County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 27, 2011

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

From: Philip L. Browning
Interim Director

MURRELL'S FARM AND BOYS 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.

Murrell's Farm and Boys Home Group Home sites are located in the 5th Supervisorial District and provide services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to the agency's program statement, "the mission of Murrell's Farm and Boys Homes, Inc. is to insure that each client has a clear understanding of the expectations for success." The agency has two group home sites, each with a licensed capacity for six children, serving boys ages 12 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Murrell's Farm and Boys Home in November 2010 at which time the agency had a population of 12 DCFS placed children. The children's overall average length of placement was eight months, and their average age was 15. For the purpose of this review, ten children's files were reviewed; however, only nine of the ten children were interviewed as one child was on a home pass and unavailable for interview. Six staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Five 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 Murrell's Farm and Boys Home's compliance with the contract and State regulations. The visits included a review of the agency's program statement, administrative internal policies and procedures, ten children's files, and six personnel files. Visits were made to each group home site to assess the quality of care and supervision provided to the children, and we conducted interviews with nine 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, Murrell's Farm and Boys Home was providing services as outlined in the agency's program statement. Overall, the children interviewed reported they were satisfied residing in the Group Home.

Murrell's Farm and Boys Home needed to develop comprehensive Needs and Services Plans (NSP) and address some physical plant deficiencies identified during the inspection of the facilities, such as repair of a block wall, computer repairs, provision of area rugs for bedroom linoleum floors, and repair or replacement of a kitchen stove top.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 35 initial and updated NSPs reviewed, 31 were not comprehensive in that they did not contain all the required elements in accordance with the NSP template. Some lacked educational grade point averages. Some also lacked Children's Social Worker (CSW) authorization for implementation or documentation that the NSP was sent to the CSW for approval. Some lacked documentation that the children were participating in the development of the NSPs and documentation of the Group Home's monthly contacts with the CSWs, including specific dates, purpose, and outcomes.

- Two of five children taking psychotropic medications did not have a current approved psychotropic medication authorization for all psychotropic medication they were receiving. One child did not have a current approved psychotropic medication authorization for Diphenhist (Benadryl) he was taking for insomnia. Another child had an expired psychotropic medication authorization for Depakote. Copies of approved psychotropic medication authorizations for each of the medications for the two children have since been submitted to OHCMD.

- Eight of nine interviewed 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 Group Home Administrator'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 "inconclusive," however Community Care Licensing (CCL) deemed the allegation to be "substantiated". Per the CCL investigative report "Staff violated the rights of client when he placed him in a one person hold and escorted him..." Per CCL's request for a Corrective Action Plan (CAP), the staff member was to be retrained. OHCMD has received Murrell's Farm and Boys Home's CAP to CCL appropriately addressing this finding, and the staff member has since been retrained. The child is no longer placed with Murrell's Farm and Boys Home.

- Of the nine children interviewed, five children reported they had never been encouraged or assisted in creating and updating a life book/photo album.

- Two staff files did not have documentation of completion of the required hours of initial training within the first 90 days of employment.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held June 27, 2011.

In attendance:

Lupe Maldonado Rascon, Group Home Administrator for Murrell's Farm and Boys Home, and Donald Luther, Monitor, DCFS OHCMD.

Highlights:

The Group Home Administrator was attentive to each of the findings and recommendations presented by the Monitor. She stated she understood the findings in the review. The physical plant deficiencies were discussed and the Administrator advised that the agency was in the process of completing the repairs. The Group Home Administrator and the Monitor reviewed each of the NSPs issues, and the Monitor instructed what was necessary to improve the NSPs. The Group Home Administrator understood the areas that needed to be addressed.

The issue of life books was also discussed. The Group Home Administrator informed the Monitor that they do have books that are used for life book/photo albums; however the boys have not shown interest in them. She will ensure that all residents have life books and are encouraged and assisted by staff to develop and maintain them.

