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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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May 2, 2012

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

From: Philip L. Browning
Director

JUNIOR BLIND OF AMERICA GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Junior Blind of America Group Home in April 2011, at which time they had one 40-bed site and six DCFS placed children.

Junior Blind of America Group Home (GH) is located in the 2nd Supervisorial District. The GH provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to the GH's program statement, its stated purpose is "to provide services to court dependent, seriously emotionally disturbed, visually impaired, culturally diverse, and multi-disabled children." Junior Blind of America Group Home is licensed to serve a capacity of 40 children, ages 6 through 17.

For the purpose of this review, four placed children were interviewed and their case files were reviewed. The placed children's overall average length of placement was 26 months, and the average age was 15. Three staff files were reviewed for compliance with Title 22 regulations and contract requirements.

There were four children on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Junior Blind of America Group Home's compliance with the contract and State regulations. The visit included a review of Junior Blind of America Group Home's program statement, administrative internal policies and procedures, four children's case files, and a random sampling of personnel files. A visit was made to the site to assess the quality of care and supervision provided to 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, Junior Blind of America Group Home was providing good quality care to DCFS' placed children, and the services were provided as outlined in their program statement. The children's case files and personnel files were well organized and professionally maintained. The site was clean and professionally landscaped. All four children interviewed said they felt safe.

The review revealed that Junior Blind of America needed to ensure all Special Incident Reports (SIRs) were appropriately documented and cross-reported timely, and develop comprehensive initial and updated Needs and Services Plans (NSPs). In addition, Junior Blind of America needed to appropriately document monthly contact with DCFS Children's Social Workers (CSW) and the GH needed to ensure all staff received timely CPR training.

The Administrator and her staff were accessible and cooperative. Junior Blind of America was receptive to implementing some systemic changes to improve compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

- One of the Special Incident Reports (SIRs) reviewed was not appropriately documented and cross-reported timely.
- Of the four initial NSPs reviewed, two were not comprehensive. Of the 15 updated NSPs reviewed, none were comprehensive or met all the required elements in accordance with the NSP template.
- The Group Home did not document their monthly contacts with the DCFS CSWs on the NSP.
- The CPR training for two staff was expired.

EXIT CONFERENCE

The following are highlights from the Exit Conference held May 4, 2011:

In attendance:

Cora Casco, Senior Director of Residential Services and Monica Martocci, Director of Residential Services and Edward Preer, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with the findings and recommendations. During the Exit Conference, she stated that Junior Blind of America Group Home planned to follow-up to ensure SIRs were appropriately documented and cross reported timely, initial and updated NSPs are comprehensive, monthly contact with, the DCFS CSWs were appropriately documented, and the staff CPR training was updated timely.

Junior Blind of America Group Home provided a written Corrective Action Plan (CAP) addressing the recommendations noted in this compliance report. The CAP is attached.

We will assess for full implementation of recommendations during our next monitoring review.

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

PLB:RS:KR:
EAH:PBG:ep

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
Corina Casco, Senior Director of residential Services, Junior Blind of America Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

JUNIOR BLIND OF AMERICA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

5300 Angeles Vista Boulevard
Los Angeles, CA 90043
License # 191800260
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: April 2011**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
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	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (13 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. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Full Compliance

	Relationship 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	12. Full Compliance 13. Improvement Needed
IV	**Educational and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourage Children's Participation in YDS	Full Compliance (ALL)
V	**Health and Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights And Social/Emotional Well-Being** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication	Full Compliance (ALL)

	12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival And Economic Well-Being** (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 Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharge Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACLs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. Ongoing Training Documentation 14. 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. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance 13. Full Compliance 14. Full Compliance

JUNIOR BLIND OF AMERICA GROUP HOME
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

5300 Angeles Vista Bl.
Los Angeles, CA 90043
License Number 191800260
Rate Classification Level 12

The following report is based on a "point in time" monitoring visit. This compliance report is only intended to report on the findings noted during the April 11, 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of four children's files, three staff files and/or documentation from the provider, Junior Blind of America Group Home (GH) was in full compliance with seven of 10 sections of our Contract Compliance review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharge Children. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of four children's files and/or documentation from the provider, Junior Blind of America Group Home fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

We found that one Special Incident Report (SIR) was not appropriately documented and cross-reported timely.

