County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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January 29, 2014

To: Supervisor Don Knabe, Chairman
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Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

MARY'S SHELTER 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 Mary's Shelter Group Home (the Group Home) in September 2013. The Group Home has two sites located in Orange County and provides services to County of Los Angeles DCFS foster children and youth, as well as children from other counties. According to the Group Home's program statement, its purpose is "to provide services to pregnant teenagers."

The Group Home has one 6-bed site and one 12-bed site and is licensed to serve a capacity of 18 females, ages 12 through 18, as well as 12 infants, 0-24 months of age. On November 30, 2012, Community Care Licensing (CCL) approved the Group Home to provide services to non-minor dependents, in accordance with AB 12. At the time of review, the Group Home served 10 placed DCFS children. The placed children's overall average length of placement was 8 months, and their average age was 17.

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 6 of 9 applicable areas of our Contract compliance review: Maintenance of Required Documentation and Service Delivery; Educational and Workforce Readiness; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Psychotropic Medication was not applicable, as none of the placed children were prescribed psychotropic medication at the time of review.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to a vehicle in which children are transported was missing headrests and had an insufficient first-aid kit, SIRs were not cross-reported to all required parties in a timely manner and CCL substantiated an allegation against the Group Home; Facility and Environment, related to a hallway door that required paint and a portion of carpet that was dirty; and Personnel Records, related to one staff member who did not possess a California Driver's License and another staff member did not receive the Emergency Intervention Plan refresher training.

Attached are the details of our review.

REVIEW OF REPORT

On October 8, 2013, the DCFS OHCMD Monitor, Kristine Kropke Gay, held an Exit Conference with Group Home representatives, Barbara Nelson, Executive Director; Clete Menke, Program Director; and Elizabeth Mojica, Facility 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 CCL

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

OHCMD will confirm that these recommendations have been implemented during our next visit to the Group Home in June 2014 to provide the Group Home with technical assistance and follow-up to ensure implementation of the recommendations.

Additionally, with the upcoming implementation of the Contract Monitoring Section, we will be able to focus more on quality assurance for an increased uniform standard and comprehensive measure of overall programmatic efficacy by providing additional training, support, and oversight to the GHs.

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
Barbara Nelson, Executive Director, Mary's Shelter Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

MARY'S SHELTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

18221 E. 17th Street
Santa Ana, CA 92711
License # 306000793
Rate Classification Level: 12

18241 E. 17th Street
Santa Ana, CA 92711
License # 300613291
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: September 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. Full Compliance
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	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	Full Compliance (ALL)
	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	

	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	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	Not Applicable (N/A)
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	Full Compliance (ALL)

	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's Involvement 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	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. Improvement Needed 6. Full Compliance 7. Improvement Needed

MARY'S SHELTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the September 2013 review. The purpose of this review was to assess Mary's Shelter Group Home (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 Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, none of the children were prescribed psychotropic medication.

OHCMD reviewed five 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

- One of two Group Home vehicles in which the children are transported was not maintained. Specifically, the Honda Pilot sport utility van was missing the three headrests from the back seat. Also, the first-aid kit had insufficient supplies. The Group Home Program Director and Facility Coordinator were not aware of the missing headrests and stated that children would not be transported in the vehicle until the headrests were replaced. The following day, October 18, 2013, OHCMD observed that the headrests had been replaced and were operational.

During the Exit Conference, the Group Home Executive Director stated that she was glad that OHCMD had brought this issue to their attention. The management explained that the young mothers may have removed the headrests in order to more easily install their children's car seats in the vehicle. The Group Home Program Director stated that the Facility Coordinator will send a memo to all staff members advising them that they are not to remove or allow the youth to remove any vehicle parts, including headrests. He further stated that the Group Home Facility Coordinator will conduct monthly visual inspections to ensure the vehicles are safe and properly equipped.

- OHCMD reviewed 32 Special Incident Reports (SIRs) and found that three SIRs were not cross-reported to all required parties. Furthermore, one of the three SIRs was not submitted in a timely manner.

  During a follow-up conversation after the Exit Conference, the Group Home Program Director stated that at the following weekly social services meeting, he discussed the DCFS Special Incident Reporting Guide for Group Homes and discussed with staff members, SIR reporting responsibilities and specifics related to where the information is to be entered in the ITrack form.

- Community Care Licensing (CCL) cited the Group Home as a result of a deficiency and finding during a CCL investigation. On June 7, 2013, CCL cited the Group Home for Buildings and Grounds, as the Group Home was not free of bed bugs. The Group Home submitted a Plan of Correction, in which the Group Home stated it will continue maintenance with a professional exterminator and will continue with deep cleaning of children's bedrooms. CCL cleared the deficiency on June 10, 2013.

