County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 11, 2012

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

From: Philip L. Browning
Director

MARYVALE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Maryvale Group Home (Maryvale) in August 2011, at which time they had one 60-bed site with 49 female placed DCFS children.

Maryvale is located in the First Supervisorial District and provides services to DCFS foster youth and Probation Department youth. According to Maryvale's program statement, its stated goal is "to create a healthy, therapeutic milieu in which each individual child is able to grow physically, emotionally, educationally and spiritually." Maryvale is licensed to serve a capacity of 60 children, ages 6 through 17.

For the purpose of this review, a sample of seven currently placed children and three discharged children were selected, and their case files were reviewed. The currently placed children were interviewed.

The placed children's overall average length of placement was nine months, and the average age was 12. The files of three discharged children were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Five staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Five children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Maryvale's compliance with its County contract and State Regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, seven DCFS placed children's case files, three discharged 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 children, and we conducted interviews with the children to assess the quality of 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

Overall, the children interviewed indicated they were provided with good care and appropriate services, were comfortable in their environment and were treated with respect and dignity. The children interviewed stated they receive educational support, opportunities to plan recreational activities, and they felt safe living at Maryvale.

At the time of the review, Maryvale needed to develop timely and comprehensive NSPs to include all required information in accordance with the contract, including documentation of monthly contacts with DCFS Children Social Workers (CSWs). Further, Maryvale needed to ensure placed children attended school as required, received timely initial dental examinations, and ensure the children were satisfied with their meals.

In conclusion, Maryvale's administration was receptive to implementing some systemic changes to improve compliance with regulations and the contract. The Vice President of Programs was motivated to make the necessary corrections regarding the deficiencies highlighted during the review.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Four of 24 required NSPs were not completed in a timely manner. The Vice President of Administrative Services stated that all completed NSPs would be submitted to the Coordinator of Residential Services for a review at least five working days prior to the NSP due date and submitted to the DCFS CSW within ten days after the NSP due date.

- Of the 24 initial and updated NSPs reviewed, four were not comprehensive in that they did not include all the required elements in accordance with the NSP template. The Vice President of Administrative Services stated that a thorough review training on the NSP was provided on November 22, 2011 to the treatment team staff, and beginning immediately, Maryvale shall create a more detailed and comprehensive report.

- Five of seven children's case files did not have documentation confirming that CSWs are contacted monthly by Maryvale staff. The Vice President of Administrative Services stated that the Assistant Director of Mental Health will ensure that each therapist will appropriately documents each contact with a resident's CSW on a monthly basis, and the information will be included on the NSP.

- Five of seven children interviewed stated that the food served at Maryvale does not taste good. The Vice President of Administrative Services stated that residents would be encouraged to provide their input regarding food quality via their group's daily community meeting and/or via their representatives who participate in the monthly Residential Council meetings and the information would be transmitted to the Dietary Section and be utilized to improve food services.

- Two of seven children's case files indicated that their initial dental examinations were not timely. The Vice President of Administrative Services stated that within the first week after admission, the nursing supervisor will ensure a dental examination for a new resident is scheduled within the first 30 days of placement. In the event an appointment could not be scheduled at their on-site dental office within the first 30 days, the nursing supervisor would ensure the dental examination was scheduled at a dental office in the community.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held October 11, 2011:

In attendance:

Michael Giron, Vice President of Administrative Services; Dr. Denise Gonzales, Director of Mental Health; Janel Grobes, Assistant Director of Mental Health; Dr. Lorna Pham, Quality Assurance and Improvement Manager; Karen Ward, Coordinator of Adolescent Residential Services; Janice Kasai, Administrative Residential Support; Cora Ramos, Administrative Residential Support; and Jui Ling Ho, Monitor, DCFS OHCMD.

Highlights:

The Vice President of Administrative Services was in agreement with the findings and recommendations made during the review. He expressed that staff members will continue to make every effort to ensure that all children receive initial dental examinations within 30 days of placement and all the monthly contacts with DCFS CSWs will be appropriately documented.

