County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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October 31, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

GARCES RESIDENTIAL CARE SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Garces Residential Care Services (Garces) Group Home (GH) in February 2012, at which time they had one six-bed site and six male DCFS placed children.

Garces is located in the Fifth Supervisorial District and provides services to DCFS foster youth. According to Garces' program statement, its stated purpose is "to provide services to court dependent developmentally disabled children." Garces is licensed to serve a capacity of six boys, ages seven through 18.

For the purpose of this review, four DCFS currently placed children were interviewed and their case files were reviewed. The placed children's overall average length of placement was 18 months, and the average age was 14. Three discharged children's files were reviewed to determine if the destination of placement was in accordance their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Two sampled 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 Garces' compliance with the County contract requirements and State regulations. The visit included a review of Garces' 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 facility to assess the quality of care and supervision provided to children. Interviews were also conducted 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, the children interviewed reported feeling safe at Garces. They also reported that they were provided with good care and appropriate services, were comfortable in their environment, and were treated with respect and dignity.

The review revealed the need for Garces to address the development of comprehensive initial and updated NSPs that meet all the required elements in accordance with the NSP template.

It was also noted that on January 27, 2012, CCL had cited Garces for safety and physical plant deficiencies. The deficiencies included expired dates on frozen and canned perishables, a broken faucet and a clogged bathroom sink.

Garces was receptive to implementing systemic changes to improve compliance with Title 22 Regulations and the County contract requirements. The Administrator stated that he understood the findings of the review and developed a Corrective Action Plan (CAP) to address the deficiencies.

NOTABLE FINDINGS

The following are the notable findings of our review:

- CCL cited Garces for safety and physical plant deficiencies on January 27, 2012. The deficiencies included expired dates on frozen and canned perishables, a broken faucet, and a clogged bathroom sink. The Administrator discarded all expired food at the time of the CCL visit. Garces submitted a Plan of Correction (POC) to CCL. According to the POC, the Program Manager will conduct a daily survey of the food supply. Staff will label left-over food items

and place them in air tight containers. All left-over food items will be labeled to include the date the food was prepared and the discard date in compliance with Title 22 regulations. All purchased perishable and non-perishable food items will be labeled to include the date purchased, the use-by date and the date of expiration. The Administrator will provide the staff on-the-job training regarding proper food preparation and storage every six months. The Administrator will issue updated food services memos in the daily shift log and the staff will document food issues in the daily shift log.

In addition, the broken faucet was replaced and the sink drain was unclogged. The Program Manager will conduct a weekly walk-through of the physical plant and document items requiring repair or maintenance in the Maintenance Log. The Administrator will review the Maintenance Log weekly, submit payment for the repairs and document when repairs are completed in the Maintenance Log. The Program Manager will have all repairs requiring immediate attention completed as soon as possible.

CCL cleared the safety and physical plant deficiencies on February 3, 2012.

- Two of four initial NSPs and two of 10 updated NSPs reviewed were not comprehensive and did not meet all the required elements in accordance with the NSP template. The education sections in some NSPs were not addressed. The visitation plan section was not addressed in some NSPs, and one updated NSP visitation plan section did not include the explanation as to why the parents were not involved with or visiting the child.

  The Administrator stated that the NSP deficiencies were due to an error of omission and that he would ensure the error would not occur again. The Executive Director reported that the Garces Social Worker (SW) will review the children's Foster Child's Needs and Case Plan Summary (DCFS 709 form); confer with the DCFS Children Social Workers (CSWs), therapist, school personnel and other member of the treatment team to obtain related information to assist in the development of the NSPs. He also stated that the SW will consult with the OHCMD Monitor for clarification of the NSP training slides. To ensure all sections of the NSP are addressed, the Administrator will review the completed NSPs. The Monitor referred the Executive Director to the NSP/Quarterly Report Training Guide/slides and forwarded a copy of the slides.

  It should be noted that the NSPs reviewed were developed prior to the NSP training for providers conducted by the OHCMD. Garces representatives attended the training in January 2012.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held March 28, 2012

In attendance:

David Cuevas, Administrator, Garces Residential Care Services, and Edward Preer, Monitor, DCFS OHCMD.