The Junior Blind of America Group Home administrator stated the group home was in transition hiring a new administrator at the time of the incident. The school reported the non-verbal and severely developmentally delayed child had a black eye. The GH staff documented in the log the child had two seizures, but the staff did not initiate the SIR because the child's eye was only pink when she left the GH for school. The GH staff attended the SIR training conducted by the OHCMD and Probation Department in October 2011.

Recommendation:

Junior Blind of America Group Home management shall ensure:

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

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of four children's files and/or documentation from the provider, Junior Blind of America Group Home fully complied with 10 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery

The initial and updated NSPs were not comprehensive. Some initial and updated NSPs did not address the feasibility of the children returning home. Some NSP did not report on the child's education progress, did not report on the group homes contact with the CSW, and some NSPs were not on the correct NSP template noted as Exhibit A-Va of the current contract. In addition, the Life Skills, Emancipation, and Education Sections were incomplete, some children's goals were not specific or realistic, and the treatment services were not listed. Further, some NSPs did not address the Group Home's participation in school related-activities and the child's concurrent case plan.

The Junior Blind of America Group Home Administrator stated the GH was in transition, hiring new social workers and administrators. The NSP deficiencies were the result of the previous administrator not fully training new social workers. The GH social workers and administrator attended the January 2012 NSP training.

Recommendations:

Junior Blind of America Group Home management shall ensure:

2. The GH treatment team developed comprehensive initial and updated NSPs.

3. The DCFS CSW is contacted by the group home and that contacts are appropriately documented.

4. All the required elements in accordance with the NSP template are addressed.

PERSONNEL RECORDS

Based on our review of three staff's files and/or documentation from the provider, Junior Blind of America Group Home fully complied with 13 of 14 elements reviewed in the area of Personnel Records.

We noted that two employees did not receive updated CPR training.

The Junior Blind of America Group Home Administrator stated the CPR training for one employee expired. The employee was an on-call staff that missed the scheduled CPR training date. In addition, the GH was misinformed that one employee's Water Safety Rescue training that does not have expiration date did not include CPR training.

Recommendation:

Junior Blind of America Group Home management shall ensure:

5. The employees receive CPR training.

PRIOR YEAR FOLLOW-UP FROM DCFS GROUP HOME'S CONTRACT COMPLIANCE MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the Group Home's last monitoring review.

Verification

We verified whether the outstanding recommendations from our last Group Home's Contract Compliance Monitoring Report dated February 16, 2010, were implemented.

Results

The Group Home's prior monitoring report contained five outstanding recommendations. Specifically, Junior Blind of America Group Home was to ensure that DCFS CSWs authorized the implementation of the NSPs, the children participated in the development of the NSPs, the DCFS CSWs monthly contacts were documented, the NSPs were comprehensive, and the children were aware of their right to refuse psychotropic medication. Based on our follow-up of these recommendations, Junior Blind of America Group Home fully implemented three of the recommendations.

Recommendation:

Junior Blind of America Group Home management shall ensure:

6. Full implementation of the two outstanding recommendations from the previous report, dated February 16, 2010 which are noted in this report as Recommendations 2 and 4.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Junior Blind of America Group Home has not been posted by the A-C.

JUNIOR BLIND
OF AMERICA

May 31, 2011

Dorothy Channel
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, CA 91731-2895

Re: **Correct of Action Plan**
License #191800260
Vendor # 0346

Dear Ms. Channel

Enclosed you will find Junior Blind's Corrective Action Plan (CAP) subsequent to the Group Home Evaluation review results dated on May 4-18, 2011.

Area of Review: Licensure & Contract Requirements
Corrective Action Plan:
Junior Blind will implement the following procedures to ensure all special incident reports (SIRs) are appropriately documented and cross-reported timely as outlined by Title 22, Division 6 Chapter 1, Section 80061

#4

- Junior Blind will ensure that all special incident reports are completed immediately via I-track web-based system.
- Junior Blind supervisor/staff will contact the Social Worker, nursing staff, Director of Nursing and/or Director of Residential Services immediately at time of incident.
- Medical Department, Social Worker, and/or Director of Residential Services will completed I-track immediately and contract all parties involved in the treatment of the youth.