DCFS did not receive a referral related to CCL's citation on June 7, 2013, related to the Group Home having bed bugs. However, in August 2013, DCFS received a Child Protection Hotline Referral alleging general neglect related to bed bugs at the Group Home. According to the DCFS investigation, the Group Home Program Director advised the DCFS Emergency Response Children's Social Worker (ER CSW) that they have had problems with bed bugs and had purchased new mattresses and had cleaned the bedrooms. The Group Home Program Director walked the DCFS ER CSW to a bedroom where the bed bugs had been a problem and the ER CSW noted that it appeared that the child's bed had a new mattress. DCFS deemed the allegation of general neglect to be inconclusive.

During the Exit Conference, the Group Home Program Director stated that they replaced a mattress and increased extermination maintenance from every two months to a monthly basis. The Executive Director stated that they contracted a specialist to exterminate the bed bugs after regular professional extermination was not effective. The management stated that they will continue to inspect bedrooms and work with the girls to keep their bedrooms clean and free of food and food wrappers.

OHCMD conducted a physical plant inspection in September 2013, and did not find evidence of bed bugs or any other type of insect. Furthermore, on September 27, 2013, the Auditor-Controller Group Home Ombudsman went to Mary's Shelter to discuss the Ombudsman Program and spoke with ten girls. None of the girls expressed any concerns with the Group Home.

Recommendations

The Group Home's management shall ensure that:

1. The Group Home will maintain vehicles in which children are transported.

2. The SIRs are appropriately documented and cross-reported to all required parties in a timely manner.

3. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

Facility and Environment

- During a physical plant inspection of the Group Home, OHCMD noted that House 2 had a hallway door that had paint peeling off in large pieces. Also, the back hallway carpet had a few large dirt spots. The Group Home Program Director stated that both issues would be immediately repaired. On October 8, 2013, OHCMD observed that both the carpet had been cleaned and the door had been repainted.

During the Exit Conference, the Executive Director stated that Mary's Shelter employs a full-time Facility Coordinator who either handles or hires out a great majority of facility maintenance. She explained that volunteers complete a majority of facility painting and that in the future, the volunteers will be instructed of the Group Home's expectation of how the painting will be completed and the Facility Coordinator will follow-up to ensure compliance. The Group Home Program Director also stated that carpets had been cleaned bi-annually; however, will now be cleaned on a more frequent basis, or on an as-needed basis to ensure the carpets are kept clean. He stated that the Facility Coordinator will follow-up with regular physical plant inspections to ensure compliance.

Recommendation

The Group Home's management shall ensure that:

4. The common quarters are well-maintained.

Personnel Records

- One of five reviewed staff members did not possess a California Driver's License, in accordance with Mary's Shelter Program Statement. Specifically, the staff member only had a current Texas Driver's License. When this issue was brought to the Group Home Program Director's attention, he stated that the staff member will not transport children until they provide proof of a California Driver's License. The Group Home provided documentation that on October 15, 2013, the staff member was issued an interim California Driver's License.

During the Exit Conference, the Group Home Program Director stated that in the future, staff members will not work with children until they provide documentation of a valid California Driver's License. He further stated that if a newly-hired staff member fails to obtain a California Driver's License, they will not retain employment after their 90-day probation period.

- A staff member did not have a 4-hour annual Pro-ACT refresher course, in accordance with Mary's Shelter Program Statement. Furthermore, OHCMD also advised the Group Home Program Director that although the Group Home is a "hands off" Group Home and does not

restrain children, their program statement states they restrain children and provides a protocol for restraining children. The Group Home Program Director stated that the newly-submitted program statement, which is to be implemented in November 2013, has been revised to accurately depict the Group Home's no-restraint policy.

The Group Home Program Administrator stated that the Group Home will be compliant with their program statement's current Emergency Intervention Plan.

Recommendations

The Group Home's management shall ensure that:

5. All employees who transport children possess a valid California Driver's License.

6. All employees receive the required training.

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

The OHCMD's last compliance report, dated December 12, 2012, identified one recommendation.

Results

Based on our follow-up, the Group Home did not fully implement the one recommendation for which they were to ensure that:

- The Group Home is in compliance with Title 22 Regulations and County contract requirements to ensure the Group Home is free of CCL citations.

Recommendation

The Group Home's management shall ensure that:

7. The outstanding recommendation from the 2011-2012 monitoring report dated December 12, 2012, which is noted in this report as Recommendation 3, is fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Program Director stated that they have increased extermination maintenance from every two months to a monthly basis, and will continue to inspect children's bedrooms to ensure bedrooms are clean. OHCMD will visit to the Group Home in June 2014 to provide the Group Home with technical assistance and follow-up on the implementation of the recommendations.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

November 6, 2013

Patricia Bolanos-Gonzalez
Group Home Program Manager, OHCMD
9320 Telstar Avenue
El Monte, CA 91731

RE: CORRECTIVE ACTION PLAN

Dear Ms. Bolanos-Gonzalez,

On October 8, 2013, Kristine Kropke Gay held an Exit Conference with me, Executive [redacted] Nelson and Lead Social Worker [redacted]. This document reflects Mary's Shelter's Corrective Action Plan to rectify deficiencies noted by Kristine Kropke Gay on October 8th, and which were confirmed in the "Mary's Shelter Group Home Contract Compliance Monitoring Review," which e-mailed to us on October 23rd.

