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January 31, 2014

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

From: Philip L. Browning
Director

CHILDREN'S HOMES OF SOUTHERN CALIFORNIA CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Children's Homes of Southern California (the Group Home) in September 2013. The Group Home has five sites located in the Third 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 "First, to help youths develop the skills and self-esteem, which will enable them to become self-sufficient and productive persons in society. And second, to help develop and promote a viable social support system for youths outside the foster care system."

The Group Home has five 6-bed sites, each with a licensed capacity for six male youth, ages 12 through 18 (Non-Minor Dependents). At the time of review, the Group Home served 30 placed DCFS children. The placed children's overall average length of placement was 3 months, and their average age was 16.

SUMMARY

During OHCMD's review, the interviewed children 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 10 areas of our Contract compliance review: Facility and Environment; Educational and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

OHCMD noted deficiencies in the areas of Licensure/Contracts Requirements, related to Community Care Licensing (CCL) having cited the Group Home for two Violations of Personal Rights, a Violation of Responsibility for Providing Care and Supervision, and a Violation of Neglect/Lack of Supervision; Maintenance of Required Documentation and Service Delivery, related to one child having reported that his initial and updated Needs and Services Plans (NSP) had not been discussed with him and the Initial NSP had not been signed in a timely manner by the child; Health and Medical Needs, related to lack of documentation that one child completed a physical examination follow-up appointment and two children had not completed their initial dental examination within 30 days of placement; and Personal Needs/Survival and Economic Well-Being, related to one child's clothing inventory not meeting DCFS clothing standards and two children reported they were unaware of and were never encouraged to maintain a life book/photo album.

Attached are the details of our review.

REVIEW OF REPORT

On November 1, 2013, the DCFS OHCMD Monitor, Donald Luther, held an Exit Conference with Group Home representative, Michelle Villacorta, Program Director. The Group Home representative: was in agreement 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 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 verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in April, 2014.

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 L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Jorge Marquez, Executive Director, Children's Homes of Southern California
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

CHILDREN'S HOMES OF SOUTHERN CALIFORNIA
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

22455 Victory Boulevard
West Hills, CA 91307
License # 191222471
Rate Classification Level: 12

14239 Valerio Street
Van Nuys, CA 91405
License # 191221575
Rate Classification Level: 12

7701 Baird Avenue
Reseda, CA 91335
License # 191221601
Rate Classification Level: 12

15352 Runnymede Street
Van Nuys, CA 91405
License # 191221595
Rate Classification Level: 12

6450 Shoup Avenue
West Hills, CA 91307
License # 197601995
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. 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 Well Maintained	
	3. Children's Bedrooms Well Maintained	
	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 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 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Children's Social Worker's 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	4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 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	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance
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	Full Compliance (ALL)

	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 (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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
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)

CHILDREN'S HOMES OF SOUTHERN CALIFORNIA
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 Children's Homes of Southern California'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, seven Department of Children and Family Services (DCFS) 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 the Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five 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 four areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings noted during complaint investigations. According to a complaint dated February 5, 2013, the Group Home was cited for a Violation of Responsibility for Providing Care and Supervision. On October 31, 2012, a child had been locked out of the Group Home's Victory site when he returned from school at 6:20 pm, and no staff was at the facility. CCL requested the Group Home provide a Plan of Correction (POC), to ensure adequate staff, care, and supervision be provided to children at all times. The POC was submitted to CCL. As of

January 7, 2014, CCL had not cleared the deficiency. DCFS Emergency Response (ER) Children Social Worker (CSW) also investigated the allegation of General Neglect and deemed the allegation as "substantiated." Additionally, OHCMD requested, received, and approved a Corrective Action Plan (CAP), which included the Group Home submitting a copy of the Group Home's internal investigation; description of how the Group Home will address coverage to prevent future incidents of this nature; and action taken toward the involved staff. OHCMD received the investigation, ratios of staff in place to prevent reoccurrence, and the results of the administrative hearings for both staff involved. The Group Home will also provide trainings related to supervision to all staff on a quarterly basis.