Maryvale provided an approved written CAP addressing each recommendation noted in this compliance report. The approved 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:jlh

Attachment

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
Sister Rachela Silvestri, Chair, Board of Directors, Maryvale Group Home
Steven Gunther, Executive Director, Maryvale Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

MARYVALE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

7600 E. Graves Avenue
Rosemead, CA 91770
License Number: 191500468
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: August 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 & Log Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies 9. Sign In/Out 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	Full Compliance (ALL)

III	**Maintenance of Required Documentation and Service Delivery** (13 Elements)	
	1. Child Population Consistent with Program Statement.	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Full Compliance
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Progressing Toward Meeting the NSP Case Goals	5. Full Compliance
	6. Timely Initial NSPs	6. Needs Improvement
	7. Comprehensive Initial NSPs	7. Needs Improvement
	8. Therapeutic Services Received	8. Full Compliance
	9. Recommended Assessments/Evaluations Implemented	9. Full Compliance
	10. DCFS CSWs Monthly Contacts Documented	10. Needs Improvement
	11. Maintaining Important Relationships	11. Full Compliance
	12. Timely Updated NSPs	12. Needs Improvement
	13. Comprehensive Updated NSPs	13. Needs Improvement
IV	**Education and Emancipation Services** (8 Elements)	
	1. Timely Enrollment	1. Full Compliance
	2. Attend School As Required	2. Needs Improvement
	3. Facilitate Educational Goals	3. Full Compliance
	4. Academic Performance and/or Attendance Increased	4. Full Compliance
	5. Current IEPs Maintained	5. Full Compliance
	6. Current Report Cards Maintained	6. Full Compliance
	7. Emancipation/Vocational Programs Provided	7. Full Compliance
	8. Facilitate ILP Emancipation Planning	8. Full Compliance
V	**Health and Medical Needs** (6 Elements)	
	1. Initial Medical Exams Conducted	1. Full Compliance
	2. Initial Medical Exams Timely	2. Full Compliance
	3. Follow-up Medical Exams Timely	3. Full Compliance
	4. Initial Dental Exams Conducted	4. Full Compliance
	5. Initial Dental Exams Timely	5. Needs Improvement
	6. Follow-Up Dental Exams Timely	6. Full Compliance

VI	**Psychotropic Medications** (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. Consequences Fair 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 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Participation in Recreational Activity Planning 14. Participation in Recreational Activities 15. Participation in Extra-Curricular, Enrichment and Social Activities	1. Full Compliance 2. Full Compliance 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance
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 Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)

IX	**Discharged Children** (3 Elements) 1. Discharged According to Permanency Plan 2. Make Progress Toward Meeting NSP goals 3. Stabilize Placement Prior to Removal	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 3. CACIs 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. Child Abuse Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

MARYVALE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

7600 E. Graves Avenue
Rosemead, CA 91770
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Rate Classification Level: 12

The following report is based on a "point in time" monitoring visit and addresses findings noted during the August 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Maryvale Group Home (Maryvale) was in full compliance with six of 10 sections of our contract compliance review: Licensure/Contract Requirements; Facility and Environment; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records. The following report details the results of our review.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of seven children's files and/or documentation from the provider, Maryvale fully complied with eight of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We noted that of the 24 initial and updated NSPs reviewed, four NSPs were not timely, and four were not comprehensive in that they did not complete all the required elements in accordance with the NSP template. Some NSP quarterly sections lacked detailed information regarding the child's progress toward the identified treatment goals, while others did not update the child's status and some treatment services were not listed in the NSP Treatment Section. It was further noted that Maryvale did not appropriately document monthly contacts with DCFS Children Social Workers (CSWs). The Vice President of Administrative Services stated that a thorough review training on the NSP was provided on November 22, 2011, for the treatment team staff on site to ensure NSPs are timely, comprehensive and children's progress towards achieving their NSP case goals. Further, the Assistant Director of Mental Health would ensure that each therapist appropriately documented each contact with a resident's CSW on a monthly basis and the information was included on the NSP.

