers and walls and in the closets at both sites. At the Denker site, the blinds were broken in bedroom three.

FRED JEFFERSON MEMORIAL HOMES FOR BOYS
PAGE 2

The Auditor-Controller's (A-C) prior year review also noted that Fred Jefferson Memorial Homes for Boys did not always ensure that the Group Home's facilities were maintained in accordance with CDSS Title 22 regulations.

Recommendation:

Fred Jefferson Memorial Homes for Boys management shall ensure that:

The Group Home sites are maintained and in good repair in accordance with Title 22 regulations.

PROGRAM SERVICES

Based on our review of ten children's case files, Fred Jefferson Memorial Homes for Boys fully complied with five of eight elements in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement and were assessed for needed services within thirty days of placement. One child had been at the Group Home less than thirty days and had not yet been assessed.

Based on our review, we found that the Needs and Services Plans (NSP) included input from the children. However, none of the reviewed NSPs were comprehensive. The NSPs did not include specific, measurable and attainable treatment goals. Two of the NSPs did not address progress towards emancipation goals. One child's NSP was not timely and the goals were not updated. Seven of the reviewed NSPs were not approved by the DCFS Children's Social Worker (CSW) for implementation. Additionally, none of the reviewed NSPs reflected adequate documentation to confirm monthly contacts with the DCFS CSWs. The A-C's prior year review also noted that Fred Jefferson Memorial Home for Boys Group Home did not always ensure that the NSPs were comprehensive and include all members of the treatment team in development.

Recommendations:

Fred Jefferson Memorial Homes for Boys management shall ensure that:

NSPs are comprehensive, including all required elements.

Documentation is maintained as verification that DCFS CSWs approved the implementation of the NSPs.

Monthly contacts with DCFS CSWs are adequately documented.

FRED JEFFERSON MEMORIAL HOMES FOR BOYS
PAGE 3

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of ten children's case files and interviews with the ten children, Fred Jefferson Memorial Homes for Boys fully complied with seven of nine elements in the area of Children's Health Related-Services, including Psychotropic Medication.

The Group Home had ensured that all children's initial and follow-up physical examinations were conducted in a timely manner and were well documented in their case files. All children were aware of their right to refuse medication. One child's case file did not include the documentation that he had received a dental examination within the first thirty days of placement.

The one child who was on psychotropic medications had current psychotropic medication authorization forms, and the medication logs included correct documentation.

Recommendation:

Fred Jefferson Memorial Home management shall ensure that:

All children's dental examinations are done in a timely manner.

CLOTHING AND ALLOWANCE

Based on our review of ten children's case files and interviews with the ten children, Fred Jefferson Memorial Homes for Boys fully complied with seven of eight elements in the area of Clothing and Allowance.

Based on our review, all ten children reported that they received the required \$50 monthly clothing allowance. Children were provided with opportunities to select their own clothes. Clothing provided to children was of good quality and sufficient quantity. The clothing allowance logs and inventories confirmed that the requirements were being met.

All ten children reported that the Group Home provided them with the required minimum weekly allowance and all children reported that they spent their allowances as they chose.

The Group Home provided children with adequate personal care items. It was noted that all children were not encouraged or assisted in creating and maintaining their photo albums/lifebooks.

Recommendation:

Fred Jefferson Memorial Home management shall ensure that:

FRED JEFFERSON MEMORIAL HOMES FOR BOYS
PAGE 4

All children are encouraged and assisted in creating and maintaining photo albums/lifebooks.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the monitoring review were implemented. The A-C report was issued on May 13, 2009.

Results

The A-C's prior monitoring report contained four outstanding recommendations. Specifically, Fred Jefferson Memorial Homes for Boys was to ensure that the Group Home was maintained in good repair in accordance with Title 22 regulations and that it developed comprehensive NSPs which included measurable and time limited goals and included input from all members of the treatment team. Further, the Group Home was to encourage and assist children in creating and updating photo albums/lifebooks. Based on our follow up of these recommendations, the A-C's recommendations with regard to facility maintenance and repair, the development of comprehensive NSPs with measurable and time limited goals and included all members of the treatment team, and encouraging and assisting children in creating and maintaining photo albums/lifebooks were not fully implemented. As we noted, three of the recommendations were not fully implemented; corrective action was requested of Fred Jefferson Memorial Homes for Boys to further address these findings.

Recommendation:

Fred Jefferson Memorial Homes for Boys management shall ensure that:

It implements the four outstanding recommendations from the A-C's May 13, 2009 monitoring report, which are noted in this report as Recommendations 1 (physical plant issues), 2, 3 (NSPs) and 6 (Clothing and Allowance).

**Fred Jefferson Memorial Homes for Boys Group Home
CONTRACT COMPLIANCE MONITORING REVIEW – SUMMARY**

**Fred Jefferson Memorial Home
1000 West 152nd Street
Compton, California 90220
License Number: 1982000050
Rate Classification Level: 10**

**Fred Jefferson Memorial Home
9156 S. Denker Avenue
Los Angeles, California 90047
License Number: 198201547
Rate Classification Level: 10**

Contract Compliance Monitoring Review		Findings: September 2009
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Log Maintenance 8. Runaway Procedures 9. Allowance Logs 	Full Compliance (All)
II	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	<p><u>Program Services</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed

IV	<u>Educational and Emancipation Services</u> (4 Elements) <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	Full Compliance (All)
V	<u>Recreation and Activities</u> (3 Elements) <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-curricular, Enrichment and Social Activities 	Full Compliance (All)
VI	<u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements) <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychotropic Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-up Dental Exams Timely 	<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. Improvement Needed 9. Full Compliance
VII	<u>Personal Rights</u> (11 Elements) <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	Full Compliance (All)

VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowances 8. Encouragement and Assistance with Life Book 	<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. Improvement Needed
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<p>Full Compliance (All)</p>

Fred Jefferson Memorial Homes For Boys
1330 S. Long Beach Blvd.
Compton, Ca. 90221



Phone # (310) 763-1660

Fax # (310) 763-0357

March 1, 2010

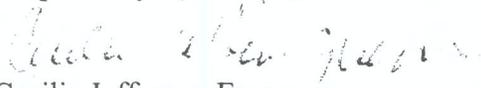
Ms. Greta Walters
9320 Telstar Avenue #216
El Monte, California 91732

Dear Ms. Walters,

Please find enclosed the Correction Action Plan for the Fred Jefferson Memorial Homes' Program Contract Compliance Monitoring Review.

If you require additional information you may reach me at 310.763.1660 ext.121.

Respectfully Submitted,


Cecilia Jefferson-Freeman
CEO

Where Children Come First!

FRED JEFFERSON MEMORIAL HOMES PROGRAM CORRECTION ACTION PLAN

PROGRAM SERVICES

The Fred Jefferson Homes treatment team under the direction of our clinical director Ontson Placide will make every effort to contact DCFS CSWs for implementation of the Needs and Services Plan. CSW's signature on NSP will document their approval and enable staff to implement the NSP. Unsuccessful attempts to reach CSW also will be documented in the resident's file. Monthly contacts with DCFS CSWs will also be documented. The facility manager will be responsible for this task and the administrator will ensure it is implemented and maintained

FACILITY AND ENVIRONMENT

The Fred Jefferson Memorial Homes For Boys will maintain homes in accordance with Title 22 regulations. On a daily basis the night child care worker will access needed repairs and what needs to be cleaned in the facility. The CCW will report to the facility manager who will contact the handyman. The administrator will ensure this policy is implemented.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

The facility manager will ensure that all dental exams for residents be done in a timely manner. Documentation will be in resident's files. If by chance the dental exam can't be done in a timely manner, the reason will be documented as well. The administrator will oversee this plan of correction

CLOTHING AND ALLOWANCE

Fred Jefferson Memorial Home management will ensure that all residents are encouraged and assisted in maintaining photo albums along with life books. Both the facility manager and child care workers will be responsible for implementing this recommendation. The administrator will oversee and ensure this policy is implemented.

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PRIOR YEAR FOLLOW-UP FROM THE AUDITOR CONTROLLER'S REPORT

Fred Jefferson Memorial Homes will ensure that the outstanding recommendations from the May 13, 2009 monitoring report will be implemented. This include the following:

1. All CSWs will be encouraged to participate in the development of the NSP. Their signature will be documentation that the NSP can be implemented. If the CSW is unable to participate or signature has not been acquired documentation will be in each resident's file.
2. Group Homes will be maintained in good repair in accordance with Title 22 regulations.
3. The staff will encourage each resident to create and maintain photo albums and and life books.

The administrator will ensure that these policies are implemented.



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PATRICIA S. PLOEHN, LCSW
Director

August 31, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

HATHAWAY-SYCAMORES GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board’s April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Hathaway-Sycamores Group Home is located in the Fifth Supervisorial District and provides services to Los Angeles County Department of Children and Family Services’ (DCFS) foster youth and Probation youth. The agency is licensed to serve a capacity of 48 children, ages 10 through 17, and per its program statement, its goal is to “transition resourceful, responsible and resilient youths back to their family and community.”

The Out-of-Home Care Management Division (OHCMD) conducted a review of Hathaway-Sycamores Group Home in November 2009, at which time there was one 48-bed site with 13 DCFS placed children. All 13 children were males. For the purpose of the review, ten placed children were interviewed and their case files reviewed. The children’s average overall length of placement was nine months, and the average age was 15. Fifteen staff files were reviewed for compliance with Title 22 regulations and contract requirements.

All 13 DCFS placed children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that the medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Hathaway-Sycamores Group Home’s compliance with the contract and State regulations. The visit included a review of Hathaway-Sycamores Group Home’s program statement, internal administrative policies and procedures, 13 placed children’s case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to the children, and we conducted interviews with children to assess the care and services they were receiving.

HATHAWAY-SYCAMORES GROUP HOME

PAGE 2

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Hathaway-Sycamores Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in its program statement. Overall, the children interviewed were satisfied with the services they were receiving and the care provided by the staff.

At the time of the review, the Group Home needed to maintain comprehensive allowance logs and address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Needs and Services Plans (NSPs) were not comprehensive, and the Group Home needed to obtain Children Social Worker (CSW) approval to implement initial NSPs and appropriately document monthly contacts with CSWs.

Further, the Group Home needed to ensure that all children had current court authorizations for all psychotropic medications and ensure that all children felt safe in the Group Home. Additionally, the Group Home needed to provide all children with adequate quantities of clothing and opportunities to shop and select their own clothes. Still further, the Group Home needed to encourage all children to create and maintain a life book/photo album.

With regard to other requirements, the Group Home needed to ensure that all staff had current signed criminal background statements, timely health screenings and required trainings.

The Residential Director expressed an understanding of each of the findings.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 31 initial and updated NSPs reviewed, 26 were not comprehensive as some of the required elements were not completed in accordance with the NSP template. Some lacked documentation of attempts to obtain CSW approval for implementation of the NSPs, clear methods for children to obtain identified goals, and appropriate documentation of the Group Home contacts with CSWs.
- One of the thirteen children taking psychotropic medications had no current, approved psychotropic medication authorization for the psychotropic medications he was receiving.
- Nine out of ten reviewed children reported that they felt safe in the Group Home and were provided with appropriate staff supervision. However, one child reported that he had been physically abused by one staff and did not feel safe around him. This was immediately brought to the Residential Director's attention, and OHCMD made a referral to the Child Protection Hotline. The DCFS investigation of the referral deemed the allegation of physical abuse to be "unfounded."

The detailed report of our findings is attached.

**HATHAWAY-SYCAMORES GROUP HOME
PAGE 3**

EXIT CONFERENCE

The following are highlights from the exit conference held on January 5, 2010:

In attendance:

Shawn Bettencourt, Residential Director, Hathaway-Sycamores Group Home and Donald Luther, Monitor, Out-of-Home Care Management Division, DCFS.

Highlights:

The Residential Director indicated that obtaining a copy of the review instruments was very helpful as it provided information on the scope of the review.

As agreed, Hathaway-Sycamores Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:MG

EAH:DC:dl

Attachments

- c: William T Fujioka, Chief Executive Officer
- Wendy Watanabe, Auditor-Controller
- Public Information Office
- Audit Committee
- Donald H. Blevins, Chief Probation Officer
- Sybil Brand Commission
- Henry Matson, Chairman of the Board, Hathaway-Sycamores Children and Family Services
- William Martone, Executive Director, Hathaway-Sycamores Children and Family Services
- Jean Chen, Regional Manager, Community Care Licensing
- Lenora Copeland, Regional Manager, Community Care Licensing

HATHAWAY-SYCAMORES GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

Hathaway-Sycamores Group Home
2933 North El Nido Drive
Altadena, California 91001
License Number: 197804907
Rate Classification Level: 14

The following report is based on a "point in time" monitoring visit in November 2009 and addresses findings noted during the review.

CONTRACTUAL COMPLIANCE

Based on our review of ten children's files and fifteen staff files, Hathaway-Sycamores Group Home was in full compliance with two of nine sections of our Contract Compliance Monitoring Review: Educational and Emancipation Services, and Recreation and Activities. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of all placed children's case files and documentation from the provider, Hathaway-Sycamores Group Home fully complied with seven of eight elements reviewed. A ninth element regarding relocation of a child to a new group home site was not applicable (N/A) as this was a one site group home. The Group Home utilized all available resources to stabilize a child's placement prior to requesting removal. Transportation was provided to meet the children's needs as necessary. Special Incident Reports were appropriately documented and cross-reported, and the capacity was maintained in compliance with the agency's license. Disaster drills were conducted at least every six months, and logs were appropriately maintained. The Group Home maintained runaway procedures in accordance with its approved contract. While appropriate and comprehensive formats for Clothing and Personal Allowance logs were used, not all children signed for their allowances.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

1. Children sign for their allowances.

PROGRAM SERVICES

Based on our review of ten children's case files and documentation from the provider, Hathaway-Sycamores Group Home fully complied with five out of eight elements reviewed in the area of Program Services.

HATHAWAY-SYCAMORES GROUP HOME

PAGE 2

We noted that placed children met the Group Home's population criteria as outlined in the approved program statement and were assessed for needed services within thirty days of placement.

Based on our review, we found that some members of the treatment team did not develop and implement the Needs and Services Plans (NSPs) with input from the child, a finding that was noted in the A-C's prior year review. The initial NSPs for three of the ten reviewed case files had no documentation of the DCFS Children's Social Worker's (CSW) approval of the NSPs or efforts to obtain CSWs' signatures to implement the NSPs. Although the Residential Director indicated that the Group Home maintained monthly contact with DCFS CSWs, seven required case files lacked appropriate documentation of those contacts in the updated NSPs. Three children had not been placed long enough to require updated NSPs. The NSPs did include specific and measurable treatment goals as they relate to permanency and life skills. However, three of the ten reviewed case files did not define how the child was to obtain the goals. The updated NSPs for seven children had documentation of specific information regarding visits such as the dates of visits, who the child visited, how the visit went, and the transportation arrangement. One of the ten reviewed case files did not have NSPs that contained a visitation plan.

The ten reviewed children were receiving recommended treatment services based on their NSPs and psychological assessments/evaluations.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

2. All NSPs are comprehensive and include CSW approval of their implementation; and appropriate documentation of visitation plans, specific and clear goals, and specific monthly contacts with CSWs.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review and interviews with ten children, Hathaway-Sycamores Group Home fully complied with three of six elements in the area of Facility and Environment.

The Group Home is located in a residential community, and the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped. However, two window screens from the Hunter unit "A" Hall dayroom windows and one screen from "B" Hall office window were missing.

Overall, the common quarters were maintained and clean. There was adequate furniture, lighting, and storage space. However, the main dining room carpet was dirty, stained and worn, a finding that was noted in the A-C's prior year review. Padding on a

HATHAWAY-SYCAMORES GROUP HOME

PAGE 3

wall in the time-out room in Hunter unit "B" Hall was missing. Also, the left rear burner on the stove in Hunter "B" Hall was not working. This was another finding that was noted in the A-C's prior year review.

Children's bedrooms were well maintained. The rooms were clean and orderly and had appropriate personalized decorations. However, one child's bulletin board was marked with profanity and graffiti, a finding that was noted in the A-C's prior year review. There was adequate furniture, lighting, and storage space. Window coverings were in good repair. The mattresses were comfortable and the children's sleeping arrangements were appropriate. However, nine of the 37 beds did not have full complements of linen.

There were board games, TVs and DVD players. Books and resource materials, including computers with a variety of programs, were also available. The Group Home maintained age-appropriate and accessible recreational equipment.

Recommendations:

Hathaway-Sycamores Group Home management shall ensure that:

3. The Group Home is well maintained, including replacement of missing window screens, proper maintenance of carpeting, replacement of missing time-out room wall padding, and repair of appliances.
4. All bedrooms are properly maintained, timely repaired, and all beds have a full complement of linen.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on interviews with the ten children and review of their case files, Hathaway-Sycamores Group Home fully complied with all four elements in the area of Educational and Emancipation Services.

Recommendation:

None

RECREATION AND ACTIVITIES

Based on interviews with the ten children and review of their case files, Hathaway-Sycamores Group Home fully complied with all three elements in the area of Recreation and Activities.

Recommendation:

None

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our interviews with the ten children, review of their case files, and documentation from the provider, Hathaway-Sycamores Group Home fully complied with eight of nine elements in the area of Children's Health Related Services, including Psychotropic Medication.

The Group Home had ensured that all children's initial and follow-up physical and dental examinations were conducted in a timely manner.

There was a current psychiatric evaluation/review for each child on psychotropic medication, and children were routinely seen by the prescribing psychiatrist. All children were aware of their right to refuse medication. Twelve of the 13 children taking psychotropic medications had current approved psychotropic medication authorizations. However, one child has no current approved psychotropic medication authorization for the Diphenhydramine (Benadryl) he was taking for insomnia and Cogentin he had been prescribed on a PRN basis. It was brought to the attention of the Residential Director during the exit conference that when Diphenhydramine is used to aid with insomnia it is categorized as a psychotropic medication. He indicated that he would advise the nursing personnel. In response, the Vice President of Residential Services indicated that one child has a PRN for Diphenhydramine which is used at times to help the child sleep. Further, having a PRN and using this for sleep as prescribed by the psychiatrist was a standard practice and Hathaway-Sycamores had never gotten a Psychotropic Medication Authorization for this. In addition, the nurse stated they obtained a Psychotropic Medication Authorization if what was being prescribed was a psychotropic relaxer but that this medication is not psychotropic. The Cogentin was not addressed in the response.

The OHCMD monitor consulted with Dr. Creceluis at Juvenile Court Mental Health Services who confirmed that Diphenhydramine, when used for insomnia, and Cogentin, whether administered as a PRN or not, require Psychotropic Medication Authorization.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

5. Current court authorizations are obtained and maintained for the psychotropic medication that each child is receiving.

PERSONAL RIGHTS

Based on our review of ten children's case files and interviews with the ten children, Hathaway-Sycamores Group Home fully complied with ten out of 11 elements in the area of Personal Rights.

All ten children reported that their assigned chores were reasonable and not too demanding. They also reported that they were allowed to make and receive personal telephone calls, send and receive unopened mail, and have private visitors. They

HATHAWAY-SYCAMORES GROUP HOME

PAGE 5

reported that they had the opportunity to attend the religious services of their choice. They reported satisfaction with meals and snacks and that they received requested medical, dental, and psychiatric care. All ten children expressed satisfaction with the quality of their interactions with staff and reported that the staff members treated them with respect and dignity. They also reported that they were given information about the Group Home's policies and procedures regarding discipline, personal rights, house rules, and children's complaint grievance procedures.

Nine out of ten reviewed children reported that they felt safe in the Group Home and were provided with appropriate staff supervision. However, one child reported that he had been physically abused by one staff and did not feel safe around him. This was immediately brought to the Residential Director's attention, and OHCMD made a referral to the Child Protection Hotline. The DCFS investigation of the referral deemed the allegation of physical abuse to be "unfounded."

All ten reviewed children reported that the discipline policies were consistently enforced and that there were fair and appropriate consequences for inappropriate behavior.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

6. All children are safe and feel safe in the Group Home and that staff receive on-going training on appropriate and positive discipline techniques.

CLOTHING AND ALLOWANCE

Based on our interviews with the ten children and review of their case files, Hathaway-Sycamores Group Home fully complied with five of eight elements in the area of Clothing and Allowance.

The Group Home provided appropriate clothing, items of necessity, and the required \$50 monthly clothing allowance to children. Clothing provided to children was of good quality. However, one child reported that he did not have a sufficient quantity of clothing. Based on the length of placement and clothing inventory, he was in need of additional outfits, slippers, and jacket. The child further reported that he had not been provided the opportunity to shop in the community and select his own clothing since being placed in the Group Home. These issues were brought to the attention of the Residential Director during the review and exit conference. The response provided by the Vice President of Residential Services indicated that it was Hathaway-Sycamores' understanding that the monitor had looked and confirmed that there was adequate clothing. Further, Hathaway-Sycamores' response expressed concern that the OHCMD monitor based these findings solely on the child's report. The Residential Director expressed concern that the clothing was found insufficient for one child. However, upon conversation with the OHCMD monitor, he understood the finding. The OHCMD monitor and Residential Director observed clothes that appeared in good condition in the child's room. The monitor requested a current inventory of clothing from the Residential Director and based the lack of sufficient clothing on what Hathaway-Sycamores provided from the review. The findings were confirmed based on the review of clothing allowance logs, receipts, and clothing inventories.

HATHAWAY-SYCAMORES GROUP HOME

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All ten reviewed children reported that the Group Home provided them with the required minimum weekly monetary allowance and that they spent their allowances as they chose.

The Group Home provided children with adequate personal care items. However, all children were not encouraged or assisted in creating and maintaining life books/photo albums. One child reported that he had not been provided a life book/photo album or encouraged to maintain a life book/photo album. Further, during the review and exit conference, the monitor discussed this with the Residential Director. The response from the Vice President of Residential Services expressed concern that the OHCMD monitor based the finding solely on what the child reported. The Residential Director's response dated June 11, 2010, to the Compliance Report draft stated, "It was our understanding that at the time when the Residential Director discussed the procedures regarding the life book and showed the life book for that child that that was sufficient." No documentation was provided to the OHCMD monitor that the child had a life book. The Residential Director felt that the life book had been produced for the OHCMD monitor. However, upon discussion with the monitor, he understood that there was no documentation that the child had a life book that belonged to him.

Recommendations:

Hathaway-Sycamores Group Home management shall ensure that:

7. All children are provided with required clothing items.
8. All children are provided with the opportunity to shop in the community and select their own clothes.
9. All children are encouraged and assisted in creating and maintaining photo albums/life books.

PERSONNEL RECORDS

Based on our review of 15 staff personnel files and documentation from the provider, Hathaway-Sycamores Group Home fully complied with six of 12 elements in the area of Personnel Records.

All 15 staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards and Child Abuse Index Clearances (CAI). One staff's personnel file did not have a current signed criminal background statement or documentation of receiving a timely initial health-screening. Seven staff files were not reviewed for a valid driver's license as they were not required to transport children based on their employee job classification. Eight reviewed staff were required and had documentation of valid driver's licenses. All 15 staff files had signed copies of the Group Home policies and procedures. Seven staff files were not reviewed for initial training, as they were not required to complete initial training based on their job classification. Three of the eight reviewed staff files did not have documentation of having completed the required initial training. Eight required staff files contained documentation of a valid CPR and/or First-Aid card. All 15 staff files had documentation of completing emergency intervention training. Seven staff files were not reviewed for

HATHAWAY-SYCAMORES GROUP HOME
PAGE 7

annual training, as the staff were not required to complete annual training based on their job classification. Three of eight required staff files had no documentation of completion of annual training as required per Title 22. One reviewed staff did not require completion of the annual training at the time of the review.

Recommendations:

Hathaway-Sycamores Group Home management shall ensure that:

10. Current criminal background statements are maintained and signed in a timely manner.
11. All hired staff have completed an initial health-screening in a timely manner.
12. Required staff receive the required initial training.
13. Required staff receive CPR training and maintain current verification.
14. Required staff receive First-Aid training and maintain current verification.
15. Required staff receive the required annual training.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's last monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C's monitoring review were implemented. The A-C report was issued on August 28, 2009.

Results

The Auditor-Controller's prior monitoring report contained three outstanding recommendations. Specifically, Hathaway-Sycamores Group Home was to ensure that the facility and environment of the Group Home are maintained in good repair in accordance with Title 22 regulations, include input from the treatment team in the development and implementation of the NSPs, and provide all children with the required minimum weekly allowance. Based on our follow up of these recommendations, Hathaway-Sycamores Group Home fully implemented one of the A-C recommendations as it related to the provision of required minimum weekly allowances. The A-C's recommendation that the facility and environment be maintained in good repair in accordance with Title 22 regulations was partially implemented. However, Hathaway-Sycamores Group Home did not implement the recommendation regarding input from the treatment team in the development and implementation of the NSPs. As two

HATHAWAY-SYCAMORES GROUP HOME
PAGE 8

recommendations were not fully implemented, corrective action was requested of Hathaway-Sycamores Group Home to further address these findings.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

16. It fully implements the outstanding recommendations from the A-C's Fiscal Year 2008-09 monitoring report, which are noted in this report as Recommendations 2, 3, and 4.

**Hathaway-Sycamores Children & Family Services Group Home
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

2933 North El Nido Drive
Altadena, CA 91001
License Number: 197804907
Rate Classification Level: 14

	Contract Compliance Monitoring Review	Findings: October 2009
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Log Maintenance 8. Runaway Procedures 9. Allowance Logs 	<ol style="list-style-type: none"> 1. N/A 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	<p><u>Program Services</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed
III	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance

IV	<u>Educational and Emancipation Services</u> (4 Elements) <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	Full Compliance (All)
V	<u>Recreation and Activities</u> (3 Elements) <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-curricular, Enrichment and Social Activities 	Full Compliance (All)
VI	<u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements) <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychotropic Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-up Dental Exams Timely 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	<u>Personal Rights</u> (11 Elements) <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance

VIII	<u>Children's Clothing and Allowance</u> (8 Elements) <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowances 8. Encouragement and Assistance with Life Book 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	<u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements) <ol style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Improvement Needed 10. Improvement Needed 11. Improvement Needed 12. Full Compliance

Hathaway-Sycamores Children and Family Services
Group Home Program Contract Compliance Monitoring Review
Corrective Action Plans

June 11, 2010

I. Licensure/Contract Requirements

Recommendation 1: Children sign for their allowances.