The need for documentation of staff's completion of initial training was discussed. The Group Home Administrator indicated she would ensure that all staff complete the

required initial training as well as ongoing training. Documentation of the trainings will be maintained for each employee.

A draft copy of the report was provided to the Group Home Administrator, and no further comments were received. As agreed, Murrell's Farm and Boys Home provided a timely CAP addressing each recommendation noted in this Compliance 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 any questions, your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:RS:KR
EAH:DC:dl

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
Emmett B. Murrell, Executive Director, Murrell's Farm and Boys Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

MURRELL'S FARM AND BOYS HOME
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

Site Locations

Shannon Site
823 Pillsbury Street
Lancaster, CA 93535
License Number 197606874
Rate Classification: 11

Hanstead Site
44423 Hanstead Avenue
Lancaster, CA 93534
License Number 197606254
Rate Classification: 11

	Contract Compliance Monitoring Review	Findings: November 2010
I	**Licensure/Contract Requirements** (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	**Facility and Environment** (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. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Full Compliance
III	**Program Services** (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. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed

IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)
V	**Recreation and Activities** (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	**Children's Health-Related Services (including Psychotropic Medications)** (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. Improvement Needed 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	**Personal Rights** (11 Elements) 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 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	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	**Children's Clothing and Allowance** (8 Elements) 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	 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	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 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. On-going Training Documentation 12. Emergency Intervention Training Documentation	 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. Full Compliance 12. Full Compliance

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CONTRACT COMPLIANCE MONITORING REVIEW

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

CONTRACTUAL COMPLIANCE

Based on our review of ten children's files, six staff files and/or documentation from the provider, Murrell's Farm and Boys Home was in full compliance with three of 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 ten children's case files and/or documentation from the provider, Murrell's Farm and Boys Home complied with two of six elements in the area of Facility and Environment.

The exteriors of the Group Home sites were generally maintained. The front and backyards were clean and adequately landscaped. However, the block wall to the rear of the Hanstead Site was missing several concrete blocks and some decorative cap blocks.

The common quarters were well maintained; the furniture was comfortable and in good condition. The areas were clean, however the right front burner of the stove top in the Shannon kitchen was not operational. The Group Home Administrator advised the Monitor that the owner and manager measured the stove top and were in the process of replacing it.

The children's bedrooms were comfortable and well maintained and the furniture was in good condition, however the linoleum floors in the bedrooms at the Shannon Site had no rugs for the children's comfort entering and exiting their beds. The Group Home purchased and supplied each bed at the site with an appropriate area rug the next day.

Murrell's Farm and Boys Home maintained sufficient age-appropriate recreational equipment at each of the Group Homes. There was a sufficient supply of varied and age-appropriate equipment in good condition.

The Group Home sites also had an appropriate quality and quantity of reading materials, board games, DVD players, educational resources and supplies. However, the Shannon Site did not have a working computer that was readily available to the children. Since the review, the Group Home Administrator reported that a working used computer has been purchased for the children's use until the Los Angeles County Office of Education (LACOE) replaces the damaged units.

Each of the sites had an adequate supply of perishable and non-perishable foods that were properly stored.

Recommendations:

Murrell's Farm and Boys Home management shall ensure that:

1. The Hanstead site rear block wall is appropriately repaired and maintained.

2. The stove top in the Shannon Site kitchen is repaired or replaced in a timely manner.

3. Area carpets are provided and maintained for each bedroom that has linoleum flooring.

4. Working computers are maintained for the children's use.

PROGRAM SERVICES

Based on our review of ten children's case files and/or documentation from the provider, Murrell's Farm and Boys Home fully complied with four 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 agency's program statement. Also, children were receiving required therapeutic services, and recommended assessments/evaluations were implemented. The Group Home staff felt they were being supported by the agency's administration.