- CCL cited the Group Home for a Violation of Personal Rights on May 24, 2013. CCL investigated a staff allegedly having inappropriate contact with a resident of the Group Home's Valerio site outside of the staff's employment, providing him with cash, a cell phone, and other items, and texting him provocative messages that appeared to be of a sexual nature. The Group Home submitted a POC to CCL including specific staff training regarding the Personal Rights. CCL cleared the deficiency on June 3, 2013. Law Enforcement responded with the DCFS ER CSW who also investigated the allegation. No report was taken by Law Enforcement as they deemed that there was no victim. The ER CSW determined the referral to be "inconclusive" as all children denied any abuse and/or neglect. The Group Home immediately placed the employee on administrative leave during the investigation and was in the process of terminating the employee when he resigned. OHCMD received copies of the prepared termination action to be taken by the Group Home and the resignation notification by the staff.

- CCL cited the Group Home for Violation of Neglect/Lack of Supervision on August 2, 2013. On May 7, 2013, CCL received a complaint regarding a child from the Group Home's Runnymede site that was transported via ambulance to the Emergency Room without an accompanying staff. The attending doctor ordered blood work, but there was no staff present to provide the authorization. CCL requested and received a POC regarding how the Group Home will accompany children to the hospital when emergency treatment is needed. CCL cleared the deficiency on October 9, 2013. DCFS ER deemed the referral as "inconclusive" as the child was sent to the hospital without an accompanying staff due to only one overnight staff on duty for the site; there were no additional staff to remain with the other children in the home. There were no negative behaviors or any abuse or neglect in the home, as well as no safety issues in the home at the time of the investigation. OHCMD received a Special Incident Report (SIR) on May 7, 2013 related to the child being transported to the hospital; however, there was no information included in the SIR regarding any reference of staff supervision issues related to the child's hospitalization. Further, OHCMD did not receive the referral regarding the incident; no further action was taken.

- CCL cited the Group Home for a Violation of Personal Rights on August 2, 2013, related to a staff at the Group Home's Valerio site having used inappropriate language toward a child. A POC was requested and submitted to CCL, which included trainings in Pro-Act (Emergency Intervention), Facility and Residence Management, and quarterly training on Personal Rights. The staff was immediately suspended for two weeks without pay and returned to work in another Group Home site. DCFS ER investigated the allegation and deemed the allegations of emotional and physical abuse as "inconclusive" based on evidentiary

statements provided by the child, other children and staff in the Group Home, and the child's DCFS Children's Social Worker. CCL cleared the deficiency on August 9, 2013.

Recommendation

The Group Home's management shall ensure that:

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

Maintenance of Required Documentation and Service Delivery

- One of seven interviewed children reported that he had never been involved in the development of his initial Needs and Services Plans (NSP) and was unaware of what his initial NSP goals were. Further, he had not signed the signature page of his initial NSP until the completion of his updated NSP, sixty days after completion of his initial NSP.

- The same child also reported that he had never been involved in the development of his updated NSP and was unaware of what his updated NSP goals were.

  The Program Director stated that she will direct the therapists to ensure the children participate in the development of NSPs, are able to articulate their NSP goals; and that they understand the steps needed to obtain their goals.

  A Group Home representative attended the OHCMD NSP refresher training in August 2013. The initial NSP that was not comprehensive was completed prior to the refresher training and the updated NSP was completed in the month subsequent to the training.

Recommendations

The Group Home's management shall ensure that:

2. All children participate in the development and implementation of their initial NSPs and that they know their NSP goals and how to achieve them.

3. All children participate in the development and implementation of their updated NSPs and that they know their NSP goals and how to achieve them.

Health and Medical Needs

- One child's follow-up appointment to his initial physical examination, which had occurred on May 2, 2013, was not completed; follow-up was required to complete a Tuberculosis (TB) test and blood work. On September 18, 2013, the child had another physical examination, which included a TB test and blood work. Per the Program Director, the Program Manager will direct the Facility Manager to ensure children's follow-up medical appointments are made and completed in a timely manner.

