County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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October 17, 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

PARAGON 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 Paragon Center (the Group Home) in June 2013. The Group Home has one site located in Orange County and provides services to Orange County and County of Los Angeles DCFS foster youth. According to the Group Home's program statement, its purpose is "to enable these children to increase their independent adaptive skills and decrease their maladaptive behaviors in order to gain the necessary skills for successful adult adjustment."

The Group Home has a six-bed site and is licensed to serve a capacity of 6 girls, ages 12 through 17. At the time of the review, there were no County of Los Angeles DCFS foster children placed at the Group Home.

SUMMARY

The Group Home was in full compliance with 2 of 10 areas of our Contract compliance review: Facility and Environment and Discharged Children.

Six areas were not applicable, due to the fact that there were no County of Los Angeles DCFS foster children placed at the time of the review: Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to the Group Home vehicle not being properly maintained, disaster drills were not accurately documented, and the Sign In/Out Logs were not maintained; and Personnel Records, related to untimely initial training of staff and untimely Emergency Intervention Plan (EIP) certification.

REVIEW OF REPORT

On July 22, 2013, the DCFS OHCMD monitor, Kristine Kropke Gay, held an Exit Conference with the Group Home representative Denita Trowel, Group Home Administrator. The Group Home representative: agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in the 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 recommendation 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:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Doris Stockstill, President, Board of Directors, Paragon Center
Pamela Cutchlow, Executive Director, Paragon Center
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

PARAGON CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

714 Morse Avenue
Placentia, CA 92834
License # 306001904
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: June 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Provided Children's Transportation Needs 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	 1. Not Applicable 2. Not Applicable 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Not Applicable 8. Improvement Needed 9. Full Compliance
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well 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 Children's Social 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 Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	 Not Applicable (ALL)

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	
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	Not Applicable (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	Not Applicable (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable (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 Chores Reasonable 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	Not Applicable (ALL)

	(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/Photo Album	Not Applicable (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 RequiredTraining	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

PARAGON 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 June 2013 review. The purpose of this review was to assess Paragon 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 four of ten areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Discharged Children, and
- Personnel Records.

The following six areas were not reviewed, because at the time of review there were no County of Los Angeles Department of Children and Family Services (DCFS) foster children placed at the Group Home. As the Group Home is a six-bed facility located in Orange County, vacancies are limited. Although the Group Home receives referrals from the County of Los Angeles, the beds are generally filled with Orange County foster children.

- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being, and
- Personal Needs/Survival and Economic Well-Being.

For the purpose of this review, one discharged child's file was reviewed to assess the Group Home's compliance with permanency efforts. In addition, OHCMD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements.

CONTRACTUAL COMPLIANCE

OHCMD found the following two areas out of compliance.

Licensure/Contract Requirements

- The vehicle in which placed children are transported, a 2009 Toyota Sienna van, was clean, and the interior and exterior appeared in good condition. However, in reviewing the vehicle maintenance records, OHCMD noted that a maintenance repair bill dated June 14, 2013 stated that the rear brakes required replacement. The Group Home Administrator acknowledged that the brakes had not been repaired. The Administrator agreed that the children would not be transported in the vehicle until the brakes were repaired. Subsequently, OHCMD received documentation that the rear brake pads were replaced and the rotors were

repaired on June 28, 2013. The Administrator stated that it was her oversight and that it would not happen in the future.

- The disaster drill log was deficient. Specifically, on June 27, 2013, the disaster drill log documented a disaster drill for July 2013. The Administrator acknowledged the deficiency and explained that the Group Home has a monthly checklist of items to be completed within the month. She stated that disaster drills are conducted at the beginning of each month and that the July drill was conducted "a few days early." OHCMD discussed the importance of accurate documentation. The Administrator stated that in the future, the drills will not be conducted early and the log will reflect the actual date of the drill, and drills conducted during various hours.

- The Group Home did not maintain the Sign In/Out Log, in that the log was not always completed with the child's return time or with the staff's signature. Additionally, the log did not include the Responsible Person's name, address, telephone number and the anticipated time of the child's return. The Administrator stated that she will create an additional log to include the above-mentioned information. The Administrator further stated that she and the office assistant will now review both logs on a daily basis for compliance.

Recommendations

The Group Home's management shall ensure that:

1. The vehicle in which children are transported is maintained in good repair.

2. Disaster drills are conducted and accurately documented in a disaster drill log.

3. Sign In/Out Logs are maintained and document all required information in accordance with Title 22 Regulations.

Personnel Records

- OHCMD noted that two of five reviewed staff members did not receive timely certification in the Emergency Intervention Plan (EIP). Specifically, the staff members received EIP training four months and six months, respectively, after their hire dates. The Administrator provided OHCMD with the EIP training schedule and realized that the initial EIP training is only offered twice a year by their certified EIP instructor. The Administrator stated that she will research how to obtain more frequent initial EIP training to ensure that future newly-hired staff members receive timely EIP certification.

  It was also noted that the Group Home's program statement's EIP was inconsistent with the type of EIP certification the staff received. This finding was addressed with the Group Home during last year's review; the Group Home was to request to have their program statement amended to accurately reflect the type of EIP certification provided at the Group Home. OHCMD provided the Administrator with the specific protocol to request approval for a program statement amendment.

- One part-time staff member did not receive initial training in a timely manner. Specifically, the staff member, hired October 12, 2012, did not complete orientation training until April 18, 2013, which is not within 180 days of their hire date in accordance with Title 22 Regulations. The Administrator stated that the staff member was scheduled to receive the training timely, on April 6, 2013; however, the staff member was unable to attend the training and was re-scheduled resulting in late initial training. The Administrator stated that this was an isolated incident and would make every effort to ensure new staff members receive initial training in a timely manner.

