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

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

JACKIE CONTRERAS, Ph.D.
Acting Director



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July 15, 2011

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Gloria Molina
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Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: Jackie Contreras, Ph.D.
Acting Director

**PENNY LANE 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.

Penny Lane Group Home sites are located in the 3rd and 5th Supervisorial Districts and provide services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation Department youth. According to the agency's program statement, its goal is "to provide each child with an individualized treatment or needs and service plan that will address and successfully treat a child's presenting problems and ensure the child's safety, permanency and well being." Penny Lane Group Home is licensed to serve a capacity of 93 children, male and female, ages 12 through 18.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Penny Lane Group Home in December 2010 at which time the agency had eight six-bed sites and one 45-bed residential site. There were 43 placed DCFS children at the time of the review. The placed children's overall average length of placement was four months and their average age was 15. For purposes of this review, 12 DCFS children were interviewed and 15 case files were reviewed. Two females were replaced prior to being interviewed and one male refused to be interviewed. Ten staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Seven 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 Penny Lane 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, 15 placed children's case files, and a random sampling of personnel files. A visit was made to each facility to assess the quality of care and supervision provided to children and we conducted interviews with the placed 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, Penny Lane Group Home 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 were respected by staff and they liked residing in the homes.

At the time of the review, the children's files were well organized, but the Group Home needed to ensure that the Needs and Services Plans (NSP) were comprehensive.

Penny Lane Group Home was receptive to implementing systemic changes to improve its compliance with regulations and the Foster Care Agreement. The Quality Improvement Supervisor stated she understood the findings in the review and would develop a plan to correct the deficiencies.

## NOTABLE FINDING

The following were the notable findings of our review:

- The NSPs were not comprehensive. They lacked life skills goals information, and some NSPs indicated "pending" regarding school credits earned and ILP services. All of the goals were very broad and not attainable. The Associate Director was in agreement with these findings and recommendations, and stated that the information given was very helpful.

- Common quarters were not well maintained. The ceiling in one site appeared to have been leaking. The agency has since had the roof repaired, and at the exit conference, the Monitor verified that the leak had been repaired.

- Follow-up dental and ophthalmology exams were not conducted timely. At the exit conference, the monitor verified that these exams had subsequently been conducted.

The detailed report of our findings is attached.

## EXIT CONFERENCE

The following are highlights from the exit conference held on May 11, 2011:

**In attendance:**

Wendy Carpenter, Associate Director, Laterra Champion-Watson, Quality Improvement Supervisor, Jerry Majewsky, Program Director, Sylvia Flores, Medical Station Supervisor, Richilda Hardy, Clinical Supervisor, Shiva Berjis, Clinical Supervisor, Rich Willens, Clinical Supervisor, Cathy Blair, Program Director (main facility), and Carlos Robles, Facility Manager, Penny Lane Group Home; and Dorothy Channel, Program Manager, and Sonya Noil, Monitor, DCFS OHCMD.

**Highlights:**

The Associate Director was in agreement with our findings and recommendations. She agreed that the NSP goals were not attainable and stated that the information given by OHCMD was helpful. At one site, the ceiling showed sign of leakage, and the agency has since had the roof repaired. It should be noted that while the medical and dental exams were not timely, they did occur. At the exit conference, the Monitor verified that the leak had been repaired and the late medical and dental exam had been conducted.

Penny Lane Group Home's Corrective Action Plan (CAP) addressing each recommendation noted in this Compliance Report has been received and approved. The draft report was sent to the Group Home administration for comments, and OHCMD awaits their response.

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 the recommendations.

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

JC:RS:KR
EAH:DC:sn

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
Wendy Carpenter, Associate Director, Penny Lane Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

**PENNY LANE GROUP HOME CONTRACT**
**COMPLIANCE MONITORING REVIEW - SUMMARY**

**15317 Rayen Street**
**North Hills, CA. 9134346**
**License Number: 191202003**
**Rate Classification Level: 12**

| | **Contract Compliance Monitoring Review** | **Findings: December 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 | Full Compliance (ALL) |
| 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 | 1. Full Compliance<br>2. Needs Improvement<br>3. Full Compliance<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 | 1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br>7. Full Compliance<br>8. Needs Improvement |
| IV | **Educational and Emancipation Services** (4 Elements)<br><br>1. Emancipation/Vocational Programs Provided<br>2. ILP Emancipation Planning | Full Compliance (ALL) |

| | | |
|---|---|---|
| | 3. Current IEPs Maintained<br>4. Current Report Cards Maintained | |
| 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 | Full Compliance (ALL) |
| 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 Conducted<br>8. Initial Dental Exams Timely<br>9. Follow-Up Dental Exams Timely | 1. Full Compliance<br><br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Needs Improvement<br>7. Full Compliance<br>8. Full Compliance<br>9. Improvement Needed |
| VII | **Personal Rights** (11 Elements)<br><br>1. Children Informed of Group 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 | Full Compliance (ALL) |

| | | |
|---|---|---|
| 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 | Full Compliance (ALL) |
| IX | **Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (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) |