Status: An account sheet detailing income and expenses is maintained for each child/youth. Children were required to sign for any cash withdrawn from their account. As of January 1, 2010 the process changed so that the child/ youth signing/initialing receiving allowance as well as withdrawing from their account.

Plan to prevent reoccurrence: The supervisor will audit the monthly allowance log to ensure compliance.

Person responsible for implementing corrective Action: Unit Supervisor

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director

II. Program Services

Recommendation 2: All NSPs are comprehensive and include authorization of the DCFS CSW's approval of their implementation appropriate documentation, visitation plans, goals that are specific and clear, and monthly contacts with CSWs that are specific and appropriately documented.

Status: Residential Social workers will ensure that all NSPs are comprehensive and will include CSW's signature or proof of attempts to receive signatures. Charts and records staff will continue to mail the NSP/QPR out to request a signature and return of the signature page.

Plan to prevent reoccurrence: As of January 1, 2010 the child's Residential Social worker will collect fax confirmations to prove additional attempts to receive the CSW signature. Beginning July 1, 2010 additional support to collect signatures will come from the Residential Administrative Assistant. Training occurred on 1/22/10 with the Residential Social Workers to review all elements of a comprehensive NSP.

Person responsible for implementing corrective action: Charts and Records staff will continue to mail out to each child's NSP/QPRs while the assigned social worker will in addition fax the NSP/QPRs for signatures attempts from the CSW. Additionally, the

Residential Administrative Assistant will assist with ensuring this process occurs. Residential Social Workers will write all NSP's in a comprehensive manner.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Documentation Specialist and Program Director.

III. Facility and Environment

Recommendation 3: The Group Home is well maintained to include replacement of missing window screens, proper maintenance of carpeting, replacement of missing time out room wall padding, and repair of appliances.

Status: The missing screens were replaced, carpet in the cafeteria was cleaned, the time out room wall padding has been replacement, and appliance repair all occurred by 3/31/10.

Plan to prevent reoccurrence: The unit supervisor will ensure that maintenance request are submitted while also keeping a copy of the submitted maintenance request, the maintenance staff will then ensure that the repairs are completed in a timely manner.

Person responsible for implementing corrective action The unit supervisor

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director.

Recommendation 4: All bedrooms are properly maintained, timely repaired, and all beds have a full compliment of linens.

Status: The unit supervisor supervises the shift leads around maintaining the bedrooms. If any bedroom maintenance is required the unit supervisor will then submit a maintenance request for repair while also keeping a copy for their own record to ensure the boy's rooms are kept up to standard, the maintenance staff will ensure repairs are completed in a timely manner. Clean bed linens are issued weekly if the youth has not soiled his bed. If the child or youth is a bed wetter, clean linen are given to them as needed.

Plan to prevent reoccurrence: The unit staff currently monitors maintenance of the bedrooms as well as distributes linen as needed.

Person responsible for implementing corrective action: The unit staff

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Unit Supervisor

IV. Education and Emancipation Service.

There were no recommendations for this section.

V. Recreation and Activities

There were no recommendations for this section.

VI. Children's Health Related-services including Psychotropic Medication

Recommendation 5: Current court authorizations are obtained and maintained for psychotropic medications that each child is receiving.

Status: Current court authorizations will continue to be obtained and maintained for all psychotropic medications that each child receives.

Plan to Prevent Reoccurrence: Nursing Department will ensure that all court authorizations will be obtained and maintained for all psychotropic medications including any medication that is not a psychotropic medication but that is being utilized for reduction of psychotropic symptoms.

Person responsible for implementing corrective action: On duty nurse

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Nursing Supervisor

VII. Personal Rights

Recommendation 6: All children are and feel safe in the group home and the staff receive ongoing training on appropriate and positive discipline techniques.

Status: The Group Home will continue to ensure safety for all children as well as continued ongoing training, including training on appropriate and positive discipline techniques.

Plan to Prevent Reoccurrence: Administrators will conduct periodic surveys with random youth regarding safety and concerns within the group home. Monthly ongoing training will occur for staff. Training will be implemented in accordance with Title 22 regulation 84065(J).

Person responsible for implementing corrective action: Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director

VIII. Clothing and Allowance

Recommendation 7: All children are provided with required clothing items.

Status: All children will continue to be provided with required clothing items.

Person responsible for implementing corrective action: The unit supervisor supervises the shift leads regarding meeting the required clothing items for each youth as well as documentation on each client clothing inventory.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director

Recommendation 8: All children are provided an opportunity to shop within the community and select their own clothing.

Status: All children will continue to be provided opportunity to shop within the community and select their own clothing.

Person responsible for implementing corrective action: The unit staff will continue to provide opportunities to shop in the community and allowing the youth to select their own clothes within the residential dress code. Outings to clothing stores occur a minimum of once a quarter.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Unit Supervisor.

Recommendation 9: All children are encouraged and assisted in creating and maintaining photo album/life book.

Status: All children are provided with a photo/album/life book and will continue to be encouraged and assisted in maintaining their books.

Person responsible for implementing corrective action: The unit lead staff will ensure that all children have a life book/photo album and will ensure the children are encouraged and assisted to actively maintain their books.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Unit Supervisor.

IX. Personal Records

Recommendation 10: Current criminal background statements are maintained and signed in a timely manner.

Status: Current criminal background statements will continue to be maintained and signed in a timely manner. A new procedure regarding documentation standards has been implemented to ensure that any staff that quits and returns in a short period of time will have newly signed required documentation.

Plan to prevent reoccurrence: Human resources has changed procedure regarding re-hiring for staff so that all newly hired and any re-hired staff will have current criminal background statement signed in a timely manner.

Person responsible for implementing corrective action: Human resources staff.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Director of Human resources.

Recommendation 11: All hired staff has completed an initial health-screening in a timely manner.

Status: Initial health-screenings will continue to be completed in a timely manner. A new procedure regarding staff that quit and return in a short period of time has been implemented to ensure all documentation standards are met.

Plan to prevent reoccurrence: Human resources has changed procedure regarding re-hiring for staff so that all newly hired and any re-hired staff will have a completed initial health screening in a timely manner.

Person responsible for implementing corrective action: Human resources staff.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Director of Human resources.

Recommendation 12: Required staff receive the required initial training.

Status: Procedure for initial training will continue in which all new hired staff complete participate in full two week training. A completed tracking passport that documents employees participating in this training is completed at time of training.

Plan to prevent reoccurrence: Unit supervisor will ensure that the tracking passport for each hired staff member will be collected and turned into Human Resources.

Person responsible for implementing corrective action: Unit supervisor

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director



PATRICIA S. PLOEHN, LCSW
Director

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

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

September 3, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District
MICHAEL D. ANTONOVICH
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

From: Patricia S. Ploehn, LCSW
Director

LOS ANGELES YOUTH NETWORK CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Los Angeles Youth Network is located in the 3rd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to its program statement, its stated goal is "to help abused, neglected and homeless adolescents become self-sufficient," and the agency is licensed to serve a capacity of 12 children, ages 12 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Los Angeles Youth Network in September 2009, at which time they had one 12-bed site and four placed DCFS children. Three of the children were males and one was female. For the purpose of this review, two placed children were interviewed and their case files were reviewed. The two remaining DCFS children had been recently placed and there was limited applicable information available for review; these two remaining children were not interviewed nor were their case files reviewed. The placed children's average overall length of placement was 13 months, and the average age was 16. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

None of the placed children were on psychotropic medication.

SCOPE OF REVIEW

The purpose of this review was to assess Los Angeles Youth Network's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, two placed children's case files and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and interviews were conducted with the children to assess the care and services they were receiving.

LOS ANGELES YOUTH NETWORK
PAGE 2

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

In general, Los Angeles Youth Network was found to be providing good quality care to DCFS placed children, and the services were provided as outlined in its program statement. The children interviewed stated that they received educational support, opportunities to prepare for emancipation, and that they felt comfortable talking with the staff.

At the time of the review, Los Angeles Youth Network needed to address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. In addition, the Group Home also needed to develop comprehensive Needs and Services Plans (NSP).

Los Angeles Youth Network was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the five NSPs reviewed, four were not comprehensive in that they did not complete all the required elements in accordance with the NSP template.
- One child stated that she did not feel safe in the group home because she was involved in an incident in which another female resident hit her. The OHCMD monitor immediately addressed this issue with Los Angeles Youth Network case manager, Ann McConville. Ms. McConville confirmed that two staff members intervened in a timely manner and protected the child, utilizing appropriate emergency intervention techniques. Additionally, on the day of the incident, May 14, 2009, the youth who assaulted the placed child was transferred to the Los Angeles Youth Network Shelter home.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held October 16, 2009:

In attendance:

Ann McConville, Case Manager, Los Angeles Youth Network; and Scott Song, Monitor, DCFS OHCMD.

Highlights:

The Case Manager was in agreement with our findings and recommendations. She stated that she would present the findings to the Residential Programs Director, Katie Andrews, for further review.

As agreed, Los Angeles Youth Network provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow-up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have any further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager at (213) 351-5530.

PSP:LP:MG
EAH:BB:ss

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Officer
Audit Committee
Sybil Brand Commission
Bob Ruchhoft, President, Board of Directors, Los Angeles Youth Network
Matt Kamin, Executive Director, Los Angeles Youth Network
Jean Chen, Regional Manager, Community Care Licensing

**LOS ANGELES YOUTH NETWORK
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

**Beachwood House
2471 Beachwood Dr.
Los Angeles, CA 90068
License Number: 197603055
Rate Classification Level: 7**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the September 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of two children's files and five staff files, Los Angeles Youth Network was in full compliance with five of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Educational and Emancipation Services; Recreation and Activities; Children's Health-Related Services; and Clothing and Allowance. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of Los Angeles Youth Network's Beachwood Group Home and interviews with the two children, Los Angeles Youth Network fully complied with three of six elements in the area of Facility and Environment.

The Group Home maintained sufficient recreational equipment in good condition and age appropriate. The Group Home had an appropriate quantity and quality of reading materials, education resources and supplies including computers readily available to the children. The Group Home maintained adequate perishable and non-perishable foods.

The Group Home's exterior and grounds were not well-maintained. The outside stairway, front face of the 2nd floor and front-facing window frames on both the 1st and 2nd floors were in need of painting due to extensive chipping and fading. Additionally, the staff door was warped and damaged and needed repair.

In general, the common quarters were well-maintained. The living room, dining room, kitchen and study rooms created a clean, home-like environment. However, the grout and shelf/wall of the bathtub in the downstairs bathroom needed to be cleaned, and the wall outside of the bathtub needed to be repaired. The walls and ceiling of the 2nd upstairs bathroom needed painting and the flooring needed to be replaced. There was also a hole in the upstairs hallway wall which needed to be repaired.

Children's bedrooms were well-maintained. However, there was a hole in the wall of bedroom #6, and bedroom #3 was missing a window screen.

The Auditor Controller's (A-C) prior year review also noted that Los Angeles Youth Network did not always ensure that the Group Home's facility was maintained in accordance with CDSS Title 22 regulations.

Recommendations:

Los Angeles Youth Network shall ensure that:

1. The Group Home site is maintained and in good repair in accordance with Title 22 regulations.

PROGRAM SERVICES

Based on our review of two children's case files, Los Angeles Youth Network fully complied with seven of eight elements in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement. In addition, the Group Home obtained the DCFS CSWs' authorization to implement Needs and Services Plans (NSP) and the treatment team developed and implemented NSPs with input from the child. The children were receiving recommended treatment services based on their psychological assessments/evaluations.

However, only one of the five NSPs reviewed were comprehensive. The NSPs needed to include measurable goals with projected completion dates and a completed Life Skills Training/Emancipation Preparation page.

Recommendations:

Los Angeles Youth Network management shall ensure that:

2. NSPs are complete and comprehensive, including all required elements.

PERSONAL RIGHTS

Based on our review of two children's case files and interviews with the two children, Los Angeles Youth Network fully complied with 8 of the 9 applicable elements in the area of Personal Rights. Two of the 11 elements were not applicable as they pertain to psychotropic medication and neither of the two sampled children were on psychotropic medication.

The two children reported that Los Angeles Youth Network informed them of the group home policies and procedures and that staff treated them with respect and dignity. An appropriate rewards and discipline system was in place and the children were free to receive or reject voluntary medical, dental and psychiatric care. The children were allowed private visits, to make and receive telephone calls, and to send and receive unopened correspondence/mail. The children were also free to attend religious services and activities of their choice. In addition, the children were given reasonable chores.

During our review, one child stated that she did not feel safe in the group home because she was involved in an incident in which another female resident hit her. The OHCMD monitor immediately addressed this issue with Los Angeles Youth Network case manager, Ann McConville. Ms. McConville confirmed that two staff members intervened in a timely manner and protected the child, utilizing appropriate emergency intervention techniques. Additionally, on the day of the incident, May 14, 2009, the youth who assaulted the

LOS ANGELES YOUTH NETWORK

PAGE 3

sampled child was transferred to the Los Angeles Youth Network Shelter home, and was no longer a threat to the interviewed child.

During our review, one child stated that she wanted the snacks to be available and accessible throughout the day. However, she confirmed that the group home gave the children between meal snacks each day (in accordance with Title 22 regulations).

Recommendations:

Los Angeles Youth Network management shall ensure that:

3. All children are adequately protected by providing staff members with appropriate training and current Emergency Intervention certification.

PERSONNEL RECORDS

Based on our review of five staff personnel files, Los Angeles Youth Network fully complied with seven of 12 elements in the area of Personnel Records.

All five staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Central Index (CACI) clearances and signed a criminal background statement in a timely manner. They also had valid driver's licenses and received the required initial and on-going training.

However, two staff members did not receive their initial health screenings in a timely manner and had no current CPR and First Aid training on file. One staff member did not have a signed copy of the group home's policies and procedures, and another staff member had no emergency intervention training on file.

Recommendations:

Los Angeles Youth Network management shall ensure that:

4. All staff members receive timely initial Health Screenings.
5. All staff members receive and sign the group home's policies and procedures.
6. All staff members receive CPR, First Aid and Emergency Intervention training.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C's monitoring review report issued April 10, 2009 were implemented.

Results

The A-C's prior monitoring review report contained two outstanding recommendations. Specifically, Los Angeles Youth Network was to ensure that the Group Home was maintained in good repair in accordance with Title 22 regulations, and that they provided the children with sufficient quantities of food, allowing for second portions.

Based on our follow-up of these recommendations, Los Angeles Youth Network partially implemented the A-C's recommendation related to maintaining the group home in good repair in accordance with Title 22 regulations. The A-C's recommendation that the facility provided sufficient quantities of food for second portions was fully implemented.

Recommendation:

Los Angeles Youth Network management shall ensure that:

7. It fully implements the outstanding recommendation from the A-C's Monitoring Review Report issued April 10, 2009, which is noted in this report as Recommendation 1.

**LOS ANGELES YOUTH NETWORK
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

2471 Beachwood Dr.
Los Angeles, CA 90068
License Number: 197603055
Rate Classification Level: 7

	Contract Compliance Monitoring Review	Findings: September 2009
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	Full Compliance (ALL)
II	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	<p><u>Program Services</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs 	<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. Improvement Needed
IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	Full Compliance (ALL)

V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities 	Full Compliance (ALL)
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely 	Full Compliance (ALL)
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. N/A 11. N/A
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 	Full Compliance (ALL)

	<ul style="list-style-type: none"> 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ul style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Initial Training Documentation 8. Signed Copies of GH Policies and Procedures 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<ul 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. Improvement Needed 9. Improvement Needed 10. Improvement Needed 11. Full Compliance 12. Improvement Needed



Los Angeles Youth Network
www.layn.org

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Directors

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Honey pot Entertainment Inc

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Actor

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Lisa Newell
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Robert Ruchhoff
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Johanna Schor
Clinical Psychologist

Laura Wachal
The Syndicate

Tim Wilson
Ernest Paper Products

Douglas Stanton
Douglas Stanton Architects

Executive Director

Matt Kamin

Attn: Department of Children and Family Services
Out of Home Care Management
Re: CAP – Beachwood Group Home Compliance review

11-11-09

The following is our proposed Corrective Action Plan in response to the “Group Home Contract Compliance Review Field Exit Summary” dated 10/16/09 for the Beachwood Group Home.

Facility and Environment

This recommendation will be implemented by February 2010. Gensler Architecture Firm located in Los Angeles is providing LAYN with needed appliances and repair services needed. The items and equipment have been purchased and volunteers will be completing this work. Due to the holidays, the volunteers will begin work on these projects after the first of the year. We project that all recommendations for the Beachwood Group Home, paint outside of stairway, paint front face of the house on the second floor, paint front-facing window frames on both the first and second floors, repair/replace the staff office door, cleaning of the grout and shelf/wall of the downstairs bathtub, repair of wall outside of the bathtub, painting of walls & ceiling, replace floor in 2nd upstairs bathroom and replacement of screen in bedroom #3, will be completed by 2-28-08. Holes in upstairs hallway and bedroom #6 have been repaired.

Facility Manager, Kaleia McElehenney, will monitor facility and environment and report any concerns to the Residential Program Director, Katie Anderson. Residential Program Director will report any maintenance concerns to the correct department and ensure that repairs are completed in a timely manner. In addition Residential Program Director will ensure that Executive Director, Matt Kamin, is made aware of any maintenance issues.

Personal Rights

Youth reported not feeling safe in the home due to a physical altercation that occurred between two youth. All staff at the Los Angeles Youth Network receives training in emergency intervention response in the form of non-physical de-escalation training when working with youth. This

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Douglas Stanton Architects

Executive Director

Matt Kamin

training ensures that staff is well prepared to handle physical alterations and other disruptive behaviors. In addition, on Thursday nights a house meeting is held with youth where we encourage them to discuss any concerns that they may have in the program. Residential Program Director attends this house meeting. Residential Program Director is an on-call position and available to come into the program when needed to assist with de-escalation of youth.

Personnel Records

All employees will receive timely initial health-screenings. The Director of Human Resources, Mayra Camarillo, will ensure that all staff complete health-screenings and proper documentation is placed in the employee's personnel record before the employee is placed on shift. Ms. Camarillo will complete self-audits for quality assurance that all health-screenings are present in records.

All employees will view and sign copies of the group home policies and procedures. Ms. Camarillo will ensure that all staff view and sign copies of the group home policies and procedures and that proper documentation is placed in the employee's personnel record. Ms. Camarillo will complete self-audits for quality assurance that all signed policies and procedure documents are present in the records.

All appropriate employees will receive CPR training in the area of child abuse identification and reporting and all appropriate employees will receive first aid training. Ms. Camarillo will ensure that all staff receives CPR and first aid training in a timely manner. Ms. Camarillo will complete self-audits for quality assurance that all signed policies and procedure documents are present in the records.

All appropriate employees will receive emergency intervention training per the GH's Program Statement. Ms. Camarillo will ensure that all staff participate and receive emergency intervention training in a timely manner and will complete self-audits for quality assurance that all appropriate employees have received emergency intervention training.

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Matt Kamin

Sincerely,

Katie Anderson, BSW

Katie Anderson, BSW
Residential Program Director
LA Youth Network
Beachwood Group Home
323-467-8466 ext. 15

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PATRICIA S. PLOEHN, LCSW
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

September 3, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

LEROY HAYNES CENTER CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Leroy Haynes Center is located in the 5th Supervisorial District, Los Angeles County, and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Leroy Haynes Center's program statement, its stated goal is "to provide intense counseling, milieu treatment and daily care to abused and troubled children who have emotional and/or behavioral problems," and the agency is licensed to serve a capacity of 72 children, ages 7 through 18.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Leroy Haynes Center in January 2010, at which time it had one 72-bed site with 29 DCFS placed children. All 29 children were males. For the purpose of this review, 15 placed children's case files were reviewed, and 14 children were interviewed as one child was discharged from Leroy Haynes Center before the OHCMD Monitor was able to interview the child. The children's overall average length of placement was six months, and the average age was 15. Fifteen staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Ten children were on psychotropic medication, and we reviewed their case files to assess timeliness of psychotropic medication authorizations and confirm that medication logs documented that correct dosages were administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Leroy Haynes Center's compliance with the contract and State regulations. The visit included a review of Leroy Haynes Center's program statement, administrative internal policies and procedures, 15 children's case files, and a random sampling of personnel files. A visit was made to the site to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Leroy Haynes Center was providing good quality care to DCFS placed children, and the services were provided as outlined in its program statement. The children's case files and personnel files were well organized and professionally maintained. The site was clean and adequately landscaped. All 14 children interviewed disclosed that they felt safe at the Group Home.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies, develop comprehensive Needs and Services Plans (NSP) and ensure that children's initial dental exams were timely.

The Executive Director and his management staff were accessible, cooperative, motivated and committed to making the necessary corrections to findings highlighted during the review.

NOTABLE FINDINGS

The following are the notable findings of our review:

- While current psychotropic medication authorizations were on file for all ten children on psychotropic medication, evaluations were conducted, and medication logs were properly maintained, one of the ten children said that he was not informed about his psychotropic medication. The OHCMD Monitor immediately discussed this with the Program Director who stated that the consultant Psychiatrist informs the children about the psychotropic medication and that the children usually sign that they were informed about the psychotropic medication and the side effects on the Informed Consent for the Administration of Psychotropic Medication form, however no signed Informed Consent form was found for this child during the review.
- Thirteen of the 15 children whose files were reviewed had timely initial dental exams. However, the initial dental exam was 50 days late for one child who had been placed for 80 days and 38 days late for another child who had been placed for 68 days at Leroy Haynes Center.

LEROY HAYNES CENTER

PAGE 3

- Of the 15 case files reviewed, all 15 initial NSPs were comprehensive, and of the 22 updated NSPs reviewed, 13 were comprehensive and met all the required elements in accordance with the NSP template. Nine updated NSPs were not comprehensive, as one needed to have more detailed information on visits a child was having with his family and eight needed more detail on the Group Home contacts with DCFS CSWs.
- While we noted sufficient food during our review and 13 of 14 children interviewed stated that the food was satisfactory, one child reported that he was not satisfied with the food.
- One staff member's CPR certificate had expired. This was brought to the attention of the Quality Assurance Coordinator during the site visit, and she immediately scheduled CPR training for the staff.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held March 24, 2010:

In attendance:

Daniel Maydeck, Executive Director, Frank Linebaugh, Assistant Executive Director, Derrick Perry, Program Director, Joy Gahring, Quality Assurance Coordinator, William Harris, Unit Manager, Shannine Crockett, Unit Manager, Reggie Varner, Unit Manager, Sharon Elzy, Unit Manager, Mechelle Siles, Unit Manager, and Glen Robinson, Unit Manager, Leroy Haynes Center; and Kirk Barrow, Monitor, DCFS OHCMD.

Highlights:

The Executive Director reported that Leroy Haynes Center had made great effort to improve the development of NSPs and that he would make sure that continued. He also noted that Leroy Haynes Center made major facility renovations prior to the review and that the deficiencies regarding the facility noted during the review had already been corrected.

The Quality Assurance Coordinator reported that, shortly after the review, the staff member whose CPR certificate had expired had completed the CPR recertification training, and her CPR certificate was expected soon and would be placed in her personnel file. She concurred that two boys' initial dental exams were late and the Director of Residential Care stated that he would make sure that children receive timely initial dental exams.

LEROY HAYNES CENTER

PAGE 4

As agreed, Leroy Haynes Center provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:MG

EAH:DC:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Philip Talleur, President, Board of Directors, Leroy Haynes Center
Daniel Maydeck, Executive Director, Leroy Haynes Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

**LEROY HAYNES CENTER PROGRAM CONTRACT COMPLIANCE
MONITORING REVIEW**

**Leroy Haynes Center
233 Baseline Avenue
La Verne, California 91750
License Number 191501972
Rate Classification Level 12**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the January 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 15 children's files and 15 staff files, and documentation from the provider, Leroy Haynes Center was in full compliance with three of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Education and Emancipation Services; and Recreation and Activities. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of 15 children's case files and/or documentation from the provider, Leroy Haynes Center fully complied with all nine elements reviewed in the area of Licensure/Contract Requirements.

Recommendation:

None

FACILITY AND ENVIRONMENT

Based on our review of Leroy Haynes Center Group Home, review of 15 children case files and documentation from the provider, Leroy Haynes Center fully complied with four of six elements in the area of Facility and Environment.

Generally, the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped. The Group Home maintained age-appropriate and accessible recreational equipment in good condition and age appropriate for placed youths. The Group Home had an appropriate quantity and quality of reading materials, and educational resources and supplies, including computers readily available to children. The Group Home maintained a sufficient supply of perishable and non-perishable foods. A shower curtain was missing from the downstairs bathroom in Thurbar cottage, and Christmas lights with electrical wiring were used as decoration in one child's bedroom in Burton cottage. The wiring was not connected to an electrical outlet and did not present a safety hazard at the time. However, the monitor requested that the electrical wiring be removed prior to the monitor exiting the cottage at the time of the inspection. At the Exit Conference, the Executive Director made the monitor aware that the shower curtain was replaced immediately after the facility inspection. Prior to the conclusion of the Exit Conference, the monitor inspected the cottage to verify that the shower curtain was up in the bathroom and that there was no electrical wiring in any room.

The Auditor-Controller's (A-C) prior report dated April 8, 2009 also noted that Leroy Haynes Group Home did not always ensure that the Group Home's facility was maintained in accordance with CDSS Title 22 regulations.

Recommendations:

Leroy Haynes Center Management shall ensure that:

1. All bathrooms have shower curtains.
2. Electrical wiring is not hanging in children's bedrooms.

PROGRAM SERVICES

Based on our review of 15 children's case files and documentation from the provider, Leroy Haynes Center fully complied with six of eight elements reviewed in the area of Program Services.

We noted that the placed children met the Group Home's population criteria as outlined in the program statement, and they were receiving required therapeutic services.

Based on our review, we found that the Group Home obtained the DCFS CSWs' authorization to implement the Needs and Services Plan (NSP) and the treatment team developed and implemented the NSPs with the participation of age-appropriate children and discussed them with the Group Home staff. All fifteen initial NSPs reviewed were comprehensive, and of the 22 updated NSPs reviewed, 13 were comprehensive and met all the required elements in accordance with the NSP template. Nine updated NSPs were not comprehensive; eight needed to have more detailed information on the Group Home monthly contacts with the DCFS CSWs, and one had no detailed information on the visits a child was having with his relative.