Recommendations:

Maryvale's management shall ensure:

1. NSPs are developed timely.

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

3. Monthly contacts with CSWs are appropriately documented.

EDUCATION AND WORKFORCE READINESS

Based on our review of seven children's case files and/or documentation from the provider, Maryvale fully complied with seven of eight elements reviewed in the area of Education and Workforce Readiness.

We found that one child did not attend school as required. She received all failing grades in her April and June 2011 report cards. On May 17, 2011, the child physically assaulted the school principal and was expelled from school. The Vice President of Administrative Services stated that both individual and group incentive for good school attendances have been established on a daily, weekly and monthly basis. The importance of the educational process was discussed in the group's daily community meetings. If a school attendance issue arose, educational and treatment meetings would be scheduled to develop a behavioral/educational plan to deal with the issue. This would include the Maryvale treatment team and school staff.

Recommendation:

Maryvale's management shall ensure:

4. All children attend school as required.

HEALTH AND MEDICAL NEEDS

Based on our review of seven children's files and/or documentation from the provider, Maryvale fully complied with five of six elements reviewed in the area of Health and Medical Needs.

We noted that two children's initial dental examinations were an average of 23 days late due to appointments not being available at their on-site dental office. The Vice President of Administrative Services stated that within the first week after admission, the nursing supervisor should ensure that a dental examination for a new resident was scheduled within the first 30 days of placement. In the event that the appointment could not be scheduled at their on-site dental office, the nursing supervisor would ensure that the dental examination was scheduled at a dental office in the community.

Recommendation:

Maryvale's management shall ensure:

5. Initial dental examinations for all children are completed within 30 days of placement.

PERSONAL RIGHTS AND SOCIAL /EMOTIONAL WELL-BEING

Based on our review of seven children's files and/or documentation from the provider, Maryvale fully complied with 14 of 15 elements reviewed in the area of Personal Rights and Social/Emotional Well-Being.

We noted that five children stated that the food served at Maryvale does not taste good. The Vice President of Administrative Services stated that residents would be encouraged to provide their input regarding food quality via the daily group community meeting and/or via their representatives who participate in the monthly Residential Council meetings, and the information would be transmitted to the Dietary Section and be utilized to improve food services.

Recommendation:

Maryvale's management shall ensure:

6. The children report satisfaction with their meals and snacks.

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued February 28, 2011.

Results

The OHCMD's prior monitoring report contained three outstanding recommendations. Specifically, Maryvale was to ensure the following: initial dental examinations for all children were completed within 30 days of placement; the children reported satisfaction with their meals and snacks; and all staff members received timely initial health-screenings, including TB tests.

Based on our follow-up of these recommendations, Maryvale fully implemented one of three recommendations. Maryvale did not implement the recommendations by the Auditor-Controller (A-C) and the OHCMD to ensure all children received timely initial dental examinations and that children reported satisfaction with their meals and snacks. Corrective action was requested of Maryvale to further address the recommendations that were not implemented.

Recommendation:

Maryvale's management shall ensure:

7. Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report, noted in this report as Recommendations 5 and 6.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Maryvale has not been posted by the A-C.

maryvale

November 18, 2011

Ms. [redacted]
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue
Suite 206
El Monte, California 91731

Dear Ms. [redacted]

Enclosed please find Maryvale's Corrective Action Plan in response to the Group Home Compliance Review recently conducted by your Department.

We look forward to continue working with the Department of Children and Family Services in providing quality residential treatment for the young ladies placed in our care. Please feel free to contact us if there any questions in relation to this information.