The children's Needs and Services Plans (NSP) were discussed with the Group Home staff. Some NSPs were not comprehensive and some lacked CSW's authorization for implementation or documentation that NSPs were sent to the CSW for approval. One child's case file was missing an updated NSP. Some NSPs did not contain all the required elements in accordance with the NSP template and some lacked educational grade point averages. Also, some lacked documentation that the children were participating in the development of the NSPs and documentation of the Group Home's monthly contacts with the DCFS CSWs, including specific dates, purpose, and outcomes.

PERSONAL RIGHTS

Based on our review of ten children's files, interviews with nine of the children and/or documentation from the provider, Murrell's Farm and Boys Home complied with 10 of 11 elements in the area of Personal Rights.

All nine interviewed children reported that they were assigned chores that were reasonable and not too demanding. The children also reported that they were allowed to make and receive personal telephone calls, send and receive unopened mail, and have private visitors. The children reported that they had the opportunity to attend the religious services of their choice, and children reported satisfaction with meals and snacks. The nine children also reported that they received requested medical, dental, and psychiatric care.

The nine interviewed children expressed satisfaction with the quality of their interactions with staff and reported that the staff members treated them with respect and dignity. Eight of the nine interviewed 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 Group Home Administrator's attention and the Out-of-Home Care Management Division (OHCMD) made a referral to the Child Protection Hotline. The DCFS investigation of the referral deemed the allegation of physical abuse to be "inconclusive," however Community Care Licensing (CCL) deemed the allegation to be "substantiated." Per the CCL investigative report, "Staff violated the rights of client when he placed him in a one person hold and escorted him..." Per CCL's request for a Corrective Action Plan (CAP), the staff member was to be retrained. OHCMD has received Murrell's Farm and Boys Home's CAP to CCL appropriately addressing this finding, and the staff member has since been retrained. The child is no longer placed with Murrell's Farm and Boys Home.

The nine interviewed children reported that they were given information about the Group Home's policies and procedures regarding discipline, children's personal rights, house rules, and children's complaint grievance procedures. The children reported that the discipline policies were consistently enforced, fair and had appropriate consequences for inappropriate behavior.

Recommendation:

Murrell's Farm and Boys Home management shall ensure that:

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

CLOTHING AND ALLOWANCE

Based on our review of ten children's case files and/or documentation from the provider, Murrell's Farm and Boys Home fully complied with seven of eight elements reviewed in the area of Clothing and Allowance. Based on our review, the children reported the agency provided the required $50 per month for clothing and that their clothing inventories were of adequate quality and quantity. The children were involved in the selection of their clothing and provided with adequate personal care items. The children reported they were always provided with at least the minimum monetary allowance and they were free to manage their allowances.

Five of the interviewed children reported they had never been encouraged or assisted in creating and updating a life book/photo album.

Recommendation:

Murrell's Farm and Boys Home management shall ensure that:

12. All children are encouraged and assisted in creating and maintaining a life book/photo album.

PERSONNEL RECORDS

Based on our review of six staff personnel files and/or documentation from the provider, Murrell's Farm and Boys Home fully complied with 11 of 12 elements reviewed in the area of Personnel Records.

All six staff met the educational/experience requirements. Fingerprints, Child Abuse Central Index (CACI) clearances and criminal background statements were submitted timely. Employees received timely initial health screenings, had valid driver's licenses and signed copies of the Group Home policies and procedures. All six received CPR, First Aid training, and Emergency Intervention training. However, files for two staff did not have documentation of completing the required hours of initial training within the first 90 days of employment. The Group Home Administrator agreed that all staff would complete the required initial training as well as on-going training. Documentation of the trainings will be maintained for each employee.

Recommendation:

Murrell's Farm and Boys Home management shall ensure that:

13. All applicable staff receive the required initial training within the first 90 days of employment.

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 fiscal year 2008-2009 monitoring review were implemented. The report was issued on August 28, 2009.