The A-C's prior report dated April 8, 2009 also noted that Leroy Haynes Center did not always ensure that NSPs were comprehensive.

Recommendations:

Leroy Haynes Center Management shall ensure that:

3. Staff develop comprehensive NSPs that have sufficient details on the visits the children have with their relatives and that staff document detailed information on the Group Home contacts with DCFS CSWs.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of 15 children's case files and documentation from the provider, Leroy Haynes Center fully complied with all four elements reviewed in the area of Educational and Emancipation Services.

Recommendation:

None

RECREATION AND ACTIVITIES

Based on our review of 15 children's case files and documentation from the provider, Leroy Haynes Center fully complied with all three elements reviewed in the area of Recreation and Activities.

Recommendation:

None

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 15 children's case files and documentation from the provider, Leroy Haynes Center fully complied with eight of nine elements in the area of Children's Health-Related Services, including Psychotropic Medication.

The Group Home maintained current court-approved authorizations for the ten children taking psychotropic medication, there were current psychiatric evaluations/reviews for each child on psychotropic medication, and medication logs were properly maintained. Initial medical exams and follow-up medical/dental exams were timely.

Thirteen of the 15 children's files reviewed showed that the initial dental exams were timely. However, the initial dental exam was 50 days late for one child who was placed for 80 days and 38 days late for another child who was placed for 68 days at Leroy Haynes Center.

Recommendations:

Leroy Haynes Center Management shall ensure that:

4. Children's initial dental examinations are timely and/or maintain documentation as to why exams were not timely.

PERSONAL RIGHTS

Based on our review of 15 children case files and documentation from the provider, Leroy Haynes Center fully complied with nine of 11 elements in the area of Personal Rights.

All interviewed children reported that they were informed of the Group Home's policies and procedures, that they were treated with respect and dignity and that an appropriate rewards and discipline system was in place. They were allowed to make and receive personal telephone calls, send and receive unopened mail and have private visits. The children reported that they attended the religious services of their choice and that chores were reasonable, and they had rights to receive or voluntarily reject medical, dental and psychiatric care.

While we noted sufficient food during our review and 13 of the 14 interviewed children stated that the food was satisfactory, one child reported dissatisfaction with the meals and snacks. One child reported that he was not told the reasons for his psychotropic medication.

During the Exit Conference, the Executive Director stated that the Group Home made all efforts to ensure that the children receive nutritious quality food but that does not mean that all the children will enjoy the food. The Program Director stated that the consultant Psychiatrist informs the children about the psychotropic medication and that the children usually sign that they were informed about the psychotropic medication and the side effects on the Informed Consent for the Administration of Psychotropic Medication form, however no Informed Consent form was found signed for one child during the review and he disclosed during the interview that he was not told the purpose of his psychotropic medication.

Recommendation:

Leroy Haynes Center Management shall ensure that:

5. Input of menu items and food surveys are obtained from children in an effort to ensure their satisfaction with the food.
6. All children are told what their psychotropic medication is for and that their signature is documented on the Informed Consent form.

CLOTHING AND ALLOWANCE

Based on our review of 15 children’s case files and documentation from the provider, Leroy Haynes Center fully complied with seven of eight elements reviewed in the area of Clothing and Allowance.

All 14 children interviewed said that they received at least \$50 per month clothing allowance. They had an adequate quantity and quality of clothing and were involved in the selection of their wardrobe. They had adequate personal care items which were readily accessible. All 14 children said they were provided with at least the minimum monetary allowances and they were free to manage their allowances. Twelve of the 14 children interviewed said they were encouraged and assisted in creating and updating a lifebook/photo album, however two said that they did not have a lifebook. During the Exit Conference, the Quality Assurance Coordinator stated that Leroy Haynes is committed to assuring that all children have lifebooks/photo albums, but admitted that the two children did not have lifebook/photo albums at the time of the review. The two children were given lifebooks shortly after the review.

Recommendation:

Leroy Haynes Center Management shall ensure that:

7. All children are encouraged and assisted in creating and updating a lifebook/photo album.

PERSONNEL RECORDS

Based on our review of 15 staff personnel files and documentation from the provider, Leroy Haynes Center fully complied with 11 of 12 elements reviewed in the area of Personnel Records.

All 15 staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, had Child Abuse Index (CAI) clearances on file, and signed a criminal background statement in a timely manner. They also received timely health-screenings, had valid driver’s licenses, completed First Aid, and signed copies of the Group Home policies and procedures. Fifteen staff members who were required to have initial and on-going training received the required training.

Fourteen of 15 staff members received CPR training; however one staff member did not have a current CPR certification.

Recommendation:

Leroy Haynes Center Management shall ensure that:

8. All staff members who work directly with the children receive current CPR training and have current CPR certification on file.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C's report issued April 8, 2009 were implemented.

Results

The A-C's prior monitoring report contained four outstanding recommendations. Specifically, Leroy Haynes Center was to improve the upkeep of the Group Home, develop comprehensive NSPs and include all members of the treatment team in the development and implementation of NSPs, obtain current court authorizations for all children taking psychotropic medication, and encourage and assist children in creating and maintaining photo albums/lifebooks. Based on our follow up of these recommendations, Leroy Haynes Center fully implemented one of the A-C's recommendations as it relates to obtaining current court authorizations for children taking psychotropic medication. However, Leroy Haynes Center did not fully implement the A-C's recommendations regarding facility upkeep, comprehensive NSPs, and assisting children in creating and maintaining photo albums/lifebooks. As noted, the recommendations were partially implemented.

In response to the draft report, Leroy Haynes Center indicated that the agency was in substantial compliance with CDSS Title 22 regulations related to Facility and Environment and in correcting deficiencies noted in the A-C's report dated April 8, 2009. The A-C's Report in April 2009 noted 13 Facility and Environment deficiencies, none of which were noted during 2010 Compliance Monitoring Review Report. The agency made significant physical plant improvements in 2009 at substantial cost to the agency. These physical plant improvements included new bedroom furniture for every child's bedroom and new paint, flooring and window coverings throughout the living units. Despite these improvements, corrective action was requested of Leroy Haynes Center to further address the A-C's findings.

Recommendation:

Leroy Haynes Center management shall ensure that:

9. It fully implements the three outstanding recommendations from the A-C's monitoring report dated April 8, 2009, which are noted in this report as Recommendations 1, 3 and 7.

**LEROY HAYNES CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY**

233 Baseline Avenue

La Verne, CA 91750

License Number: 191501972

Rate Classification Level: 12

Contract Compliance Monitoring Review		Findings: January 2010
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IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	Full Compliance (ALL)

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VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely 	<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. Improvement Needed 9. Full Compliance
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Full Compliance
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

	<ul style="list-style-type: none"> 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	<ul style="list-style-type: none"> 7. Full Compliance 8. Improvement Needed
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ul style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<ul 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 10. Full Compliance 11. Full Compliance 12. Full Compliance



233 West Baseline Road, Box 400, La Verne, California 91750-0400 www.leroyhaynes.org
(909) 593-2581 • Fax: (909) 596-3567 • Tax I.D.# 95-1506150

July 26, 2010

Dorothy Channel
LA DCFS
Out of Home Care Management Division
9320 Telestar Ave.
El Monte, CA 91731

Dear Ms. Channel,

On behalf of Leroy Haynes Center, I would like to thank you for the Contract Compliance Review Results received on April 24, 2010.

We appreciate the feedback and want to work cooperatively with the Department to improve the quality of our services.

Attached is the Corrective Action Plan as requested.

Please contact me if you have any questions.

Sincerely,

Joy Gahring
QA Coordinator

Leroy Haynes Center
Corrective Action Plan
DCFS Out Of Home Care Management
Group Home Contract Compliance Review
July 26, 2010

The Agency appreciates the collaborative relationship that has developed with the DCFS Out of Home Care Management Division and continues to welcome the feedback provided as part of the Group Home Contract Compliance Review.

The following Corrective Action Plans (CAP's) requested on Group Home Contract Compliance Review Field Exit Summary dated April 7, 2010 for the Group Home Evaluation that took place in January 2010 have been developed and implemented.

I. Licensure/Contract Requirements

There were no issues noted.

II. Facility and Environment

Finding

Shower curtain missing from downstairs bathroom in Thurber Cottage

Corrective Action Plan

The shower curtain was replaced in January 2010. The Unit Manager will ensure that all missing or damaged shower curtains are replaced immediately

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director

Finding

Electrical/Christmas wiring connected to electrical outlet in Room 2 in Burton Cottage

Corrective Action Plan

The wiring was removed immediately. The Unit Manager will ensure that residents do not hang electrical wiring/Christmas lights in any bedroom.

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director

III. Program Services

Finding

One resident's NSP dated 1/14/10 has no Group Home contact with his CSW documented

Corrective Action Plan

The Child Advocate of the resident in question was in regular contact with his CSW but failed to include the documentation regarding this contact on the NSP. The Unit Managers were instructed by the QA Coordinator to ensure that the following documentation regarding visitation details is included in all Needs and Services Plans:

- a) Dates and details of all Group Home Staff and child contact with CSW's
- b) Dates and details regarding all contact by child with family and significant others

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director

IV. Educational and Emancipation Services

There were no issues noted.

V. Recreation and Activities

There were no issues noted.

VI. Children's Health Related Services, including Psychotropic Medication

Finding

Two residents did not have initial dental examinations performed in a timely manner.

Corrective Action Plan

The Health Services Clerk failed to schedule the initial dental exams in a timely manner. This is a performance issue and the Health Services Clerk was counseled about the importance of insuring these exams are scheduled in a timely manner. The agency nurse will audit the files of all new residents to ensure that all required medical and dental exams are scheduled in a timely manner.

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director

VII. Personal Rights

Finding

One child reported that he was not satisfied with meals and snacks.

Corrective Action Plan

The Agency will continue current practice of requesting regular input from all residents regarding meals and snacks. In addition, all residents are encouraged to report concerns with meals and snacks to the members of the Resident Council; each living unit has 1 resident representative on the Resident Council which meets weekly.

This plan has been implemented.

Person Responsible for implementation: Derrick Perry, Program Director

Finding

One child reported that he was not informed about his psychotropic medication

Corrective Action Plan

The Consultant Psychiatrist will complete the Informed Consent for the Administration of Psychotropic Medication each time he prescribes a new psychotropic medication. This documentation will reflect that he has informed the child about the effects and benefits of the medication prior to the child starting the medication. In addition, the Agency nurse will meet with each child when a new psychotropic medication is ordered and regarding the effects and benefits of the medication. The Agency nurse will document all contacts with children on a Medication Support Note which is maintained in the Mental Health file of all children on psychotropic medication.

The Agency nurse will ensure that the Consultant Psychiatrist completes an Informed Consent for the Administration of Psychotropic Medication each time he prescribes a new psychotropic medication. The Agency Nurse will ensure that new psychotropic medications are not administered until the Informed Consent for the Administration of Psychotropic Medication has been completed by the Consultant Psychiatrist.

The Agency Nurse met with Deon. C on June 16, 2010 regarding his psychotropic medication. She reviewed effects and benefits of the medication with him at that time and recorded her contact on a Medication Support Note.

This plan has been implemented.

Person Responsible for implementation: Tisha Langley, Director of Mental Health Services and Derrick Perry, Residential Director

VIII. Clothing and Allowance

Finding

Two residents reported they did not have a life book.

Corrective Action Plan

The Unit Manager of each resident will ensure that the resident is provided with the opportunity and materials to create and maintain a life book if he chooses.

This plan has been implemented.

Persons Responsible for implementation: Derrick Perry, Program Director

IX. Personnel Records

Finding

The CPR Certificate of one employee had expired.

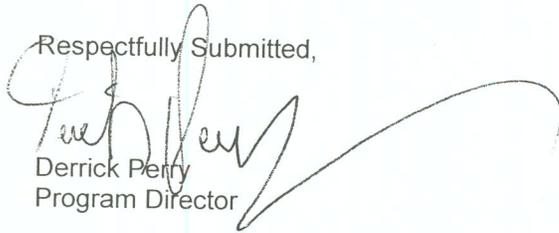
Corrective Action Plan

The Agency Training Coordinator and Human Resources Department staff will work collaboratively to ensure that all staff receives CPR training prior to the expiration of their CPR Certificate.

This plan has been implemented.

Person Responsible for implementation: Frank Linebaugh Sr. Vice-President

Respectfully Submitted,



Derrick Perry
Program Director



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PATRICIA S. PLOEHN, LCSW
Director

September 3, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

**COUNSELING AND RESEARCH ASSOCIATES dba MASADA HOMES PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Counseling and Research Associates (Masada Homes) is located in the 4th Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation Department youth. According to Masada Homes' program statement, its stated goal is "to prepare children to emancipate or, in some cases, return home," and the agency is licensed to serve a capacity of 12 children, ages 13 through 18.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Masada Homes in November 2009 at which time it had two six-bed sites and one placed DCFS child. For the purpose of this review, the currently placed child was interviewed and his case file was reviewed. The placed child was male, and he was not on psychotropic medication. His length of placement was 12 months, and his age was 17. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

SCOPE OF REVIEW

The purpose of this review was to assess Masada Homes' compliance with the contract and State regulations. The visit included a review of Masada Homes' program statement, administrative internal policies and procedures, the placed child's case file and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to the child, and the child was interviewed to assess the care and services he was receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Masada Homes was providing good quality care to the DCFS placed child, and the services were provided as outlined in the agency's program statement. The child stated that he wanted to continue residing at the placement and that the staff was genuinely concerned about him.

At the time of the review, the Group Home needed to develop comprehensive Needs and Services Plans (NSP).

Masada Homes was receptive to implementing some systemic changes to improve its compliance with regulations and the foster care agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the five required NSPs for the reviewed child, none were comprehensive in that they did not contain all the required elements in accordance with the NSP template.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on December 15, 2009:

In attendance:

Bernard Smith, Assistant Executive Director, Masada Homes, and Scott Song, Monitor, DCFS OHCMD.

Highlights:

The Assistant Executive Director was in agreement with our findings and recommendations.

As agreed, Masada Homes provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

MASADA HOMES
PAGE 3

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have any further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:MG:
EAH:BB:ss

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
George Igi, Executive Director, President of Board of Directors, Masada Homes
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

MASADA HOMES PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

SITE LOCATIONS

Ralston House
2312 Ralston Lane
Redondo Beach, CA 90278
License Number: 191601785
Rate Classification Level: 12

Newell House
4740 W. 152nd St.
Lawndale, CA 90260
License Number: 198201957
Rate Classification Level: 12

The following report is based on a "point in time" monitoring visit and addresses findings noted during the November 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of the one placed child's file and five staff files, Masada Homes was in full compliance with seven of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Facility and Environment; Educational and Emancipation Services; Recreation and Activities; Children's Health-Related Services, Including Psychotropic Medication; Personal Rights; and Children's Clothing and Allowance. The following report details the results of our review:

PROGRAM SERVICES

Based on our review of the placed child's case file, Masada Homes fully complied with seven of eight elements in the area of Program Services.

We noted that the child met the Group Home's population criteria as outlined in the program statement. In addition, the Group Home obtained the DCFS Children's Social Worker's (CSW) authorization to implement the Needs and Services Plans (NSP), and the treatment team developed and implemented the NSPs with input from the child. The child was receiving recommended treatment services based on his psychological assessments/evaluations. However, none of the five NSPs reviewed for the child were comprehensive. They needed to include a completed education page and an explanation for the lack of parental involvement. In addition, the NSPs needed to include dates of clinical treatment services and the correct time periods covered by the NSPs.

Recommendations:

Masada Homes management shall ensure that:

1. NSPs are comprehensive and include all required elements.

PERSONNEL RECORDS

Based on our review of five staff personnel files, Masada Homes fully complied with nine of 12 elements in the area of Personnel Records.

MASADA HOMES
PAGE 2

All five staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Index (CAI) clearances and signed criminal background statements in a timely manner. They also signed copies of the Group Home policies and procedures, had valid driver's licenses, and completed CPR and First-Aid training as required per the Group Home's program statement. However, two staff members did not receive timely health screenings. Four staff members did not complete their initial training as required by Title 22 and Masada Homes' program statement. None of the five staff members had completed emergency intervention training. During the exit conference, the Assistant Executive Director stated that the five staff reviewed had their initial training, however, a few were hired prior to the Title 22 requirement for initial training. He also stated that he would schedule ProAct Training for his staff.

Recommendations:

Masada Homes' management shall ensure that:

2. All staff receive initial health screenings in a timely manner.
3. All staff receive the required initial and emergency intervention training per Title 22 regulations and the Group Home's program statement.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the last monitoring review report issued July 15, 2009 were implemented.

Results

The A-C's prior monitoring report contained three outstanding recommendations. Specifically, Masada Homes was to properly maintain medication distribution logs and current court authorizations for all children taking psychotropic medication. Additionally, Masada Homes was to maintain the group home in good repair in accordance with Title 22 regulations.

OHCMD was unable to determine whether Masada Homes implemented the two recommendations regarding medication distribution logs and current psychotropic medication authorizations because the one DCFS child placed at the time of the

MASADA HOMES
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

Ralston House
 2312 Ralston Lane
 Redondo Beach, CA 90278
 License Number: 191601785
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 4740 W. 152nd St.
 Lawndale, CA 90260
 License Number: 198201957
 Rate Classification Level: 12

Contract Compliance Monitoring Review		Findings: November 2009
I	<u>Licensure/Contract Requirements</u> (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	Full Compliance (ALL)
II	<u>Facility and Environment</u> (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (ALL)
III	<u>Program Services</u> (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed

IV	<u>Educational and Emancipation Services</u> (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)
V	<u>Recreation and Activities</u> (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VI	<u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	1. N/A 2. N/A 3. N/A 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	<u>Personal Rights</u> (11 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	Full Compliance (ALL)

VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	Full Compliance (ALL)
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Initial Training Documentation 8. Signed Copies of GH Policies and Procedures 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<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. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed

February 2, 2010



MASADA
HOMES

... building a foundation

A Division of Counseling & Research Associates

Barbara Butler, Manager
Department of Children and Family Services
Out of Home Care Management Division
9320 Telestar Avenue, Suite #216
El Monte, CA 91731

RE: Group Home Contract Compliance Review

Dear Ms. Butler

The following corrections have been made in response to your group home evaluation visit on 11/17/09, 11/18/09 and 11/23/09:

Group Home Contract Compliance Review (Personnel Records)

Each potential New Hire for Masada Homes is required to clear a Criminal Background Check through Live Scan before a start date of hire will be given. The Live Scan includes clearances from the Department of Justice, FBI, and California Child Abuse Central Index. For prospective employees who have previously completed a Live Scan, our Human Resources Clerk calls Community Care Licensing (CCL) to verify that the individual is in the system and cleared. If the potential new hire clears with Community Care Licensing, then a Criminal Background Clearance Transfer Request Form is mailed to CCL. If there is a Criminal Exemption in place, then a Criminal Exemption Transfer Request Form is mailed to CCL. The Human Resources Clerk documents verification from CCL by completing a form which indicates to whom the Human Resource Clerk spoke with and the date and time of the call. The form is then placed in the personnel file of the prospective employee.

Once clearance has been received by the Human Resources Department, the new employee then schedules an appointment with the Human Resources Clerk to complete a New Hire Packet. The packet includes a copy of the applicant's Driver's License, a copy of a current DMV printout, a copy of valid vehicle insurance, a copy of the applicant's degree/transcripts, a copy of his/her professional license, and the results of a current physical exam and TB Test (not over one year old).

In regards to specific deficiencies noted in the Compliance Review, a few staff whose files were audited have been employed with our agency for over ten (10 years), and there were no contractual requirements for maintaining an initial/orientation training sign-in sheet at the time they were employed. Since 2001, our agency has complied with

Page 2-Group Home Evaluation Review

contractual agreements of CCL/DCFS. Masada Homes has scheduled a two-day Pro-Act Training for April 2010 and the staff identified in the audit will not be on shift alone until they have completed this Pro-Act training.

For each deficiency mentioned above, our Human Resources Department will oversee and review a report listing when items (certification, trainings, TB tests, etc.) need to be updated. This report is updated and distributed one time per month to all agency Directors, Coordinators, and Supervisors.

Group Home Contractual Compliance Review (Comprehensive Needs & Services Plans)

Regarding the deficiency for the lack of educational information, the reason why the grade point average (GPA) is not given will be explained in the Addendum section of the report and in the GPA area it will say "see addendum" (i.e. "Los Angeles County Offices of Education does not provide a cumulative GPA in their transcript worksheets or progress reports that are given to the group home staff:" or "cumulative reports by (insert name of school) do not include a cumulative GPA").

Regarding the visitation page, if there is no parental or family involvement, an explanation will be given for this or attempts made to contact or visit family members will be included in this section. See addendum section for contacts attempted or made.

Regarding the dates for the updated NSPs, information about how these are to be done have been provided by the auditor and all current and future reports will project the correct dates that are supposed to be done. For example, the NSP date will include treatment dates set from the date of the report and continued for the next three (3) months.

Regarding the date of clinical treatment services provided at the group home, all current/future reports will include a printout from our electronic health record system, Clinitrak, which details all therapy sessions that were provided at our establishment, along with the names of the treatment staff providing the groups/individual sessions. The printout will be attached to the report in the file, and will also be included in an email attachment when the report is sent out to the CSW or Probation Officer.

For each deficiency mentioned above, our agency's residential social worker will oversee and review all client treatment plans (maximum of 12) bi-monthly to ensure all pertinent information is included to meet DCFS and Probation contractual agreements.



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PATRICIA S. PLOEHN, LCSW
Director

September 3, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

**O'CONNOR & ATKINS GROUP HOME PROGRAM CONTRACT COMPLIANCE
MONITORING REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

O'Conner & Atkins Group Home is located in the 2nd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to the agency's program statement, its stated goal is "to enable these children to increase their independent skills and decrease their maladaptive behaviors in order to gain the skills necessary for successful adult adjustment," and it is licensed to serve a capacity of eight children, ages 5 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of the O'Conner & Atkins Group Home in December 2009 at which time, it had one six-bed site and five placed DCFS children. All five children were males. For the purpose of this review, all placed children were interviewed and their case files were reviewed. The average overall length of placement for these children was 12 months, and their average age was 13. Five staff files were reviewed for compliance with Title 22 and the contract requirements.

Two children were on psychotropic medication and we reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess O'Conner & Atkins Group Home's compliance with the contract and State regulations. The visit included a review of the agency's

O'CONNOR & ATKINS GROUP HOME
PAGE 2

program statement, administrative internal policies and procedures, all placed children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, O'Conner & Atkins Group Home was providing adequate care to DCFS placed children, and the services were provided as outlined in its program statement. The children interviewed stated that the staff treated them with respect and dignity and services were made available to them.

The direct care staff stated that the needs of the children were met in a timely fashion by the administrative staff.

At the time of the review, the Group Home needed to address a few physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Service Plans (NSPs), maintain documentation to demonstrate that the DCFS Children's Social Workers' (CSW) approved the implementation of the NSPs and that monthly contact with the DCFS CSWs was documented. Further, the Group Home needed to encourage and assist children in creating and maintaining photo albums/lifebooks.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the five NSPs reviewed, none were comprehensive in that they did not include all the required elements in accordance with the NSP template. The A-C's prior review also noted that O'Conner & Atkins Group Home did not always ensure that the NSPs/Quarterly Reports were comprehensive. The NSPs did not include monthly contact with DCFS CSWs.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held January 25, 2010:

In attendance:

Tony Chutz, Administrator, O'Conner & Atkins Group Home, and Greta F. Walters, Monitor, DCFS OHCMD.

Highlights:

The Administrator expressed an understanding of our findings and recommendations.

As agreed, O'Conner & Atkins Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager at (213) 351-5530.

PSP:LP:MG
EAH:BB:gfw

Attachments

- c: William T Fujioka, Chief Executive Officer
- Wendy Watanabe, Auditor-Controller
- Donald H. Blevins, Chief Probation Officer
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Joyce Brantley, Board Chair, O'Conner & Atkins Group Home
- Virginia O'Conner, Executive Director, O'Conner & Atkins Group Home
- Jean Chen, Regional Manager, Community Care Licensing
- Lenora Copeland, Regional Manager, Community Care Licensing

**O'CONNOR & ATKINS GROUP HOME
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

**O'Conner & Atkins Group Home
2010 West 41st Drive
Los Angeles, California 90062
License Number: 191871781
Rate Classification: 7**

The following report is based on a "point in time" monitoring visit and addresses the findings noted during the December 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of five children's files and five staff files, O'Conner & Atkins Group Home was in full compliance with five of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Educational and Emancipation; Recreation and Activities; Children's Health Related-Services, Including Psychotropic Medication Requirements; and Personal Rights. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of O'Conner & Atkins Group Home and interviews with the five children, the agency fully complied with three of six elements in the area of Facility and Environment. The Group Home maintained age-appropriate and accessible recreational equipment and on-site educational resources. The Group Home maintained a sufficient supply of perishable and non-perishable foods.

Generally, the exterior of the Group Home was adequately maintained. The front yard was clean and adequately landscaped. However, the paint on the exterior of the dwelling was peeling and there was also a large amount of debris in the backyard that could pose a safety hazard to the children. This was immediately brought to the attention of the Group Home Administrator who reported that items would be removed from the property as soon as possible.

While the Group Home provided a home-like environment, the interior had several deficiencies, none of which posed any safety risks to placed children. Specifically, there were dirty curtains and sofas in the living room. There was a large crack in the living room wall, and the bathroom shower door, bathtub and walls were dirty.

The children's bedrooms were neat and orderly. The mattresses were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate. Window coverings and window screens were in good repair. However, the light fixture in bedroom #1 was dirty and the lighting was insufficient. In bedroom #2, there was a large crack in the closet. In bedrooms #1 and #2, the dressers were damaged and the closet doors were broken.

The A-C's prior year review also noted that O'Conner & Atkins Group Home did not always ensure that the Group Home's facilities were maintained in accordance with CDSS Title 22 regulations.