Recommendation

The Group Home's management shall ensure that:

4. All staff members complete all required training in a timely manner, including initial training and EIP certification, and the program statement is amended to accurately reflect the type of EIP certification provided by the Group Home.

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

The OHCMD's last compliance report, dated September 17, 2012, identified five recommendations.

Results

Based on our follow-up, the Group Home fully implemented one recommendation for which they were to ensure that:

- All SIRs are appropriately documented and cross-reported timely.

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

- All staff members receive timely certification in the EIP and ensure the program statement's EIP is consistent with the certification the staff members receive, and
- Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report, December 13, 2010, regarding staff members receiving initial training in a timely manner.

The Group Home did not have County of Los Angeles DCFS foster children at the time of the review; therefore, the following areas were not reviewed:

- All initial NSPs are comprehensive; and
- All updated NSPs are comprehensive.

Recommendation

The Group Home's management shall ensure that:

5. The outstanding recommendations from the 2011-2012 monitoring report, dated September 17, 2012, which are noted in this report as Recommendations 4 and 5, are fully implemented.

   At the Exit Conference, the Group Home representative expressed her desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home Administrator stated that she will create an additional log to include the required Sign In/Out Log's information. The Administrator further stated that she and the office assistant will now review both logs on a daily basis for compliance. In regards to staff members receiving timely certification in the EIP, the Administrator stated that she will research how to obtain more frequent initial EIP training by their certified EIP instructor, so that future newly-hired staff members receive timely EIP certification.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

PARAGON CENTER, INC.

Kristine Kropke Gray

Department of Children & Family Services

Out of Home Care management Division

9320 Telstar Avenue

El Monte, California 91731

Dear Ms. Kropke Gray

In response to the Annual group home evaluation review conducted June 27, 2013 at Paragon Center, Inc. The following is the group home Corrective Action Plan for the Group Home Compliance Review.

I. LICENSURE/ CONTRACT REQUIREMENTS

A. Does the group home maintain vehicle in which the children are transported in good repair?

The facility van was taken in for a routine oil change on June 14, 2013. The Service Advisor indicated on the report RBK BRAKES-RED, BRAKES REQUIRE REPLACEMENT. In addition, the Service Advisor also indicated RECOMMENDED SERVICE - REAR BRAKES, DSRB RECOMMENDED SERVICE-REAR BRAKES. Therefore, GH Administrator Denita Trowel assumed it was a recommended service because the term recommended was used. The facility van showed no signs of immediate repairs (no grinding, squeaking, and no difficulty in stopping). The GH Administrator had obtained funds to have the brakes repaired (the check was shown Ms. Kropke Gray, GH Monitor) and was in the process of scheduling the brake replacement. The rear brakes were repaired on June 28, 2013. Paragon Center will ensure that all repair's "recommend", or "required" services are completed within a 48 hour period. Group home Administrator Denita Trowel will be responsible for ensuring all repairs are done timely.

B. According to disaster drills logs, are disaster drills conducted and completed at least every 6 months?

The disaster drill was conducted 3 days early by GH Office Manager. The GH has a monthly check off list but the Manager decided to conduct the disaster drill earlier than required. The Manager was given a verbal warning about

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Telephone: (714) 572-0175

following proper disaster drill scheduling. The July disaster drill was re-done mid-July because of the above error and to keep Paragon Center on our regular monthly disaster drill schedule.
GH Administrator Denita Trowel will ensure that the disaster drill will be consistently done every month by monitoring and checking the disaster log on a monthly basis. GH Administrator has also revised the disaster drill log included are dates instead of Month and a year. Attached is a copy of the disaster drill form.

C. **Does the facility maintain a detailed sign in and out log for placed children?**
GH Administrator and Office Asst. will monitor the visitor logs daily to ensure it is being completely filled out. In addition, the GH Administrator has created two additional logs. A "Off Ground and On Ground Visitation Log". It includes the responsible person name, address, telephone, and anticipated time of the child's return? The GH has on file a copy of all clients approved visitors with their address and telephone numbers as well. Attached is a copy of the Off and On Grounds forms the group is currently using.

II. PERSONNEL RECORDS

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

· Employee Brittani was 6 days past her 4.5hrs Group Home Management/ Administration training due to her scheduling. Brittani was initially scheduled to complete her 4.5 hrs training on April 6, 2013 due to unforeseen circumstances. Brittani had to cancel the original scheduled date, and the next date she was available to attend the training was April 18th which put her past her 180 days completion time frame.

. Due to the fact Paragon Center's current trainer for TCI does not offer more dates for the Emergency Intervention Training (17.5 hours). Effective November 2013 Paragon Center has obtained a Pro-Act Trainer. This will make available Hands On and Didactic Training for all new hires which will assure the 90 day compliance deadline. Paragon Center will abide by the program statement on file with OHCMD (Shelia Jefferson) which states Pro Act as our Emergency Intervention Training. All Paragon Center employees will be Pro Act certified on or before January 31, 2014.

PARAGON CENTER, INC.

Upon investigation it was discovered that our agency did not make an amendment to the Paragon Center Program Statement. It was our Boy's Site (sister company) Orange County children's Foundation, Inc., which had made the amendment to their Program Statement. Although this change was to be done for Paragon Center as well, an error occurred and it was never submitted. Therefore, it was our assumption the amendment was complete for Paragon Center.

If you have any questions regarding the Group Hoe Compliance CAP, please feel free to contact Denita Trowel Administrator 714-321-5704 or Irene Yohn Asst. Executive Director at 714-213-1428.

Sincerely,

Denita Trowel, Group Home Administrator

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