County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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PHILIP L. BROWNING
Director

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March 15, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

O'CONNER & 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 O'Conner & Atkins Group Home'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." O'Conner & Atkins Group Home is licensed to serve a capacity of eight children, ages 5 through 17.

The DCFS Out-of-Home Care Management Division (OHCMD) conducted a review of the O'Conner & Atkins Group Home in November 2010 at which time, the Agency had one eight-bed site and eight male DCFS children placed. For the purpose of this review, all currently placed children were interviewed and six case files were reviewed as two of the children were placed for less than 30 days.

The placed children's overall average length of placement was 19 months and the average age was 13. Five staff files were reviewed for compliance with the Title 22 Regulation and contract requirements. Four 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 O'Conner & Atkins Group Home's compliance with the contract and State regulations. The visit included a review of O'Conner & Atkins Group Home's program statement, administrative internal policies and procedures, all eight 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 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, O'Conner & Atkins was providing the services outlined in its program statement. The children interviewed stated staff treated them with respect and dignity and services were made available to them. The direct care staff reported 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. In addition, the Group Home also needed to develop comprehensive Needs and Services Plans (NSP), include the children in the development of the NSPs, and maintain documentation to demonstrate that the DCFS Children's Social Workers (CSWs) approved the implementation of the NSPs. Further, the Group Home needed to maintain copies of the current report cards/progress reports in children's case files; provide the children with opportunities to participate in age-appropriate extra-curricular, enrichment and social activities; ensure that medical and dental examinations are completed in a timely manner; maintain current psychotropic medication authorizations in children's case files; and encourage the children to be involved in the selection of their own clothing.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Two of the Needs and Services Plans (NSPs) did not include input from the child as there was no documentation that the children participated in the development of their NSPs.

- The NSPs were not comprehensive as they did not contain all elements such as dates of telephone contacts with family members, and were not always signed by the children. The Administrator stated that O'Conner & Atkins Group Home (OAGH) will ensure that all NSPs include all dates of family contacts. The facility manager will retrieve sign-in/sign-out and telephone contacts lists and submit dates of contacts to the treatment team weekly. Also, OAGH will ensure that all children are included in the NSP process. Once the NSP is completed and reviewed by the Administrator, the Administrator will conference with each child to review and sign NSP within twenty-four hours.

- One of the reviewed NSPs was not approved by the DCFS CSW for implementation. The Administrator stated that OAGH will ensure that all NSPs are signed by DCFS CSWs for implementation. The facility manager will be responsible for collecting new NSPs from the treatment team and will fax reports to DCFS CSWs within five days of the treatment team's approval. A fax cover sheet requesting changes to the plan or signature for implementation will be sent to CSWs as well. A copy of the fax confirmation will be filed in the resident's file.

- Four children reported that they were not given the opportunity to participate in age-appropriate extra-curricular, enrichment and social activities in which they have an interest. The Administrator stated that OAGH will ensure that residents are given opportunities to participate in activities of their choices. The facility Administrator and school liaison will be responsible for securing brochures and handouts on extra-curricular activities from school, and then submit activity brochures/handouts to residents for their review. Once a resident chooses an activity, the Administrator will be responsible for enrolling the residents into the activity and will oversee the resident's participation and progress in the program.

- The Group Home did not ensure that all children's initial and follow-up physical and dental examinations were conducted in a timely manner and were documented in their case files. One child did not have a current psychotropic medication authorization maintained in his case file. The Administrator stated that OAGH will ensure that residents receive medical and dental examinations timely within 30 days of placement. Further, under no circumstances will OAGH administer psychotropic medications without Court authorization. The Facility Adminstrator will be responsible for ensuring that Court Authorization forms are received from the prescribing doctor and placed in resident's file.

- Four of the children reported that they were not provided with opportunities to select their own clothes. The Administrator stated that OAGH will ensure that residents are involved in the selection of their own clothing. A monthly clothing outing will be scheduled in advance by the Administrator for all residents during which the residents have the opportunity to select clothing of their choice.