Recommendation:

O'Conner & Atkins Group Home management shall ensure that:

1. The Group Home site is maintained and in good repair in accordance with Title 22 regulations.

PROGRAM SERVICES

Based on our review of five children's case files, O'Conner & Atkins Group Home fully complied with five of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement and they were assessed for needed services within thirty days of placement.

Based on our review, we found that the Needs and Services Plans (NSPs) included input from the child. None of the reviewed NSPs were comprehensive. The NSPs did not include specific, measurable and attainable treatment goals. One child's NSP did not address if progress had been made. None of the reviewed NSPs were approved by the DCFS CSWs for implementation. Additionally, none of the reviewed NSPs reflected adequate documentation to confirm monthly contacts with the DCFS CSWs. The A-C's prior year review also noted that O'Conner & Atkins Group Home did not always ensure that the NSPs were comprehensive and included all members of the treatment in the development of the NSPs.

Recommendations:

O'Conner & Atkins Group Home management shall ensure that:

2. The NSPs are comprehensive and include all required elements.
3. Documentation is maintained as verification that DCFS CSWs approved the implementation of the NSPs.
4. Monthly contacts with DCFS CSWs are adequately documented.

CLOTHING AND ALLOWANCE

Based on our review of five children's case files and interviews with the five children, O'Conner & Atkins Group Home fully complied with six of eight elements in the area of Clothing and Allowance.

Based on our review, all five children reported that they received the \$50 required monthly clothing allowance. Children were provided with opportunities to select their own clothes. Clothing provided to children was of good quality and of sufficient quantity. The clothing allowance logs and inventories confirmed that the requirements were being met.

The children reported that they spent their allowances as they chose. However, two out of five reviewed children did not receive the required minimum weekly allowance.

The Group Home provided children with adequate personal care items. It was noted that none of the children were encouraged or assisted in creating and maintaining photo albums/lifebooks. The administrator stated that they would begin to work with children on their lifebooks. The A-C's prior year review noted that O'Conner & Atkins Group Home did not always ensure the children were encouraged and assisted in creating and maintaining photo albums/lifebooks.

Recommendations:

O'Conner & Atkins Group Home management shall ensure that:

5. All children are provided with the required weekly allowance.
6. All children are encouraged and assisted in creating and maintaining photo albums/life books.

PERSONNEL RECORDS

Based on our review of six staff personnel files, O'Conner & Atkins Group Home fully complied with eleven of twelve elements in the area of Personnel Records.

All five staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Index (CAI) clearances and signed criminal background statements in a timely manner. They also received timely initial health screenings, signed copies of the Group Home policies and procedures, and completed CPR, First-Aid, emergency intervention training and initial training as required per the Group Home's program statement. One staff member did not have a driver's license. The Group Home administrator stated that this staff member does not drive and should an emergency occur the staff had been instructed to call for assistance. All other staff members who transport children had valid California driver's licenses. Additionally, one staff member was missing several hours of training hours.

O'Conner & Atkins Group Home management shall ensure that:

7. All staff members receive the required training hours per to Title 22 regulations and the Group Home's program statement.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the monitoring review were implemented. The A-C report was issued on October 3, 2008.

Results

The A-C's prior monitoring report contained four outstanding recommendations. Specifically, O'Conner & Atkins Group Home was to ensure that the Group Home was maintained in good repair in accordance with Title 22 regulations and they developed comprehensive NSPs which include measurable and time limited goals and include input from all members of the treatment team. Further, the Group Home was to encourage and assist children in creating and updating photo albums/lifebooks. Based on our follow up of these recommendations, the A-C's recommendations regarding maintaining the facility in good repair in accordance with Title 22 regulations, developing comprehensive NSP with measurable and time limited goals and including all members of the treatment team, and encouraging and assisting all children in creating and maintaining photo albums/lifebooks were not fully implemented. As we noted, three of the recommendations were not fully implemented; corrective action was requested of O'Conner & Atkins Group Home to further address these findings.

Recommendation:

O'Conner & Atkins Group Home management shall ensure that:

8. It implements the four outstanding recommendations from the A-C's October 3, 2008 monitoring report, which are noted in this report as Recommendations 1 as to the physical plant issues, 2, 3 as to the NSPs and 6 as to Clothing and Allowance.

O'Conner & Atkins Group Home
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

2010 West 41st Drive
 Los Angeles, CA 90062
 License Number: 191871781
 Rate Classification Level: 7

Contract Compliance Monitoring Review		Findings: December 2009
I	<u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Log Maintenance 8. Runaway Procedures 9. Allowance Logs 	<ol style="list-style-type: none"> 1. N/A 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
II	<u>Facility and Environment</u> (6 Elements) <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	<u>Program Services</u> (8 Elements) <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed
IV	<u>Educational and Emancipation Services</u> (4 Elements) <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	Full Compliance (All)

V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-curricular, Enrichment and Social Activities 	Full Compliance (All)
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychotropic Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-up Dental Exams Timely 	Full Compliance (All)
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	Full Compliance (All)
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed

	<ul style="list-style-type: none"> 7. Management of Allowances 8. Encouragement and Assistance with Life Book 	<ul style="list-style-type: none"> 7. Full Compliance 8. Improvement Needed
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ul style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<ul 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. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance

O'Conner and Atkins Group Home

2010 West 41st Drive

Los Angeles, California 90062

(323) 294-7305, (323) 296-3230 fax

Out of Home Care Management Division

9320 Telstar Avenue, No. 216

El Monte, California 91731

Attn: Greta Walters, CSA

07/13/2010

RE: Corrective Action Plan 12/2009

O'Conner And Atkins Group Home is submitting a Corrective Action Plan as requested from the monitoring unit for the period of 12/07/2009.

I. FACILITY AND ENVIRONMENT

1. Maintain home in good repair per Title 22 regulations.

(a) The O'Conner and Atkins Group Home (OAGH) will ensure that the group home is in good care at all times.

Facility Assistant Administrator. Shawn will complete an overall check of the facility each Monday, of each week to check for any repairs and problems to home. Most repairs will be completed by the Assistant Administrator. However, if a problem arises which require the help beyond the Assistant Administrator, the Director will be telephoned immediately for handyman approval. At that time the telephone call will be made immediately by the Assistant Administrator.

Start date: 3/16/2010.

It should be noted that the following has been repaired or replaced at the Boys Home:

- * Exterior paint on porch has been repainted.
- * Debris was removed from backyard.
- * Sofas and curtains were cleaned. Date completed: 02/11/2010
- * Living Room crack was repaired. Date completed: 02/01/2010

* Shower doors, shower wall and the bathtub were replaced. Date completed: 03/01/2010

* Light fixture in bedroom was cleaned and new light bulbs installed.

Date completed: 02/01/2010

* Fine line crack in bedroom closet was repaired. Date completed: 02/01/2010

* Bedroom 1&2 dressers were repaired. Date completed: 02/01/2010

* Bedroom 1 closet door was replaced. Date completed: 02/01/2010

* Bedroom 2 closet door repaired. Date completed: 02/01/2010

II. PROGRAM SERVICES

1. Include all elements into Needs and Service Plans and ensure comprehensiveness.

(a) OAGH will implement a comprehensive checking system to ensure that all resident's Needs and Services Plans (NSP) are comprehensive. Included in these plans will be goals and objectives that will be developmental, specific, measurable, attainable, realistic and timely, short and long term goals. The NSP's will also address permanency strategies for each client. The Administrator and Facility Social Worker will ensure that this task is completed in the time frame given.

The Facility Social Worker will generate all NSP/Quarterly Plan for all residents, and be responsible for obtaining all pertinent information from the Administrator, Tony. The Administrator will then ensure that each report is comprehensive and complete, and includes specific pertinent information.

The Administrator will be responsible for ensuring comprehensiveness.

Start date: 03/16/2010

2. Maintain documentation that DCFS CSW approved implementation of NSP.

OAGH will ensure that NSP's are approved by DCFS CSW.

(1) Once an NSP is completed and checked for pertinent information by the Facility Administrator, the Facility Social Worker will fax, and/or mail report to DCFS. Once report is returned and approved by CSW with signature, the signature sheet will be kept in the respective child's file.

The Administrator will ensure that report is faxed to CSW.

Start date: 03/16/2010

3. Document contacts with DCFS.

OAGH will ensure that contacts with DCFS CSW are documented.

(1) A sign-in log has been placed at the front door of the Facility for all CSW'S to sign upon entry. The sign-in sheet includes name, department, purpose and date of visit.

The Facility Manager on duty will ensure that all visitors sign in upon entry to facility. The Facility Administrator, Tony will ensure that CSW contact dates are submitted to Facility Social Worker and ensure that the dates are reflected in the NSP before the NSP is written by Facility Social Worker.

Start date: 03/16/2010

III. Clothing and Allowances.

1. Provide weekly allowances.

OAGH will ensure that all residents receive allowances per Title 22, and as outlined in contract.

(1) The Facility Manager will ensure that allowances are provided weekly to residents (usually Friday), and documented in allowance logs.

Start date: 03/16/2010

2. Encourage children to create and assist in maintenance of life book/photo album.

OAGH will ensure that all residents create and assist in updating photo album and life books.

(1) The Facility Manager will be responsible coordinating activities with residents monthly, and encourage them to either create or update photo albums. Life books and or photo album activities will be completed once monthly.

Start date: 03/16/2010

IV. Personnel Records

1. Complete Training per Title 22 and per Program Statement.

OAGH will ensure that all employees receive training per Title 22 and per the Group Home Program Statement.

(1) The Facility Assistant Administrator will ensure that all Staff attend monthly training sessions with Dr. Finklestein – Consultant. Each Child Care Worker, Manager, Assistant Administrator, Administrator and Director will complete forty hours of training per year. After each training session, training sign in sheets will be placed in its respective folder by the Administrator. The Administrator will follow up once monthly with any Child Care Employee that misses a training session and re-schedule the session.

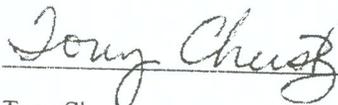
Start date: 03/16/2010

V. Follow up Review

1. Ensure compliance with prior monitoring review results.

OAGH has immediately implemented compliance with recommendations from previous OHCMD reports. OAGH will continue efforts to maintain the Group Home. OAGH has complied with the following recommendations:

- * That Facility be maintained per Title 22 standards.
- * That Needs and Service Plans include time limited goals and are measureable.
- * That life book/photo albums include child participation.
- * That allowances be provided weekly.



Tony Chustz

Administrator



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

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

PATRICIA S. PLOEHN, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

September 9, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

OLIVE CREST TREATMENT CENTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Olive Crest Treatment Center Group Home is located in the 4th Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. Its stated goal is "to provide a long term, safe, structured and therapeutic environment for adolescents with a history of severe problems" and the agency is licensed to serve a capacity of six children, ages 12 through 18.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Olive Crest Treatment Center Group Home in November 2009 at which time it had one six-bed site and five placed DCFS children. All five children were males. For the purpose of this review, all currently placed children were interviewed and their case files were reviewed. The children's average overall length of placement was 14 months, and their average age was 17. Ten staff files were reviewed for compliance with Title 22 regulations and contract requirements.

All five currently placed children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and confirm that medication logs documented that correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Olive Crest Treatment Center Group Home's compliance with the Contract and State regulations. The visit included a review of Olive Crest Treatment Center Group Home's program statement, administrative internal policies and procedures, all placed children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

OLIVE CREST TREATMENT CENTER GROUP HOME

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A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Olive Crest Treatment Center Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in their program statement. The children interviewed stated they were treated "good" by staff and they liked residing in the home.

At the time of the review, we noted some documentation deficiencies, but the children's files were well organized. The Group Home needed to develop comprehensive Needs and Services Plans (NSPs), appropriately document Special Incident Reports (SIRs) and ensure employee criminal clearances were submitted timely.

Olive Crest Treatment Center Group Home was receptive to implementing systemic changes to improve their compliance with regulations and the Foster Care Agreement. The Regional Program Director and Residential Manager stated they understood the findings in the review and would develop a plan to correct the deficiencies.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the ten initial and updated NSPs reviewed, four were not comprehensive as some of the required elements were not completed in accordance with the NSP template.
- Four of the five children interviewed stated they were aware of their right to refuse psychotropic medication. However, one child interviewed stated he was not aware of his right to refuse medication.
- Three of the five children did not have timely initial medical examinations.
- Of ten employees files reviewed, seven did not have criminal clearances submitted timely. The OHCMD Monitor immediately brought this to the Administrator's attention. The Regional Program Director stated employee records had transitioned from their headquarters to another site and would be managed by Human Resources with new procedures in place to maintain records appropriately. As requested, criminal clearances were later submitted to the OHCMD Monitor.
- All ten employees files reviewed had expired Emergency Intervention training documentation on file. The OHCMD Monitor immediately informed the Group Home Residential Manager of the requirement for employees to have regular Emergency Intervention training, and the Residential Manager stated they would ensure employees attend required trainings regularly.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on January 12, 2010:

OLIVE CREST TREATMENT CENTER GROUP HOME
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In attendance:

Steve Goclowski, Regional Program Director, Olive Crest Treatment Center Group Home; Xavier Floyd, Residential Manager, Olive Crest Treatment Center Group Home; Andraya Viveros, Clinician, Olive Crest Treatment Center Group Home; and LaDonna Jones, Monitor, OHCMD, DCFS.

Highlights:

The Regional Program Director was in agreement with our findings and recommendations. He was open to suggestions and he and the Clinician were receptive to additional NSP training to generate comprehensive and timely NSPs.

As agreed, Olive Crest Treatment Center Group Home provided a Corrective Action Plan (CAP) addressing each recommendation noted in this Compliance Report. A copy of the CAP is attached.

The provider was given a draft copy of the report, however, Steve Goclowski, Regional Program Director, stated they had no further responses to provide.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have any questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:MG
EAH:DC:lj

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Donald H. Blevins, Chief Probation Officer
Audit Committee
Sybil Brand Commission
Steve Goclowski, Regional Program Director, Olive Crest Treatment Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

**OLIVE CREST TREATMENT CENTER GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW**

**Olive Crest Treatment Center Group Home
15235 Cornuta Ave.
Bellflower, CA 90706
License Number: 197804913
Rate Classification Level: 14**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the November 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of five children's files and ten staff files and/or documentation from the provider, Olive Crest Treatment Center Group Home was in full compliance with three out of nine sections of our Contract Compliance review: Education and Emancipation Services; Recreation and Activities; and Clothing and Allowance. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of five children's case files and/or documentation from the provider, Olive Crest Treatment Center Group Home fully complied with five out of the eight elements reviewed; the ninth element in the area of Licensure/Contract Requirements, Timely Notification for Child's Relocation, was non applicable (N/A) as this is a one-site group home.

The Group Home utilizes all available resources to attempt to stabilize placements and provide for children's transportation needs. The Group Home is in compliance with licensed capacity, conducts disaster drills and maintains completed disaster drill logs.

However, during our review, we noted that Special Incident Reports (SIRs) were not appropriately documented and cross-reported. The Manager stated they would immediately begin submitting SIRs appropriately and timely. The Group Home did not maintain runaway procedures in accordance with the Contract, and allowance logs were not maintained.

Recommendation:

Olive Crest Treatment Center Group Home management shall ensure that:

1. SIRs are appropriately documented and cross-reported.
2. Runaway procedures are maintained in accordance with the Contract.
3. Allowance logs are maintained.

SITE VISTS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review and interviews with five children, Olive Crest Treatment Center Group Home fully complied with five out of six elements reviewed in the area of Facility and Environment.

Generally, the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped. The interior of the home was clean and well maintained. The Group Home provided the children with a home-like environment. The children's bedrooms were well maintained and fully furnished with clean linen, adequate lighting, sufficient window coverings and storage space.

The Group Home maintained age appropriate and sufficient recreational equipment in good condition as well as an adequate supply of perishable and non perishable foods.

Although the Group Home had an appropriate supply of reading materials and supplies, the computers were located in the staff office, therefore, not readily available to children.

Recommendation:

Olive Crest Treatment Center Group Home management shall ensure that:

4. Computers are readily available to children.

PROGRAM SERVICES

Based on our review of five children's case files and/or documentation from the provider, Olive Crest Treatment Center Group Home fully complied with seven out of eight elements reviewed in the area of Program Services.

The Group Home obtained CSWs' authorization to implement NSPs or had proof of attempting to obtain CSWs' authorization.

We noted that placed children are placed in accordance with the Group Home's population criteria as outlined in their program statement, and children were receiving required therapeutic services.

Age appropriate children participated in the development of the NSPs. In addition, NSPs were discussed with the Group Home staff. However, of the ten initial and updated NSPs reviewed, four were not comprehensive. Two initial NSPs had no plan and method to achieve specific goals. Two updated NSPs had no documentation of specific information regarding visits such as visit dates, how the visits went and transportation arrangements.

Recommendation:

Olive Crest Treatment Center Group Home management shall ensure that:

5. NSPs are comprehensive in accordance with the NSP template.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of five children's case files and/or documentation from the provider, Olive Crest Treatment Center Group Home fully complied with all four elements reviewed in the area of Educational and Emancipation Services.

Recommendation:

None.

RECREATION AND ACTIVITIES

Based on our review of five children's case files and interviews with these children, Olive Crest Treatment Center Group Home fully complied with all three elements reviewed in the area of Recreation and Activities.

Recommendation:

None.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of five children's case files, documentation from the provider, and interviews with the five children, Olive Crest Treatment Center Group Home fully complied with seven out of nine elements reviewed in the area of Children's Health Related-Services, including Psychotropic Medication.

All five children placed at Olive Crest Treatment Center Group Home were prescribed and administered psychotropic medication. All five children had current court-approved authorizations for the administration of psychotropic medication and current psychiatric evaluations on file. In addition, medication logs were properly maintained.

Follow-up medical examinations were timely for all four required children. One child was placed at the Group Home for less than six months and no follow-up examinations were required at the time the review was conducted.

Three of the five children did not have timely initial medical examinations, and there was no documentation of a completed initial medical examination for one child. Per the Group Home Manager, the child was not eligible due to having had a medical examination prior to placement in the Group Home. One child's initial medical examination was conducted four days late, and one other child's initial medical examination was conducted twelve days late.

Recommendations:

Olive Crest Treatment Center Group Home management shall ensure that:

6. Children receive initial medical examinations within 30 days of placement.

**OLIVE CREST TREATMENT CENTER GROUP HOME
PAGE 4**

PERSONAL RIGHTS

Based on our review of five children's case files and interviews with these children, Olive Crest Treatment Center Group Home fully complied with 10 out of 11 elements reviewed in the area of Personal Rights.

Of the five children interviewed, four children responded that they were free to attend religious services and activities of their choice, and one child did not provide a response.

Overall, children reported they were informed of the Group Home's policies and procedures. All five children reported feeling safe in the Group Home and that they were satisfied with daily meals and snacks. An appropriate rewards and discipline system was in place, and the children stated that staff treated them with respect and that they were appropriately supervised. All five children stated they had privacy during their visits and during telephone calls and that their chores were reasonable.

All five children interviewed were aware that they were free to receive or reject voluntary medical, dental and psychiatric care and stated that they were informed about their psychotropic medications. However, one child stated he was not aware of this right to refuse psychotropic medication.

Recommendation:

Olive Crest Treatment Center Group Home management shall ensure that:

7. Children are aware of their right to refuse psychotropic medication.

CHILDREN'S CLOTHING AND ALLOWANCE

Based on our review of five children's case files and interviews with these children, Olive Crest Treatment Center Group Home fully complied with all eight elements reviewed in the area Clothing and Allowance.

Recommendation:

None.

PERSONNEL RECORDS

Based on our review of ten staff personnel files, Olive Crest Treatment Center Group Home fully complied with two out of 12 elements reviewed in the area of Personnel Records.

All ten staff files reviewed indicated that staff met the educational/experience requirements and signed criminal background statements in a timely manner. However, seven staff did not submit their criminal fingerprints timely. None of the ten staff submitted a Child Abuse Index Clearance (CAI) in a timely manner, and one staff had no CAI results on file. The OHCMD Monitor informed the Residential Manager of the importance of ensuring employees submit criminal clearances and CAI clearances in a timely manner.

OLIVE CREST TREATMENT CENTER GROUP HOME
PAGE 5

The review of ten staff files indicated that three staff did not receive timely health screenings, one had no valid driver's license on file, and four had no signed copies of the Group Home policies and procedures on file.

Four of the ten staff had no documentation of receiving required initial training. Additionally, five staff had no documentation of receiving CPR training, and one had no documentation of receiving First-Aid training. Lastly, four of the ten staff had no documentation of receiving required on-going training, and all ten staff had expired Emergency Intervention training documentation on file.

Olive Crest Treatment Center Group Home management shall ensure that:

8. Staff submit timely criminal clearances.
9. Staff receive timely health screenings.
10. Staff have valid driver's licenses.
11. Staff sign copies of the Group Home's policies and procedures.
12. Staff receive required initial, on-going, CPR, First-Aid and Emergency Intervention training.

FOLLOW-UP FROM THE AUDITOR CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C report dated July 15, 2009 were implemented.

Results

The A-C's prior monitoring report contained four recommendations. Olive Crest Treatment Center Group Home was to clean the ceiling and shower doors in bathroom two. The Group Home was also to clean or replace the shower doors, clean the bedroom walls, replaced the bulletin board, carpet and comforters in bedroom one. These recommendations were fully implemented.

Recommendation:

None.

**OLIVE CREST TREATMENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

15235 Cornuta Ave.
Bellflower, CA 90706
License Number: 197804913
Rate Classification Level: 14

Contract Compliance Monitoring Review		Findings: November 2009
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	<ol style="list-style-type: none"> 1. N/A 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Improvement Needed
II	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance
III	<p><u>Program Services</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs 	<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. Improvement Needed
IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 	Full Compliance (ALL)

	4. Current Report Cards Maintained	
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities 	Full Compliance (ALL)
VI	<p><u>Children's Health-Related Services (including Psychotropic Medication)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<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. Full Compliance 10. Full Compliance 11. Improvement Needed
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 	Full Compliance (ALL)

	<ul style="list-style-type: none"> 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ul style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<ul style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed 8. Improvement Needed 9. Improvement Needed 10. Improvement Needed 11. Improvement Needed 12. Improvement Needed

Strong Families, Safe Kids

March 31, 2010

Dorothy Channel, Manager
Out of Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, California 91731

RE: Amendment to CAP for Contract Compliance Evaluation on the Residential Treatment Center program

Dear Ms. Channel,

Pursuant to your letter of March 9, 2010, this letter serves to address the items not approved in our formerly submitted Corrective Action Plans, developed from the results of the Group Home Performance Evaluation conducted on the RCL 14 Residential Treatment Center program (AKA, Cornuta House).

It is our hope that the amendments in this letter will sufficiently meet the department's expectations for correcting the identified deficiencies, and thoroughly present our future plans for maintaining standards and practices consistent with the Group Home Performance and Contract Compliance measures.

Also included in this correspondence are photocopies of documents giving evidence of correction or compliance with contract requirements. These are referenced in the content below.

The corrective actions/planned corrections noted below correspond to the respectively numbered items on the letter of March 9th. As noted in the CAP submitted previously, we did not include the narrative of each item from the Final Review Form in the interest of saving space in this response.

In regards to the CAP for the Contract Compliance:

Part I. Licensure/Contract Requirements

#4 & #8

Your reports did not provide a future plan for Special Incident Reports (SIRs), Runaway Procedures, and Allowance Logs.

Corrective Plan:

As defined in the SIR CAP dated February 8, 2010, the future plan to maintain the timely submission of SIRs includes the following:

- For those Incidents reported to the program staff by the school personnel, recent conversations with the school administration has resulted in a developing corrective plan to 1) have school administration direct school staff to produce SIRs immediately and transmit them, same day when possible, to the Residential Program, and 2) explore the feasibility of the school administration producing and filing directly through the I-Track system all SIRs for incidents occurring on campus. The Residential Manager has provided the school administration with the necessary login protocols

- For those SIRs generated by the residential program staff, delays occurred when the Residential Manager was unavailable to review, comment and submit these via I-Track—in some cases consequent to holidays or weekend days when the Residential Manager was not on duty to complete the submission process. The corrective plan in these circumstances has included the training of two additional residential program staff to review and submit SIRs when the Residential Manager is not available to do so, in order to regularly meet the contract requirement for the timely submission of all runaway and behavior problem SIRs. This plan has already been implemented, and is in place.
- This plan for the documentation, timely submission, and cross-reporting of SIRs is inclusive of runaway incidents which occur in the RTC program.
- Regular chart reviews conducted by the Residential Manager and other Quality Management personnel will be used to monitor progress on these efforts to facilitate compliance with contract and Community Care licensing standards for SIR reporting.

#9

On December 7, 2009 a copy of the Allowance Log was requested, but not received. In addition, during the Exit Conference on January 12, 2010, the Group Home Contract Review Field Exit Summary was reviewed with Olive Crest staff and signed with documentation that allowance logs are not maintained. Olive Crest was provided a due date of January 19, 2010 to provide additional documentation.

Corrective Plan:

Allowance logs are maintained and will continue to be kept by the program. A few sampled copies of allowance logs are included with this letter. The future plans will be to continue to maintain and provide Allowance Logs as available for examination during all subsequent program reviews by DCFS personnel upon request.

Part II. Facility and Environment

#14

During the review on November 19, 2009, no computers were observed to be readily available for clients. Two desktop computers were observed in the administrative office and were located at employee's desks and used primarily by employees throughout the day, as observed by the Monitor during the review.

Provide a future plan for computers to be readily available for children.

Corrective Plan:

As reported in the CAP dated March 3, 2010, desktop computers for the clients had formerly been stationed in the common areas of the home. However, these units were frequently subjected to damage, destruction, and loss during client escalation episodes. To sustain this resource, and to keep desktop computers readily available for clients, three desktop computers are now kept in the administrative office of the group home, and clients can readily access them for use there.

The current and future plans to make computers readily available for clients is that all staff are directed to allow the computers to be available for use by clients during the times that are permitted according to program schedules. Though the computers may also be used by staff, they will be made available for use by clients, and their use monitored by the program staff.

Two more desktop computers for use by the clients are currently being requisitioned through a Title One grant awarded to Olive Crest. It is expected these computers will be purchased by LACOE and delivered to the program within the next three to six months.