- Two of seven children did not have timely initial dental examinations. One child was due for an examination by July 24, 2013 and did not have an examination until September 13, 2013. The other child's examination was due by June 22, 2013; the child did not have an examination until August 17, 2013. No documentation was in their files as to why the examinations were not timely. The Program Director stated the Program Manager will ensure the Facility Manager schedules dental appointments and all initial or yearly examinations are completed in a timely manner.

Recommendations

The Group Home's management shall ensure that:

4. All required follow-up medical examinations are conducted in a timely manner.

5. All initial dental examinations are conducted in a timely manner.

Personal Needs/Survival and Economic Well-Being

- One of seven children's clothing inventories did not meet DCFS clothing standards for quantity. The child was lacking two pairs of pants and two sweaters/sweatshirts. During the Exit Conference, the Program Director stated the Group Home will forward documentation to OHCMD to confirm the purchase of the required clothing; documentation was received by OHCMD on November 25, 2013.

- While all seven interviewed children signed for a life book/photo album, two of seven children reported they had never received or heard of a life book, or had been encouraged to create and maintain a life book. The Program Director advised OHCMD that the children are presented with a photo album upon admission and photos of the child that are taken at special events, outings, etc., and given to the child for the purpose of utilizing them in the album. Different ideas were provided by OHCMD to the Program Director to help incorporate life book/photo album activities into the Group Home program, including the child being encouraged to work on it in individual therapy or as a recreation activity; creating colorful collage covers with subjects the children are interested in such as pictures of cars, musical groups, sport themes, etc.; a place for the child to maintain school awards and certificates, family and friends' pictures, artwork; or as a place for anything the child wishes to keep and possess for remembrance.

Recommendations

The Group Home's management shall ensure that:

6. All children are provided with sufficient clothing to meet DCFS clothing standards for quantity.

7. All children are encouraged and assisted in creating and updating a life book/photo album.

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

The OHCMD's last compliance report, dated January 14, 2013, identified seven recommendations.

Results

Based on our follow-up, the Group Home fully implemented 5 of 7 recommendations for which they were to ensure that:

- All vehicles used to transport children are well maintained, mechanically sound, and the interiors and exteriors are clean,
- "Unauthorized Absences" occurring after-hours and on weekends are cross-reported to the Child Protective Hotline as required in compliance with the County contract,
- The facility grounds are maintained and free of potential safety hazards,
- All common areas, specifically the carpeting, are maintained in good repair, and
- Electrical outlets are suitable for the area of the outlet and cover plates are maintained in order to prevent potential safety hazards.

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

- All sites are in compliance with Title 22 Regulations, and
- Initial physical and dental examinations are conducted within 30 days of placement.

Recommendations

The Group Home's management shall ensure that:

8. The outstanding recommendations from the 2012-2013 compliance report dated January 14, 2013, which are noted in this report as Recommendations 1, and 5, are fully implemented.

At the Exit Conference, the Program Director expressed that the Group Home will continue to maintain CAPs, and continue to strive to be in compliance at all times with Title 22 Regulations and Contract requirements. Further, the Program Director stated that the Program Manager will ensure that all children will be scheduled dental appointments and complete all initial or yearly examinations in a timely manner.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller conducted a fiscal review of the Group Home's fiscal operations from January 1, 2009 to December 31, 2009. The fiscal report, dated July 11, 2013, states the Group Home had $15,584 in unallowable expenditures and $9,631 in unsupported/inadequately supported expenditures, totaling $25,215. The DCFS Fiscal Monitoring and Special Payments Section informed OHCMD that the Group Home, as of October 30, 2013 has a balance of $22,215 and is current on a repayment agreement with the Los Angeles County Treasurer and Tax Collector, repaying $1,000 per month.

Children's Homes of Southern California
22455 Victory Boulevard, West Hills, CA 91307
Telephone (818) 592-2960, Facsimile (818) 592-2961

December 2, 2013

Attention: Patricia Bolanos-Gonzalez, Children's Services Administrator II
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue, Suite 206
El Monte, CA 91731

Dear Ms. Bolanos-Gonzalez,

Please consider this Corrective Action Plan for the 2013 Monitoring Review that began on September 18, 2013 and concluded on November 01, 2013 with the Group Home Monitoring Review Field Summary.