Results

The A-C's prior monitoring report contained 17 outstanding recommendations. Murrell's Farm and Boys Home was to maintain adequate landscaping and lawns; clean and maintain all areas of the backyard; replace damaged computers, carpeting and ceramic counter tile; and eliminate clutter and organize the Shannon site garage. Also, replacement was needed for missing bathroom and bedroom light globes, pull chains, a refrigerator grill, and a broken portable basketball goal. Children needed to be assessed for services within 30 days of placement. NSPs needed to be comprehensive and include input from all members of the treatment team in the development and implementation of the NSPs and children provided with identified treatment services. Murrell's Farm and Boys Home needed to provide children with sufficient educational support and resources to meet their educational needs. Additionally, the children needed to be provided with additional clothing as needed, and encouraged and assisted in creating and maintaining life books.

The A-C's recommendations to maintain working computers, develop comprehensive NSPs, and encourage and assist children in creating and maintaining life books were not fully implemented.

Recommendations:

Murrell's Farm and Boys Home management shall ensure that:

14. The Group Home sites maintain working computers for the children's use.

15. NSPs are comprehensive, including all required elements in accordance with the NSP template.

16. All children are encouraged and assisted in creating and maintaining a life book/photo album.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of Murrell's Farm and Boys Home fiscal operations from January 1, 2004 - December 31, 2004. The fiscal report dated April 8, 2008 states Murrell's Farm and Boys Home had $137,218 in questioned/disallowed costs. Murrell's Farm and Boys Home submitted a timely approved fiscal CAP which is being monitored by DCFS' Fiscal Monitoring Section.

Murrell's Farm and Boys Home, Inc.

To: Dorothy Channel, Manager
Children's Services Administrator II
Out-of-Home Care Management Division
Department of Children and Family Services
9320 Telstar Avenue, El Monte, California, 91731

From: Murrell's Farm & Boys Home

Re: 2010 Compliance Report Results/ Corrective Action Plan
Revision: 8/3/11

The Corrective Action Plan (CAP) has been implemented as follows for Murrell's Farm and Boys Home sites located at:

(1) Shannon Site
823 Pillsbury St., Lancaster, Ca. 93535 - License #197606874

(2) Hanstead Site
44423 Hanstead Ave., Lancaster, Ca. 93534 - License #197606254

I. LICENSURE/CONTRACT REQUIREMENTS

Finding(s): No findings

II. FACILITY AND ENVIRONMENT

10. Are the group home's exterior and grounds well maintained? NO

Rear block wall missing several blocks and decorative cap blocks at Hanstead site.

Correction Action Plan
Rear block wall was repaired on 7/12/11, all blocks and decorative cap blocks were replaced. Facility Manager will routinely monitor exterior of property and advice Group Home Administrator if needed repairs in a timely manner.

11. Are common quarters well maintained? NO

Right front burner on stove top was not working at Shannon site.

Correction Action Plan

Property management/owner ordered a new cook top stove on 6/25/11, and is awaiting delivery to replace old stove not working properly. Facility Manager will monitor interior of property routinely in a timely manner and will also notify the Administrator in a timely manner of needed repairs.

12. Are children's bedrooms well maintained? NO

No rugs on linoleum flooring for the children's comfort entering and exiting the beds at Shannon site.

Corrective Action Plan
Area rugs were purchased and installed on 7/22/11, for each bed at the Shannon House. Facility Manager will monitor and replace area rugs as needed in a timely manner.

14. Does the group home have an appropriate quantity and quality of reading materials, and educational resources and supplies including computers readily available to children? NO

Computers for children's use at the Shannon site were broken.

Correction Action Plan
Administrator purchased a used computer on 7/7/11 for the children, until the new computers that were ordered through LACOE arrive. Facility Manager will monitor and ensure that the computers are in proper working condition. Administrator will monitor and follow up with LACOE regarding our new arrival of computers.