Periodic QA reviews by administrative personnel will evaluate the effectiveness of this strategy for the purposes of preserving the computer resources, as well as the routine availability for use by clients.

Part VI. Children's Health Related Services, Including Psychotropic Medication

#33 & # 34

Your reports did not provide a future plan for children receiving medical examinations timely.

Corrective Plan:

As noted above, program staff will work to schedule and secure initial medical examinations for all clients within 30 days of placement per contract requirements. If any unforeseen or uncontrollable events inhibit the completion of an initial medical examination within 30 days of placement, reasons for the delay as well as plan of action will be noted in the client's NSP. In such circumstances, all efforts will be made by staff to secure initial medical examinations as soon as possible.

As noted in the CAP letter dated February 11, 2010, the program's nurse will be providing additional QA monitoring of the clients' health records to help prevent any oversight regarding initial medical and dental examinations for clients, as well as medical follow-up matters.

For future program reviews, all client medical records will be orderly and available for review by DCFS personnel.

#49

As to the right to refuse medication, documentation of signed policies when refuted by clients, was not provided during the monitoring review. Your reports did not provide a future plan to address this issue.

Corrective Plan:

A copy of the signed client rights form for the client named in the review is included with this letter.

Future plans to maintain compliance with this contract requirements include the consistent and routine practice of presenting all clients with their personal rights (which includes the right to refuse medication) at intake, and have them sign the document stating that their personal rights have been reviewed and are understood. Medication purposes, effects and side effects—including an affirmation that a client may refuse medication—is also provided by the program's attending psychiatrist.

On a regular basis—at least quarterly, and in some cases monthly—client charts will be reviewed through a QA process that utilizes a peer review process across programs, and a standard template that checks to verify that all client intake forms are complete and present.

Part IX. Personnel Records

#59-69

As noted in the CAP dated February 11, 2010, recently implemented practices and future plans to maintain the timely submission of criminal fingerprints, initial health screenings, proof of valid driver's license, signed policies and procedures, current/updated CPR, First-Aid, initial, ongoing, and emergency intervention training include the following actions:

- Personnel files formerly stored in the corporate office in Santa Ana have been moved to the Bellflower office located at 17800 Woodruff Ave., Suite A. These files have recently been collated with personnel records kept on site at the RTC in order to insure greater consistency and completeness of personnel records.
- A Human Resources QA representative will be assigned to review files on a regular basis to verify completeness.
- Human Resources is currently exploring the use of a database system that can track personnel files through the payroll system, and alert them of any missing documents.

Following the new-hire orientation, a Human Resources representative will double-check to verify the presence of all required documents for new employees.

Finally, included with this letter are photocopies of the Pro-Act training certificates (emergency intervention and crisis de-escalation techniques) for the staff.

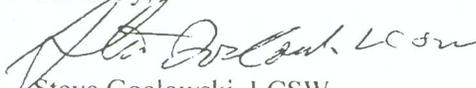
As to new changes to the Contract Compliance Review for NSP comprehensiveness enacted after the time of this program's review, future plans related to this matter are as follows:

As noted in the CAP dated February 11, 2010, the treatment team will create goals on the NSP to be measurable, specific and reasonable (realistic) for the target population, in order to consistently meet or exceed the program goal that at least 62% of the children placed successfully meet the Needs and Services Plans goals, and are discharged in accordance with a permanency plan.

The program clinician will review the clients' NSPs with the Program Director and/or Clinical Supervisor for completeness and appropriateness. On a regular basis—at least quarterly, and in some cases monthly—client charts will be reviewed through a QA process that utilizes a peer review process across programs, and a standard template that evaluates needs and services plans and goals to be measurable, specific and reasonable (realistic) for the program's target population.

As noted in this letter's introduction, we have endeavored to produce an amended CAP that has sufficiently addressed the requested, additional plans. If any further information or detail regarding corrective actions are needed, please do not hesitate to call me at (562) 866-8956, ext. 1603.

Sincerely,



Steve Goclowski, LCSW
Regional Program Director, Los Angeles

Strong Families, Safe Kids

March 31, 2010

Dorothy Channel, Manager
Out of Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, California 91731

RE: Amendment to CAP for Group Home Performance Evaluation on the Residential Treatment Center program

Dear Ms. Channel,

Pursuant to your letter of March 9, 2010, this letter serves to address the items not approved in our formerly submitted Corrective Action Plans, developed from the results of the Group Home Performance Evaluation conducted on the RCL 14 Residential Treatment Center program (AKA, Cornuta House).

It is our hope that the amendments in this letter will sufficiently meet the department's expectations for correcting the identified deficiencies, and thoroughly present our future plans for maintaining standards and practices consistent with the Group Home Performance and Contract Compliance measures.

Also included in this correspondence are photocopies of documents giving evidence of correction or compliance with contract requirements. These are referenced in the content below.

The corrective actions/planned corrections noted below correspond to the respectively numbered items on the letter of March 9th. As noted in the CAP submitted previously, we did not include the narrative of each item from the Final Review Form in the interest of saving space in this response.

In regards to the CAP for the Group Home Performance Evaluation:

Part 2. Well-Being/Education/Emancipation

#2

Your report did not provide a future plan for children to be enrolled in school within three days of placement.

Corrective Plan:

Program staff will make concerted efforts to enroll all children within three days of placement. This will include efforts—in as far advance of placement in the home as possible—to alert the school districts and potential school of enrollment of the pending placement in the facility and enrollment, as well as efforts to secure needed documentation to facilitate prompt enrollment.

If unexpected or uncontrollable events delay enrollment within three days of placement in the facility, the reasons for the delay will be noted in the client's NSP. In addition, aggressive efforts by program staff to facilitate school enrollment will continue and also be documented in the NSP. If the school or district attempts to delay enrollment due to incomplete or missing records, the program staff will remind the school personnel of the directives under AB490 and specifically *EC § 48853.5(d)(4)(B)*.

#6

Your reports did not provide a future plan for children receiving medical examinations timely.

Corrective Plan:

Program staff will work to schedule and secure initial medical examinations for all clients within 30 days of placement per contract requirements. If any unforeseen or uncontrollable events inhibit the completion of an initial medical examination within 30 days of placement, reasons for the delay as well as plan of action will be noted in the client's NSP. In such circumstances, all efforts will be made by staff to secure initial medical examinations as soon as possible.

As noted in the CAP letter dated February 11, 2010, the program's nurse will be providing additional QA monitoring of the clients' health records to help prevent any oversight regarding initial medical and dental examinations for clients, as well as medical follow-up matters.

For future program reviews, all client medical records will be orderly and available for review by DCFS personnel.

Part 3. Permanency: Discharged Children

#1

Your reports did not provide a future plan for the group home to ensure NSP goals are measurable, specific, and reasonable for the population.

Corrective Plan:

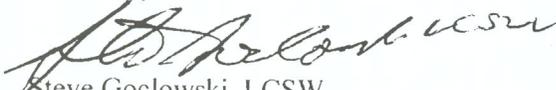
As noted in the CAP dated February 11, 2010, the treatment team will create goals on the NSP to be measurable, specific and reasonable (realistic) for the target population, in order to consistently meet or exceed the program goal that at least 62% of the children placed successfully meet the Needs and Services Plans goals, and are discharged in accordance with a permanency plan.

The program clinician will review the clients' NSPs with the Program Director and/or Clinical Supervisor for completeness and appropriateness. On a regular basis—at least quarterly, and in some cases monthly—client charts will be reviewed through a QA process that utilizes a peer review process across programs, and a standard template that evaluates needs and services plans and goals to be measurable, specific and reasonable (realistic) for the program's target population.

Regarding the three clients noted in the March 9th letter (Michael R., Timothy T., and Byron Z.), these clients are no longer in placement, and therefore no changes or amendments can be made to the NSPs highlighted during the program review in November, 2009.

As noted in this letter's introduction, we have endeavored to produce an amended CAP that has sufficiently addressed the requested, additional plans. If any further information or detail regarding corrective actions are needed, please do not hesitate to call me at (562) 866-8956, ext. 1603.

Sincerely,



Steve Goclowski, LCSW

Regional Program Director, Los Angeles



PATRICIA S. PLOEHN, LCSW
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

September 3, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

**TEENS HAPPY HOME PROGRAM CONTRACT COMPLIANCE MONITORING
REVIEW**

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Teens Happy Home is located in the 2nd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to its program statement, its stated goal is "to provide a positive environment for those males aged twelve (12) to seventeen (17) with emotional and adjustment problems and for those who because of family problems are unable to cope in the traditional family setting," and the agency is licensed to serve a capacity of six children, ages 12 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Teens Happy Home in November 2009 at which time it had one six-bed site and five DCFS placed children. All five children were males. For the purpose of this review, all placed children were interviewed and their case files were reviewed. The children's average overall length of placement was three months and average age was 16. Six staff files were reviewed for compliance with Title 22 regulations and contract requirements.

There were no children on psychotropic medication.

SCOPE OF REVIEW

The purpose of this review was to assess Teens Happy Home Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, all placed children's case files, and a random sampling of personnel files. A visit was made to the

TEENS HAPPY HOME

PAGE 2

facility to assess the quality of care and supervision provided to children, and interviews were conducted with the children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Teens Happy Home was providing adequate care to DCFS placed children, and most of the services were provided as outlined in its program statement. The children interviewed stated that the staff treated them with respect and dignity and services were made available to them.

The direct care staff stated that the needs of the children were met in a timely fashion by the administrative staff.

At the time of the review, the Group Home needed to address a few physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSP), ensure that there was documentation that the DCFS CSWs approved implementation of the NSPs and that monthly contacts with the DCFS CSWs were adequately documented. Further, the Group Home needed to encourage and assist children in creating and maintaining photo albums/lifebooks.

The Executive Director and Administrator expressed an understanding of each of the findings.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the four NSPs reviewed, none were comprehensive in that they did not complete all the required elements in accordance with the NSP template. The NSPs did not include specific and measurable goals related to permanency and life skills. The A-C's prior review report also noted that Teens Happy Home did not always ensure that NSPs/Quarterly Reports were comprehensive. One of the NSPs was not approved by the DCFS CSW for implementation, and none of the NSPs included monthly contact with DCFS CSWs.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held January 13, 2010:

**TEENS HAPPY HOME
PAGE 3**

In attendance:

Beautina Robinson, CEO, Teens Happy Home; Olga Ruiz, Administrator, Teens Happy Home; and Greta F. Walters, Monitor, DCFS OHCMD.

Highlights:

The CEO and Administrator expressed an understanding of the findings and recommendations. The Administrator reported that the Group Home had begun correcting the findings reflected in the report. The Group Home was provided a draft copy of the report. Comments by Olga Ruiz, Administrator, are reflected within the body of this report.

As agreed, Teens Happy Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530

PP:LP:MG

EAH:BB:gfw

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Donald Blevins, Chief Probation Officer
Sybil Brand Commission
Maurice Mitchell, President, Board of Directors, Teens Happy Home
Beautina Robinson, CEO, Teens Happy Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

**TEENS HAPPY HOME
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

**Teens Happy Home
3936 S. Dalton Avenue
Los Angeles, California 90062
License Number: 198203038
Rate Classification: 7**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the November 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of five children's files and six staff files, Teens Happy Home was in full compliance with six of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Educational and Emancipation Services; Recreation and Activities; Children's Health Related-Services, Including Psychotropic Medication; Personal Rights; and Personnel Records. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of Teens Happy Home and interviews with the five children, Teens Happy Home fully complied with three of six elements in the area of Facility and Environment.

The Group Home maintained age-appropriate and accessible recreational equipment and on-site educational resources. The Group Home maintained a sufficient supply of perishable and non perishable foods.

Generally, the exterior of the Group Home was adequately maintained. The front yard was clean and adequately landscaped. However, there were large cracks in the driveway and patio area. There was gang writing on the rear exterior of the Group Home as well as a large splatter of paint. The cover to the hot water heater was damaged, and there was a large amount of debris in the backyard.

While the Group Home provided a home-like environment, the interior had several deficiencies, none of which posed any safety risks to placed children. Specifically, in the common areas, the walls and ceilings were dirty and cracked. In the kitchen, the paint was peeling and the cabinets and closet were dirty. The bathrooms were dirty and the window screen in bathroom #1 was torn.

Generally, the children's bedrooms were moderately maintained. The mattresses were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate. However, the bedrooms were messy. The bedroom walls were dirty, and the walls in bedroom #2 were damaged with cracks. Window coverings and window screens were in good repair.

TEENS HAPPY HOME

PAGE 2

The A-C's prior year review also noted that Teens Happy Home did not always ensure that the Group Home's facility was maintained in accordance with CDSS Title 22 regulations.

The Group Home Administrator reported that the Group Home had corrected most of the site deficiencies that were found during the review and that she had met with the facility maintenance crew to ensure that the Group Home site was maintained and in good repair in accordance with Title 22 regulations.

Recommendation:

Teens Happy Home management shall ensure that:

1. The Group Home site is maintained and in good repair in accordance with Title 22 regulations.

PROGRAM SERVICES

Based on our review of five children's case files, Teens Happy Home fully complied with five of eight elements reviewed in the area of Program Services. We noted that placed children met the Group Home's population criteria as outlined in the program statement and were assessed for needed services within thirty days of placement.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSP) with input from the child. While the NSPs were current, they were not comprehensive. The NSPs did not include specific and measurable goals related to permanency and life skills. One of four reviewed NSPs was not approved by the DCFS Children's Social Worker (CSW) for implementation. Additionally, none of the NSPs included monthly contacts with the DCFS CSWs. According to the Group Home Administrator, documentation will now be kept on file to verify that the DCFS CSWs have approved implementation of the NSPs. The CEO and the Administrator met with the Group Home therapist to resolve the issue of documenting monthly contacts with DCFS CSWs. The A-C's prior review report also noted that Teens Happy Home Group Home did not always ensure that NSPs/Quarterly Reports were comprehensive and included input from treatment team.

Recommendations:

Teens Happy Home management shall ensure that:

2. NSPs are comprehensive including all required elements.
3. Documentation is maintained as verification that DCFS CSWs approve the implementation of the NSPs.
4. Monthly contacts with DCFS CSWs are adequately documented.

CLOTHING AND ALLOWANCE

Based on our review of five children's case files and interviews with the five children, Teens Happy Home fully complied with seven of eight elements in the area of Clothing and Allowance.

Based on our review, all five children reported that they received the required \$50 monthly clothing allowance. Children were provided with opportunities to select their own clothes. Clothing provided to the children was of good quality and sufficient quantity. The clothing allowance logs and inventories confirmed that the requirements were being met.

All five children reported that the Group Home provided them with the required minimum weekly allowance, and all children reported that they spent their allowances as they chose.

The Group Home provided children with adequate personal care items. It was noted that the children were not encouraged or assisted in creating and maintaining their photo albums/lifebooks. The Group Home administrator reported that the CEO had purchased photo albums to encourage the children to create and maintain lifebooks.

Recommendation:

Teens Happy Home management shall ensure that:

5. All children are encouraged and assisted in creating and maintaining photo albums/lifebooks.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the monitoring review were implemented. The A-C report was issued on November 2, 2009.

Results

The A-C's prior monitoring report contained two outstanding recommendations. Specifically, Teens Happy Home Group Home was to ensure that the Group Home was maintained in good repair in accordance with Title 22 regulations, and that they developed comprehensive NSPs with measurable and time-limited goals and input from all members of the treatment team. Based on our follow up of these recommendations, the recommendations regarding facility maintenance and repair and the development of comprehensive NSPs with measurable and time limited goals and all team member

TEENS HAPPY HOME
PAGE 4

input were not implemented. As noted, two of the recommendations were partially implemented; corrective action was requested of Teens Happy Home Group Home to further address these findings.

Recommendation:

Teens Happy Home management shall ensure that:

6. It fully implements the outstanding recommendations from the November 2, 2009 monitoring report, which are noted in this report as Recommendations 1 (physical plant issues), 2 and 3 (NSP).

**Teens Happy Home Group Home
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

**3936 S. Dalton Avenue
Los Angeles, CA 90062
License Number: 198203038
Rate Classification Level: 7**

Contract Compliance Monitoring Review		Findings: November 2009
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Log Maintenance 8. Runaway Procedures 9. Allowance Logs 	Full Compliance (All)
II	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	<p><u>Program Services</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed

IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	Full Compliance (All)
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-curricular, Enrichment and Social Activities 	Full Compliance (All)
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychotropic Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-up Dental Exams Timely 	Full Compliance (All)
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	Full Compliance (All)

VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowances 8. Encouragement and Assistance with Life Book 	<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. Improvement Needed
IX	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation 	<p>Full Compliance (All)</p>

Teens Happy Homes Group Home
3936 S. Dalton Avenue
Los Angeles, CA 90062

Out of Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, CA 91731

ATTN: Greta Walters, CSA

RE: Corrective Action Plan 9/2009

July 26, 2010

Teens Happy Homes Group Home is submitting a correction to the original Corrective Action Plan as requested from the monitoring unit for the period of September 2009.

I. Facility and Environment

a. Maintain home in good repair per Title 22 regulations.

1. Teens Happy Homes Group Home will ensure that the facility is in good care at all times. Daily checks will be noted by each respective Child Care Worker and reported to Administrator immediately. All repairs will be completed by the facility maintenance person within 48 hours.
2. It should be noted that the following items have been repaired at the facility:
 - a. Hot water heater cover has been replaced.
 - b. Debris to the rear of the backyard has been cleaned up.
 - c. Gang writing on the exterior of the facility and the large splatter of paint has been cleaned up.
 - d. The interior of the facility has been newly painted.
 - e. The torn bathroom window screen has been replaced.
 - f. New mattresses and dresser drawers have been purchased.

Start date: 9/26/09

PENDING: Notification from the owner of the property, regarding the repair of the cracks in the driveway and patio area.

II. Program Services

- a. Include all elements into Needs and Services Plans and ensure that documentation is obtained as verification that DCFS CSWs approve the implementation of recommended goals.**
 - 1. Teens Happy Homes will implement a comprehensive check and balances system to ensure that all resident's Needs and Services Plans (NSP's) are submitted to CSWs in a timely manner. Once an NSP is completed and checked by the Facility Administrator, the NSP will be faxed and/or mailed to DCFS. A facsimile verification with CSW signature will be filed and kept in each respective child's file.

Start date: 9/26/09

III. Clothing and Allowance

- a. Teens Happy Homes management shall ensure that all children are encouraged and assisted in creating and maintaining photo albums/life books.**
 - 1. Photo albums/life books have been purchased and resident's have been encouraged by staff to participate in group activities to begin creating their personalized life books. Various materials (ie., markers, construction paper, glue, etc.), have been purchased to allow individual creativity.

Start date: 9/26/09

IV. Prior Year Follow-Up From The Auditor Controller's Report

- a. Teens Happy Home management shall ensure that the A-C's outstanding recommendations from the November 2, 2009 monitoring report are implemented.**
 - 1. The GH Therapist along with the treatment team are providing all children with comprehensive NSPs that are developed and implemented with their input. In addition, the facility maintenance crew has been maintaining the facility in good repair in accordance with Title 22 regulations.

Respectfully,


Olga L. Ruiz
GH Administrator



**COUNTY OF LOS ANGELES
DEPARTMENT OF AUDITOR-CONTROLLER**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 525
LOS ANGELES, CALIFORNIA 90012-3873
PHONE: (213) 974-8301 FAX: (213) 626-5427

WENDY L. WATANABE
AUDITOR-CONTROLLER

MARIA M. OMS
CHIEF DEPUTY

ASST. AUDITOR-CONTROLLERS

ROBERT A. DAVIS
JOHN NAIMO
JUDI E. THOMAS

October 29, 2010

TO: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

FROM: Wendy L. Watanabe
Auditor-Controller

SUBJECT: **DEPARTMENT OF CHILDREN AND FAMILY SERVICES GROUP
HOME MONITORING SECOND STATUS REPORT (Board Agenda Item
No. 3, April 14, 2009)**

On April 14, 2009, your Board instructed the Department of Children and Family Services (DCFS), in conjunction with the Auditor-Controller (A-C) and the Chief Executive Officer, to transition the Group Home (GH) program monitoring responsibility to DCFS. Your Board also instructed the A-C to provide semi-annual status reports, during the first two years that DCFS has primary responsibility for GH monitoring, on DCFS efforts to effectively monitor GH contractors' compliance with the County contracts. This is our second status report covering the period of January 1 through September 30, 2010.

Currently, the County contracts with 86 GHs. Of the 86 GH contractors, 42 provide services to DCFS-placed children, 17 provide services to Probation Department (Probation) children, and 27 provide services to both DCFS and Probation-placed children.

Results of Review

Overall, DCFS and Probation developed the appropriate monitoring tools to effectively monitor the GH contractors and both County departments established protocols to report the results of their reviews to your Board. In addition, for the monitoring assignments completed during this review period, DCFS effectively monitored the GH

contractors' compliance with the County contract. Specifically, DCFS' reports identified areas of non-compliance, included recommendations to address the deficiencies noted and provided the implementation status of recommendations included in prior A-C reports.

As noted in our first status report issued in March 2010, DCFS planned to monitor 69 GHs with DCFS-placed children (42 GHs with DCFS only + 27 GHs with DCFS and Probation youth) at least once annually. During Fiscal Year (FY) 2009-10, DCFS completed monitoring reviews for 12 (17%) of the 69 GH contractors. During the first three months of FY 2010-11, DCFS completed monitoring reviews for an additional nine GH contractors; for a total of 21 (30%) of the 69 GH contractors completed. DCFS reported that monitoring reviews for an additional 31 GH contractors are in various stages of completion. Attached is DCFS' status of the 69 GH reviews.

Due to reassigning GH monitoring staff to work on other priority assignments, DCFS did not achieve their goal of monitoring the 69 GH contractors. As a result, DCFS management revised their monitoring plan for FY 2010-11 to begin fieldwork for the remaining 48 GHs (69 GHs – 21 GHs) by December 31, 2010 and complete and issue the reports by June 30, 2011. DCFS reported that they plan to conduct annual monitoring reviews of their GH contractors beginning in FY 2011-12.

To help DCFS achieve their goal of reviewing all GHs annually, DCFS management needs to develop a detailed monitoring plan that includes a staffing plan, approximate start dates for each review and deadlines for completing each review.

Probation's monitoring plan included reviewing the 17 GH contractors that provide services to only Probation-placed children at least once annually. DCFS provided Probation with training by allowing Probation staff to observe DCFS monitoring staff during several of the DCFS GH reviews. In July 2010, Probation started monitoring the 17 GH contractors and as of September 30, 2010, Probation completed the fieldwork for three monitoring reviews and is finalizing the reports. In addition, Probation reported three other GH contractor reviews were in progress. Probation management indicated they will complete and issue reports for all 17 reviews by June 30, 2011. Attached is Probation's status of the 17 GH reviews.

Next Steps

For our next semi-annual report, we will report on DCFS' and Probation's progress in completing their planned GH reviews. We will also report back on DCFS' efforts to develop a detailed monitoring plan and any issues DCFS and Probation experience in completing the planned reviews. We expect to issue our next semi-annual report by March 31, 2011.

Review of Report

We discussed our report with DCFS and Probation management on October 19, 2010. Both Departments agree with our report and will continue their efforts to monitor GHs for program contract compliance.

We thank DCFS and Probation management and staff for their cooperation and assistance during our review. Please call me if you have any questions, or your staff may contact Don Chadwick at (213) 253-0301.