Highlights:

The OHCMD Monitor reviewed the NSP deficiencies with the Administrator. The Administrator stated that the NSP deficiencies were due to errors of omission and that he would ensure the error would not occur again. He was in agreement with all our findings and recommendations. He was willing to ensure full compliance in the future, and agreed to make the necessary corrections.

Garces provided an approved written CAP addressing each recommendation 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:RRS: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
Carlos Garces, Executive Director, Garces Residential Care Services GH
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing

GARCES RESIDENTIAL CARE SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2243 N. Mountain Avenue
Claremont, CA 91711
License Number: 197803661
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: February 2012**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. Special Incident Reports	3. Full Compliance
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies	8. Improvement Needed
	9. Detailed Sign In/Out Logs for Placed Children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	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	
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 Needs and Services Plans (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. Children Progressing Toward Meeting NSP Case Goals	5. Full Compliance
	6. Development of Timely Initial NSPs	6. Full Compliance
	7. Development of Comprehensive Initial NSPs	7. Improvement Needed
	8. Therapeutic Services Received	8. Full Compliance
	9. Recommended Assessment/Evaluations Implemented	9. Full Compliance
	10. DCFS CSWs Monthly Contacts Documented	10. Full Compliance

	11. Children Assisted in Maintaining Important Relationship 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Education 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. Group Home Encourage Children's Participation in Youth Development Services	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 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. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores	Full Compliance (ALL)

	10. Children Informed About their Medication 11. Children Aware of Right to Refuse Medication 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 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	**Discharged 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)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. Child Abuse Central Index's 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. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

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The following report is based on a "point in time" monitoring visit and addresses findings noted during the February 2012 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Garces was in full compliance with eight 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; Discharged Children; and Personnel Records. 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, Garces fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

CCL cited Garces on January 27, 2012, for safety and physical plant deficiencies. The deficiencies included expired dates on frozen and canned perishables, a broken faucet and clogged bathroom sink.

A POC was requested by CCL; Garces submitted the POC February 3, 2012. All expired food was discarded. According to the POC and in compliance with Title 22 regulations, the Program Manager will conduct a daily survey of the food supply. Staff will label left-over items and place them in air-tight containers; all items will be discarded after 72 hours. The Administrator will provide the staff with on-the-job training regarding proper food preparation and food storage and will also provide updated food service memos in the shift log.

The broken faucet was replaced and the sink drain was unclogged. Per the POC, the Program Manager will conduct weekly walk-throughs of the physical plant and items requiring repair or maintenance will be documented in the Maintenance Log. The Administrator will review the Maintenance Log on a weekly basis, will submit money for the repairs and document when the repairs are completed.

CCL cleared Garces of the safety and physical plant deficiencies on February 3, 2012.

Recommendation:

Garces' management shall ensure:

1. Compliance with Title 22 Regulations and the County contract requirements.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of four children's files and/or documentation from the provider, Garces fully complied with 11 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

Two initial and two updated NSPs were not comprehensive or did not include all NSP required elements. The review revealed that the education and visitation plan sections in some NSPs were not addressed. In addition, one updated NSP visitation plan section did not include an explanation as to why the child's parents were not involved with or visiting the child.

The Administrator stated that the NSP deficiencies were due to an error of omission and that he would ensure the error would not occur again. The Executive Director reported that the Garces SW will review the children's Foster Child's Needs and Case Plan Summary (DCFS 709 form; confer with the DCFS Children Social Workers, therapist, school personnel and other members of the treatment team to obtain related information to assist in the development of the NSPs. He also mentioned that the SW may seek assistance or additional training from the OHCMD Monitor if there are any questions. The Monitor referred the Executive Director to the NSP/Quarterly Report training Guide/slides and forwarded a copy of the slides.

It should be noted that the NSPs reviewed were developed prior to the NSP training for providers conducted by the OHCMD. The Garces SW and Administrator attended the NSP training in January 2012. Garces planned to follow-up to ensure initial and updated NSPs were comprehensive, including all the required elements in accordance with the NSP template.