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?

FINDINGS (3):

- 02/05/2013, Community Care Licensing noted Violation of Responsibility for Providing Care and Supervision, Substantiated Complaint, Victory (1);
- 05/24/13 & 08/02/13, Community Care Licensing noted Violation of Personal Rights, Substantiated Complaints, Valerio (2);
- 08/02/13, Community Care Licensing cited Neglect/Lack of Supervision, Runnymede (1)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates there were (3) incidents of a substantiated Community Care Licensing (CCL) complaints and (1) Community Care Licensing citation for a total of (4) incidents at three out of the five group homes since the last review (October 2012-September 2013). More specifically, one substantiated complaint at Victory Group Home, two substantiated complaints at the Valerio Group Home, & one citation at the Runnymede Group Home. In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections at the onset of the substantiated complaints and ***will continue to maintain compliance with said corrections***:

- For Community Care Licensing Substantiated Complaint dated 02/05/2013 at Victory Group Home:

- On 02/05/2013 Corrective Action Plan includes Licensee Agrees to Provide Adequate Staff and Care and Supervision to Children at All Times for the substantiated finding by Children's Homes of Southern California (CHSC) to Community Care Licensing (CCL). Additionally, a Corrective Action Plan was submitted to Out of Home Care Management Division and approved on February 21, 2013.

- The submitted Corrective Action Plan was immediately implemented by all CHSC Facility Staff at the Victory Group Home to ensure proper care and supervision of all residents placed within the facility at all times.

- The Facility Manager II/House Manager will continue to ensure that all scheduled Resident activities (i.e. doctor appointments, dental appointments, Court Appearances) as well as Agency Activities will be accurately documented on the House Calendar which will be made available to Staff Facility Manager(s) On-Duty to ensure appropriate supervision of all residents at all times. This includes **remaining on group home premises** until the return of any residents who are known to be arriving from home from school at specified times. *In the event that two Agency Staff is present at the group home,* One GH Staff will remain back of the Agency Facility with the Residents.

- Lastly, in the event of scheduling conflict the Facility Manager on-site will contact the On-Duty Program Manager and inform them of any scheduling conflict and/or changes *to ensure Supervision is available at all times for placed residents.* The Program Manager will then *immediately* resolve the issue/concern.

- The Administrator/Program Director will be responsible for ensuring the aforementioned is maintained in compliance with said Corrective Action Plan as indicated to Community Care Licensing and Out of Home Care Management Division.

o For Community Care Licensing Substantiated Complaints dated 05/24/13 & 08/02/13 at the Valerio Group Home:

- On 05/30/2013 Corrective Action Plan submitted to Community Care Licensing for the substantiated finding on 05/24/13 by Children's Homes of Southern California (CHSC) and approved on June 03, 2013. Licensee's plan detailed on-going increased staff training and ensure staff's knowledge of Title XXII Regulations to maintain compliance and ensure Resident's Personal Rights are maintained accordingly.

- On 08/19/2013 Corrective Action Plan submitted to Community Care Licensing for the substantiated finding on 08/02/13 by Children's Homes of Southern California (CHSC) detailing training on Personal Rights and potential violations thereof taken by Staff on May 31, 2013, June 6 & 7, 2013, and June 14 & 28, 2013.

- The Administrator/Program Manager will be responsible for ensuring the aforementioned is maintained in compliance with said Corrective Action Plan as indicated to Community Care Licensing.

- For Community Care Licensing Citation dated 08/02/2013 at Runnymede Group Home:

  - On 08/16/2013 Corrective Action Plan submitted to Community Care Licensing for the substantiated finding on 08/02/2013 by Children's Homes of Southern California (CHSC) training on line of sight & direct Supervision of placed residents within the facility by group home staff including but not limited to "accompanying residents during transport to hospital for emergency treatment".

