Antonia Jiménez
Acting Director

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

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February 28, 2011

To: Supervisor Michael D. Antonovich, Mayor
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From: Antonia Jiménez
Acting Director

**GARCES RESIDENTIAL CARE SERVICES INC., D.B.A. BRIGHT HORIZONS 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. Garces Residential Care Services Incorporated is located in the 5th 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 provide residential services to adolescents in a home like environment." Garces Residential Care Services is licensed to serve a capacity of six children, ages 7 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Garces Residential Care Services in February 2010, at which time it had one six-bed site and four placed DCFS children. All four children were males. For the purpose of this review, all currently placed children were interviewed and their case files were reviewed. The average overall length of placement for the placed children was five months, and their average age was 14. Three staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Two children were on psychotropic medication. 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 Garces Residential Care's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, four 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.

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

## SUMMARY

Generally, Garces Residential Care Services was providing good quality care to DCFS placed children, and the services were provided as outlined in the agency's program statement. The children interviewed stated that they wanted to continue residing at the placement and that the staff treated them like family.

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.

Garces Residential Care Services was receptive to implementing some systemic changes to improve its compliance with regulations and the Foster Care Agreement. Further, the Administrator stated that he welcomed the findings in the review so that the agency's current operating systems could be improved.

## NOTABLE FINDINGS

The following are the notable findings of our review:

- The Special Incident Reports (SIR) were not being reported via the I-track web-based system to OHCMD, Children's Social Workers (CSW) and Community Care Licensing. The monitor brought this to the Administrator's attention and provided him with a copy of the SIR Guidelines. The Administrator reported that the incident reports could not be submitted because the computer was not working. The Executive Director subsequently replaced the computer and stated that he would provide training to the Administrator on use of the I-track system. This issue has been addressed in the attached Corrective Action Plan (CAP).

- Two of the four children reported that they were not aware of their right to refuse medication. The Administrator stated that he will review medication guidelines with all of the children and staff.

- All four of the children reported that they were not given opportunities to participate in extra-curricular, enrichment and social activities. The Group Home social worker and Administrator agreed to work together to ensure that children are given an opportunity to participate in activities in which they are interested.

- Although the children were receiving the required monthly clothing allowance, none of the four children had an adequate quantity of clothing. The Administrator

agreed to designate a child care worker to inventory the children's clothing on a monthly basis and purchase clothing as needed. The CAP states that all of the children now have an adequate supply of clothing, as required by the DCFS Clothing Standard.

The detailed report of our findings is attached.

## EXIT CONFERENCE

The following are highlights from the exit conference held March 26, 2010.

**In attendance:**

Carlos Garces, Executive Director, and David Cuevas, Administrator, Garces Residential Care Services, and Christine Spooner, Monitor, DCFS OHCMD.

**Highlights:**

The Executive Director and Administrator were in agreement with our findings and recommendations. They stated that they would address the corrections immediately. As agreed, Garces Residential Care Services provided a timely written 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 in 2011.

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

AJ:LP:KR
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
Carlos A. Garces, President, Board of Directors, Garces Residential Care
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

**GARCES RESIDENTIAL CARE SERVICES PROGRAM**
**CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**
**Garces d.b.a. as**
**Bright Horizon Group Home**
**2243 N. Mountain Avenue**
**Claremont, California 91711**
**License Number: 197803661**
**Rate Classification Level: 12**

