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

OLIVE CREST RESIDENTIAL TREATMENT CENTER 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 Olive Crest Residential Treatment Center (The Group Home) in February 2013. The Group Home has one site located in the Fourth Supervisorial District and provides services to County of Los Angeles DCFS foster children, as well as children placed through other counties. According to the Group Home's program statement, its purpose is, "to provide a long term, safe, structured and therapeutic environment for adolescents with a history of severe problems."

The Group Home has one 6-bed site and is licensed to serve a capacity of 6 children, ages 12 through 17. At the time of the review, the Group Home served two placed DCFS male foster youth. The placed children's overall average length of placement was 20 months, and their average age was 17.

SUMMARY

During OHCMD's review, the two interviewed children generally reported: feeling safe; having been provided with appropriate services; and being comfortable in their environment.

The Group Home was in full compliance with 6 of 10 areas of our Contract compliance review: Licensure/Contract Requirements; Facility and Environment; Education and Workforce Readiness; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Deficiencies were noted in the areas of Maintenance of Required Documentation and Service Delivery, related to non-comprehensive updated Needs and Services Plans; Health and Medical Needs, related to an untimely follow-up dental exam; Personal Rights and Social/Emotional Well-Being, related to one child having reported that he was not being treated with respect and dignity; and Personnel Records, related to an accurate summary of initial training hours was not found for one staff.

Attached are the details of our review.

REVIEW OF REPORT

On May 17, 2013, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with the Group Home representatives, Xavier Floyd, Residential Manager and Rachelle Monsoon, LCSW. The 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 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:sn

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
Steve Goclowski, Program Manager, Olive Crest Residential Center
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

OLIVE CREST RESIDENTIAL TREATMENT CENTER 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 addresses findings noted during the February 2013 monitoring review. The purpose of this review was to assess Olive Crest Residential Treatment Center'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, the only two Department of Children and Family Services placed children were selected. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, one discharged child's file was reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, one child was prescribed psychotropic medication. The child's case file was reviewed to assess timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following four areas out of compliance.

Maintenance of Required Documentation and Service Delivery

- Eight updated Needs and Services Plans (NSPs) were reviewed; none were comprehensive. Although identified case plan goals were thoroughly documented, permanency goals were not identified in each placed child's updated NSPs. During

the Exit Conference the Administrator reported that all updated NSPs will identify a permanency goal.

It was noted that the Group Home representatives had attended the OHCMD NSP training in January 2012. However, during the Exit Conference, the OHCMD Monitor reviewed the NSP template and conducted a brief training with the Group Home's Residential Manager and Licensed Clinical Social Worker (LCSW). The Residential Manager reported that she will ensure the accuracy of information and that the Group Home clinician provides detailed documentation of each child's progress/goals, in collaboration with the treatment team, to ensure comprehensive NSPs.

Recommendation

The Group Home's management shall ensure that:

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

Health and Medical Needs

- One child did not receive a timely follow-up dental exam. The child's initial dental exam was on August 11, 2011. The child's follow-up dental exam should have been completed by August 2012; however, the follow-up dental exam wasn't completed until February 8, 2013.

Recommendation

The Group Home's management shall ensure that:

2. Children receive timely follow-up dental exams.

Personal Rights and Social/Emotional Well-Being

- One child reported not being treated with respect and dignity. The child informed the OHCMD that a staff person had called him "fat" on more than one occasion, and it made him sad. OHCMD brought this to the attention of the Residential Manager and the Group Home's LCSW; both were very concerned. The group home has suspended the staff pending the outcome of the investigation. Further, the Group Home immediately held a staff meeting and conducted training addressing personal rights of placed children. Verification of training was submitted to OHCMD. The child was subsequently placed with relatives.

  Per the Group Home's Residential Manager, an internal investigation was completed. The Residential Manager shared that the investigation determined that the staff exhibited conduct unbecoming and was terminated. OHCMD initiated a

referral to the Child Protection Hotline alleging emotional abuse; the outcome of the DCFS investigation determined that the allegations were substantiated.

Recommendation

The Group Home's management shall ensure that:

3. All children are treated with respect and dignity.

PERSONNEL RECORDS

- The Group Home could not produce an accurate account of initial training hours for one staff. During the Exit Conference, the Group Home representatives explained that a new and improved tracking log will be developed to ensure an accurate account for all staff's initial training hours.

Recommendation

The Group Home's management shall ensure that:

4. All staff complete all required training.

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

The OHCMD's last compliance report, dated August 21, 2012, identified eight recommendations.

Results

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

- Special Incident Reports are appropriately documented and cross-reported timely,
- Allowance logs are comprehensive, appropriately maintained and clearly document that all children are receiving their required allowances,
- The physical plant, specifically the garage, is well maintained,
- Children's bedrooms are well maintained and illuminated with sufficient lighting,
- DCFS CSWs are contacted monthly and contacts are appropriately documented,
- Children are enrolled in school within three school days of placement, and
- Children are encouraged and assisted in creating a "Life Book"/photo album.

The Group Home did not implement the following recommendation:

- Development of comprehensive updated NSPs.

Recommendation

The Group Home's management shall ensure that:

5. The outstanding recommendation from the August 21, 2012 monitoring report, which is noted in this report as Recommendation 1, is fully implemented.

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.

OLIVE CREST RESIDENTIAL TREATMENT CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY
FISCAL YEAR 2012-2013

15235 Cornuta Avenue
Bellflower, CA 90746
License # 197804913
Rate Classification Level: 14

	Contract Compliance Monitoring Review	**Findings: February 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	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. 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed
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)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

..FORTY YEARS..