  - *In the event that a Resident is need of emergency treatment and/or transport to/from the facility*, Agency Staff will Document and Report to the appropriate parties in accordance with California Code of Regulations, Title 22, Sections 80061 & 84061, Title XXII Regulations and Requirements via Special Incident Report and immediate verbal notification to the On-Duty Program Manager via in-person and/or voicemail.

    - Upon receipt of immediate verbal notification, On-Duty Program Manager will address California Code of Regulations, Title 22, Sections 80078 (a) with Agency Staff at the facility, specifically addressing the accompanying of Agency Staff with Resident's facility and ***ensuring the availability of Facility Staff to accompany Resident as need to the hospital for emergency treatment***.

  - The Administrator/Program Manager will be responsible for ensuring the aforementioned is maintained in compliance with said Corrective Action Plan as indicated to Community Care Licensing.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

 # 23 Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

FINDING (1):

No documentation of child's participation in Initial NSP and does not know what are his NSP goals, (1)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that there is "no *documentation of child's participation in Initial or Updated NSPs and does not know what are his NSP goals."* In order to prevent this from recurring in the future, Children's Homes of Southern California

(CHSC) enacted the following corrections in order to address a child's full participation and knowledge of his Initial Needs and Service Plan (NSP) and goals:

- Upon placement of a new resident, the Assigned Group Home Social Worker/Therapist (aka House Therapist) will develop concrete attainable & measurable goals during the assessment intake phase of therapeutic services. These goals will be established during weekly therapeutic services with the placed resident and the assigned group home social worker/therapist. This will allow placed resident to fully participate in the development of the Initial Needs and Services Plan (NSP).

- If needed, Program Manager to review with House Therapist measurability of goal and modify goal accordingly to reflect current level of functioning including any noted behaviors, (i.e. engaging in unauthorized absences, verbal aggression, peer altercation) and frequencies to meet Resident's Needs in his Treatment Plan one week prior to NSP/Quarterly Due Date. In the event of change to NSP goal/treatment, the Program Manager and House Therapist will meet with placed resident to review change to encourage placed resident to fully participate in the development of the Initial Needs and Services Plan (NSP)

- Upon completion, the assigned group home social worker/therapist will submit the established goals to Program Director by NSP/Quarterly one week prior to NSP/Quarterly Due Date for entry and to complete the Initial Needs and Service Plan (NSP).

- Group Home Facility Manager II will be responsible for requesting current school records one week prior to the due date of the Initial Needs and Service Plan (NSP). Academic information requested by Group Home Facility Manager II is to include the following: academic progress, school attendance, grades, current grade point average, credits to date, school issues, and overall functioning. Upon receipt, academic information will be forwarded for entry into the Initial Needs and Service Plan (NSP).

- Group Home Facility Manager II will be responsible for obtaining needed medical information of placed child. Once obtained, information to be forwarded to Agency Office for entry to complete of the Needs and Services Plan (NSP).

- In summary, each Initial Needs and Service Plan (NSP) will include current status of the placed child's physical, social, educational and psychological health needs and services provided to meet these needs; the date of each medical and dental appointment; medical problem; recommended treatment; follow-up and medication; the child received during first 30 days of placement quarter; health related and safety related services provided to the placed child specifying the dates of services for each occurrence; reassessment of the child's adjustment to the group home; staff and peers; and adjustment to school. The above information will be reviewed with the placed child and addressed in a developmentally appropriate manner to ensure the full developmentally appropriate participation of the child. **Once the aforementioned information is reviewed,** the placed child's signature will be obtained as verification of child's participation in the timely & comprehensive development of the Initial Needs and Service Plan (NSP).

- CHSC Program Manager will be responsible for ensuring the aforementioned is available and completed to ensure the full participation of the developmentally age-appropriate child in their Initial Needs and Service Plan (NSP).