1. Licensure/Contract Requirements

   The review indicated that one of the vehicles used to transport children was not maintained. Specifically. The Honda Pilot sport utility van was missing the three headrests from the back seat, and the first-aid kit had insufficient supplies.

   Plan of Correction

   The agency's Facilities Coordinator replaced the missing headrests on October 18th. New first aid kits were placed in each agency vehicle on October 17th. On October 22nd, a memo was distributed to all staff that instructs them not to remove any vehicle parts from any vehicles, as it presents a safety issue. Staff were also instructed in the memo not to remove first aid kits. Finally, ensuring that all components of the vehicles, including first aid kits, are intact is now part of a monthly visual inspection completed by the agency's Facilities Coordinator.

2. Licensure/Contract Requirements

   The review noted that three SIR's were not cross-reported to all required parties. In addition, one of the three SIR's was not submitted in a timely manner.

   Plan of Correction

   At the agency's weekly Social Services Meeting, the "DCFS Special Incident Reporting Guide for Group Homes" was reviewed with staff that complete SIR's for the agency. Specifically, staff were reminded about the importance of submitting SIR's in a timely manner as indicated in the guide.

Staff were also instructed to enter Mary's Shelter youth in the "Foster Children Involved" field, as opposed to the "Others Involved" field when completing SIR's. This will ensure that the SIR will track to the assigned CSW.

Adherence to the above actions related to the timeliness and cross-reporting of SIR's will be the responsibility of the Program Director.

3. Licensure/Contract Requirements

On June 7, 2013, CCL cited the agency for Buildings and Grounds, as the group home was not free of bed bugs.

Plan of Correction

Mary's Shelter submitted a Plan of Correction to CCL and the deficiency was cleared on June 10, 2013. Besides replacing a mattress, a specialist to exterminate bed bugs was contracted. Extermination maintenance has increased from every two months to a monthly basis, and this will be the schedule moving forward. Bedrooms are being inspected regularly and agency staff are working with the girls to keep their bedrooms clean and free of food and food wrappers. The agency's Facilities Coordinator, who is responsible for episodic and ongoing pest control, will ensure the above actions are carried out.

4. Facility and Environment

House 2 had a hallway door that had paint peeling off in large pieces. Also, the hallway carpet had a few large dirt spots.

Plan of Correction

The door referenced in the review, as well as two others, were repainted by agency staff on October 1st. Carpet cleaning for all carpet in House 2 was completed by professional carpet cleaners on September 27th. The agency's Facilities Coordinator will conduct monthly inspections of carpet to determine if there is a need for carpet cleaning, rather than simply waiting six months between cleanings. In addition, any volunteers groups doing painting at Mary's Shelter will be instructed on the expectations for prepping and painting, and any volunteer painting will be inspected by the agency's Facilities Coordinator once completed.

5. Personnel Records

One of five reviewed staff members did not possess a California Driver's License.

Plan of Correction

The staff member was instructed that she was not to drive residents until obtaining a California Driver's License. On October 15, 2103 the staff member presented documentation that she had been issued an interim California Driver's License. On October 28th, the staff member presented a California Driver's License. It was copied and placed in her file. In the future, staff who do not hold a current California Driver's License will not be allowed to transport children, and those who do not obtain a California Driver's License during their 90-day probationary period will not be retained.

The agency's Office Administrator will be responsible for ensuring that all staff hold a current California Driver's License.

6. Personnel Records

A staff member did not have the 4-hour annual Pro-ACT refresher course, in accordance with Mary's Shelter's Program Statement. In addition, the current Program Statements states we restrain children, and provides a protocol for restraining children, although the group home is "hands off" and does not restrain children.

Plan of Correction

The staff member in question has received her 4-hour annual Pro-Act refresher course, in accordance with Mary's Shelter's Program Statement. Her certificate of completion for that training is attached. Further, a review of all staff was done to ensure this portion of our Program Statement is being adhered to. The agency's Program Coordinator is responsible for ensuring all staff are trained in Pro-ACT as specified in our Program Statement.

Regarding the Program Statement, the following is our plan of action moving forward. Program Director [redacted] will be submitting a revision of our Program Statement to Community Care Licensing by 12/31/2013. This revision is being done in part to address the inconsistency between our current Program Statement and our current practice for Pro-ACT, but also to be consistent with other changes occurring within our Program. Once the revised Program Statement is approved by Community Care Licensing, it will be submitted to Sheila Jefferson and to Contracts.

Thank you for your department's review of Mary's Shelter. If you have any questions about this Plan of Correction, I am most easily reached at (714) 721-0501.

Sincerely,

[redacted]
Program Director
Mary's Shelter
P.O. Box 10433
Santa Ana, CA 92711-0433