WLW:MMO:JET:DC:AA

Attachments

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Patricia S. Ploehn, Director, Department of Children and Family Services
Donald H. Blevins, Chief Probation Officer
Public Information Office
Children's Deputies
Audit Committee

**Status of DCFS Group Home Monitoring Reviews
As of September 30, 2010**

#	Group Home	Scheduled Monitoring Date	Status
1	Childhelp USA	September 2009	Report Issued 5/26/2010
2	Cunningham's Group Home	September 2009	Report Issued 12/31/2009
3	Dubnoff Center	September 2009	Report Issued 6/30/2010
4	Fred Jefferson Memorial Home	September 2009	Report Issued 9/3/2010
5	Hillsides Home for Children	September 2009	Report Issued 6/30/2010
6	Los Angeles Youth Network	September 2009	Report Issued 9/3/2010
7	Luvlee's Residential Care/New Dawn	September 2009	Report Issued 6/30/2010
8	New Outlook Boys Home	September 2009	Report Issued 6/30/2010
9	West Covina Group Home	September 2009	Report Issued 12/31/2009
10	David And Margaret Home	October 2009	Report Issued 8/19/2010
11	Counseling and Research/Masada Homes	November 2009	Report Issued 9/3/2010
12	Ettie Lee Home	November 2009	Report Issued 6/30/2010
13	Hathaway-Sycamores	November 2009	Report Issued 8/31/2010
14	Homes of Hope Group Home	November 2009	Report Issued 5/26/2010
15	Olive Crest Treatment Center	November 2009	Report Issued 9/9/2010
16	Teens Happy Homes	November 2009	Report Issued 9/3/2010
17	Washington-Hancock	November 2009	Report Issued 5/26/2010
18	Boys Town	December 2009	Report Issued 5/26/2010
19	O'Connor and Atkins Home	December 2009	Report Issued 9/3/2010
20	Le Roy Haynes Center	January 2010	Report Issued 9/3/2010
21	Mary's Shelter Dependent Program	January 2010	Report Issued 5/26/2010
22	Children Are Our Future	September 2009	Finalizing Report
23	Sand Hill Group Home	September 2009	Finalizing Report
24	Star View Group Home	September 2009	Finalizing Report
25	Dream Home Care Inc.	November 2009	Finalizing Report
26	Pioneer Boys Ranch	November 2009	Finalizing Report
27	Turmont	November 2009	Finalizing Report
28	Bourne	December 2009	Finalizing Report
29	Perfect Image Youth Center	December 2009	Finalizing Report
30	South Bay Bright Future	December 2009	Finalizing Report
31	Mozell Pennington Boys Center	January 2010	Finalizing Report
32	Children's Homes of Southern California	February 2010	Finalizing Report
33	Deliaann Lucile Corporation	February 2010	Finalizing Report
34	Fields Comprehensive Youth Services	February 2010	Finalizing Report
35	Garces Residential	February 2010	Finalizing Report
36	Junior Blind of America	February 2010	Finalizing Report

**Status of DCFS Group Home Monitoring Reviews
As of September 30, 2010**

#	Group Home	Scheduled Monitoring Date	Status
37	Orange County Children's Foundation	February 2010	Finalizing Report
38	Vista Del Mar	February 2010	Finalizing Report
39	Saint Anne's Maternity Home	March 2010	Finalizing Report
40	Careprovider Organization Foundation	June 2010	Finalizing Report
41	Bayfront Youth and Family Services	February 2010	Fieldwork in Progress
42	Casa Editha Foundation/Ava Lyns Group Home	March 2010	Fieldwork in Progress
43	Fleming and Barnes Dimondale Adolescent	March 2010	Fieldwork in Progress
44	Moore's Cottage (Altadena)	March 2010	Fieldwork in Progress
45	Project Six/Health Group	March 2010	Fieldwork in Progress
46	Little People World	July 2010	Fieldwork in Progress
47	Pinnacle Foundation	July 2010	Fieldwork in Progress
48	Macro Homes	August 2010	Fieldwork in Progress
49	Mckinley Children's Center	August 2010	Fieldwork in Progress
50	San Gabriel Children's Center	August 2010	Fieldwork in Progress
51	Vista Del Mar (CTF)	August 2010	Fieldwork in Progress
52	Maryvale	September 2010	Fieldwork in Progress
53	Aviva Center/Hamburger Home	October 2010	N/A
54	B and I Group Home (San Francisco Avenue)	October 2010	N/A
55	Dangerfield	October 2010	N/A
56	Five Acres	October 2010	N/A
57	Human Services Network	October 2010	N/A
58	Murrell's Farm Boys Home	October 2010	N/A
59	Paragon Center	October 2010	N/A
60	Penny Lane	October 2010	N/A
61	Rosemary Children's Services	October 2010	N/A
62	Dream Catcher Foundation	November 2010	N/A
63	Eggleston Youth Center	November 2010	N/A
64	Florence Crittenton	November 2010	N/A
65	Heritage Group Homes	November 2010	N/A
66	Lifecircles Group Home	November 2010	N/A
67	T & T Home for Boys	November 2010	N/A
68	Diakonia Inc.	December 2010	N/A
69	Phoenix House LA	December 2010	N/A

**Status of Probation Group Home Monitoring Reviews
As of September 30, 2010**

#	Group Home	Scheduled Monitoring Date	Status
1	Pacific Lodge	July 2010	Finalizing Report
2	Sonya Love Guidance Center	July 2010	Finalizing Report
3	You Are The Difference Foundation/Loving Life Home	September 2010	Finalizing Report
4	ASHE Inc. Aiming High I , Aiming High II	September 2010	Fieldwork in Progress
5	Guiding Light Home For Boys	September 2010	Fieldwork in Progress
6	Community Youth Sports & Arts Foundation	October 2010	Fieldwork in Progress
7	B & I Group Home (Alvarado Street)	October 2010	N/A
8	House of Bethesda	October 2010	N/A
9	Touch of Life Foundation	October 2010	N/A
10	Humanistic Foundation/New Concept	November 2010	N/A
11	Future Stars	December 2010	N/A
12	Moore's Cottage (Pomona)	December 2010	N/A
13	Rancho San Antonio	December 2010	N/A
14	Boys/Girls Republic	January 2011	N/A
15	Optimist Boys Home and Ranch	January 2011	N/A
16	Trinity	January 2011	N/A
17	Positive Path Youth Development Center	February 2011	N/A



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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



DONALD H. BLEVINS
Chief Probation Officer

September 22, 2010

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

TO: Each Supervisor
FROM:  Donald H. Blevins
Chief Probation Officer

**SUBJECT: SONYA LOVE GUIDANCE CENTER CONTRACT COMPLIANCE
MONITORING REVIEW**

We have completed a review of Sonya Love Guidance Center operated by Sonya Love Guidance Center, Inc. The Group Home contracts with the Los Angeles County Probation Department.

Sonya Love Guidance Center is a six-bed facility, which provides care for boys ages 12-17 years who exhibit behavioral, social and emotional difficulties. At the time of the monitoring review, Sonya Love Guidance Center was providing services for six Probation youth.

Sonya Love Guidance Center is located in the Second District.

SCOPE OF REVIEW

The purpose of our review is to determine whether the Agency is providing the services as outlined in their Program Statement. In addition, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights.

SUMMARY

Generally, the Agency is providing the services as outlined in their Program Statement. However, the Agency needs to address a few deficient areas. Specifically, the Group

Home needs to remove an old alarm box with protruding wires out of the closet of bedroom #1, provide religious services choices for each youth, and provide a working computer.

NOTABLE FINDINGS

- Old alarm box with protruding wires in the closet of bedroom #1
- Youth reported that the Group home was not providing choices regarding religious services
- There is no working computer in the group home

EXIT CONFERENCE

In attendance:

Mr. Costelito Harris, Administrator
Mrs. Patricia Harris, Facility Manager

Highlights

The Exit Conference was conducted on July 28, 2010. The representatives present were in agreement with the findings of the review. They agreed to have the old alarm box removed and the wall patched, provide youth choices of religious services/activities to attend, and supply at least one working computer for the youth at the group home by October 28, 2010. A follow-up visit will be conducted to ensure that all deficiencies have been corrected.

If you need additional information or have any questions or concerns, please contact Director, Lisa Campbell-Motton, Placement Permanency and Quality Assurance at (323) 240-2435.

DHB:REB:LCM:ed

Attachments

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Jean Chen, Community Care Licensing
Costelito Harris, Executive Director, Sonya Love Guidance Center
Jackie White, Deputy Chief Executive Officer
Chief Deputies
Justice Deputies

**SONYA LOVE GUIDANCE CENTER PROGRAM CONTRACT COMPLIANCE
MONITORING REVIEW- SUMMARY**

	Contract Compliance Monitoring Review	Findings: Month/Year
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	(Full Compliance) ALL
II	<p><u>Program Services</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. Probation Caseworker Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommendation Assessments/Evaluations Implemented 7. Probation Caseworkers Monthly Contact Documented 	(Full Compliance) ALL
III	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Needs Improvement 4. Needs Improvement 5. Full Compliance 6. Full Compliance
IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	(Full Compliance) ALL
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities. 	(Full Compliance) ALL

VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely 	(Full Compliance) ALL
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence. 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<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. Needs Improvement 9. Full Compliance 10. Full Compliance 11. Full Compliance
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50.00 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	(Full Compliance) ALL
IX	<p><u>Personal Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education/ Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's Licenses 	(Full Compliance) ALL

	<ul style="list-style-type: none">7. Signed Copies of GH Policies and Procedures8. Initial Training Documentation9. CPR Training Documentation10. First Aid Training Documentation11. On Going Training Documentation12. Emergency Intervention Training Documentation	
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SONYA LOVE GUIDANCE CENTER PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

**Sonya Love Guidance Center, Inc. Group Home
1700 West Sixty Street
Los Angeles, CA 90047
License Number: 198203880
Rate Classification Level: 11**

The following report is based on a "point in time" at the time of the monitoring visit. This compliance report addresses findings noted during the July 2010 monitoring review.

LICENSURE /CONTRACTUAL COMPLIANCE

Based on our review of fifteen case files and five staff files, and/or documentation from the provider, Sonya Love Guidance Center was in full compliance with seven out of the nine sections of our Contract Compliance review: Licensure/Contract Requirements; Educational and Emancipation Services; Recreation Activities; Children's Health-Related Services (Including Psychotropic Medication); Children's Clothing and Allowance; and Personnel Records (Including Staff Qualifications, Staff Ratios, Criminal Clearance, and Training). The following report details the results of our review.

Based on our review of Sonya Love Guidance Center and interviews with fifteen Probation placed children, Sonya Love Guidance Center fully complied with all nine elements in the area of Licensure/Contractual Compliance.

Recommendations:

None.

PROGRAM SERVICES

Based on our review of Sonya Love Guidance Center and interviews with six Probation placed children, Sonya Love Guidance Center fully complied with all seven elements in the area of Program Services.

The children meet the Group Home's population criteria as outlined in their Program Statement and are assessed for needed services within thirty days of placement. Case files reflect adequate documentation to show that children are receiving treatment services.

The treatment team develops and implements the Needs and Services Plans (NSPs) with input from the child. The NSPs are current, comprehensive and include short and long term goals.

Recommendations:

None.

FACILITY AND ENVIRONMENT

Based on our review of Sonya Love Guidance Center and interviews with six Probation placed children, Sonya Love Guidance Center fully complied with four of the six elements in the area of Facility and Environment.

Sonya Love Guidance Center is located in a residential community. The exterior of the Group Home is well maintained. The front and surrounding areas are clean and adequately landscaped.

Overall, the interior of the Group Home is well maintained. The common quarters are neat and clean, there is adequate furniture and lighting, and the Group Home provides a home-like environment.

Children's bedrooms are well maintained. The rooms are clean, orderly and have age-appropriate personalized decorations. There is adequate furniture, lighting and storage space. Window coverings and window screens are in good repair. The mattresses are comfortable, the beds all have a full complement of linens, and the children's sleeping arrangements are appropriate. However, in bedroom #1, there is an old home alarm box with protruding wires.

The Group Home maintains age-appropriate and accessible recreational equipment. There are also board games, a TV and a DVD player. Books and resource materials are also available. However, the computer located in the dining room is not properly working.

The Group Home maintains a sufficient supply of perishable and non perishable foods.

Recommendations:

1. Sonya Love shall ensure that the deficiencies cited in bedroom #1 will be corrected and repaired in a timely fashion in order to ensure the safety and security of all residents placed at the Group Home.
2. Sonya Love shall ensure that the youth have access to a working computer.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of Sonya Love Guidance Center and interviews with six Probation placed children, Sonya Love Guidance Center fully complied with all four elements in the area of Education and Emancipation Services.

Children are attending school, are provided with educational support and resources to meet their educational needs, and are progressing satisfactorily in school. The Group Home's program includes the development of children's' daily living, self-help and survival skills. Children are also provided with opportunities to participate in emancipation and vocational programs as appropriate.

Recommendations:

None.

RECREATION AND ACTIVITIES

Based on our review of Sonya Love Guidance Center and interviews with six Probation placed children, Sonya Love Guidance Center fully complied with all three elements in the area of Recreation and Activities.

The Group Home provides children with sufficient recreational activities and leisure time. Children are provided with opportunities to participate in planning activities. Children also participate in extra-curricular, enrichment and social activities in which they have an interest. The Group Home has a small cardiovascular workout room, and a small weight room for the residents to use. The Group Home provides several recreation options for the residents to participate in, such as sporting activities like basketball. There is a community park within walking distance that the children may use for baseball team play or to throw the football. They also provide off-grounds activities such as outings to the library, movie theatre, baseball games, and museums. The Group Home provides transportation to and from these activities.

Recommendations:

None.

CHILDREN'S HEALTH RELATED-SERVICES, (INCLUDING PSYCHOTROPIC MEDICATION)

Based on our review of Sonya Love Guidance Center and interviews with six Probation placed children, Sonya Love Guidance Center fully complied with all nine elements in the area of Children's Health Related Services.

According to the Agency's management, there are currently no children taking psychotropic medications: however, the protocols and policies for psychotropic medication are in place. This information is appropriately documented. Children are aware of their right to refuse medication.

Recommendations:

None.

PERSONAL RIGHTS

Based on our review of Sonya Love Guidance Center and interviews with six Probation placed children, Sonya Love Guidance Center fully complied with ten of the eleven elements in the area of Personal Rights.

Children are informed about the Group Home's policies and procedures. Children report that they feel safe in the Group Home and are provided with appropriate staff supervision. Children express satisfaction with the quality of their interactions with staff and report that overall, the facility staff treat them with respect and dignity.

Children report that they are assigned chores that are reasonable and not too demanding. Children are allowed to make and receive personal telephone calls, send and receive unopened mail, and have private visitors. However, some children report that they do not have a choice on what religious services they would like to attend.

Children report that the discipline policies are consistently enforced, and there are fair and appropriate consequences for inappropriate behavior.

Children report satisfaction with meals and snacks. Children also receive voluntary medical, dental and psychiatric care.

Recommendations:

1. Sonya Love shall provide children a choice in what religious services they would like to attend and provide transportation to these services

CLOTHING AND ALLOWANCE

Based on our review of Sonya Love Guidance Center and interviews with six Probation placed children, Sonya Love Guidance Center fully complied with all eight elements in the area of Clothing and Allowance.

The Group Home provides appropriate clothing, items of necessity and the required \$50 monthly clothing allowance to children. Children are provided with opportunities to select their own clothes and the clothing provided is of good quality and of sufficient quantity. The Group Home conducts shopping outings every three (3) months at appropriate clothing stores.

The Group Home provides children with the required minimum weekly allowance and the children spend their allowances as they choose.

The Group Home provides children with adequate personal care items. The Group Home encouraged or assisted in creating and maintaining photo albums/life books.

Recommendations:

None.

PERSONNEL RECORDS

Based on our review of Sonya Love Guidance Center and interviews with six Probation placed children, Sonya Love Guidance Center fully complied with all twelve elements in the area of Personnel Records.

A random check of employee records was completed. All training and background checks were completed and current. All staff in the sample had current driver's licenses, first aid training and de-escalation and restraint training. All files reviewed had the required educational documentation and criminal and child abuse clearances for their employees prior to being hired.

Recommendations:

None.

SONYA LOVE GUIDANCE CENTER

**1700 W 60th street
Los Angeles, California 90047**

From: SONYA LOVE GUIDANCE CENTER

To: Joseph Ninofranco / Probation

Plan of correction

- 1. The Sonya Love Guidance Center facility manager will be responsible to ensure the completion of all noted deficiencies by August 27, 2010.**

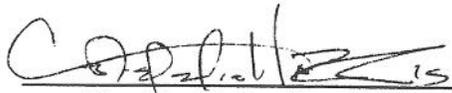
Findings:

- A. Old alarm box with protruding wires in the closet of bedroom #1**
- B. No working computer in the group home**
- C. Group home to provide choices to youth regarding religious services**

Corrections:

On August 27, 2010 each one of these area's have been corrected:

- The old alarm box was removed and the hole was patched and repainted by Sonya Love's hired handy man, Carl Kendricks on 7/29/10. The wires that were sticking out were dead wires no longer in use. Mr. Kendricks concealed the wires in the wall, placed a netting over them, patched the hole with wall paste and repainted. The entire repair cost approximately \$20.00.**
- A meeting was held with all residents by Mr. Harris and Facility Manager, Ms. Curry, to discuss with them their religious service options. There was only one youth that chose not to attend services. The residents of Sonya love made a decision to participate with and continue to attend the church they presently attend.**
- Of the 2 computers, one was repaired and one is in the process of being replaced. A new facility will be purchased 10/2/10 for Sonya Love Administrative Services. The new facility will come with an additional 11 State-Of-Art computers already installed in the new building. They will be available for all residents every day after school and on the weekends.**

A handwritten signature in black ink, appearing to read "Costelelio Harris", written over a horizontal line.

Mr. Costelelio Harris / Executive Director



DONALD H. BLEVINS
Chief Probation Officer

COUNTY OF LOS ANGELES PROBATION DEPARTMENT

PLACEMENT PERMANENCY AND QUALITY ASSURANCE
GROUP HOME MONITORING AND INVESTIGATIONS
11701 S. ALAMEDA STREET, 2ND FLOOR
LYNWOOD, CALIFORNIA 90262
(323) 357-5535



October 7, 2010

TO: Each Supervisor

FROM:  Donald H. Blevins, Chief
Probation Department

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

**SUBJECT: LOVING LIFE GROUP HOMES I & II CONTRACT COMPLIANCE
MONITORING REVIEW**

We have completed a review of Loving Life Group Homes I & II operated by You Are The Difference Foundation, Inc. The Group Home contracts with the Los Angeles County Probation Department.

Loving Life Group Homes has two (2) six-bed facilities located in Compton, CA and Los Angeles, CA. This agency has a Residential Care Level (RCL) rate of 10 and provides care for boy's ages 12-17 years who exhibit behavioral, emotional, and psychological difficulties. At the time of the monitoring review, Loving Life Group Homes I & II were providing services for twelve (12) Probation youth.

The Loving Life Group Homes I and II is located in the Second District.

SCOPE OF REVIEW

The purpose of our review is to determine whether the Agency is providing the services as outlined in their Program Statement. In addition, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights.

The Loving Life Group Homes I and II is located in the Second District.

SUMMARY

Generally, the Agency is providing the services as outlined in their Program Statement. Although there are minor deficiencies that require action, there are no egregious deficiencies that would require an intensive corrective action plan. The residents appear to be safe living in the Group Home, and all child and staff records appear to be in order.

NOTABLE FINDINGS

The following are the notable findings of our review:

Loving Life I:

- The stove at the Compton facility was in need of adjustment of the front burner and oven door.
- The tile in the front bathroom at the Compton facility was in need of caulking around the bathtub.
- The knob on the second bedroom door required tightening.
- The front bedroom of the Compton facility was in need of painting.
- There were several minor physical deficiencies cited in the Group Home that required repair or correction as described in the Facility and Environment section of the Monitoring Review Summary.

Loving Life II:

- The outside of the Los Angeles facility required water-blasting and minor painting on the front of the house and front porch.
- The rain gutters in the front section of the facility were worn and in need of replacing.
- The rear stairs in the back of the facility were loose and required tightening.
- The interior baseboards in the living room of the facility were loose and required securing and caulking.
- The molding in the dining room required painting.
- Two shrubs in the front section of the Los Angeles facility had fungus and required removal.

EXIT CONFERENCE

In attendance:

Alena Cindy Giardina, Deputy Probation Officer/Monitor
Ms. Billie Woods, Executive Director
Ms. Alice Brown, Quality Assurance Director

HIGHLIGHTS

The Exit Conference was conducted on October 5, 2010. The representatives present were in agreement with the findings of the review. The deficiencies were addressed at the time of the exit conference. The Group Home agreed to have the cited physical deficiencies in each of the facilities corrected in a timely manner. A follow-up visit will be conducted to ensure that all deficiencies have been corrected.

If you need additional information or have any questions or concerns, please contact Director, Lisa Campbell-Motton, Placement Permanency and Quality Assurance at (323) 240-2435.

DHB:REB:LCM:ed

Attachments

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Jean Chen, Community Care Licensing
Jackie White, Deputy Chief Executive Officer
Chief Deputies
Justice Deputies
Billie Woods-Bean, Executive Director, Loving Life Group Homes I & II

**LOVING LIFE GROUP HOMES I & II PROGRAM CONTRACT COMPLIANCE
MONITORING REVIEW- SUMMARY**

	Contract Compliance Monitoring Review	Findings: Month/Year
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	Full Compliance (All)
II	<p><u>Program Services</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. Probation Caseworker Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommendation Assessments/Evaluations Implemented 7. Probation Caseworkers Monthly Contact Documented 	Full Compliance (All)
III	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1.Improvement needed 2.Improvement needed 3.Full Compliance 4.Full Compliance 5.Full Compliance 6.Full Compliance
IV	<p><u>Educational and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained 	Full Compliance (All)
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities. 	Full Compliance (All)
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 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)

	<ol style="list-style-type: none"> 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely 	
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence. 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	Full Compliance (All)
VIII	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50.00 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book 	Full Compliance (All)
IX	<p><u>Personal Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education/ Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On Going Training Documentation 12. Emergency Intervention Training Documentation 	Full Compliance (All)

You Are the Difference Foundation Inc.
171 N. Rock River Drive, Diamond Bar, CA 91765

To: DPO Alena Cindy Giardina
Los Angeles County Probation Department

From: Billie Woods Bean
Executive Director
You Are the Difference Found. Inc.
(DBA) Loving Life Home

Date: November 04, 2010

Re: Notable Findings and Plan of Correction

NOTABLE FINDINGS

The following are the notable findings of our review: There were several minor physical deficiencies cited in the Group Home that required repair or correction as described in the Facility and Environment section of the Monitoring Review Summary.

Loving Life II:

1. The outside of the Los Angeles facility required water-blasting and minor painting on the front of the house and front porch.

On 09/14/10 water blasting and painting repairs were made by the maintenance staff.

2. The rain gutters in the front section of the facility were worn and in need of replacing.

New rain gutters were purchased and installed on 09/16/10 by the maintenance staff.

3. The rear stairs in the back of the facility were loose and required tightening.

On 09/16/10 the stairs were completely repaired and tighten by the maintenance staff.

4. The interior baseboards in the living room of the facility were loose and required securing and caulking.

Baseboards were secured with the proper caulking on 09/17/10 by the maintenance staff.

**You Are the Difference Foundation Inc.
171 N. Rock River Drive, Diamond Bar, CA 91765**

5. The molding in the dining room required painting.
The molding was repainted on 09/17/10 by the maintenance staff.
6. Two shrubs in the front section of the Los Angeles facility had fungus and required removal.
The two shrubs were removed on 09/17/10 by the maintenance staff.

Loving Life I:

1. The stove at the Compton facility was in need of adjustment of the front burner and oven door.
On 09/22/10 adjustments were made to the front burner and the oven door by Stove Heaven.
2. The tile in the front bathroom at the Compton facility was in need of caulking around the bathtub.
Caulking was replaced around the bathtub on 09/23/10 by the maintenance staff.
3. The knob on the second bedroom door required tightening.
The second bedroom knob was tightened by the maintenance staff on 09/23/10.
4. The front bedroom of the Compton facility was in need of painting.
On 09/24/10 the maintenance staff repainted the front bedroom.

**You Are the Difference Foundation Inc.
171 N. Rock River Drive, Diamond Bar, CA 91765**

EXIT CONFERENCE

In Attendance:

Ms. Alena Cindy Giardina, Deputy Probation Officer/Monitor
Ms. Billie Woods, Executive Director
Ms. Alice Brown, Quality Assurance Director

Highlights:

The Exit Conference was conducted on October 22, 2010. The representatives present were in agreement with the findings of the review. The deficiencies were addressed at the time of the exit conference. The Group Home agreed to have the cited physical deficiencies in each of the facilities corrected in a timely manner.

Respectively Submitted,



Billie Woods Bean, Executive Director

**LOVING LIFE GROUP HOMES I AND II PROGRAM CONTRACT
COMPLIANCE MONITORING REVIEW**

**Loving Life Group Home I
700 South Burris Avenue
Compton, CA 90021
License Number 191600185
Rate Classification Level: 10**

**Loving Life Group Home II
9601 S. Hobart Street
Los Angeles, CA 90047
License Number: 198204496
Rate Classification Level: 10**

The following report is based on a “point in time” at the time of the monitoring visit. This compliance report addresses findings noted during the August-September 2010 monitoring review.

LICENSURE/CONTRACTUAL COMPLIANCE

Based on our review of six (6) case files and nine (9) staff files, and/or documentation from the provider, Loving Life Group Homes I & II was in full compliance with nine (9) out of the nine (9) sections of our Contract Compliance review. Licensure/Contract Requirements; Educational and Emancipation Services; Recreation Activities; Children’s Health-Related Services (Including Psychotropic Medication); Personal Rights; and Personnel Records (Including Staff Qualifications, Staff Ratios, Criminal Clearance, and Training). The following report details the results of our review:

Based on our review of Loving Life Group Homes I & II and interviews with six (6) Probation placed children, Loving Life Group Homes I & II fully complied with all nine (9) elements in the area of Licensure/Contractual Compliance.

Recommendations:

None

PROGRAM SERVICES

Based on our review of Loving Life Group Homes I & II and interviews with six (6) Probation placed children, Loving Life Group Homes I & II fully complied with all seven (7) elements in the area of Program Services.

The children meet the Group Home’s population criteria as outlined in their Program Statement and are assessed for needed services within thirty days of placement. Case files reflect adequate documentation to show that children are receiving treatment services.

The treatment team develops and implements the Needs and Services Plans (NSPs) with input from the child. The NSPs are current, comprehensive and include short and long term goals.

Recommendations:

None

FACILITY AND ENVIRONMENT

Based on our review of Loving Life Group Homes I & II and interviews with six (6) Probation placed children, Loving Life Group Homes I & II fully complied with four (4) of the six (6) elements in the area of Facility and Environment.

Loving Life Group Homes I & II are located in residential communities. The exterior of the Group Homes are well maintained. The facilities and garages and surrounding areas are clean and adequately landscaped. The backyards and garages were clean and properly secured by a locked fence and in good working condition.

However, the interior of the Compton (Site I) and Los Angeles (Site II) Group Homes were in need of minor repairs. Following are the deficiencies cited:

Compton Facility (Loving Life I)

- The stove at the Compton facility was in need of adjustment of the front burner and oven door.
- The tile in the front bathroom at the Compton facility was in need of caulking around the bathtub.
- The knob on the second bedroom at the Compton facility required tightening.
- There were several minor physical deficiencies cited in the Group Home that required repair or correction as described in the Facility and Environment section of the Monitoring Review Summary.

Los Angeles Facility (Loving Life II)

- The outside of the Los Angeles facility required water-blasting and minor painting on the front of the house and front porch.
- The rain gutters in the front section of the Los Angeles facility were worn and in need of replacing.
- The rear stairs in the back of the Los Angeles facility were loose and required tightening.
- The interior baseboards in the living room of the Los Angeles facility were loose and required securing and caulking.
- The molding in the dining room of the Los Angeles facility required painting.

- Two shrubs in the front section of the Los Angeles facility had fungus and required removal.

The fire escape/evacuation routes were all properly posted in the noted homes. Aside from the aforementioned deficiencies cited, the common quarters were exceptionally neat and clean. There is adequate furniture and lighting, and the Group Homes provide a home-like environment.

Children's bedrooms are clean, orderly and have age-appropriate personalized decorations. There is adequate furniture, lighting and storage space. Window coverings and window screens are in good repair. The mattresses are comfortable, the beds all have a full complement of linens, and the children's sleeping arrangements are appropriate.

The Group Home maintains age-appropriate and accessible recreational equipment. Each home has a TV and a DVD player. There are some books and resource materials as well as a storage space for art and school supplies in each home. Additionally, there is a computer and printer, with games, reading materials and resources that are accessible to all of the residents, as needed.

The Group Homes maintain a large, clean kitchen and dining room with a current menu properly posted. There is a sufficient supply of perishable and non perishable foods stored in two large refrigerators and two large freezers.