Area of Review: Maintenance of Required Documentation & Service Delivery
Corrective Action Plan:
Junior Blind will implement the following procedures to ensure the initial NSP meets requirements and needs of the resident as outlined by Title 22, Division 6, Chapter 5, Sections 84070, 84070.1, 84068.2, 84068.3, and 84069.2:

#62

1) The initial NSP were not comprehensive.

The following plan will be implemented:

- Junior Blind will ensure that an initial NSP will be completed for all residents in a timely manner. The Social Worker, resident and Treatment team will work together to ensure that these goals are appropriate and attainable.

- Junior Blind Social Worker will ensure that the NSP reflects the case goals and methods to achieve the case goals for each resident. The NSP will be reviewed by the Director Residential Services quarterly to ensure compliance.
- Junior Blind will ensure that each NSP reflects the person responsible for achieving the case goals. This will include the direct care staff, Supervisor, Social Worker and Administrator of the program. The Director of Residential Services will review the NSP quarterly to ensure compliance.

2) *The 90 Day NSP was not comprehensive.*

The following plan will be implemented:

- Junior Blind will ensure that all NSP case goals are realistic and attainable. The goals will be agreed upon by the resident, Social Worker and Treatment Team. The goals will be tracked daily and reviewed monthly by the Social Worker. The Director of Residential Services will review each NSP quarterly to ensure all requirements are met.
- Junior Blind will ensure that all NSP case goals include a plan and method to achieving the goal. The goals will be tracked daily and reviewed by Social Worker with progress documented on the NSP monthly. The Director of Residential Services will review each NSP quarterly to ensure all requirements are met.
- Junior Blind will ensure that all NSP case goals identify the person responsible for achieving the case goal. Direct care staff will work with each resident to ensure goals are achieved. Progress will be tracked daily and reviewed by Social Worker with progress documented on the NSP monthly. The Director of Residential Services will review each NSP quarterly to ensure all requirements are met.
- Junior Blind will ensure that each resident's NSP explains whether or not the family is to be involved with the child and to what extent. The Social Worker will document this information in the NSP and update it as necessary to reflect any changes. The Director of Residential Services will review the NSP quarterly to ensure family involvement is accurately reflected in the NSP.
- Junior Blind will ensure that all treatment services provided by Junior Blind are accurately reflected in the NSP. The Social Worker will update the NSP with treatment service changes as appropriate. The Director of Residential Services will review the NSP quarterly to ensure compliance.

3) *DCFS CSWs contacted monthly by the GH and are the contacts appropriately documented.*

- Junior Blind will ensure that all residents' NSP documents all contact with the CSW. The Social Worker will update the NSP each time the group home contacts the CSW. The Director of Social Services and/or Residential Services will review the NSP quarterly to ensure all contact information is properly reflected.

Area of Review: Personnel Records

All employees will be receive appropriate CPR training.

- Junior Blind will ensure that all staff receives timely CPR training. On a monthly basis, Administrative Supervisor will work with Human Resources to compile a list of all staff CPR needs 60 days prior to expiration of CPR/First Aid Card.

Administrative Superivisor will set up a CPR/ First Aid training for staff 30 days before CPR training expires.

Area of Review: CCL Issues:

- Junior Blind management team will ensure that the development and implementation of the NSP will be completed in a collaborative manner with all members of the treatment team.
- Junior Blind Social Worker will ensure that all treatment service being received by the resident is accurately reflected in the NSP. The Director of Social Services and/or Residential Services will review the NSP quarterly to ensure all services are being accurately documented.
- Junior Blind management team will ensure that all CPR training is conducted on a timely basis and trainings are set up prior to expiration dates for staff.

If you have any questions regarding the CAP, Please contact me at (323) 295-4555 ext. 264 or by email at ccasco@juniorblind.org

Respectfully,

Corina Casco, LCSW
Associate Vice President of Children's Services