**PENNY LANE GROUP HOME PROGRAM CONTRACT**
**COMPLIANCE MONITORING REVIEW**

**(Satellite 1) Group Home**
**9723 Burnet Street**
**North Hills, CA. 91343**
**License Number: 191202003**
**Rate Classification Level: 12**

**(Satellite 2) Group Home**
**16656 Nordhoff Street**
**North Hills, CA. 91343**
**License Number: 19122188**
**Rate Classification Level: 12**

**(Satellite 3) Group Home**
**13804 Osbourne Street**
**Arleta, CA. 91331**
**License Number: 191290246**
**Rate Classification: 12**

**(Satellite 4) Group Home**
**8616 Valjean Ave.**
**North Hills, CA. 91343**
**License Number: 197605935**
**Rate Classification: 12**

**(Satellite 6) Group Home**
**11641 Balboa Blvd.**
**Granada Hills, CA. 91344**
**License Number: 191220837**
**Rate Classification: 12**

**(Satellite 7) Group Home**
**9630 Wilbur Ave.**
**Northridge, CA. 91324**
**License Number: 191220863**
**Rate Classification: 12**

**(Satellite 8) Group Home**
**9845 Hayvenhurst Ave.**
**North Hills, CA. 91343**
**License Number: 191221387**
**Rate Classification: 12**

**Main Facility**
**15302 Rayen Street**
**North Hills, CA. 91343**
**License Number: 191202002**
**Rate Classification: 12**

**(Satellite 5) Group Home**
**8806 Haskell Street**
**North Hills, CA. 91343**
**License Number: 191221975**
**Rate Classification: 12**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the December 2010 monitoring review.

## CONTRACTUAL COMPLIANCE

Based on our review of 15 children's files,10 staff files, and/or documentation from the provider, Penny Lane Group 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, Personal Rights, Clothing and Allowance, and Personnel Records. The following report details the results of our review.

## FACILITY AND ENVIRONMENT

Based on our review of 15 children's case files and/or documentation from the provider, Penny Lane Group Home fully complied with five of six elements reviewed in the area of Facility and Environment.

The Group Home's exterior and grounds and the children's bedrooms were well-maintained. The Group Home maintained sufficient age-appropriate recreational equipment in good condition and had an appropriate quantity and quality of reading material, educational resources, and supplies, including computers that were readily available to the children. The Group Home sites had adequate perishable and non-perishable foods available during the review. However, one site needed a roof repaired due to a leak. The Group Home staff subsequently provided OHCMD with documentation confirming the roof repair.

**Recommendation:**

Penny Lane Group Home Management shall ensure that:

1. All common quarters are well maintained.

## PROGRAM SERVICES

Based on our review of 15 children's case files and/or documentation from the provider, Penny Lane Group Home fully complied with seven 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. Children were assessed for needed services within 30 days and received required therapeutic services and evaluation recommendations were implemented.

Based on our review, the treatment team developed and implemented Needs and Services Plans (NSP) with the participation of age-appropriate children and discussed the NSPs with Group Home staff. However, of the 37 NSPs reviewed, none were comprehensive. They lacked life skills goals information, and some NSPs indicated "pending" regarding school credits earned and ILP services. All listed goals were very broad and unattainable. The Associate Director was in agreement with our findings and recommendations and stated that the information given by OHCMD was very helpful.

**Recommendation:**

Penny Lane Group Home Management shall ensure:

2. That NSPs are comprehensive.

## CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 15 children's case files, interviews with 12 children and/or documentation from the provider, Penny Lane Group Home fully complied with seven of nine elements reviewed in the area of Children's Health-Related Services, including Psychotropic Medication.

All children had current court-approved authorizations for the administration of psychotropic medications, and medication logs were properly maintained for each child on psychotropic medication. Initial medical and initial dental examinations were conducted timely. However, one child did not have a follow-up ophthalmology appointment, and one child did not have a follow-up dental appointment. It should be noted that the medical and dental exams were subsequently conducted.

**Recommendation:**

Penny Lane Group Home Management shall ensure that:

3. Follow-up medical and dental appointments are conducted timely.

## PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) REPORT

### Objective

Determine the status of the recommendations reported in the 2009 A-C monitoring review for Penny Lane.

### Verification

We verified whether the outstanding recommendations from the January 20, 2009 report were implemented.