OLIVE CREST

Strong Families. Safe Kids

June 17, 2013

OUT OF HOME CARE MANAGEMENT DIVISION
9320 Telstar Avenue
Suite 216
El Monte, California 91731

Attention: Sonya Noll

RE: 2013 GROUP HOME PERFORMANCE REVIEW

Dear Ms Noll:

As Olive Crest seeks to address the Safety, Well-being, and Permanency needs of the youth placed in our RTC-14 program in Bellflower with excellence, our team appreciates your department's assistance in identifying areas for correction or improvement. This letter is submitted with the intention of addressing those areas of needed improvement, and to define our plan to correct or prevent future deficiencies.

The following is in response to areas of Group Home Monitoring Review Field Exit Summary of 6/11/2013:

PART III: MAINTENANCE OF REQUIRES DOCUMENTATION AND SERVICE DELIVERY

(#24) DID TREATMENT TEAM DEVELOP TIMELY, COMPREHENSIVE, UPDATED NEEDS & SERVICES PLANS? (WELL-BEING)

Per OHC request, and to ensure all Clinician Quarterly reports adequately and efficiently reflect the needs of ensuring a complete clinical picture, all Quarterly Reports for our LA clients will ensure proper documentation of CSW and Clinician contact in the area given for that contact. To date, the Clinician at Olive Crest RCL-14 currently logs, in detail, all CSW contacts on a separate collateral log for documentation purposes. However, quarterlies will now include this communication as well as to properly reflect CSW cooperation and collaboration with the treatment team, the client, and client's current progress/goals in assigned CSW/Clinician section of Quarterly Report. The clinician will be responsible for ensuring proper documentation, effectively immediately; and the residential manager will follow-up.

PART V: HEALTH AND MEDICAL NEEDS.

(#33) Are required follow-up dental examinations conducted timely?

Our records indicate that Joshua Phillips received his initial dental examinations on 8/11/2011, 8/19/11, 9/08/2011, 9/13/2011, 10/11/11, 2/13/12, 8/24/12, 2/08/13, and 2/25/13. Although the review stated that one child's dental exam was late, our records state that he did receive them in a timely manner. We also listed the exam dates for his medical exams, which are as follows: his initial medical was 7/28/11, then follow-up exams on 8/11/11, 8/13/11,8/18/11, 11/29/11, 12/02/11, 12/27/11, 01/10/12, 1/18/12,2/02/12, 3/09/12, 4/11/11, 6/14/12, 9/26/12, 10/10/12, 11/13/12, 01/23/13, and 2/08/13.

It is not the practice of this agency to miss medical appointments. However, if the client is found not to receive his medical attention in a timely manner, we have instituted the following methods: We chart all appointments onto a single source page, which was the method we have successfully used to prevent this type of violation. In the interim, we have hired a new nurse with many years of experience in the area of documentation of client's charts, progress & nursing notes, and excellent psychotropic and medical skills who will be responsible for each child's medical and dental files, effective immediately.

VII: PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

(40) Do children report being treated with respect and dignity?

Our clients are constantly being taught and reminded about their personal rights and responsibilities in individual and most often in group sessions. They are all aware of the grievance process and uses of grievances for small and large issues. All staff and peers involved in inappropriate behavior, speech or attitude will be addressed with this grievance process and will be given appropriate consequences when applicable.

Furthermore, all clients receive individual sessions, group therapy, monthly CSW, bi-weekly DMH Analyst visits, psychiatrist visits, family sessions and visits, as well as interviews of visiting agencies where each client has ample opportunity to meet with a group home representative in order to report any concerns of mal-treatment.

Therapist and Residential Manager will make themselves available to talk with the clients on a regular basis, so as to secure an open line of communication so that each client feels safe to confide in staff.

And, so it was brought to our attention that one client's personal rights were violated. In an attempt to educate our staff, we conducted Personal Sensitivity training on 6/20/2013, detailing the client's personal rights, harassment, and emotional abuse. Please refer to the attached sign-in sheet that has been provided. Subsequently, the

staff in question has been temporary suspended pending the outcome of the investigation.

X. PERSONNEL RECORDS

(#65) Have appropriate employees received all training, (initial, minimum of one hour child abuse reporting, CPR, First Aid, required annual, and emergency intervention)? (SAFETY)

It is the practice of this company to provide extensive trainings for all new hire, which includes orientation (6 hours), child abuse reporting (part of orientation), First Aid/CPR, (8 hours), and emergency intervention (20 hours). The aforementioned trainings are generally conducted prior to an employee first day of shadow (floor) training. Afterwards, new staff receives 16 to 24 hours of direct (shadow) training. New hires will receive an excess of 40 hours as mandated by OHC.

Furthermore, our treatment team and/or in-service trainings occur twice each month; with each in-service training totaling 3 hours, from 10:00am to 1:00pm.

During our review, one staff did not have proper documentation, tallying the overall training hours. This staff did in fact have the required training hours and the documentation was submitted to the monitor after the exit conference. The Agency will ensure that all staff has the required training hours and that all training hours and the overall summary (total hours) are properly documented. The residential manager will be responsible for ensuring proper documentation is present for each staff, effective immediately.

If any further information or details regarding this corrective action is needed, please do not hesitate to contact us at #562-804-2534.

Regards,

Xavier Floyd (Residential Manager)
Rachelle Monson (Clinician)
Residential Treatment Center/Cornuta

Encl: Tx Team Roster/Personal Rights
Orientation Checklist