County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 10, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

LIFECIRCLE UNLIMITED, INC., d.b.a. LIFECIRCLE 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 Lifecircle Unlimited, Inc., d.b.a. Lifecircle Group Home (the Group Home) in May 2013. The Group Home has one site located in the Third Supervisorial District and provides services to County of Los Angeles DCFS foster youth. According to the Group Home's program statement, its purpose is "to provide a stable, constant, nurturing and normal environment that is responsive to the individual resident's needs, to minimize the risk factors that may impede the resident's on-going development, to encourage the bonding process and to strengthen parent/child attachment. Finally, our purpose is to support the parents' efforts to reunite with their child by providing parent education, advocacy, and support."

The Group Home has one 6-bed site and is licensed to serve a capacity of 6 boys, ages 12 through 17. At the time of review, the Group Home served 5 placed DCFS children. The placed children's overall average length of placement was 5 months, and their average age was 13.

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 7 of 10 areas of our Contract compliance review: 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.

Deficiencies were noted in the areas of Licensure/Contracts Requirements, related to the Group Home vehicle in which children are transported was not routinely maintained, Special Incident Reports (SIRs) were not appropriately submitted or cross-reported, and Community Care Licensing (CCL) citations involving Food Service and Building and Grounds; Facility and Environment, relate to maintenance issues observed regarding the exterior and interior of the Group Home and damaged recreational equipment; and Maintenance of Required Documentation and Service Delivery, related to one child's updated Needs and Services Plans not being comprehensive.

Attached are the details of our review.

REVIEW OF REPORT

On July 10, 2013, the DCFS OHCMD monitor, Donald Luther, held an Exit Conference with the Group Home representatives, Mamie Nelson, Administrator, and Loretta Cogan, Social 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:dl

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
Dewayne Winrow, PhD, Executive Director, Lifecircle Unlimited, Inc.
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

LIFECIRCLE UNLIMITED, INC., d.b.a. LIFECIRCLE 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 May 2013 review. The purpose of this review was to assess Lifecircle Unlimited, Inc. d.b.a. Lifecircle 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) 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. At the time of the review, one placed child was prescribed psychotropic medication. OHCMD reviewed the child's case file to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed three 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 three areas out of compliance.

Licensure/Contract Requirements

- The Group Home vehicle in which children are transported had not been serviced at regular 3,000 mile intervals. Per documentation, the vehicle's last regular service was at 177,243 miles. At the time of the review, the vehicle had 187,282 miles; 10,039 miles since the vehicle had last been serviced. OHCMD advised the Group Home of the need for regular, routine service for the vehicle and to maintain a log of the services to ensure timeliness of the next recommended service. The vehicle was serviced on July 6, 2013 at 188,238 miles, and the servicing vendor advised the Group Home of the next recommended service to be on October 4, 2013 or 191,238 miles.

- Special Incident Reports (SIRs) were not always submitted in accordance with County contract requirements: SIRs were not submitted via ITrack in a timely manner; SIRs were not submitted to OHCMD via fax when the ITrack system was down; and SIRs were not always appropriately cross-reported. OHCMD discussed the SIRs guidelines with the Group Home representatives and provided a copy of the guidelines to the Group Home.

- Community Care Licensing (CCL) issued citations to the Group Home on three separate dates since May 15, 2012, for violations related to Food Service and Building and Grounds.

  On June 13, 2012, CCL cited the Group Home for low supplies of perishable and non-perishable foods and for not having a menu posted. The Group Home immediately corrected the deficiencies by shopping for additional food and posting the menu. During this visit, CCL also cited the Group Home for a broken bathroom faucet that impaired the use of the sink and insufficient hangers, which caused the children to place their clothing on the closet floor. The faucet was replaced and additional hangers were supplied. CCL verified the plan of correction by the Group Home and cleared the citations on the same day. No further corrective action was required.

  On January 24, 2013, the Group Home was cited for a hole in the wall of a bathroom, due to the impact of the bathroom door knob. The hole was to be repaired by February 7, 2013, per the requirement of the citation; however, the Group Home immediately addressed the deficiency. CCL cleared the citation on January 25, 2013.