| | **Contract Compliance Monitoring Review** | **Findings: February 2010** |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements)<br><br>1. Timely Notification for Child's Relocation<br>2. Stabilization to Prevent Removal of Child<br>3. Transportation<br>4. SIRs<br>5. Compliance with Licensed Capacity<br>6. Disaster Drills Conducted<br>7. Disaster Drill Logs Maintenance<br>8. Runaway Procedures<br>9. Allowance Logs | <br><br>1. N/A<br>2. Full Compliance<br>3. Full Compliance<br>4. Improvement Needed<br>5. Full Compliance<br>6. Full Compliance<br>7. Full Compliance<br>8. Full Compliance<br>9. Full Compliance |
| II | **Facility and Environment** (6 Elements)<br><br>1. Exterior Well Maintained<br>2. Common Areas Maintained<br>3. Children's Bedrooms/Interior Maintained<br>4. Sufficient Recreational Equipment<br>5. Sufficient Educational Resources<br>6. Adequate Perishable and Non Perishable Food | <br><br>1. Full Compliance<br>2. Improvement Needed<br>3. Improvement Needed<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance |
| III | **Program Services** (8 Elements)<br><br>1. Child Population Consistent with Program Statement<br>2. DCFS CSW Authorization to Implement NSPs<br>3. Children's Participation in the Development of NSPs<br>4. NSPs Implemented and Discussed with Staff<br>5. Therapeutic Services Received<br>6.Recommended Assessments/Evaluations Implemented<br>7. DCFS CSWs Monthly Contacts Documented<br>8. Comprehensive NSPs | <br><br>Full Compliance (ALL) |
| IV | **Educational and Emancipation Services** (4 Elements)<br><br>1. Emancipation/Vocational Programs Provided<br>2. ILP Emancipation Planning<br>3. Current IEPs Maintained<br>4. Current Report Cards Maintained | <br><br>Full Compliance (ALL) |

| | | |
|---|---|---|
| V | **Recreation and Activities** (3 Elements)<br><br>1. Participation in Recreational Activity Planning<br>2. Participation in Recreational Activities<br>3. Participation in Extra-Curricular, Enrichment and Social Activities | <br><br>1. Full Compliance<br>2. Full Compliance<br>3. Improvement Needed |
| VI | **Children's Health-Related Services (including Psychotropic Medications)** (9 Elements)<br><br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation Review<br>3. Medication Logs<br>4. Initial Medical Exams Conducted<br>5. Initial Medical Exams Timely<br>6. Follow-up Medical Exams Timely<br>7. Initial Dental Exams<br>8. Initial Dental Exams Timely<br>9. Follow-Up Dental Exams Timely | <br><br>Full Compliance (ALL) |
| VII | **Personal Rights** (11 Elements)<br><br>1. Children Informed of Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Satisfaction with Meals and Snacks<br>4. Staff Treatment of Children with Respect and Dignity<br>5. Appropriate Rewards and Discipline System<br>6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care<br>7. Children Allowed Private Visits, Calls and Correspondence<br>8. Children Free to Attend Religious Services/Activities<br>9. Reasonable Chores<br>10. Children Informed about Psychotropic Medication<br>11. Children Aware of Right to Refuse Psychotropic Medication | <br><br>1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br><br>7. Full Compliance<br><br>8. Full Compliance<br>9. Full Compliance<br>10. Full Compliance<br>11. Improvement Needed |
| VIII | **Children's Clothing and Allowance** (8 Elements)<br><br>1. $50 Clothing Allowance<br>2. Adequate Quantity of Clothing Inventory<br>3. Adequate Quality of Clothing Inventory<br>4. Involvement in Selection of Clothing<br>5. Provision of Personal Care Items<br>6. Minimum Monetary Allowances<br>7. Management of Allowance<br>8. Encouragement and Assistance with Life Book | <br><br>1. Full Compliance<br>2. Improvement Needed<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br>7. Full Compliance<br>8. Full Compliance |

| | | |
|---|---|---|
| IX | **Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)**<br>(12 Elements)<br><br>1. Education/Experience Requirement<br>2. Criminal Fingerprint Cards Timely Submitted<br>3. CACIs Timely Submitted<br>4. Signed Criminal Background Statement Timely<br>5. Employee Health Screening Timely<br>6. Valid Driver's License<br>7. Signed Copies of GH Policies and Procedures<br>8. Initial Training Documentation<br>9. CPR Training Documentation<br>10. First Aid Training Documentation<br>11. On-going Training Documentation<br>12. Emergency Intervention Training Documentation | Full Compliance (ALL) |

**GARCES RESIDENTIAL CARE SERVICES PROGRAM**
**CONTRACT COMPLIANCE MONITORING REVIEW**
**Garces d.b.a. as**
**Bright Horizon Group Home**
**2243 N. Mountain Avenue**
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The following report is based on a "point in time" monitoring visit and addresses findings noted during the February 2010 monitoring review.