It is concerning that O'Conner & Atkins Group Home was out of compliance in seven of the nine areas reviewed. However, most elements of the seven areas reviewed were in compliance. When O'Conner & Atkins Group Home staff was informed of the deficiencies, immediate action was taken to correct the more significant findings. In addition, management provided an approved plan to correct all deficiencies. A follow-up review to assess for full implementation of the approved CAP was conducted on September 28, 2011, and the results are pending.

O'Conner & Atkins Group Home management was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held March 15, 2011:

In attendance:

Tony Chutsz, Administrator, and Greta F. Walters, Monitor, DCFS, OHCMD.

Highlights:

The Administrator expressed an understanding of our findings and recommendations presented by the monitor.

As agreed, O'Conner & Atkins Group Home provided a written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

A follow-up will be conducted within the next few weeks to assess for full implementation of recommendations during our next monitoring visit.

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:GFW:jlh

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
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 Scott, Regional Manager, Community Care Licensing

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

IV	**Educational and Youth Development Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards maintained	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed
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	 1. Full Compliance 2. Full Compliance 3. Improvement Needed
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 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	 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 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	 Full Compliance (All)

VIII	**<u>Children's Clothing and Allowance</u>** (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 Allowances 8. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
IX	**<u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u>** (12 Elements) 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	Full Compliance (All)

O'CONNER & 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" of the monitoring visit, and is only intended to report findings noted during the November 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of six children files and five staff files and/or documentation from the provider, the O'Conner & Atkins Group Home was in full compliance with two of the nine sections of our Contract Compliance Review: Personal Rights and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of six children's case files and/or documentation from the provider, O'Conner & Atkins Group Home fully complied with eight of the nine elements reviewed in the area of Licensure/Contract Requirements.

O'Conner & Atkins Group Home was in compliance with licensing capacity, 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 Group Home did not appropriately document and cross-report all Special Incident Reports (SIRs). One child was suspended from school for fighting and the incident was not reported to OHCMD. The Group Home Administrator stated the Facility Manager will be responsible for ensuring school related matters are reported timely via I-Track.

Recommendation:

O'Conner & Atkins Group Home Management shall ensure that:

1. All SIRs are documented and cross-reported.

FACILITY AND ENVIRONMENT

Based on our review of O'Conner & Atkins Group Home and interviews with the eight children, O'Conner & Atkins Group Home fully complied with four of the six elements in the area of Facility and Environment.

The Group Home maintained age-appropriate and accessible recreational equipment and on-site educational resources. However, the children do not have access to a computer in the Group Home. The Administrator explained that there was a laptop for the children to use, but it was in the care of a staff member and that the children used the computer when the staff member reported to work. It was brought to the attention of the Administrator that the staff member does not report to work everyday and on those days the children were left without access to a computer. The Administrator stated the Agency would look into getting a computer for the children's access.

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

Generally, the Group Home provided a home-like environement; the exterior of the Group Home was adequately maintained and the front and back yards were clean and adequately landscaped and the interior adequately maintained.

The children's bedrooms were neat and orderly, the mattresses were comfortable, and all beds had a full complement of linens. Children's sleeping arrangements were appropriate, window coverings and window screens were in good repair, however, the bed pillows were worn out. In bedroom number two, the door hinge was broken and in bedroom number one and four, a bed frame was broken. The Group Home had made the repairs by the end of the review.

Recommendations:

O'Conner & Atkins Group Home Management shall ensure that:

2. A computer is readily available to the children.

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

PROGRAM SERVICES

Based on our review of six children's case files, O'Conner & Atkins Group Home fully complied with five of the 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 of placement. The reviewed NSPs reflected adequate documentation to confirm monthly

contacts with the DCFS CSWs and were implemented and discussed with group home staff.