  On April 17, 2013 the Group Home was cited for a lack of a smoke detector in bedroom one; the detector was immediately replaced, and CCL cleared the citation on May 29, 2013.

Recommendations

The Group Home's management shall ensure that:

1. The Group Home's vehicle is properly maintained and timely serviced.

2. All SIRs are timely submitted and properly cross-reported, in compliance with the County contract and SIR reporting guidelines.

3. The Group Home is in compliance with Title 22 Regulations.

Facility and Environment

- OHCMD observed several deficiencies regarding the maintenance of the exterior of the Group Home. A broken lamp post fixture, with only the post remaining, was in the front lawn. Also, the sliding glass door in bedroom three had a broken sliding screen door, which was propped against the wall of the house. Additionally, the window in bedroom one had a bent and damaged window screen. The deficiencies were discussed with the Group Home Administrator who stated she was exploring the possibility of replacing the sliding glass door with a window. The Administrator has since reported that the lamp post was removed on August 6, 2013, and the wiring was capped and buried. The Administrator further reports that

the sliding door screen and window screen were also replaced on August 6, 2013. OHCMD verified the repairs.

- The interior of the Group Home lacked a carbon monoxide detector. OHCMD advised the Group Home of the requirement for a carbon monoxide detector. On July 8, 2013, OHCMD verified that a detector had been purchased and installed.

- While the Group Home had a sufficient variety of age-appropriate recreational equipment, the portable basketball goal on the driveway had a bent rim and a damaged net. The Group Home Administrator reports that they were unable to repair the goal and are scheduled to replace it on August 12, 2013. OHCMD verified the portable basketball goal was replaced.

Recommendations

The Group Home's management shall ensure that:

4. The exterior of the group home site is maintained in good condition.

5. A carbon monoxide detector is always installed and functioning in the group home.

6. All recreational equipment is maintained in good repair.

Maintenance of Required Documentation and Service Delivery

- One of five reviewed updated NSPs was non-comprehensive. The NSP did not include the specific dates, reason for, or outcome of, each monthly contact with the Department of Children and Family Services (DCFS) Children's Social Worker within the elements of the NSP template. The Group Home Social Worker (GHSW) reported that she will ensure the information will be appropriately entered into the updated NSPs. The GHSW attended the NSP Panel Discussion/Refresher Training on August 1, 2013.

Recommendation

The Group Home's management shall ensure that:

7. All updated NSPs are comprehensive and contain all 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 October 5, 2012 identified nine recommendations.

Results

Based on our follow-up, the Group Home fully implemented 7 of 9 recommendations for which they were to ensure that:

- The worn carpeting in the common areas and bedrooms is replaced,
- All children's bedrooms are supplied with sufficient lighting,
- The Group Home maintains a variety of recreation equipment for the children to use at the Group Home,
- Sufficient supplies of perishable and non-perishable foods are properly stored and readily accessible by the children,
- Each required IEPs is current and copies are maintained in the children's case file,
- All children have sufficient quantities of clothing to meet DCFS standards for quantity, and
- All staff complete timely health screenings and TB tests within the timeframes as designated in the Title 22 Regulations and to provide OHCMD documentation of the staff's current health screening.

The Group Home did not implement two recommendations for which they were to ensure:

- Compliance with Title 22 Regulations and the County contract requirements, and
- All group home exteriors and grounds are well maintained and free of hazardous conditions.

Recommendation

The Group Home's management shall ensure that:

8. The outstanding recommendations from the 2011-2012 monitoring report dated October 5, 2012, which are noted in this report as Recommendations 3 and 4, are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to continue to strive to remain in compliance with all Title 22 Regulations. The staff will conduct daily facility reviews throughout the exterior and interior of the Group Home and document any needed repairs and report these conditions to the Administrator to arrange for timely repair. Further, the Group Home Administrator will conduct periodic and consistent monitoring checks to ensure compliance with the CAP.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of the Group Home for the period July 1, 2009 through June 30, 2010. The fiscal report, dated July 12, 2011, identified $406 in unallowable expenditures and $969 in unsupported/inadequately supported expenditures for a total of $1,375, which needed to be repaid. The DCFS Fiscal Monitoring and Special Payments Section informed OHCMD that this amount has been paid in full.