Recommendations:

1. Loving Life Group Homes I & II shall ensure that the aforementioned deficiencies cited will be corrected and repaired in a timely fashion in order to ensure the safety and security of all residents placed at the Group Homes.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of Loving Life Group Homes I & II and interviews with six (6) Probation placed children, Loving Life Group Homes I & II fully complied with all four (4) elements in the area of Education and Emancipation Services.

Children are attending school, are provided with educational support and resources to meet their educational needs, and are progressing satisfactorily in school. In addition to the required schooling provided, the Group Homes also maintain tutors and resources that are available to all residents as part of after school tutoring and supplemental learning. The Group Home's program includes the development of children's daily living, self-help and survival skills. Children are also provided with opportunities to participate in emancipation and vocational programs as appropriate.

Recommendations:

None

RECREATION AND ACTIVITIES

Based on our review of Loving Life Group Homes I & II and interviews with six (6) Probation placed children, Loving Life Group Homes I & II fully complied with all three (3) elements in the area of Recreation and Activities.

The Group Home provides children with sufficient recreational activities and leisure time. Children are provided with opportunities to participate in planning activities. Children also participate in extra-curricular, enrichment and social activities in which they have an interest. The Group Home has a small weight room area for the residents to use. The Group Home provides several recreation options for the residents to participate in such as sporting activities like basketball and baseball team play, swimming, gardening, etc. They also provide off-grounds activities such as outings to the library, movie theatre, baseball games, Lakers and Clippers basketball games and museums. The Group Home provides transportation to and from these activities.

Recommendations:

None

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of Loving Life Group Homes I & II and interviews with six (6) Probation placed children, Loving Life Group Homes I & II fully complied with all nine (9) elements in the area of Children's Health Related Services.

Of the six (6) child interviews, four (4) of the children have current court authorizations for psychotropic medication. Documentation based on the psychotropic medication review tool confirms that these children are routinely seen by the prescribing psychiatrist.

Children are informed about their psychotropic medication and are aware of their right to refuse medication. Medication distribution logs are properly maintained.

Recommendations:

None

PERSONAL RIGHTS

Based on our review of Loving Life Group Homes I & II and interviews with six (6) Probation placed children, Loving Life Group Homes I & II fully complied with all eleven (11) elements in the area of Personal Rights.

Children are informed about the Group Home's policies and procedures. They report that they feel safe in the Group Homes and are provided with appropriate staff supervision. Children express satisfaction with the quality of their interactions with staff and report that overall, the facility staff treat them with dignity and respect.

Children report that they are assigned chores that are reasonable and not too demanding. They are allowed to make and receive personal telephone calls, send and receive unopened mail, have private visitors and attend religious services of their choice.

Children report that the discipline policies are consistently enforced, and there are fair and appropriate consequences for inappropriate behavior.

Children report satisfaction with meals and snacks. They also receive voluntary medical, dental and psychiatric care.

Recommendations:

None

CLOTHING AND ALLOWANCE

Based on our review of Loving Life Group Homes I & II and interviews with six (6) Probation placed children, Loving Life Group Homes fully complied with all eight (8) elements in the area of Clothing and Allowance.

The Group Home provides appropriate clothing, items of necessity and the required \$50 monthly clothing allowance to children. Children are provided with opportunities to select their own clothes, and the clothing provided is of good quality and of sufficient quantity. The Loving Life Group Homes I & II transport the children to clothing stores where they can purchase appropriate attire at a reasonable price. The Group Homes also conduct shopping outings every three (3) months at appropriate clothing stores.

The Group Homes provide children with the required minimum weekly allowance and the children spend their allowances as they choose. Loving Life Group Homes I & II also allow them to set up savings accounts at local banks so the children can save their allowances and upon release can withdraw their savings and spend their allowances as they choose.

The Group Home provides children with adequate personal care items. Loving Life Group Homes I & II encourage and assist the children in creating and maintaining life books/photo albums.

Recommendations:

None

PERSONNEL RECORDS

Based on our review of Loving Life Group Homes I & II and interviews with six (6) Probation placed children, Loving Life Group Homes I & II fully complied with all twelve (12) elements in the area of Personnel Records.

A random check of employee records was completed. All training and background checks were completed and current. All staff in the sample had current driver's licenses, first aid training, CPR training and de-escalation and restraint training. All files reviewed had the required educational documentation and criminal and child abuse clearances for their employees prior to being hired.

Recommendations:

None



PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

March 7, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

From: Philip L. Browning
Director

HILLSIDES GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a Group Home compliance review.

The Hillside Group Home (Hillsides) has three sites located in the 5th Supervisorial District and one site located in the 1st Supervisorial District, and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Hillside Group Home program statement, its goal is "to stabilize children, re-educate the families and reunify children with their families as soon as possible." Hillside Group Home is licensed to serve the capacity of 66 children, ages 6 through 17.

The Out-of-Home Management Division (OHCMD) conducted a review of the Hillside Group Home in March 2011, at which time the Agency had 13 DCFS placed children, nine of whom were males and four females. The sampled children's overall length of placement was seven months, and the average age was 15. For the purpose of this review, ten sampled children were interviewed and their case files were reviewed. Ten staff files were reviewed for compliance with the Title 22 Regulations and contract requirements.

HILLSIDES GROUP HOME
PAGE 2

Eleven children were on psychotropic medication. We reviewed their case files to assess the timeliness of the psychotropic medication authorizations and to confirm that the medication logs documented correct dosages and that medications were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Hillside's Group Home's compliance with the contract and State Regulations. The visit included a review of Hillside's program statement, administrative internal policies and procedures, ten children's case files, and a random sampling of personnel files. Visits were made to all of the sites to assess the quality of care and supervision provided to children, and we conducted interviews with the children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Hillside's was providing the services as outlined in its program statement. The children interviewed indicated that they enjoyed the daily recreation activities, were happy with their clothing and glad to have their own bedroom.

At the time of the review, the Group Home needed to address the issue of disaster drills being conducted at least every six months at the four sites, as well as fire drills on the main campus. At the time of the review, these drills were being initiated through the on-campus school during school hours, but not on weekends and in the evenings. The visit also revealed expired food in the main campus kitchen, as well as no system for dating and logging the delivery of food to ensure that the children were served fresh food. A few children discussed not being provided second helpings of food on the main campus and all of the sites did not maintain a Sign-In/Sign-Out Log.

Hillside's Group Home was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- The main campus kitchen contained expired food with no tracking system to determine when food was received and when it expired. The Agency representatives immediately removed the expired food and stated that they employ an outside company to supply and prepare all of the on-campus food. They further explained that they have sub-contracted their food service for many years due to the difficulty of employing and staffing kitchen help. The Agency

has an employee who provides the oversight and will ensure that all food is dated when it arrives and that expired food is discarded.

- One child's Psychotropic Medication Authorization (PMA) was not submitted to Court in a timely manner. The Agency representatives stated that the Dependency Court would not accept the PMA renewal until they were nearly expired; therefore this PMA was submitted to Court the day before it expired with the approval arriving after the prior PMA had expired.
- Some children did not receive a timely initial medical and/or dental examination. The Nursing Supervisor stated that the children were placed in the Group Home with current physical and/or dental examinations; however, the review revealed that the Agency did not obtain the applicable children's medical and/or dental examinations in a timely manner.
- One child said she did not feel safe in the Group Home or treated with dignity and respect. She described feeling provoked by a few staff members in the Group Home, and that she had previously been restrained with too much force. The DCFS OHCMD monitor reported this allegation to the Child Protection Hotline on June 10, 2011. The referral was investigated by DCFS ERCP and deemed inconclusive. The allegation was discussed with the youth's therapist and the Administrator. The youth had never disclosed this allegation, or the alleged bruise to the upper left arm to her therapist. Another child did not feel safe due to feeling provoked by other children. According to the Cottage Supervisor, the child perceives children being helpful as provocation, and that this child may play too hard with the other children and get mad when they ask him to stop. The Agency representatives stated that they are concerned with any child feeling unsafe and will look into both of these matters to ensure these two children feel safe. Further investigation by DCFS OHCMD is pending Community Care Licensing (CCL) completing their investigation.
- A few children reported not being satisfied with meals and/or snacks because they felt that the second serving was not always adequate. The Agency representatives stated that they struggle with the children's obesity and subsequent lack of confidence and depression and attempt to steer the children toward making healthy food choices. The Agency representatives further stated that they have explored smaller first portions, anticipating the children having a second serving and eating too much food. The Agency representatives may explore smaller plates in an effort to limit the food portions. Also, the Agency representatives noted that one of the sampled children had gained 39 pounds since admission, although they provide a structured, daily recreation program, along with their on-grounds, built-in swimming pool. Subsequently, the child was enrolled in two pediatric obesity classes through Huntington Memorial Hospital. Furthermore, the Agency is exploring the possibility of implementing a Weight Watcher's group for the children, modeling the one they currently provide for

their staff members. Although the Agency believes that group support is very important in obtaining success, the children have not agreed to the Weight Watcher's program, due to their perceived notion of the weigh-in process. However, the Agency stated that on an individual basis, three children have joined two particular outside fitness programs. Additionally, another child prefers the pre-packaged meals, so the Agency is exploring a particular weight loss program which includes pre-packaged foods.

- Some children reported that they did not know that they had the right to refuse medical/dental/psychiatric care, psychotropic medication and be informed of their prescribed psychotropic medication. The Agency representatives stated that the children's psychiatrist and therapist will continue to inform and reiterate to the children their rights related to receive or reject medical, dental, psychiatric treatment and prescribed psychotropic medication, as well as educate them of their prescribed psychotropic medication.
- A few children reported not having the opportunity to create a life book/photo album. The Agency representatives stated that three children are relatively new to the Agency; however the Agency will encourage participation in activities that include making life books/photo albums. The Agency representatives further stated that during the orientation process for new children, the Agency will reiterate the children's involvement in creating these life books.
- Some of the reviewed Needs and Services Plans were not comprehensive. The Agency representatives acknowledged the deficiency and stated that they will provide training for their therapists.
- There were some personnel issues at the time of the review. One staff member's personnel file did not contain verified work experience and one staff member did not meet the requirements in the Hillside's program statement's job description. In the Corrective Action Plan (CAP), the Agency provided verified work experience for the one staff member and stated that the job description for the other staff member had been revised. The revised job description was forwarded to Community Care Licensing (CCL) and DCFS Contracts section for approval and to be incorporated into the Hillside's Group Home Program Statement. Also, one staff member did not have a timely Criminal Clearance and another staff member did not have a timely Criminal Background Statement and Tuberculosis Clearance. The Agency representatives stated that they have improved their hiring process since 1991 and 2000, when these two staff members were hired. Additionally, a personnel file contained insufficient documentation of receiving the required initial training and some staff members did not have a current and/or timely certificates in CPR, First-Aid and/or Pro-Act. The Agency provided a written statement that these staff members will never be left alone with the children until they have received their required certificates.

HILLSIDES GROUP HOME
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The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held August 10, 2011.

In attendance:

Susanne Crummey, Administrator, Hillside; Jeanne Williams, Ph.D., Director of Treatment Services and Kristine Kropke Gay, Monitor, OHCMD, DCFS.

Highlights:

Hillside Group Home was in agreement with our presented findings and recommendations. In regards to personnel issues, the Agency representatives stated that the staff members' job description had been revised and the revised job description would be sent to Community Care Licensing (CCL) and DCFS Contracts section for approval and incorporation into the current Hillside Group Home's program statement. Also, the Agency representatives explained that they have improved their hiring procedures since these two employees were hired to prevent untimely Criminal Clearances, Criminal Background Statements and Tuberculosis Clearances. The Agency representatives stated that they will conduct CPR, First-Aid, Pro-Act and Pro-Act Refresher training on a more frequent basis in order to reduce the likelihood of staff members not having the required certificates or the emergency intervention plan refresher course, and that uncertified staff members will not be allowed to work alone with a child.

In regards to the expired food, the Agency representatives immediately removed the expired food and stated that they employ an outside company to supply and prepare all of the on-campus food. They further explained that they have subcontracted their food service for many years, and found it necessary due to the difficulty of employing and staffing kitchen help. The Agency has an employee who provides the oversight and will ensure that all food is dated when it arrives and that expired food is discarded.

Also, in discussing the children receiving second helpings, the Agency representatives stated that they struggle with the children's obesity and subsequent lack of confidence and depression. The Agency attempts to steer the children toward making healthy food choices. The Agency representatives further stated that they have explored smaller first portions, in anticipation of the children having second servings. The Agency may also explore smaller plates in an effort to limit the food portions. It was noted that one of the sampled children had gained 39 pounds since admission, although the Agency provides daily recreation for the children. The Agency is exploring the possibility of implementing a Weight Watcher's group for the children, modeling the one they currently provide for their staff members.

HILLSIDES GROUP HOME

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Regarding the children's personal rights issues related to accepting or rejecting treatment and being informed of their prescribed psychotropic medications, the Agency representatives stated that the children's therapist and psychiatrist continually educate the children and will continue to do so.

As agreed, Hillside Group Home provided a timely written Corrective Action Plan (CAP), addressing each recommendation noted in this compliance report. The approved CAP is attached. DCFS OHMD will follow-up on the implementation of the recommendations during the next monitoring review.

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

PLB:RS:KR
EAH:DC:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Deborah L.S. Booth, President, Board of Directors, Hillside
Joseph M. Costa, Executive Director, Hillside
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

**HILLSIDES GROUP HOME PROGRAM CONTRACT COMPLIANCE
MONITORING REVIEW SUMMARY**

SITE LOCATIONS

Main Campus
940 Avenue 64
Pasadena, California 91105
License Number: 191200313
Rate Classification Level: 12

On-Campus Satellite (OCS)
940 Avenue 65
Los Angeles, California 90042
License Number: 191801995
Rate Classification Level: 12

Girls Satellite Home (GSH)
873 north Hill Avenue
Pasadena, California 91104
License Number: 191290639
Rate Classification Level: 12

Boys Satellite Home (BSH)
873 North Hill Avenue
Pasadena, California 91001
License Number: 191200838
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: March 2011
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs 	<p>Full Compliance (ALL)</p>
II	<p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food 	<ol style="list-style-type: none"> 1. Needs Improvement 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Needs Improvement
III	<p><u>Program Services</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance

HILLSIDES GROUP HOME
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	<ol style="list-style-type: none"> 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. NSPs Comprehensive 	<ol style="list-style-type: none"> 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Needs Improvement
IV	<p><u>Education and Emancipation Services</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards maintained 	Full Compliance (ALL)
V	<p><u>Recreation and Activities</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment, and Social Activities 	Full Compliance (ALL)
VI	<p><u>Children's Health-Related Services (including Psychotropic Medications)</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams Conducted 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely 	<ol style="list-style-type: none"> 1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Needs Improvement 9. Full Compliance
VII	<p><u>Personal Rights</u> (11 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 	<ol style="list-style-type: none"> 1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Needs Improvement 5. Full Compliance

	<ol style="list-style-type: none"> 6. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 7. Children Allowed Private Visits, Calls, and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication 	<ol style="list-style-type: none"> 6. Needs Improvement 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Needs Improvement 11. Needs Improvement
<p>VIII</p>	<p><u>Children's Clothing and Allowance</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book 	<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. Needs Improvement
<p>IX</p>	<p><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u> (12 Elements)</p> <ol style="list-style-type: none"> 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First-Aid Training Documentation 11. Ongoing Training Documentation 12. Emergency Intervention Training Documentation 	<ol style="list-style-type: none"> 1. Needs Improvement 2. Needs Improvement 3. Full Compliance 4. Needs Improvement 5. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Needs Improvement 9. Needs Improvement 10. Needs Improvement 11. Needs Improvement 12. Needs Improvement

**HILLSIDES GROUP HOME
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

SITE LOCATIONS

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License Number: 191290639
Rate Classification Level: 12

Boys Satellite Home (BSH)
873 North Hill Avenue
Pasadena, California 91001
License Number: 191200838
Rate Classification Level: 12

The following report is based on a "point in time" monitoring visit, and is only intended to report on the findings noted during the March 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of ten children's files, ten staff files, and/or documentation from the provider, Hillside's Group Home was in full compliance with three of the nine sections of our Contract Compliance Review: Licensure/Contract Requirements; Educational and Emancipation Services and Recreation and Activities. The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review of Hillside's Group Home and interviews with ten children, Hillside's Group Homes fully complied with two of the six elements in the area of Facility and Environment.

The Group Home maintained sufficient age-appropriate recreational equipment that was in good condition, an appropriate quantity and quality of reading materials and educational resources.

However, during the inspection of the Girls' Satellite Home (GSH), we noticed a large portion of the left side of the backyard's wooden fence was severely leaning over and the fence behind the garage was missing a wooden picket. Windows in bedrooms one, two, and three, did not open when the Cottage Supervisor and Monitor tried to open them and one bedroom blind was broken. Also, the bathroom windows did not open (near bedrooms three and four) and the laundry room screen was broken. The fire exit doorway outside bedroom three was full of dirt. The fire exit landing contained a large pile of leaves and pine needles. In the second bedroom, located in the Boys Satellite Home (BSH), the double bedroom windows did not open. Bedroom three was missing the wand on the window blind. The GSH and BSH Supervisor acknowledged the deficiencies and stated that they would be repaired.

The Main Campus Family Cottage laundry room had no flooring under the washer and dryer, only the subfloor. The Agency Representatives stated that linoleum would be placed under the appliances. Additionally, the Main Campus Redwood Cottage had two bedrooms with patched walls. In another bedroom, the middle dresser drawer did not open. The Agency Representatives and Cottage Supervisor stated that the bedrooms were in the process of being repainted and the dresser drawer would be repaired. Also, in one cottage (Canyon Cottage) had a dresser drawer that was off the track and therefore not usable. Another cottage (Arroyo Cottage) had a bedroom that contained a lot of markings on the walls and another bedroom had a patched hole above the bed. The Agency Representatives stated the dresser drawers would be repaired and the bedrooms would be repainted.

Although the Main Campus' Kitchen had adequate food, there were many perishable and non-perishable food items that had expired. When the Monitor discovered this deficiency, it was brought to the attention of a kitchen staff member, as well as the Program Director on duty at the time of the inspection. The Program Director acknowledged the perishable and non-perishable food items that had expired, removed some of the expired food and e-mailed the Agency Representatives of the deficiency. The Monitor contacted the Agency Representatives the following day, who stated that the expired food was removed and that the kitchen staff members would ensure that all food is dated when it arrives, so that expired food would be discarded in the future.

Recommendations:

Hillsides Group Home Management shall ensure that:

1. The Group Home exterior and grounds are well maintained.
2. The Group Home common quarters are well maintained.
3. The children's bedrooms are well maintained.
4. The Group Home contains fresh perishable and non-perishable foods.

PROGRAM SERVICES

Based on our review of ten children's case files, Hillsides Group Home fully complied with seven of the eight elements in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in their program statement; the Group Home obtained or attempted to obtain the CSW's signature to implement the Needs and Services Plans (NSP), and the children and staff participated in the NSP. We also found that the children received the required therapeutic services and the monthly CSW contacts were noted in the children's files.

Of the 23 initial and updated NSPs reviewed, some were not comprehensive in that they did not include all of the required elements in accordance with the NSP template. Some of the NSPs did not include specific and measurable treatment goals as they relate to permanency

and life skills. The Agency Representatives acknowledged the deficiency and stated that they will provide training for their therapists.

Recommendation:

Hillsides Group Home management shall ensure that:

5. The NSPs are comprehensive and include all elements of the NSP template.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of ten children's files and/or documentation from the provider, Hillsides Group Home fully complied with six of the nine elements in the area of Children's Health-Related Services, including Psychotropic Medication.

The Agency had ensured that the children's psychiatric evaluations/reviews were current, the medication logs were maintained and consistent with the Court authorization and that the initial medical and dental examinations were conducted.

DCFS OHCMD found that the Group Home had 11 children on psychotropic medication. Of the 11 children prescribed psychotropic medication, one child's psychotropic medication authorization (PMA) expired on June 3, 2011, and the new PMA request was not submitted to the Court until June 2, 2011. Additionally, three of the ten sampled children did not receive a timely initial medical examination and four of the ten children did not receive a timely initial dental examination. The Nursing Supervisor stated that the children were placed with a current medical and/or dental examination; however, the review revealed that the Group Home did not obtain the applicable children's medical and/or dental examinations in a timely manner.

Recommendations:

Hillsides Group Home Management shall ensure that:

6. The children have a current PMA on file.
7. The children receive a timely initial medical and dental examinations.

PERSONAL RIGHTS

Based on our review of ten children's case files and interviews with the children, Hillsides Group Home fully complied with 6 of 11 elements in the area of Personal Rights.

All ten sampled children reported that they were informed of the Group Home policies and procedures, were allowed private visits, to make and receive telephone calls, and to send and receive unopened mail. Additionally, the children stated that they were free to attend religious services and activities of their choice and that their chores were reasonable.

HILLSIDES GROUP HOME
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Two children stated that they did not feel safe in the Group Home. Specifically, one child stated that sometimes it could be "hell," in that some staff yell and provoke children in a specific common area where the cottage camera is not located. The child further discussed a restraint in which she felt that "too much force" was used by a staff member, resulting in a bruise to her upper left arm. The DCFS OHCMD Monitor reported this allegation to the Child Protection Hotline and discussed the allegation with the youth's therapist and the Group Home Administrator. The youth had never disclosed to her therapist this allegation, or the alleged bruise to her upper left arm. The DCFS OHCMD Monitor reported this incident to Community Care Licensing and their investigation remains pending. Another child stated that he did not feel safe at the Group Home and that he wanted to be at home with his mother. The child stated that the kids provoke him, beat him up and "the staff doesn't care." According to the Cottage Supervisor, the child perceives children being helpful as provocation, and that this child may play too hard with the children and they will get mad at him when they ask him to stop and he does not honor their wishes. The Agency Representatives stated that they are concerned with any child feeling unsafe and will look into both of these matters to ensure these two children feel safe.

Six children stated they do not always get a second serving. One child stated that he "got his portion of food," but sometimes he is still hungry. Another child stated there were no second helpings, while some stated that second helpings depended upon how much food was left over after the staff members eat, or that the seconds were a very small portion, or that seconds only consisted of vegetables, and salad and/or fruit, not the main dish or dessert. Another child stated that he thought they "deserved seconds," but second helpings are not always available. Two children were not satisfied with the food and snacks. The Agency Representatives stated that they struggle with the children's obesity and subsequent lack of confidence and depression and attempt to steer the children toward making healthy food choices. The Agency representatives further stated that they have explored smaller first portions, in anticipation of the children having second servings. The Agency Representatives may explore smaller plates in an effort to limit the food portions. The Agency Representatives noted that one of the sampled children had gained 39 pounds since admission, although the Agency provides daily recreation for the children. The Agency Representatives are exploring the possibility of implementing a Weight Watcher's group for the children, modeling the one they currently provide for their staff members.

The first child who reported not feeling safe, also felt unfairly treated by two staff members. She cited a specific incident in which she was accused of getting up late and as a result received early bed time. The child explained that the cottage clocks are all set at different times and that a particular staff member used the clock to her (staff member's) advantage in accusing the child of waking up late for school. She also stated that two staff members are "liars", provoke and/or talk behind their back to other staff members. The Agency Representatives stated that the cottage battery-operated clocks may vary, but realize that the clocks are not the issue. The concern is child(ren) perceive staff members as yelling when staff members talk to the children in a raised tone of voice. This may be an indication that staff requires re-training. Another child reported that he did not know that he had the right to receive or reject medical, dental and psychiatric treatment. A separate child reported that he was not informed of his prescribed psychotropic medication and four children stated that they did not know that they had the right to refuse their prescribed psychotropic medication. The Agency Representatives stated that the child's psychiatrist and therapist will continue to inform

and reiterate to the child their rights to receive or reject medical, dental, psychiatric treatment and prescribed psychotropic medication, as well as educate them of their prescribed psychotropic medication.

Recommendations:

Hillsides Group Home Management shall ensure that:

8. All children feel safe in their Group Home.
9. All children are satisfied with meals and snacks.
10. All children are treated with respect and dignity.
11. All children are made aware of their right to refuse medical, dental and psychiatric care.
12. All children are informed about their psychotropic medication.
13. All children are aware of their right to refuse psychotropic medication.

CLOTHING AND ALLOWANCE

Based on our review of ten children's case files and interview with ten children, Hillsides Group Home fully complied with seven of eight elements in the area of Clothing and Allowance.

All ten children reported that they received the required clothing allowance and were pleased with the quality and quantity of their clothing. The clothing allowance logs and inventories confirmed that the requirements were being met.

Additionally, the children reported being involved in the selection of purchasing their clothing, as well as having a sufficient supply of personal care items. The children also reported receiving at least the minimum weekly allowance and the ability to spend their allowance on themselves. Three of the ten interviewed children were not aware of a life book/photo album while two other children did not answer the question. The Agency representatives stated that the three children are relatively new to the Agency; however they will encourage participation in activities that include making life books/photo albums. The Agency representatives further stated that during the orientation process for new children, the Agency will reiterate the children's involvement in creating these life books.

Recommendation:

Hillsides Group Home Management shall ensure that:

14. All children have the opportunity to create a life book/photo album.

PERSONNEL RECORDS

Based on our review of ten sampled personnel files, Hillside Group Home fully complied with 3 of the 12 elements in the area of Personnel Records.

All ten staff members received a timely Child Abuse Central Index (CACI) clearance, had a valid driver's license and had signed copies of the Group Home policies and procedures.

Two staff members did not meet the education/experience requirements and that at the time of the review, one staff member's personnel file did not contain verified work experience and one staff member did not meet the requirements in the Hillside Group Home job description. The Agency Representatives provided verified work experience for the one staff member and stated that the job description for the other staff member had been revised and they would forward the revised job description to Community Care Licensing (CCL) and DCFS Contracts for approval to incorporate into the Hillside Group Home Program Statement. One staff member did not have a timely Criminal Clearance and another staff member did not have a timely Criminal Background Statement and Tuberculosis clearance. The Agency Representatives stated that they have improved their hiring process since 1991 and 2000, when these two staff members were hired. One staff member's personnel file did not contain all of the documentation that the staff member received the required initial training hours within 90 days and another staff's personnel file did not contain all of the required ongoing training hours. The Agency representatives were able to provide these staff members complete training hours.