However, two of the NSPs did not include input from the child; there was no documentation that two children participated in the development of their NSPs. Also, the NSPs were not comprehensive as they did not contain all required elements such as dates of telephone contacts with family members. Additionally, NSPs were not signed by three of the children and one of the reviewed NSPs was not approved by the DCFS CSW for implementation. The Administrator stated that the O'Conner & Atkins Group Home (OAGH) will ensure that all children are included in the NSP process. Once the NSP is completed and reviewed by the Administrator, the Administrator will conference with each specific child to review and sign their NSP within twenty-four hours. Further, the Group Home Administrator will ensure that all NSPs are comprehensive to include all dates of family contacts. The facility manager will retrieve sign-in/sign-out and telephone contacts lists and submit dates of contacts to treatment team weekly. Additionally, OAGH will ensure that all NSPs are signed by DCFS CSWs for implementation. The facility manager will be responsible for collecting new NSPs from the treatment team and will fax the reports to DCFS CSWs within five days of the treatment team's approval.

The review from the prior year also noted that the O'Conner & Atkins Group Home did not always ensure that the NSPs were comprehensive and included all members of the treatment team in the development of the NSPs.

Recommendations:

O'Conner & Atkins Group Home Management shall ensure that:

4. The NSPs are comprehensive and include all required elements.

5. The children are included in the development of their NSPs.

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

EDUCATION AND YOUTH DEVELOPMENT SERVICES

Based on our review of six children's case files and interviews with eight children, the O'Conner & Atkins Group Home fully complied with three of the four elements reviewed in the area of Education and Youth Development Services. Youth Development Services (YDS) was non-applicable for four children due to their ages.

We found that the eligible children were enrolled in Youth Development Services (YDS) and documentation was found that these services were provided in accordance with the developmental expectations of the children. Copies of current IEPs were maintained in

the children's case files; however, a copy of the most current report card/progress report was not maintained in one child's case file.

Recommendation:

The O'Conner & Atkins Group Home Management shall ensure that:

7. Copies of current report cards/progress reports are maintained in all children's case files.

RECREATION AND ACTIVITIES

Based on our review of six children's case files and interviews with eight children, O'Conner & Atkins Group Home fully complied with two out of the three elements in the area of Recreation and Activities.

The children reported that they participated in activities that were made available to them. They reported that they participated in the planning of the activities. Four of the eight children reported that they were not given the opportunity to participate in age-appropriate extra-curricular, enrichment and social activities in which they had an interest. One child stated that he wanted to participate in after school tutoring, but was told to report straight home and other children were not given permission to participate in an after-school sports program. The Administrator stated that OAGH will ensure that residents are given opportunities to participate in activities of their choices. The facility Administrator and school liaison will be responsible for securing brochures and handouts on extra-curricular activities from school, and distributing them to the residents. Once a resident selects an extra-curricular activity, the administrator will be responsible for enrolling the resident in the program and monitoring participation and progress.

Recommendation:

O'Conner & Atkins Group Home Management shall ensure that:

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

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of six children's case files, and interviews with eight children, the O'Conner & Atkins Group Home fully complied with seven out of the nine elements in the areas of Children's Health Related-Services, including Psychotropic Medication.

There were four children who were prescribed psychotropic medications. The medication logs included correct documentation, and all of the children were aware of their right to refuse medication. However, one child did not have a current psychotropic

medication authorization maintained in his case file. In addition, the Group Home did not ensure that all children's initial and follow-up physical and dental examinations were conducted in a timely manner and one child's initial medical and dental examinations were two months late. The Administrator stated that OAGH will ensure that residents receive medical and dental examinations timely within 30 days of placement. Further, the Facility Adminstrator will be responsible for ensuring that court authorization documentation is received from the prescribing doctor and placed in resident's file.

Recommendations:

The O'Conner & Atkins Group Home Management shall ensure that:

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

10. Current psychotropic medication authorizations are obtained and maintained in the case files.

CLOTHING AND ALLOWANCE

Based on our review of six children's case files, and interviews with eight children, the O'Conner & Atkins Group Home fully complied with seven out of the eight elements in the areas of Clothing and Allowance.