### Results

The A-C's prior monitoring report contained one outstanding recommendation. Specifically, Penny Lane was to ensure that children were encouraged and assisted in creating and maintaining photo albums/life books. Based on our follow-up of this recommendation, Penny Lane Group Home fully implemented the A-C's recommendation.

**Recommendation:**

None

## MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C did not conduct a fiscal review of Penny Lane Group Home for fiscal year 2008-2009.

June 8, 2011

Dorothy Channel, CSA II
County of Los Angeles
Bureau of Children and Family Services
Out of Home Care Investigations
9320 Telstar Ave. Suite 206
El Monte, Ca. 91731
626 569-6819 (phone) 626 572-2368 (fax)
**Contract Compliance CAP**

Sent Via Fed Ex

Dear Ms. Channel,

*The following is Penny Lane's Corrective Action Plan (CAP) following an announced monitoring visit from DCFS on December 21, 2010. The visit was conducted by Sonya Noil, CSA I. The CAP is due on June 13, 2011.*

**Needs Improvement**: *Facility and Environment: Are common quarters well maintained, the ceiling appeared to have a leak (wasn't raining so unable to truly determine).*

**CAP**: To ensure that common quarters of the facilities are well maintained, staffs are required to conduct daily inspection of the facilities grounds. To ensure a safe and clean environment for all foster youths staff are encouraged to notify the maintenance supervisor and the supervisor on duty of any safety/ hazards and/or damages to the facility. Immediate notification is reported by phone, followed by an electronic ticket of the observed damage to the maintenance supervisor for assistance. Once the maintenance supervisor is notified of the potential hazard (via phone or electronic notification ticket), a maintenance staff will be dispatched to repair, replace to correct the issue as necessary. The identify hazard will be off limits to foster youths until repairs completed. In the event the assessed damage requires a contract with professional or certified company, notice of the assessed damaged and repairs will be reported to the appropriate agencies for clarification.

**Needs Improvement:** *Program Services, NSPa are not comprehensive-Please address the finding in the Compliance CAP*

**CAP**: Effective immediately, to ensure that the NSPs are comprehensive; the residential treatment team will implement the following changes to the delivery and documentation of the foster youth care services. The Residential Clinical Managers will work with the therapists and collaborate with the County worker to ensure that case goals are assessed, projected and evaluated within 30 days of initial placement and on a quarterly basis. The Clinical Mangers will review and approve all foster youth treatment objectives and goals to ensure the goals are outcome-based, specific, measurable and attainable. To maintain continuity of services, the Clinical Managers will also conduct a comprehensive evaluation and comparison of clients current quarterly NSPs to previous and/or initial NSPs. This will enable the Clinical Managers to revaluate the treatment goals/objectives based on the client's current symptoms and level of functioning.

**Needs Improvement:** *Children's Health Related –Services, Including Psychotropic Medication, required follow-up medical examinations conducted in timely, and follow-up dental examinations conducted timely.*

**CAP:** Effective immediately, the following new procedure will be conducted for follow-up medical appointments. To ensure all follow-up examinations are conducted in a timely manner the medication station supervisor will ensure that foster youth medical appointments are scheduled and transportation is secured for scheduled medical examinations. The medication station supervisor will arrange transportation for foster youth to scheduled medical appointments. Blue medical care record and 561 forms will be completed for all medical visits. All follow-up appointments will be scheduled at the end of each appointment guarantee reservation of necessary medical appointments. For all medial appointment refusals or absence the medication station staff will ensure that the circumstances surrounding non-appearance of medical appointments will be documented and reported through the I-Track system. Medication station staff, will also complete and file in the clients designated chart, Blue Medical Record form, and a Refusal of Medical Treatment form (if applies) notating the circumstance surrounding the youth's non-appearance for scheduled medical appointments.

**CAP**: Effective immediately, the following new procedure will be conducted for follow-up dental appointments. To ensure all follow-up examinations are conducted in a timely manner the medication station supervisor will ensure that foster youth dental appointments are scheduled and transportation is secured for scheduled dental examinations. The medication station supervisor will arrange transportation for foster youth to scheduled dental appointments. Blue medical care record and 561 forms will be completed for all medical visits. All follow-up appointments will be scheduled at the end of each appointment guarantee reservation of necessary dental appointments. For all dental appointment refusals or absence the medication station staff will ensure that the circumstances surrounding non-appearance of medical appointments will be documented and reported through the I-Track system. Medication station staff, will also complete and file in the clients designated chart, Blue Medical Record form, and a Refusal of Medical Treatment form (if applies) notating the circumstance surrounding the youth's non-appearance for scheduled dental appointments.

As always, we appreciate your feedback and take this an opportunity to better our residential program.

Sincerely,

Laterra Champion MSW
Quality Improvement and Social Worker Supervisor

**Attachments:**
MAINTENANCE AND REPAIR OF BUILDINGS, Policy # 1.065