 # 24 Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

FINDING (1):

No documentation of child's participation in Updated NSP and does not know what are his NSP goals, (1)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that there is "no *documentation of child's participation in Initial or Updated NSPs and does not know what are his NSP goals."* In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections in order to address a child's full participation and knowledge of his Updated Needs and Service Plan (NSP) and goals:

- Upon placement of a new resident, the Assigned Group Home Social Worker/Therapist (aka House Therapist) will develop concrete attainable & measurable goals during the assessment intake phase of therapeutic services. These goals will be established during weekly therapeutic services with the placed resident and the assigned group home social worker/therapist. Additionally, the established goal and progress toward the goal will be reviewed weekly with placed child by House Therapist and Group Home Facility Staff. This will allow placed resident to fully participate in the development of the Updated Needs and Services Plan (NSP).

- If needed, Program Manager to review with House Therapist measurability of goal and modify goal accordingly to reflect current level of functioning including any noted behaviors, (i.e. engaging in unauthorized absences, verbal aggression, peer altercation) and frequencies to meet Resident's Needs in his Treatment Plan one week prior to NSP/Quarterly Due Date. In the event of change to NSP goal/treatment, the Program Manager and House Therapist will meet with placed resident to review change to encourage placed resident to fully participate in the development of the Updated Needs and Services Plan (NSP)

- Upon completion, the assigned group home social worker/therapist will submit the established goals and progress toward that goal during the reporting period to Program Director by NSP/Quarterly one week prior to NSP/Quarterly Due Date for entry and to complete the Updated Needs and Service Plan (NSP).

- Group Home Facility Manager II will be responsible for requesting current school records one week prior to the due date of the Updated Needs and Service Plan (NSP). Academic information requested by Group Home Facility Manager II is to include the following: academic progress, school attendance, grades, current grade point average, credits to date, school issues, and overall functioning. Upon receipt,

academic information will be forwarded for entry into the Updated Needs and Service Plan (NSP).

- Group Home Facility Manager II will be responsible for obtaining needed medical information of placed child. Once obtained, information to be forwarded to Agency Office for entry to complete the Needs and Services Plan (NSP).

- In summary, each Updated Needs and Service Plan (NSP) will include current status of the placed child's physical, social, educational and psychological health needs and services provided to meet these needs; the date of each medical and dental appointment; medical problem; recommended treatment; follow-up and medication; the child received during the placement quarter; health related and safety related services provided to the placed child specifying the dates of services for each occurrence; reassessment of the child's adjustment to the group home; staff and peers; and adjustment to school. The above information will be reviewed with the placed child and addressed in a developmentally appropriate manner to ensure the full developmentally appropriate participation of the child. **Once the aforementioned information is reviewed,** the placed child's signature will be obtained as verification of child's participation in the timely & comprehensive development of the Updated Needs and Service Plan (NSP).

- CHSC Program Manager will be responsible for ensuring the aforementioned is available and completed to ensure the full participation of the developmentally age-appropriate child in their Updated Needs and Service Plan (NSP).

HEALTH AND MEDICAL NEEDS

 # 31 Are required follow-up medical examinations conducted timely?

FINDING (1):

Physical Examination Completed; Did not Complete F/U for TB & Blood Work (1)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that at the Shoup Group Home one youth (1) was *"seen for physical exam on 5/2/2013, however, did not complete his follow up (f/u) for TB and blood work."* In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections:

- Upon placement, CHSC, Intake Coordinator, will obtain documentation (i.e., Medi-Cal) for Placed Youth in order to provide a timely initial medical examination in accordance with SOW requirements.

- In the event a youth has no assigned or functional Medi-Cal Information, Intake Coordinator will contact Case-Carrying DCFS CSW to obtain correct Medi-Cal Information.

- Documentation of Medi-Cal Information obtained will be maintained in Youth's File via CHSC ACT® system accordingly.

- Upon each youth's placement at the GH, **the CHSC Program Manager will receive a hard copy of the CHSC Form entitled "To be completed within 30 Days" from the CHSC Intake Coordinator** (please see enclosed). The CHSC Program Manager will be responsible for contacting the Staff House Manager (Facility Manager II) who will schedule of the placed youth's medical examination within three days of placement. These examination dates will be completed on the CHSC Form entitled "To be completed within 30 Days" by the Program Manager.