All eight children reported that they received the $50 required monthly clothing allowance. 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, six children reported that they were not provided with the opportunity to select their own clothes. The Administrator stated that OAGH will ensure that children are involved in the selection of their clothing. A monthly clothing outing will be scheduled in advance by the Administrator at which time the children have the opportunity to select clothing of their choice.

The children reported that they spend their allowances as they choose and all eight interviewed children reported that they received the required minimum weekly allowance.

The Group Home provided children with adequate personal care items. The children were also encouraged and assisted in creating and maintaining their photo albums/life books.

Recommendation:

The O'Conner & Atkins Group Home Management shall ensure that:

11. All children are provided with opportunities to select their own clothing.

FOLLOW-UP FROM 2009 OHCMD MONITORING REPORT

Objective

Determine the status of the recommendations reported in the OHCMD prior monitoring review.

Verification

We verified whether the outstanding recommendations from the monitoring review were implemented. The report was issued on September 3, 2010.

Results

The OHCMD's prior monitoring report contained seven outstanding recommendations. Specifically, O'Conner & Atkins Group Home was to ensure that the Group Home was maintained in good repair in accordance with the Title 22 Regulations, that they develop comprehensive NSPs with all required elements, maintain documentation that the DCFS CSWs approved the implementation of the NSPs, and monthly contacts with the DCFS CSWs was adequately documented. The Group Home staff members were to ensure that all children are provided with the required weekly allowance and to encourage and assist children in creating and updating photo albums/life books. Further, the Group Home was to ensure that all staff members receive the required training hours per the Title 22 Regulations and the Group Home's program statement.

Based on our follow-up of these recommendations, the Group Home was not maintained in good repair in accordance with the Title 22 Regulations, comprehensive NSPs were not developed with all required elements and maintainence of documentation that the DCFS CSWs approved the implementation of the NSPs were not fully implemented. Corrective action was requested of O'Conner & Atkins Group Home to further address these findings.

Recommendation:

The O'Conner & Atkins Group Home Management shall ensure that:

12. They implement the three outstanding recommendations from the September 3, 2010 monitoring report, which are noted in this report as Recommendations 3, 4, and 6.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of O'Conner & Atkins Group Home fiscal operations for the calendar year January 1st through December 31, 2003. The fiscal report, dated March 9, 2006 states O'Conner & Atkins Group Home had $3,634 in questioned/disallowed costs. O'Conner & Atkins Group Home submitted a timely approved fiscal CAP which was being monitored by DCFS' Fiscal Monitoring Section.

O'Conner And Atkins Group Home, Inc.
2010 W. 41st Drive
Los Angeles, California 90062
(323) 294-7305 Home
(323) 296-3230 Fax

Department Of Children And Family Services
Out Of Home Care Management Division
9320 Telstar Ave. Suite 216
El Monte, California 91731

Attention: Jui-Ling Ho, CSA

08/17/2011

Re: Corrective Action Plan 03/15/2011: Contract compliance review

O'Conner And Atkins Group Home is submitting a Corrective Action Plan regarding deficiencies cited on review period 03/22/2011.

I. Licensure/Contract requirements

4. Suspension from school not reported.

O'Conner And Atkins (OAGH) will ensure that all school suspensions are reported by I-track within twenty-four hours. The Facility Manager will be responsible for reporting all school related incidents.
Start date: 04/01/2011

II. Facility And Environment

12. Children's bedrooms not maintained.

OAGH will ensure that children's bedrooms are maintained daily. The Facility Night Manager will be responsible for checking children's rooms each evening and will report directly to the group home Administrator daily.
Further, pillows were replaced, the door hinge was repaired, and the bed frame was repaired.
Start Date: 04/01/2011