## CONTRACTUAL COMPLIANCE

Based on our review of four children's case files and three staff files, Garces Residential Care Services was in full compliance with four of nine sections of our Contract Compliance review: Program Services, Educational and Emancipation Services, Children's Health Related-Services (Including Psychotropic Medications), and Personnel Services. 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, Garces Residential Care Services fully complied with eight of nine elements in the area of Licensure/Contract Requirements.

The Group Home was operating in compliance with the licensing capacity, and maintained a runaway procedure, complete disaster drill logs and comprehensive allowance logs.

The Special Incident Reports (SIR) were not reported timely, documented appropriately and cross-reported to the required parties. During the review period, only five incident reports were sent via the I-track system. The Administrator reported that the computer that was being used to report SIRs had been broken for several months. The Executive Director subsequently replaced the computer and stated that he would provide training to the Administrator so that he could complete this function at the Group Home site. This issue has been addressed in the attached Corrective Action Plan (CAP). The Group Home monitor provided the Administrator with a copy of the Special Incident Reporting Guidelines (Exhibit A-VIII).

**Recommendation:**

Garces Residential Care Services management shall ensure that:

1. SIRs are reported timely, appropriately documented and cross-reported.

## FACILITY AND ENVIRONMENT

Based on our review of Garces Residential Care Services and interviews with four children, the agency fully complied with four of six elements in the area of Facility and Environment.

The exterior of the Group Home was well-maintained. The front yard was clean and adequately landscaped. The Group Home maintained age-appropriate and accessible recreational equipment and on site educational resources and supplies. The Group Home maintained an adequate supply of perishable and non-perishable foods.

Generally, the interior of the Group Home was well maintained. However, there were some minor deficiencies, none of which posed any safety risks to placed children. Specifically, the seat of a chair in the activity room was torn and needed to be replaced or repaired. The caulking around the bathtub needed to be replaced. The flooring in the kitchen and pantry was worn and needed to be replaced. The dryer vent opening needed to be covered, as the dryer was relocated and this area was no longer being used.

The children's bedrooms were not well maintained. One of the dressers was broken and needed to be repaired or replaced. Two of the dressers were worn and needed to be sanded and painted. One bedroom door needed to be painted and another door needed to be replaced due to the numerous repairs that had been made to the door. The floor tile was worn and needed to be replaced. All of the bedrooms were lacking decorations.

The provider has addressed these issues in the attached CAP.

**Recommendation:**

Garces Residential Care Services management shall ensure that:

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

## RECREATION AND ACTIVITIES

Based on our review of four children's case files and interviews with the four children, Garces Residential Care Services fully complied with two of the three elements in the area of Recreation and Activities.

The children reported that they were given an opportunity to provide their input in the planning of some recreational activities/outings. However, all four children reported that they were not given an opportunity to participate in extra-curricular, enrichment, or social activities in which they had an interest.

**Recommendation:**

Garces Residential Care Services management shall ensure that:

3. All placed children are allowed an opportunity to participate in age-appropriate extra-curricular, enrichment, and social activities.

## PERSONAL RIGHTS

Based on our review of four children's case files and interviews with the four children, Garces Residential Care Services fully complied with ten of eleven elements in the area of Personal Rights.

Two of the four children interviewed indicated that they were not aware of their right to refuse medication. The Executive Director stated that the staff had informed the children of their right to refuse medication. The Administrator has stated that he would review medication guidelines with all of the children and staff.

The children reported that they felt safe in the Group Home and that the staff treated them with respect and dignity. They stated that they had a good relationship with the staff and that they were treated like family. The children reported that the discipline system in place was appropriate.

**Recommendation:**

Garces Residential Care Services management shall ensure that:

4. All children taking psychotropic medication are aware of their right to refuse medication.

## CLOTHING AND ALLOWANCE

Based on our review of four children's case files and interviews with the four children, Garces Residential Care Services fully complied with seven of eight elements in the area of Clothing and Allowance.

The children received at least $50 per month for clothing. The children reported that they were allowed to be involved in the selection of their clothing. However, none of the children had an adequate quantity of clothing, based on the DCFS Clothing Standard. Specifically, the children needed jackets, dress shirts, dress pants, pajamas, robes and slippers. The Executive Director stated that his staff would ensure that a clothing inventory was completed monthly to ensure that all placed children had an adequate supply of clothing.