- In the event that the medical examinations necessitate follow up as indicated by the physician, the CHSC Staff House Manager (Facility Manager II) will notify the **CHSC Program Manager who will ensure completion of indicated follow up.** Once the medical examination follow up is completed (i.e. test results, blood work), the CHSC Program Manager will indicate on the CHSC Form completion of the initial examination and any noted follow up to the medical examination.

- Upon completion of CHSC Form, Program Managers will forward the completed hard copy of CHSC Form to the Main Office to have the information entered into each placed youth's file and CHSC ACT ® system. This will ensure follow up of placed youth receiving said services in accordance with SOW requirements.

- In the event the placed youth *refuses said services including initial and follow up to physician recommendations* in accordance with their personal rights, a Special Incident Report will be completed by CHSC and forwarded to appropriate parties in accordance with SOW, Exhibit A-VIII, Special Incident Reporting Guidelines.

- Upon completion of the initial medical examination and any needed follow up (i.e. blood work, test results), CHSC Staff, Administrative Assistant will maintain documentation in placed Youth's folder and CHSC ACT ® system.

- CHSC, Program Director will be responsible for ensuring completion of the aforementioned information and system.

 # 32 Are initial dental examinations conducted timely?

FINDINGS (2):

Dental Examination not completed timely (2)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that at the Shoup Group Home one youth (1) had *"dental examination completed on 08/17/2013, was due by 6/22/2013."* Additionally, at the Victory Group Home one youth (1) had initial dental examination *"dental examination completed on 09/13/2013, was due by 07/24/2013."* In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections:

- Upon placement, CHSC, Intake Coordinator, will obtain documentation (i.e., Medi-Cal) for Placed Youth in order to provide a timely initial dental examination in accordance with SOW requirements.

- In the event a youth has no assigned or functional Medi-Cal Information, Intake Coordinator will contact Case-Carrying DCFS CSW to obtain correct Medi-Cal Information.

- Documentation of Medi-Cal Information obtained will be maintained in Youth's File via CHSC ACT® system accordingly.

- Upon each youth's placement at the GH, **the CHSC Program Manager will receive a hard copy of the CHSC Form entitled "To be completed within 30 Days" from the CHSC Intake Coordinator** (please see enclosed). The CHSC Program Manager will be responsible for contacting the Staff House Manager (Facility Manager II) who will schedule of the placed youth's dental examination within three days of placement. These examination dates will be completed on the CHSC Form entitled "To be completed within 30 Days" by the Program Manager.

- In the event that the dental examinations necessitate follow up as indicated by the dentist, the CHSC Staff House Manager (Facility Manager II) will notify the **CHSC Program Manager who will ensure completion of indicated follow up.** Once the dental examination follow up is completed (i.e. fillings), the CHSC Program Manager will indicate on the CHSC Form completion of the initial examination and any noted follow up to the medical examination.

- Upon completion of CHSC Form, Program Managers will forward the completed hard copy of CHSC Form to the Main Office to have the information entered into each placed youth's file and CHSC ACT ® system. This will ensure follow up of placed youth receiving said services in accordance with SOW requirements.

- In the event the placed youth *refuses said services including initial and follow up to dentist recommendations* in accordance with their personal rights, a Special Incident Report will be completed by CHSC and forwarded to appropriate parties in accordance with SOW, Exhibit A-VIII, Special Incident Reporting Guidelines.

- Upon completion of the initial dental examination and any needed follow up (i.e. cavity fillings), CHSC Staff, Administrative Assistant will maintain documentation in placed Youth's folder and CHSC ACT ® system.

- CHSC, Program Director will be responsible for ensuring completion of the aforementioned information and system.