LIFECIRCLE UNLIMITED, INC., d.b.a. LIFECIRCLE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

12681 Louvre Street
Pacoima, CA 91331
License # 198207474
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: May 2013
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	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	1. Improvement Needed
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social 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 Children's Social 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 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Full Compliance 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/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and 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 Nutritious 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. Children's Reasonable Chores 10. Children Informed About Their Medication and	Full Compliance (ALL)

	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)	
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	Full Compliance (ALL)

Lifecircle

We make a way when there's no way℠
That's the circle of life.

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August 9, 2013

Patricia Bolanos-Gonzalez, CSA II
Out of Home Care Management Division
Department of Children and Family Services
9320 Telstar Avenue, Suite 216
El Monte, CA 91731

Dear Ms. Bolanos-Gonzalez:

This is the Corrective Action Plan for Lifecircles Group Home 2012-2013 Annual Compliance Report:

3) Does the Group Home maintain vehicle in which the children are transported in good repair?

The Group Home did not have documentation of routine, timely services for the vehicle. The vehicle's last service was over 10,000 miles past the previous service.

The Group Home has developed a log that will contain records and receipts of each vehicle service, and the due date and mileage of the next recommended scheduled service to ensure the vehicle is properly and timely maintained.

The Group Home Director will ensure that any and all completed services take place in a timely manner, schedule timely services, and ensure proper documentation and information is maintained in the vehicle maintenance log.

4) Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?

Not all incidents of runaways and serious incidents were reported in a timely manner or faxed to OHCMD when the I-Tack System was down as required by the Group Home's contract with the County.

Group Home Director or Group Home Social Worker will fax all incidents to OHCMD within one day of the incident when the I-Track System is down.

9) Is the Group Home free of any substantiated Community Care Licensing complaints on safety and/or physical plane deficiencies since the last review?

CCL cited Lifecircles Group Home for issues involving Food Service and Building and Grounds, low supplies of non-perishable foods and not having a menu posted, a broken bathroom faucet, clothes on the floor of the bedroom closets due to insufficient hangers, a hole in the wall of bathroom 1 and lack of a smoke detector in bedroom 1. All were replaced or repaired immediately. All these issues were corrected at the time of citation.

Lifecircles Group Home will continue to strive to comply with CCL Title 22 Regulations. The Group Home Facility Manager and staff will conduct daily facility inspections and report any areas of concern to the Group Home Director, and the Group Home Director will inspect the group home interior and exterior weekly and replace or repair any problems immediately.

10) Are the exterior and grounds of the Group Home well maintained?

The light fixture on post was broken on front lawn. The sliding door screen was broken and off on bedroom 3 sliding glass door frame. The window screen on bedroom 1 window was bent and broken.

The post on front lawn was removed on 8/6/13. The sliding door screen and window screen were replaced on 8/6/13. Group Home Director will inspect the group home interior and exterior weekly and replace or repair any problems immediately.

11) Are common quarters well maintained?

At time of review there was no Carbon Monoxide Detector. On a follow-up visit on 7/8/13, a Carbon Monoxide Detector had been purchased, was in place and operational.

Group Home Director will make sure that all required items are in place in the group home.

13) Does the Group Home maintain sufficient recreational equipment and an appropriate selection of reading materials and educational resources and supplies, including computers, which are age-appropriate, readily available to children, and in good repair?

The rim on portable basketball goal on driveway in front yard is bent and the net is damaged.

The rim and net could not be repaired. They will be replaced on 8/12/13.

24) Did the treatment team develop timely, comprehensive, updated NSPs with the participation of the developmentally age-appropriate child?

One child's updated NSP lacked documentation of specific dates or reason or outcomes of monthly contacts with CSW.

Group Home Social Worker will continue to keep a log of dates, reason and outcomes of monthly contacts with CSWs and ensure to enter them into the updated NSPs.

Group Home Social Worker will make periodic and consistent monitoring checks to ensure compliance with the Corrective Action Plan.

Mamie Nelson, Director
Lifecircles Group Home

08-09-2013

Date