14. Group Home does not have computer readily available.

Although Group Home Managers bring computers for children, a computer has been purchased and will be available at all times for residents.
Start date: 04/01/2011

III. Program Services

17. Group Home failed to obtain DCFS CSW authorization to implement Needs and Service Plan.

OAGH will ensure that all Needs and Service Plans are signed by DCFS CSW for implementation. The Facility Manager will be responsible for faxing Needs and Service Plan to CSW within five (5) days of Treatment team approval. A fax cover sheet requesting changes to plan or signature for implementation will be sent as well to CSW. A copy of the fax confirmation will be filed in resident's respective file.
Start Date: 04/01/2011

* **NSP's were not comprehensive for the following reasons:**

a. NSP's were not signed by three of the children.

OAGH will ensure that all children are included in the NSP process. Once the NSP is completed and reviewed by the Administrator, the Administrator will conference with specific child to review the NSP within twenty four hours, then have resident sign the NSP. This process will occur within twenty four hours of completed NSP being submitted to administrator.
Start date: 04/10/2011

b. NSP for five of the children did not include dates of telephone contacts with family members.

OAGH will ensure that all NSP reports include all dates of family contacts. A daily telephone contact log has been created. The Facility Manager will retrieve the sign-in /sign-out logs, telephone contact lists and daily contact list and submit dates of all contacts to treatment team once weekly or as needed to be included in the NSP reports. All date of contacts will be documented in Treatment team logs, then entered into NSP reports.
Start date: 04/10/2011

c. NSP for one child not signed by DCFS Social Worker.

OAGH will ensure that all NSP reports are signed by DCFS Social Worker.
The Facility Manager will be responsible for collecting new NSP reports from the Treatment Team, and will fax the NSP report to DCFS Social Worker within five (5) days for approval and or changes. This will also be followed up by a telephone call to CSW by the Facility Manager if the signature page is not received by fax within six days.
Start date: 04/10/2011

IV. Education

26. Resident's report card not maintained.

OAGH will ensure that report cards are maintained in resident's files. The Administrator routinely makes visits to schools, however one call per month will specifically securing a report card. The school liaison, Administrator, will be responsible for retrieving report cards from school, then filing report cards in respective resident's file.
Start Date: 04/01/2011

V. Recreation and Activities

29. Residents not given opportunity to participate in extra-curricular activities.

OAGH will ensure that residents are given opportunity to participate in activities of their choice. The Facility Administrator, school liaison will be responsible for securing brochures and handouts on extracurricular activities from the school, then submit activities to residents for review.
Once a resident decides on participating in an activity of his choice, the Administrator will be responsible for enrolling resident into the activity, and will ensure liaison with the program until program termination.
Start Date: 04/01/2011

VI. Health Related Services, Psychotropic Medication

30. Court Authorization not on file.

Under no circumstances will OAGH administer psychotropic medications without court authorization. The Facility Administrator will be responsible for ensuring that Court Authorization documentation received from the prescribing doctor and placed in resident's file. The Facility Administrator will also follow up with same doctor, or court for updated Court Authorizations.
Start Date: 04/01/2011

34. 37. Initial medical/dental exams not timely.

OAGH will ensure that residents receive timely medical and dental exams. The Facility Administrator will be responsible for ensuring that residents receive medical and dental exams timely within 30 days of placement.
Within three days of resident placement, the administrator will call and schedule medical and dental appointments dates, log the appointment dates on the master calendar, then ensure that appointment dates are completed and documented on proper forms.
Start Date: 04/01/2011

VIII. Clothing and Allowance

53. Residents not involved in selection of clothing.

OAGH will ensure that residents are involved in the selection of their clothing.
A clothing outing will be scheduled in advance monthly by the Administrator for residents. At this time residents will be given opportunity to attend outing in order to select clothing of their choice.
The Facility Administrator will be responsible for ensuring that residents attend clothing store outings and select their clothing.
Start Date: 04/01/2011

Sincerely,

Tony Chustz, Administrator