PERSONAL NEEDS/SURVIVAL & ECONOMIC WELL-BEING

 # 50 Are children on-going clothing inventories of adequate quantity and quality?

FINDING (1):
Lacking two Pairs of Pants & two Sweaters/Sweatshirts (1)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates that at the Shoup Group Home one youth (1) was *"lacking two pair of pants and two sweaters/sweatshirts."* In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections:

- To address the immediate clothing needs of the youth noted, the following was completed:
  - On 11/25/2013 CHSC Facility Manager ensured the purchasing of items to bring noted youth current on clothing inventory including to two pairs of pants and two sweaters (Copies of Receipts enclosed).
- To ensure all placed youth receive said items as well as maintain accurate clothing appropriate in size, quality and quantity each youth will continue to be provided a monthly clothing order ($50.00) for items to be purchased in accordance with SOW contract. Items purchased will be noted on their Monthly Clothing Inventory Form. Upon completion of CHSC Monthly Clothing Inventory Form, CHSC Staff House Manager will forward the completed hard copy of CHSC Form to the Main Office to have the information entered into each placed youth's file and CHSC ACT ® system.
- In the event a placed youth's clothing is misplaced, worn out, torn, and/or missing, the CHSC Staff House Manager will request additional funds (beyond the $50.00 monthly clothing order) for the purchase of clothing and ensure the purchasing of needed items to bring the placed youth's clothing inventory to current with specified inventory. Items purchased will be noted on the placed youth's Monthly Clothing Inventory Form and forwarded to the Main Office to have the information entered into each placed youth's file and CHSC ACT ® system.
- CHSC, Program Manager will ensure completion resident's monthly clothing inventory and purchasing of any needed clothing items (i.e., pants and sweaters/sweatshirts) by the Facility Manager II to ensure adequate clothing inventory is maintained for a total of 30 placed youth accordingly.

 # 55 Are children encouraged and assisted in creating and updating a life book/photo album?

FINDINGS (2):
Youth report never receiving or been encouraged to complete or maintain a lifebook (2)

CORRECTIVE ACTION:

Group Home Monitoring Review Field Exit Summary indicates two (2) youth *"signed for a lifebook/photo album; however reports they have never received or been encouraged to complete or maintain a lifebook."* In order to prevent this from recurring in the future, Children's Homes of Southern California (CHSC) enacted the following corrections:

- To ensure all placed youth receive a life book/photo album each youth will be given a photo album by the Agency Intake Coordinator on the date of placement. The CHSC Intake Coordinator will be responsible for explaining the purpose of the photo album to the placed youth and encourage the placed youth to update and maintain their individual album on a monthly basis. Items given to the placed youth will be noted on their CHSC Life Book/Photo Policy Form. Upon completion of CHSC Life Book Form, CHSC Intake Coordinator will forward the completed hard copy of CHSC Form to the Main Office to have the information entered into each placed youth's file and CHSC ACT ® system.

- Each placed youth will be encouraged to update their life book/photo album **monthly** with **the inclusion of pictures provided to the placed youth by CHSC taken at various events/activities/outings.** The pictures being provided to the youth will be documented with the placed youth's name, date, and place photo was taken. This will assist and encourage the placed youth in developing and maintaining a life book/photo album while placed with CHSC. The monthly encouragement will be documented and placed in each youth's file.

- In the event a placed youth's life book/photo album is misplaced and/or filled to capacity, the CHSC Staff House Manager will request an additional life book/photo album (beyond the initial life book received at Agency Intake) for the placed youth from the CHSC Intake Coordinator. Upon receipt, the item be noted the CHSC Lifebook Form with the date of receipt & forwarded to the Main Office to have the information entered into each placed youth's file and CHSC ACT ® system.

- Additionally, CHSC Intake Coordinator will maintain an on-going inventory minimum of fifteen (15) life books/photo albums to provide each placed youth or replace as needed. The CHSC Intake Coordinator will conduct semi-monthly inventory and purchase additional life books/photo albums to ensure adequate stock of inventory is maintained for a total of 30 placed youth.

- CHSC, Program Director will be responsible for ensuring completion of the aforementioned information and system.

Thank you for allowing us the opportunity to correct these findings and submit this corrective action.

Sincerely,

Michelle Villacorta, MA
Administrator/Program Director
Children's Homes of Southern California

Enclosures:

Copy of CHSC Form "To Be Completed Within 30 Days"
Copies Receipts of Minor's Clothing Purchased