III. PROGRAM SERVICES

17. Did the group home obtain the DCFS CSW's authorization to implement the Needs and Services Plan? NO

Each child had at least one NSP that had no CSW approval of documentation of being sent for approval.

Correction Action Plan
The new Social Worker will ensure that the NSP's are sent to CSW's and signatures obtained within the 5 day time frame, efforts will be documented with the fax cover letter and a transmittal. Group Home Administrator will do routine checks on client files to ensure the agency is in compliance.

22. Are DCFS CSW's contacted monthly and are the contacts appropriately documented? NO

CSW contacts to the Group Home were not appropriately documented.
Corrective Action Plan
The new Social Worker will ensure that monthly contacts to the CSW are appropriately documented in the NSPs as to specific dates, purpose, and outcomes of the contacts.

22.a. Are the Needs and Services Plans comprehensive? NO

Correction Action Plan
The new Social Worker will ensure that all elements of the Needs and Services Plans are completed in a timely manner and include specific dates and outcomes of visits and Group Home contacts to CSW's, progress toward goals, school progress including GPA's, and completed signature pages. The NSPs will include long and short term goals that are specific, obtainable, measurable, and time limited. Group Home administrator will meet with the social worker monthly and will review the NSPs to ensure they are comprehensive.

IV. EDUCATION AND EMANCIPATION SERVICES

Finding(s): No findings

V. RECREATION AND ACTIVITIES

Finding(s): No Findings

VI. CHILDREN'S HEALTHE RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION?_

30. Are the current court-approved authorizations for the administration of Psychotropic medication? No

Two children did not have current approved Psychotropic Medication Authorizations for medication they were receiving.

Corrective Action Plan

Facility Manager will monitor and ensure that a current court approved Psychotropic Medication Authorization is always in place and maintained each child's file for all psychotropic medication being prescribed.

37. Are initial dental examinations timely? NO

One child's initial dental exam was not timely.
Corrective Action Plan
Facility Managers will ensure that all health related services are maintained within a 30 day period, unless there is a situation that should arise that takes priority over a scheduled appointment which will be documented and I-tracked to the appropriate parties.

VII. PERSONAL RIGHTS

40. Do children feel safe in the group Home? No

Corrective Action Plan
First, there is absolutely no reason why a child should not feel safe at MFBH. The staff in question was retrained on Murrell's long standing policy of never "putting your hands on a resident for the purposes of restraint unless client is in immediate danger to themselves or others in compliance with 84072C (15) Personal Rights Policy. This staff will also be asked to sign a retraining Corrective Action Plan statement that will state that he understands that any Future violation of this "No Touch Policy" will result in immediate termination.

Additionally, a Corrective Action memo statement will be immediately circulated to each and every staff, that they must sign, that will estate Murrell's long standing "no touch" policy in compliance with 84072(C) (15) Personal Rights Policy. The next several scheduled staff scheduled trainings will include a module on the "No Touch Policy" that will highlight the appropriate 84072 (c) (15) Personal Rights Policy driven options when addressing incidents with residents that warrant physical contact by Law Enforcement, approved Licensed Psychiatrist and/or Licensed Medical Professional staff.

VIII. CLOTHING AND ALLOWANCE

57. Are children encouraged and assisted in creating and updating a life book/photo album? NO

Murrell's Farm and Boys Home, Inc.

Corrective Action Plan
Children are always and will continue to be encouraged in creating and Updating their life book/photo album, once a week during their quite time.

IX. PERSONNEL RECORDS

64. Have appropriate employees received the required initial training? NO

Corrective Action Plan
The administrator will ensure that all future employee initial trainings and continuing education trainings are appropriately documented and filed appropriately in employee personnel files.

Administrator will be responsible for monitoring the Compliance Corrective Action Plan.

Lupe Rascon, Group Home Administrator, Lupe Rascon Date 8/3/11

Emmett B. Murrell, CEO, Emmett Murrell Date 8/3/11