Recommendation:

Garces Residential Care Service's management shall ensure:

2. The treatment team develops comprehensive initial NSPs.

3. The treatment team develops comprehensive updated NSPs.

FOLLOW-UP FROM THE 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 monitoring review were implemented. The last report was issued December 19, 2011.

Results

The OHCMD's prior monitoring report contained four outstanding recommendations. Specifically, Garces was to ensure the initial and updated NSPs are timely. In addition, Garces were to ensure the monthly contacts with the DCFS CSWs are documented, and the children were enrolled in school timely. Based on our follow-up of these recommendations, Garces fully implemented all of the recommendation.

Recommendation

None

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of Garces for calendar year January 1, 2008 through December 31, 2008. The fiscal report, dated November 30, 2010, states that Garces had $2,587 in questioned/disallowed costs and $76,042 in unsupported/inadequately supported costs. Garces also needed to strengthen its controls over its fixed assets and bank reconciliations. Garces submitted a timely fiscal CAP, which is being monitored by DCFS Fiscal Monitoring Section.

The DCFS Fiscal Monitoring Section reported on July 24, 2012 that Garces is on a repayment plan. Graces is current on its payments; the overpayment balance is $26,272 and the audit disallowance balance is $39,314.32.

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Garces Residential Care Services

County of Los Angeles
Department of Children and Family Services
OHCMD
9320 Telstar Ave Suite #206
El Monte, Ca 91731
Attn: Patricia Bolanos-Gonzalez/ Ed Preer

September 11, 2012

RE: CAP Addendum Revised

GRCS is providing OHCMD with a Corrective Action Plan (CAP) Addendum as requested regarding the findings revealed during the monitoring of our facility.

III.License Contract Requirement

A. Findings: Expired Dates on frozen pizza, can nonperishable, bread and hamburger buns

CAP:

- All prepared food shall be placed in an airtight container and labeled. The label include the date food was prepared and the date in which it must be discarded.
- All purchased perishable and non-perishable items shall be labeled. This label will include date purchased, the use by date, and expiration date.
- The program manager will conduct a daily food survey to ensure quality and compliance with Title 22 regulations.
- An additional section will be included in the daily log titled Food Section and Dietary Updates. All staff will document food and other dietary concerns that occur on the shift.
- The Administrator will conduct Food Prep/ Menu Planning training every six months to keep staff up to date of changes to regulations and DCFS requirements.
- The Administrator will be responsible for implementing this CAP.

Additional Finding: Broken Faucet and Clogged Bathroom Sink

CAP:

- The Program Manager will conduct a physical plant walk through every day to document items for repair and maintenance.
- The PM will then document findings in the facility maintenance log.
- The Administrator will then review the log on a weekly basis and commence arranging for the repairs to be addressed.
- Then ADM will then submit for required monies if needed for major repairs.
- For minor repairs funds will be drawn from the petty cash kept at the facility.
- The PM will have all repairs requiring immediate attention completed as soon as possible.
- ADM will document completion dates in the log and have the log readily available upon request.

IV. Maintenance of required Documentation and Service Delivery.

22.Findings: Treatment team did not develop comprehensive initial NSP.

CAP:

Garces Residential Care Services

- SW will review cases of new admissions and review previous NSP to properly develop initial NSP.
- SW will continue to receive on going training with DCFS.
- In addition SW will consult with OHCMD every six months for any changes the DCFS might have for initial NSP.
- SW will complete all section of the initial NSP.
- To ensure all sections of the NSP are addressed the ADM will oversee initial NSP and report back to SW of incomplete sections and spaces.

#27 Findings: Treatment Team did not develop comprehensive UPDATED NSP

CAP

- SW will review cases of current placemats and review NSP to properly update NSP.
- SW will continue to receive on going training with DCFS.
- In addition SW will consult with OHCMD every six months for any changes the DCFS might have for Updating NSP.
- SW will complete all section of the initial NSP including education sections.
- To ensure all sections of the NSP are addressed the ADM will oversee UPDATED NSP and report back to SW of incomplete sections and spaces.

Respectfully

Carlos A. Garces