Two of ten reviewed staff members' CPR and/or First-Aid Certificates were not timely. Also, five of ten staff members were not certified in the Emergency Intervention Plan (Pro-Act) and/or did not receive timely training in Pro-Act Refresher. The Agency representatives stated that they will conduct CPR, First-Aid and Pro-Act training on a more frequent basis to help remediate the timely certification. Additionally, the Agency representatives stated that until the staff member(s) receives the three certificates, they will never be left alone with children.

Recommendations:

Hillside Group Home Management shall ensure that:

15. All staff have documentation in their personnel file of meeting the educational/experience requirements as described in their current job descriptions.
16. All staff receive a timely criminal fingerprint card and criminal background statement.
17. All staff receive a timely Tuberculosis Clearance.
18. All staff members' personnel files contain documentation of the required initial and ongoing training hours.
19. All staff members maintain timely and current certificates in CPR and First-Aid.

20. All staff members receive timely training in Pro-Act Refresher.

PRIOR YEAR FOLLOW-UP FROM THE OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD) REPORT

Objective

To determine the status of the recommendations reported in the OHCMD's prior monitoring review.

Verification

DCFS OHCMD verified whether the outstanding recommendations from the last monitoring review were implemented. The last report was issued on June 3, 2010.

Results

The OHCMD's prior monitoring report contained eight outstanding recommendations. Specifically, Hillsides Group Home was to ensure that the children were given the opportunity to participate in planning recreational activities, that their dosage of psychotropic medication being administered was within the range allowed on the psychotropic medication authorization, that the children were allowed a second serving of food considering any medical restrictions and that the children were educated regarding their psychotropic medication.

Also, the children were to have access to their weekly allowance. Staff members were to complete CPR training, the required annual or on-going training, and the emergency intervention refresher training.

Recommendation:

Hillsides Group Home Management shall ensure that:

21. The Agency will fully implement the four outstanding recommendations from the previous report, dated June 3, 2010, which are noted in this report as Recommendations 9, 18, 19, and 20.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller did not conduct a fiscal review of Hillsides Group Home.

HILLSIDES' COMPLIANCE REVIEW, 2010 CORRECTIVE PLAN

8/23/11 a/12/11 Ned

I. LICENSURE/CONTRACT REQUIREMENTS

#6 Group home conducts disaster drills every six months.

Disaster Drills: Hillside's has conducted only one disaster drill each year on the day of the Los Angeles county-wide duck and cover drill. The one drill took place on 10/21/10, at 10:21 a.m. It was campus-wide, involving staff and children. Attached is documentation of that drill. However, Hillside's has not met the minimum of two per year.

Plan: Hillside's will have a minimum of two disaster drills per year throughout all programs, including Boy's Satellite and Girls Satellite. The drills will be preplanned to occur both during the school day, after hours and on weekends when the children are in their cottages. These drills will be integrated into a master schedule and will be tracked not only by the Program Director's and group homes logs but also by the Hillside's Safety Committee and the Risk Assessment Committee. This will not only insure that the prescribed disaster drill take place but also that there is an assessment of the effectiveness of the drills. **Responsible Staff Person:** Gerri Monohan, Safety Committee and Director of Operations

Fire Drills: As all Hillside's staff and children know, Hillside's has had numerous fire drills during the past year, and they are all required to follow evacuation procedures each time. Clearly, some of these drills have not been documented as procedure dictates. However, it is also clear that at several sites, we have either fallen short of the requirement of one per month or have not had adequate systems in place to document both planned and unplanned fire drills.

Plan: A system of electronic scheduling has been instituted to provide a predictable reminder system that will insure that all Hillside's facilities have monthly fire drills. In addition, the Safety Committee will review on a quarterly basis the logs from each facility and site to ensure that the log is being accurately maintained to reflect that each drill has been documented. This will also allow the Safety Committee to review the effectiveness of the drills taking place.

Responsible Staff Person: Gerri Monohan

II. FACILITY AND ENVIRONMENT

#10 Are the group home's exterior and grounds well maintained?

Hillsides overall, as indicated consistently in audits and program reviews, has attractive, well-maintained facilities and grounds. On the other hand, specific deficiencies were noted by the reviewer. Numerous windows at both Girls Satellite Home and Boys Satellite home did not properly open, several blinds needed repair or replacing, the fence was leaning and missing a stave, and a fire escape landing had a collection of dirt, leaves and pine needles.

Plan: The maintenance staff have been notified of these deficiencies and the problems have been repaired or resolved. Maintenance has a system of routine checks of each site and a checklist of items to monitor. The windows described by the reviewer either became stuck due to routine weathering or were inadvertently sealed when painting was done at each location. Maintenance has added to their check-list the testing of windows to insure that they are able to be opened, and the fire escape. In addition, staff working at the sites are required to do a weekly check for repairs and the windows opening has been added to their routine examination. The fire escape has been added to the list of maintenance duties.

Responsible Staff Person: Group Home Administrator, Ramona McGee and Maintenance Foreman, Joe Holguin

#11 All repairs have been completed: linoleum in Family Cottage laundry room, along with walls, screens and windows in Girls' Satellite bathrooms and laundry room. See above for system for checking and completing repairs, and the staff responsible.

#12 All repairs have been completed: bedroom walls in Redwood have been patched and repainted, and the defective drawer replaced. In Canyon Cottage, the defective drawer has been replaced. In Arroyo Cottage, the bedrooms cited have been repainted. The defective blind at Girls' Satellite has been repaired. See above for system for checking and completing repairs, and the staff responsible.

#15 Does the group home maintain adequate perishable and non perishable foods?

All expired and undated food has been discarded. For the main campus food service, Hillsides provides meals through an independent contractor, Chartwells. During the review it was noted that the contractor staff had failed to follow the required procedure for dating of individual food items as they are received and stored. As well, some of the items were outdated.

Plan: The Director of Operations, Gerri Monohan has met with the lead management of the food service company and informed them that future violations of proper and mandated procedures cannot be permitted and will jeopardize our contract. The contractor service is well-informed of the requirements as they are active in other facilities similar to Hillsides. In addition, the Director of Operations has established a regular schedule of drop in

In two instances the doctors office postponed the appointment, in two cases children's anxiety caused them to refuse dental examinations, two appointments were delayed due to children being in crisis, exhibiting unsafe behavior causing the delay of any trips into the community.

Plan: A plan was made to increase the priority of these visits, to increase the communication by alerting staff to the fact that a deadline exists, and scheduling additional staff as needed to meet the deadlines.

There certainly may still be occasions when the child refuses the appointment. In those instances the refusal will be documented and the DCFS worker notified.

Staff Person Responsible: R.N. Supervisor, Kim Weleba

VII. PERSONAL RIGHTS

#40 Do children feel safe in the group home?

It is of course the highest priority of all programming to insure that children feel safe at Hillside. The staff mentioned in this complaint are two of the most experienced staff and have not had prior complaints made about them. On the other hand children's voices must be listened to with great care.

Plan: The Cottage Supervisor and the Director of Program Services have addressed the concerns that two staff do not speak respectfully to one of the children and that the clocks in the cottage are not synchronized in a way that makes the child feel that decisions are unfair. These issues are also being addressed in on-going staff training. Of course there are times when staff must raise their voice or speak firmly particularly regarding issues of safety.

Staff Responsible: Tom Johnson, Director of Program Services and Ramona McGee, Group Home Director

#41 Do children report satisfaction with meals and snacks?

Two children report not being satisfied with the food at Hillside. A weekly meeting at Hillside reviews the number of children who ate each meal, the children who chose an alternative meal instead of the one offered, and the reasons or complaints that children had about each meal.

Plan: The supervisors of each cottage attend this meeting along with the Director of Operations and the Manager of the Kitchen. In this way, meals can be adapted in response to complaints. To increase the opportunity for the children's voices to be heard regarding this issue, child representatives are now included in this meeting. The representatives bring feedback directly from children in their cottages.

The preferences of the children cannot be the sole consideration in menu planning and adapting as balanced meals and nutritional standards must remain a primary consideration. Hillside continues to work actively with staff and children to provide healthy and appealing meals.

Staff Responsible: Gerri Monohan, Director of Operations and Tom Johnson, Director of Program Services

#42 Is staff treating children with respect and dignity?

One child reported that they were not treated by a staff in a respectful way.

Plan: The specific complaint has been investigated both by Hillside's and by outside representatives and it has not been possible to verify the information reported by the child. Video camera's have recently been added to additional locations at Hillside's in order to enhance the ability to monitor the key living environments. Staff training continues to focus on the children's rights and the empowering of children in healthy ways.

Staff Responsible: Tom Johnson, Director of Program Services

#44 Are children free to receive or reject voluntary medical, dental and psychiatric care?

One of the children reported that he/she is not allowed to refuse care. All children at Hillside's are allowed to refuse medical care and, in fact, some of the children do refuse.

Plan: Staff are required to document when a child refuses as in some cases, repeated refusal may result in a medical or health concern. At the time of intake all children and their representatives/parents are informed of the child's right to refuse care and the children sign a statement that they understand this right. The nursing staff and the child's individual therapist regularly repeat the children's rights to them as issues come up. Staff will document these conversations.

Staff Responsible: Jean Williams, Director of Treatment and Kim Weleba, Nursing Supervisor

#48 Are children informed about their psychotropic medication?

Children are regularly informed about their medication by the doctor who prescribes the medication, by the nursing staff who dispense the medication and by the therapist who helps to monitor the overall effects and side effects of medication. One of the children reported in the review that they are not told about their medication.

Plan: Because of this, staff will make concerted effort, as indicated above, to communicate in a manner that is clear to the children and encourage children to express any concerns. Staff will be asked to document these conversations as children may forget what they have been told.

Staff Responsible: Kim Weleba, Nursing Supervisor

49 Are children aware of their right to refuse medication? Four children reported not being informed of their right to refuse their medication. As indicated above, children are informed at intake and asked to sign a statement that they understand this right. In addition, the children see other children refusing their medication. On the other hand, some children appear to still be unaware of this right.

Plan: Refusals are routinely documented in incident reports due to the health risk that can be created by inconsistency in taking a medication. Staff will be asked to document conversations that they have with children reminding them of their personal rights..

Staff Responsible: Jean Williams, Director of Treatment and

Kim Weleba, Nursing Supervisor

#57 Are children encouraged and assisted in creating and updating a life book/photo album? Hillside's recognizes the importance of life books, photos and other remembrances in the lives and treatment of these children. Therapists and others, such as TBS workers and re-hab staff assist clients in different aspects of these projects. This item is also part of our current intake assessment. To ensure that all children are specifically informed of this program, our intake worker will go over it with them during the intake process. The Clinical Director will follow up with therapists to make sure all clients are involved in this activity.

Staff Responsible: Renee Walker, Intake Coordinator
Jean Williams, Director of Treatment

IX. PERSONNEL RECORDS

#58 Do group home staff meet the educational/experience requirements?

We have received employment verification for RC. Regarding CE, the requirements for Hillside's Program Director, in the correct job description submitted in the CAP dated 7-27-11, notes that either a BA or one year' experience qualifies.

Staff Responsible: HR Director Carmela Bozulich

#59 Were criminal record cards submitted timely?

Current HR procedures prevent proceeding with hiring prior to criminal record check. HR must receive the results, and hiring supervisors must get the OK from HR before taking the next steps in the sign up process.

Staff responsible: HR Director Carmela Bozulich

#61 Did appropriate employees sign a criminal background statement in timely fashion?

HR has prospective employees fill out the criminal background statement prior to sending them to be livescanned.

Staff Responsible: HR Director Carmela Bozulich

#62 Have employees received timely initial health screenings?

Current procedures require prospective staff to bring proof of a TB test within the prior year, or go to our nurse to get the test, and have it read, and found negative before returning to work or proceeding with hiring. The hiring supervisors must receive notification from the nurse before continuing. Staff and their supervisors are notified when re-tests are needed at two year intervals. Staff failing to get the re-test on time may not work until they get re-tested.

Staff Responsible: RN Supervisor Kim WelebaRN

#64 Have appropriate employees received the required initial training?

CL, the staff cited as having incomplete orientation, actually finished the training. HR checks the files of new staff to make sure supervisors have turned in orientation check lists, and that they are correctly filed in personnel files.

Staff Responsible: RN Supervisor Kim Weleba

#66 Have appropriate employees received CPR training?

#67 Have appropriate employees received First Aid training?

The Program Supervisor who conducts CPR/First Aid training has created a data base, effective September 1, to track initial and re-certifications. Supervisors get this information, and follow up with staff, informing them that they either need to attend a scheduled training here, or in the community. New hires and existing staff may not be alone with the children until they have completed the required CPR/First Aid training.

Staff Responsible: Program Supervisor Ed Mahoney

#68 Have appropriate employees received the required on-going training?

As noted in the CAP dated 7-27-11, CE received 47.5 hours of training between May 2009 and March of 2010, recorded in his personnel file in six month increments.

Staff Responsible: HR Director Carmela Bozulich

#69 Have appropriate employees received emergency intervention training?

Effective September 1, The Program Supervisor responsible for providing and tracking ProAct training has maintained a data base to track initial certification, re-certification and refresher courses. Staff whose certificates have expired, or who have not had ProAct training, may not work alone with clients. The staff cited have received the required training to bring them up to date.

Staff Responsible: Program Supervisor Rob DaSilva

Summary of HR and Program Supervisor Procedures to maintain CAP, effective 9-1-11 (items # 58 through 69):

- HR uses the Stafftrack system to record and monitor hiring steps, and on-going training and re-certification. Documents must be received by HR prior to hiring, including proof of experience, applicable degrees, criminal record cards, Livescan results from the DOJ and health screenings. Hiring may not proceed until these steps are completed, and hiring supervisors must wait until they get clearance from HR.
- Stafftrack used by HR, and data bases created by Program Supervisors, are used to monitor initial training, on going training and re-certifications: ProAct (EIP), First Aid and CPR. HR runs Stafftrack reports, and advises supervisors and Program Supervisors of deficiencies. Supervisors and staff are notified of training deadlines, and must complete the required training prior to expiration.
- Staff with expired certificates may not work alone with children until they have been re-certified.

Persons Responsible: Carmela Bozulich, HR Director
Rob DaSilva, Program Supervisor
Ed Mahoney, Program Supervisor

PASADENA UNIFIED SCHOOL DISTRICT
HEALTH SERVICES
351 S. HUDSON AVE.
PASADENA, CA 91109

NAME [REDACTED] BIRTHDATE 01/31/1986

YOUR TUBERCULIN TEST (MANTOUX)

GIVEN ON NOV 10 2010

RESULT MANTOUX 250 mm INDURATION
NOV 12 2010 TO 5 TU PPD.

DATE READ
IF YOU HAVE A SIGNIFICANT REACTION, YOU
MUST HAVE A CHEST X-RAY.

Date: 8-7-10

Record of Telephone Check
With Applicant's Previous Employer(s)

Applicant's name: [REDACTED]
Company Name: Hathaway-Sycamores Phone: (626) 395-7100x6122
Address for Human Resources/Personnel: _____

Information Received From: [REDACTED]

Title: Supervisor

Did this person directly supervise the applicant? ... Yes ... No

Dates of employment: 07 to 10

Employee's Position/Title: Behavior Specialist

Employee's duties/responsibilities: [REDACTED] ic Counselor, assist in the implementation of plans for supervision.

Performance evaluation (initiative, attitude, capabilities): Very good

Attendance Record: Great

How did the employee get along with other employees? Very well

...with his/her supervisor?: Very well

...with clients, customers, etc.? Clients responded well

Were there any problems with his/her employment? None

Would you rehire? ... Yes ... No

Additional Comments: _____

Telephone Check By: Joseph White

Title: On call Supervisor Name Printed: Joseph White

CHILD CARE / RECREATION Orientation Checklist

NAME: [REDACTED] SUPERVISOR [REDACTED]

HIRE DATE: 3-19-2010 COTTAGE/UNIT BSH

Training Performed by Supervisor				
SUBJECTS	Hours	Date Completed	Supervisor's Initials	Staff Initials
Group Support for Children				
Training Unit - 1	(11 hrs)			
Group Supervision (2)				cl
Discipline (3)				cl
Counseling (2)				d
Children's Rights (1)				cl
Boundary and Confidentiality Issues (2)				cl
Suicidal Behavior (1)				d
Training Unit - 2	(9 hrs)			
Treatment Issues (1)				cl
Team Work (1)				cl
Behavioral Plan (1)				cl
AWOLs (1)				cl
Logging (1)				cl
Incident Reports (1)				cl
Routines & Transitions (2)				cl
Hygiene (1)				cl
Training Unit - 3	(15 hrs)			
Nutrition (1)				cl
Housekeeping (1)				cl
Day Rehab (1)				cl
Community Activities (1)				cl
Bookkeeping (1)				cl
Support Services (1)				cl
Community Resources (1)				cl
Review (1)				cl
Child Development Materials (7)				cl

Training Performed by Agency Instructor/Trainer
(Separate training log maintained by Instructor/Trainer)

SUBJECTS	Scheduled Hours	Completed	RECEIVED Instructor/Trainer
Medication Orientation	1		Nursing Department
Vehicle Orientation	1.5		Jan [Signature] Trainer
New Employee Orientation	4.5		HR & Administration
Total Hours	42		



For Office Use Only
 Remove staff from Initial Training Log

HILLSIDES

Training History Report

by Staff Member

05/01/09 to 05/01/10

Staff Name: Engel, Charles

Training Period:

Hire Date: 05/02/00

Employment: FT

<u>Class Number</u>	<u>Training Date</u>	<u>Training Type</u>	<u>Class Title</u>	<u>Instructor</u>	<u>Class Hours</u>
100046	05/07/09	Agency	OST- BPD InChldrn&Adolescnts	Carolyn Clegg	1.00
100046	07/09/09	Agency	OST- DiferentAproachSameResult	Carolyn Clegg	1.00
100046	09/17/09	Agency	OST- Domestic Violence	Carolyn Clegg	1.00
100046	10/01/09	Agency	OST- Children's Court	Carolyn Clegg	1.00
100046	10/29/09	Agency	OST- Broken Child	Carolyn Clegg	1.00
100046	11/12/09	Agency	OST- Children And Sleepwalking	Carolyn Clegg	1.00
100046	11/10/09	Agency	OST- Medicating Children	Carolyn Clegg	1.00
100046	01/21/10	Agency	OST- MusicTherpyW/ ED Chldrn	Carolyn Clegg	1.00
100046	02/22/10	Agency	OST- Misunderstood Minds	Carolyn Clegg	1.00
100046	03/25/10	Agency	OST- Orphan Train	Carolyn Clegg	1.00
100046	04/29/10	Agency	OST- Adoles&YourthSuicidePreven	Carolyn Clegg	1.00
100079	07/22/09	Agency	Sexual Harassment	S Crummey,A Aikins,	1.50
100093	05/17/09	Agency	PDT- CommMgmtOfAdolW/Psychosis	Joseph White	1.00
100093	05/17/09	Agency	PDT- Enviornmnt&ReadngProblems	Joseph White	1.00
100093	05/17/09	Agency	PDT- Learning Disabilities	Joseph White	1.00
100093	05/17/09	Agency	PDT- Problem Solving Skills	Joseph White	1.00
100093	05/18/09	Agency	PDT- WhatTypeOfParentAreYou?	Joseph White	1.00
100093	05/19/09	Agency	PDT- VicariousTraumatization	Joseph White	1.00
100093	05/19/09	Agency	PDT- VicariusTraumatizOf MHP	Joseph White	1.00
100093	05/19/09	Agency	PDT- Solutions To ODD	Joseph White	1.00
100093	05/20/09	Agency	PDT- WhlIsAttachmentDisorder?	Joseph White	1.00
100093	05/20/09	Agency	PDT- OpositionlDefintDisorder	Joseph White	1.00
100093	05/20/09	Agency	PDT- What Is Attachment?	Joseph White	1.00
100093	06/14/09	Agency	PDT- Teen Suicide Overview	Joseph White	1.00
100093	06/14/09	Agency	PDT- WarningSignsOfTeenSuicide	Joseph White	1.00
100093	06/15/09	Agency	PDT- Teens&Suicide:WhlToLookFor	Joseph White	1.00
100093	06/15/09	Agency	PDT- Destructive Thinking	Joseph White	1.00
100093	10/19/09	Agency	PDT- Death Of A Parent	Joseph White	1.00
100093	10/19/09	Agency	PDT- HlpngChildDealWithDeath	Joseph White	1.00
100093	10/21/09	Agency	PDT- ChldrnW/AutismWshYouKnew	Joseph White	1.00
100093	10/21/09	Agency	PDT- Tips For Working W/ ASD	Joseph White	1.00
100093	11/17/09	Agency	PDT- Fetal Alcohol Syndrome	Joseph White	1.00
100093	11/17/09	Agency	PDT- GettingPastThePrejudices	Joseph White	1.00
100093	11/19/09	Agency	PDT- Child Abuse And Neglect	Joseph White	1.00
100093	11/19/09	Agency	PDT- WhenYelling Is A Pattern	Joseph White	1.00
100093	12/15/09	Agency	PDT- Behavior Modification	Joseph White	1.00
100093	12/15/09	Agency	PDT- Nightmare Remedies	Joseph White	1.00
100093	12/17/09	Agency	PDT- Lying	Joseph White	1.00
100093	12/17/09	Agency	PDT- Depression In Children	Joseph White	1.00

HILLSIDES

Training History Report

by Staff Member

05/01/09 to 05/01/10

2/16/2	02/16/10	Agency	PDT - LonelinessInYoungChildren	Joseph White	1.00
2/16/2	02/16/10	Agency	PDT - Anger Management 1	Joseph White	1.00
2/18/2	02/18/10	Agency	PDT - Anger Management 2	Joseph White	1.00
2/18/2	02/18/10	Agency	PDT - RevCrisisProcedWthChldrn	Joseph White	1.00
3/16/2	03/16/10	Agency	PDT - PassiveAggressiveChildBx	Joseph White	1.00
3/7/20	03/07/10	Agency	PDT - KidsWhoAreVerbalyAbusive	Joseph White	1.00
3/8/20	03/08/10	Agency	PDT - Child Out Bursts	Joseph White	1.00
3/9/20	03/09/10	Agency	PDT - KidsWholgnoreConsequences	Joseph White	1.00

Total Hours: 47.50

Report Totals: 47.50



Job Description

Title: Program Director (PD)

Department: Residential Programs

Reports to: Director, Residential Programs

Reg. Hours Worked: 40/week

Employment Status:

Regular
Temporary
Full-time
Part-time
Volunteer
Exempt
Non-exempt

ESSENTIAL FUNCTIONS:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Other duties may be assigned.

The essential functions include:

- Responsible for the overall supervision, care & protection of clients while on duty
- Involved in social skills training for resident clients when necessary
- Assist clients in handling problems in the living group, unit & on campus
- Apply appropriate discipline & set limits on acting out behavior of resident clients
- Involved in crisis interventions
- Assume administrative & supervisory responsibility for the agency and grounds
- Make routine checks of the grounds & cottages to establish whereabouts of clients & staff
- Screen all off-campus trips in collaboration with Cottage Coordinators
- Be made aware of & screen visitors to the campus
- Be available for emergency calls after regular hours
- Be aware of staff on duty & assign staff when necessary to secure coverage when needed
- Coordinate disaster preparedness procedures in the event of natural disasters, medical emergencies & fire
- Assist staff with client disciplinary problems, runaways & drug involvement
- Check in overnight Child Care staff
- Other duties as required

SKILLS AND ABILITIES REQUIRED TO PERFORM THE ESSENTIAL JOB FUNCTIONS:

Communication Skills and Abilities:

- Ability to effectively present information and respond to questions from clients, office personnel, other employees and the general public

- Ability to read, analyze and interpret manuals and office documents
- Ability to speak a language other than English a plus

Mental/Interpersonal Skills and Abilities:

- Ability to define problems, gather, transcribe and post data, analyze, synthesize and classify information, and draw valid conclusions
- Ability to work independently and with others – including other employees, clients and members of the public -- in face-to-face and telephonic contexts
- Ability to multi-task, establish priorities and manage time, meet deadlines and perform duties under time constraints
- Ability to be flexible and adapt to changing work demands
- Maintain high level of concentration and attention to detail for extended periods of time
- Ability to respond effectively to sensitive inquiries or complaints
- Maintain a high level of ethical and professional standards in accordance with agency and community policy

Physical Skills and Abilities:

- Ability to talk or hear in order to give and receive information and instructions
- Ability to stand, walk, sit, , use hands to finger, handle or feel objects, tools or controls
- Ability to reach with hands and arms
- Ability to use computer keyboard up to 50% of the day
- Visual acuity, ability to adjust focus and peripheral vision for work on a laptop or other computer equipment
- Lift and/or move up to 60 pounds

Equipment and Computer Software Skills and Abilities:

- Computer literate (basic working knowledge of Microsoft WORD, Excel, and Outlook) and Sigmund data/electronic records program
- Able to use telephone, typewriter, office copier, calculator, fax machine, computer printer and scanner, or other equipment as required

ADDITIONAL DUTIES & RESPONSIBILITIES:

None

WORK ENVIRONMENT:

- Regularly work indoors or outdoors in a variety of environments
- Potential exposure to blood born pathogens

EDUCATION, EXPERIENCE, CERTIFICATES & TRAINING

- ~~Bachelors degree and/or equivalent related experience~~
- Minimum 1 year experience working with children in a child care agency preferred
- Demonstrated ability to supervise staff & provide leadership

- Valid California drivers license and personal vehicle insurance acceptable to Hillside's insurance carrier

CQI STATEMENT

Every employee has the opportunity and responsibility to participate in one or more activities each year that support the continuous quality improvement (CQI) of Hillside's programs & services. Activities might involve membership on a CQI committee or work group, service as a peer reviewer, data collection for CQI and evaluation purposes, completion of CQI questionnaires and surveys or participation in focus groups, or other activities as identified by CQI committees or work groups.

OSHA CATEGORY:

This position performs tasks that may involve exposure to blood, body fluids, or tissues. All Hillside employees are offered the opportunity to receive the Hepatitis B vaccination series.

APPROVED BY:

Director, Residential Programs

Date Revised

Human Resources Director

Hillside is an Equal Opportunity Employer