All four children reported that the Group Home provided them with the required minimum weekly allowance and that they spent their allowances as they chose. The Group Home provided children with adequate personal care items. All of the children had created life books/photo albums that were being updated regularly with photos from special holidays and activities.

**Recommendation:**

Garces Residential Care Services shall ensure that:

5. All placed children have an adequate supply of clothing based on the DCFS Clothing Standard.

## PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) 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 on July 27, 2007 were implemented.

### Results

The A-C's prior monitoring report contained two outstanding recommendations. Specifically, Garces Residential Care Services was to ensure that they developed comprehensive Needs and Service Plans which included short and long term goals, and ensure that the Group Home was maintained in good repair in accordance with Title 22 regulations. Based on our follow-up of these recommendations, Garces Residential Care Services had fully implemented these recommendations.

# GARCES RESIDENTIAL CARE SERVICES

7349 MILLIKEN AVE SUITE 140-223 RANCHO CUCAMONGA, CA 91730

OHCMD

June 22, 2010

CORRRECTIVE ACTION PLAN:

I. Licensure Contract Requirements

A. An internet connection will be established at the home giving authorized personnel the ability to report SIR as required in exhibit A-VIII.

B. The administrator will review all SIR's before being submitted via I-Track.

C. The GRCS Board of Directors will review SIR's every six months as part of their audit.

D. The Administrator will oversee the documentation and record keeping of SIR's and participate in the bi-annual review conducted by the Board of Directors.

II. Facility and Environment

A. Broken dressers will be replaced in bedroom #1 by 7-20-10.

B. Torn fabric in chair will be repaired by 7-20-10.

C. Dressers will be sanded and restained in bedrooms # 2&3by 7-20-10

D. All bedrooms will be redecorated with items to the children's likes. For example, sports posters, hip hop posters, etc. This will be completed by 7-20-10.

E. All broken floor tiles will be replaced in all bedrooms by 7-20-10.

F. Bedroom #2 doors will be replaced 7-20-10.

G. Bedroom #1 door, front and back, will be painted by 7-20-10.

H. Bathroom #1 caulking will be completed by 7-20-10.

I. Kitchen pantry and floor will both be replaced and painted by 8-16-10.

J. The Administrator will oversee maintenance issues and log them on a monthly basis.

K. Administrator will make requests for funding to repair items listed in log and reasonable time frames established.

V. Recreation and Activities

A. Bright Horizons will ensure that children are given opportunities to participate in age appropriate extracurricular, enrichment, and social activities in which they have interest.

B. The group home SW will list activities requested by children and communicate them to the Administrator.

C. The Administrator will ensure that required funding is obtained for such activities and work with the group home SW to plan.

VII. Personal Rights

A. The Administrator will, upon admission, advise all children of their right to refuse Psychotropic Medication.

B. The Administrator will keep refusal form in the child's folder and update form annually.

VIII. Clothing and Allowance

A. The Administrator will delegate a child care worker to create an inventory of clothing/ possessions upon the first day of admission. Based on the information of the inventory conducted by the assigned staff member, the group home will will purcahse items to ensure DCFS clothing requirements. Staff will conduct this inventory every month to ensure all children are well supplied with an adequate amount of clothing.

B. All children will have an adequate amount of clothing after being placed. Request for funding to meet immediate needs will be made by the Administrator and purchases made accordingly.

C. All children have received an adequate and appropriate jacket for season changes. In addition, dress slacks, dress shirts, and dress shoes will be provided to children placed.

D. All children have now received bathrobes, pajamas, and slippers to wear after bathing /showers.

IX. Personnel Records

A. All employees will have a valid driver's license at the time of hire.

B. Employees who have their licenses suspended due to traffic related citations will be given ample amount of time to correct their driving privileges. In the while, they will not be permitted to work alone during their shift.

C. Those employees whose licenses are revoked will be terminated immediately.

D. The Administrator will oversee the documentation and record keeping of all personnel files on a monthly basis.

Respectfully,

Carlos A. Garces

Carlos A. Garces