Sincerely,

Steve Gunther, MSW
President and Executive Director

MARYVALE CORRECTIVE ACTION PLAN
November 10, 2011

Corrective Action Required	Corrective Action Taken	Date Corrected
NEEDS AND SERVICES PLAN The Agency shall develop timely initial Needs and Services Plans and timely updated Needs and Services Plans (Elements #21 and #27).	1. All completed initial and updated Needs and Services Plans (NSP) will be submitted to the Coordinator of Residential Services for review at least five working days prior to the NSP due date. 2. The Coordinator of Residential Services will review the Needs and Services Plan for accuracy and completeness and ensure that necessary signatures are obtained by the due date. 3. The Coordinator of Residential Services will ensure that the Needs and Services Plan is submitted to the Department of Children and Family Services (DCFS) within ten days after the NSP due date.	November 10, 2011 and ongoing Ongoing Ongoing
NEEDS AND SERVICES PLAN The Agency shall develop comprehensive initial and updated Needs and Services Plans (Elements #22 and #28).	1. The Assistant Director of Mental Health and the Coordinators of Residential Services will be responsible for conducting a thorough training review on the Needs and Services Plan (NSP) prior to November 30, 2011. Attendees will include the following: Residential and Assistant Residential Supervisors, Therapists, Nursing, Chemical Dependency Counselor, Coordinators of Residential Services, Director of Mental Health, Assistant Director of Mental Health and Residential Secretaries. A copy of the attendance sheet will be submitted to Out of Home Care. 2. This training review will focus on developing comprehensive NSP's according to the SMART technique. i.e., NSP's shall be Specific, Measurable, Attainable, Realistic and Timely.	Prior to November 30, 2011 Prior to November 30, 2011

Corrective Action Required	Corrective Action Taken	Date Corrected
CHILDREN'S SERVICES WORKERS CONTACTS		
The Agency shall appropriately document contacts made by Children's Services Workers (Element #25)	1. The Assistant Director of Mental Health will ensure that each Therapist appropriately documents each contact made by a resident's Children's Services Worker (CSW) on a monthly basis.	November 10, 2011 and ongoing
	2. The Therapist will include specific information in relation to CSW contacts in the applicable section of the initial and updated Needs and Services Plan.	Ongoing
	3. The Assistant Director of Mental Health is responsible for ensuring that the specific CSW contact information has been included on the Needs and Services Plan (NSP).	Ongoing
SCHOOL ATTENDANCE		
The child shall attend school as required (Element #30).	1. The Resident Supervisor is responsible for ensuring school attendance of the girls residing in her unit. Strong educational support (including school attendance) is given to each resident on an individual basis by Residential Staff, Therapists and the Client Advocacy Coordinator.	Current Practice
	2. If a school attendance issue arises, educational and treatment meetings will be scheduled to develop a behavioral/educational plan to deal with the issue. This will include the Maryvale treatment team and school staff.	Current Practice
	3. Both individual and group incentives for good school attendance have been established on a daily, weekly and monthly basis.	Current Practice
	4. The importance of the educational process will be discussed in the group's daily community meetings. This will include a review of the educational incentives.	Ongoing

Corrective Action Required	Corrective Action Taken	Date Corrected
INITIAL DENTAL EXAMINATIONS		
The Agency shall ensure that initial dental examinations are completed in a timely manner (Element #41)	1. Within the first week after admission, the Nursing Supervisor shall ensure that a dental examination for a new resident is scheduled within the first thirty days of placement.	November 10, 2011 and Ongoing
	2. In the event that the appointment cannot be scheduled in our on-site dental office within the first thirty days, the Nursing Supervisor will ensure that dental examination is scheduled at a dental office in the community.	November 10, 2011 and Ongoing
FOOD QUALITY		
The children shall report satisfaction with meals (Element #49).	1. The Coordinator of Residential Support Services and the Food Services Manager are responsible for the quality of the food served at the Agency. A meeting will be scheduled with the Coordinator of Residential Support Services, the Food Services Manager, the Coordinators of Residential Services and Residential Supervisors to review menu selections.	November/December 2011
	2. Residential Supervisors will submit a monthly report to the Coordinators of Residential Services and Dietary regarding the food likes/dislikes of the residents. This report will be submitted to Out of Home Care by December 31, 2011.	Monthly
	3. Residents will be encouraged to provide their input regarding food quality via their representatives who participate in the monthly Residential Council meetings. This information will be transmitted to Dietary and be utilized to improve food services.	Monthly
	4. Residents will also be encouraged to provide their input regarding food quality via the daily group community meetings. This information will be transmitted to Dietary and be utilized to improve food services.	Ongoing