County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 2, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

SAND HILL 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 Sand Hill Group Home (The Group Home) in December 2012. The Group Home has one site located in the Second Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is to "provide services to court dependent seriously emotionally disturbed and chronic run-away children."

The Group Home has one six-bed site and is licensed to serve a capacity of six boys, ages 13 through 18. At the time of review, the Group Home served 6 placed DCFS children. The placed children's overall average length of placement was nine months, and their average age was 15.

SUMMARY

During OHCMD's review, the interviewed children generally reported feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 8 of 10 areas 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.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to noncompliance with Title 22 Regulations; and Maintenance of Required Documentation and Service Delivery, related to non-comprehensive initial and updated Needs and Services Plans. We instructed supervisory staff to ensure compliance with licensing requirements and to enhance monitoring and provide training to eliminate documentation issues.

Attached are the details of our review.

REVIEW OF REPORT

On January 28, 2013, the DCFS OHCMD monitor, Edward Preer, held an Exit Conference with the Group Home representatives, Gene Brown, Executive Director and Wanda Brown, Child Care Worker. The Group Home representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

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

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

PLB:EM:KR
RDS: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
Gene Brown, Executive Director, Sand Hill Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

SAND HILL GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addressed findings noted during the December 2012 review. The purpose of this review was to assess Sand Hill Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational 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.

For the purpose of this review, four placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) monitor interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. Psychotropic Medication was not applicable at the time of the review, because none of the sampled children were prescribed psychotropic medication.

OHCMD reviewed three staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) had cited the Group Home on March 23, 2012. The security bars on all windows were lacking the required quick-release bars. The Group Home removed locks that latched the security bars from all the windows. CCL cleared the Group Home during a follow up visit on April 13, 2012.

Recommendation

The Group Home's management shall ensure that:

1. The facility is in compliance with Title 22 Regulations and County contract requirements.

Maintenance of Required Documentation and Service Delivery

In January 2012, the Group Home's representatives attended OHCMD's Needs and Services Plan (NSP) training. It was noted that two of four initial NSPs and the seven updated NSPs reviewed were developed after the OHCMD NSP training.

- Four initial NSPs were reviewed. Although the initial NSPs reviewed were developed timely, only one was comprehensive. Three of the four initial NSPs reviewed did not identify the services provided by the group home. Three of the four NSPs reviewed did not address the child's and group home's participation in school related activities, and other issues related to school matters were not addressed. The Group Home did not identify reasons for the needed educational goals and the specific educational services needed to achieve the goals. In addition, the questions regarding the child's immunization history and current Health and Education Passport were not answered correctly. Three of the four reviewed NSPs did not have the CSW's signature, or the attempts to obtain the CSW's approval were not documented.

- Eight updated NSPs were reviewed. It was noted that although the updated NSPs were developed timely, none were comprehensive. Some of the issues noted in the initial NSPs were also concerns in the updated NSPs. Seven updated NSPs included goal completion dates which exceeded 90 days. One updated NSP did not include information regarding the child's involvement with other individuals who were important in his life over the last three months. Two updated NSPs included quarterly report goals, plans and methods which did not change since the last reporting period. One updated NSP included information about Independent Living Plan services which had not changed after 90 days. One NSP did not include a treatment plan for the child to achieve a goal.

The Group Home representatives agreed that all required elements were not included in the NSPs, and they will take corrective action to ensure the development of comprehensive NSPs.

The OHCMD monitor reviewed the NSP training template with the Group Home representatives. The Group Home will enhance monitoring of the NSPs. The group home Administrator and therapist will meet monthly to ensure that all NSPs' required elements are addressed, and the Administrator will review and sign off on all the NSPs.

Recommendations

2. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

3. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

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

The OHCMD's last compliance report, dated August 27, 2012, identified eight recommendations.

Results

Based on our follow-up, the Group Home fully implemented all eight previous recommendations for which they were to ensure that:

- They provide for the children's transportation needs,
- Special Incident Reports are appropriately documented and cross-reported,
- Placed children are enrolled in school timely, and efforts to enroll the children in school within three days of placement are properly documented,
- The staff treats the children with respect and dignity,
- The rewards and discipline system are appropriate,
- The children are free to attend religious services of their choice,
- The children are allowed to participate in activities of their choice, and
- The children are encouraged and assisted in creating and updating a "Life Book"/photo album.

Recommendations

None

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

SAND HILL GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Sand Hill Group Home
12108 Normandie Avenue
Los Angeles, CA 90044
License # 19180773
Rate Classification Level: 9

	Contract Compliance Monitoring Review	**Findings: December 2012**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted 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** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

SAND HILL GROUP HOME, INC
12108 S. Normandie Ave.
Los Angeles, CA 90044
(323) 777-6153 • (323) 777-7821 fax

February 19, 2013

County of Los Angeles
Dept. of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue, Suite 206
El Monte, CA 91731
(626) 569-6819

Attention: Patricia Bolanos-Gonzalez/Edward Preer

RE: CORRECTIVE ACTION PLAN

We are providing the Out of Home Care Management Division (OHCMD) with a Corrective Action Plan (CAP) as requested regarding the findings revealed during the monitoring of our facilities.

FINAL MONITORING REVIEW FIELD EXIT SUMMARY January 28, 2013:

I. LICENSURE/CONTRACT REQUIREMENTS

9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

23. Development of Timely, Comprehensive Initial NSPs with the child's participation.

24. Development of Timely, Comprehensive, Updated NSPs with the child's participation.

Findings:

9. Community Care Licensing cited Sand Hill Group Home on March 23, 2012. The security bars on all windows were lacking the required quick release bars.

23. Some of the Initial NSPs Permanency Plan goal did not identify the services provided by the group home. Some of the NSPs did not address the child's and group home's participation in school related activities, other issues related to school matters were not addressed. The group home did not identify the reason for the Educational goal and Educational goals did not identify the specific educational services to achieve the goals, In addition, the questions regarding the child's immunization and current Health and education passport were not answered correctly. Some of the NSPs did not have the CSW signature or the attempt to get the signature was not provided.

24. Some of the initial issues were also a concern in the updated NSPs. Some of the updated NSPs goal completion dates were beyond 90 days. Some of the NSPs did not describe the child's involvement with other individuals who were important in his life over the last three months. Some of the NSPs quarterly reports goal, plan and methods did not change. The Independent Living Plan services did not change. Some of the NSPs did not include a treatment plan for the child to achieve the goal.

Corrective Action Plan

9. Sand Hill will maintain the facility in compliance with Title 22 regulations. The locks that latched the security bars were removed from all of the windows throughout Sand Hill's facility.

23/24. The Monitor reviewed the NSP training template with the Sand Hill Group Home representatives. Sand Hill Group Home will enhance monitoring of the NSPs. The group home administrator and therapist will meet monthly to ensure all the NSP's required elements are addressed. The group home administrator will review and sign off on all the NSPs. The person responsible for making sure this is implemented is the administrator.

Submitted by,
LaRonica Whitehurst
LaRonica Whitehurst
Administrator