County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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Chief Deputy Director

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March 28, 2014

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

From: Philip L. Browning
Director

TURMONT HOME FOR BOYS AND GIRLS 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 Turmont Home for Boys and Girls Group Home (the Group Home) in January 2014. The Group Home has two sites; one site located in the Second Supervisorial District and another in the Fifth Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children. According to the Group Home's program statement, its purpose is "to provide 24-hour, non-medical care and supervision to residents placed by the Department of Children and Family Services."

The Group Home has two 6-bed sites and is licensed to serve a capacity of 12 girls and boys, ages 13 through 17. At the time of review, the Group Home served 12 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 7 of 10 areas of our Contract compliance review: Facility and Environment; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to comprehensive monetary logs not being maintained; Maintenance of Required Documentation and Service Delivery, related to Initial and Updated Needs and Services Plans (NSPs) not being developed timely and were not comprehensive, as they did not include all of the elements in accordance with the NSP template; and Personnel Records, related to two staff members that did not complete all required training. OHCMD instructed the Group Home's supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On January 29, 2014, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representative: Victor Bradley, Program Director. 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 a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in May 2014. An addendum to the report will be submitted 30 days after completion of the review to address CAP implementation.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM:KR
RDS:jlh

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
Victor Bradley, Executive Director, Turmont Home for Boys and Girls Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

TURMONT HOME FOR BOYS AND GIRLS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Turmont Home for Boys
741 East Turmont Street
Carson, CA 90746
License # 191600783
Rate Classification Level: 8

Turmont Home for Girls
1519 E. Thomas Drive
Lancaster, CA 93535
License # 197600325
Rate Classification Level: 8

	Contract Compliance Monitoring Review	**Findings: January 2014**
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. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
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. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial	9. Improvement Needed

	NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's 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)	Full Compliance (ALL)

	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	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

TURMONT HOME FOR BOYS AND GIRLS 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 January 2014 review. The purpose of this review was to assess Turmont Home for Boys and Girls Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, five Department of Children and Family Services (DCFS) 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, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, one sampled child was prescribed psychotropic medication. We reviewed her case file to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirements

- Weekly personal monetary allowance logs were not properly maintained for the Group Home's Boy's site. Although all interviewed children indicated that they received weekly allowance beyond the base allowance rate, the weekly allowance logs were not properly maintained. From October through December 2013, weekly personal monetary allowance logs were missing staff's signature indicating they gave the weekly monetary allowance to the children.

The Group Home Director stated that the Group Home will ensure the weekly allowance log includes the required signatures by conducting periodic internal audits of the children's files. Additionally, the Group Home Director retrained staff members responsible for monetary allowance logs on facility policies and procedures on February 12, and 18, 2014. Verification of training was submitted to OHCMD on February 20, 2014.

Recommendation

The Group Home's management shall ensure that:

1. Comprehensive weekly personal monetary allowance logs are completed and include all required signatures.

Maintenance of Required Documentation and Service Delivery

- The DCFS Children's Social Worker's (CSW) authorization to implement the Needs and Services Plan (NSP) was not obtained timely for 4 of 15 NSPs reviewed.

The Group Home Director stated that, in efforts to ensure timeliness and efficiency, staff who contribute to the development of NSPs are expected to set reminders on their Outlook calendar. In addition, at least three weeks prior to the NSP due date, the Group Home's Director will be responsible for sending out reminders to the Group Home's therapists regarding NSP due dates. All NSPs will be time-stamped and submitted to the Group Home Director for review. Any corrections will require a timely turn-around. The completed, final document will be submitted to the Facility Manager so that it may be faxed to the DCFS CSW in a timely manner. The fax transmittal will be kept on file. If the Group Home did not receive any authorization from CSW seven days after the NSP due date, the Group Home staff member will personally deliver the report to CSW for a review and authorization. All efforts made by the Group Home will be documented.

- Five Initial Needs and Service Plans (NSPs) were reviewed. The NSPs were all timely; however, three were not comprehensive, as they did not include all the required elements in accordance with the NSP template. Three Initial NSPs did not include detailed methods to assist the children in achieving their permanency treatment goals and two Initial NSPs treatment goals were not measurable or specific.

- Ten Updated NSPs were reviewed. Nine of the Updated NSPs reviewed were timely, one NSP had not been written. All nine Updated NSPs were not comprehensive, as they did not include all of the elements, in accordance with the NSP template. The quarterly sections lacked detailed information regarding the child's progress toward achieving the identified treatment goals, or the child's progress was not updated and monthly contact with the DCFS CSWs was missing. Five of the Updated NSPs did not include detailed Serious Incident Report information and did not include permanency treatment goals and/or concurrent permanency treatment goals, and seven Updated NSPs did not include detailed mental health outcome and follow-up information.

During the Exit Conference, the Group Home Director stated that, in efforts to ensure timeliness and efficiency, the Group Home staff responsible for developing NSPs has been informed that all Updated NSPs should be written and are due within 90 days of the child's admission date. Initial and Updated NSPs due dates are placed on a shared calendar between the therapists and the Group Home Director. This will allow for better tracking of due dates for Initial and Updated NSPs by the therapist and will allow the Group Home Director to monitor when reports are due to ensure signatures are obtained timely. The Group Home Director stated that he is now responsible for reviewing all NSPs prior to completion and submission. The NSPs will be due to the Director for review three days prior to the report due date.

It should be noted that Group Home representatives attended the OHCMD's NSP Refresher Training on August 1, 2013. Most of the NSPs reviewed had been developed prior to the August 2013 training. On January 29, 2014, OHCMD provided NSP training to the Group Home Director. The Group Home Director then retrained the Treatment Team on the development of comprehensive NSPs on February 12 and 18, 2014. Verification of the training was submitted to OHCMD on February 20, 2014. Additionally, the Group Home Director provided OHCMD with two NSPs developed subsequent to the training provided by the Group Home Director for review and to ensure that NSPs are comprehensive (in that goals are child specific and are attainable, measurable, and that goals are updated and progress is documented). The NSPs reviewed by OHCMD showed significant improvement. OHCMD will continue to work with the Group Home to ensure compliance.

Recommendations

The Group Home's management shall ensure that:

2. The Group Home staff obtains, or documents efforts to timely obtain, the DCFS CSW's authorization to implement the NSP in a timely manner.

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

4. Timely and comprehensive Updated NSPs are developed and include all required elements in accordance with the NSP template.

<u>Personnel Records</u>

- Two staff members only completed 16 hours of the 20 hours of required annual training.

The Group Home Director stated a training tracking system will be developed immediately to closely monitor all staff's training history, records, and requirements. The two staff members completed the 4 hours of missing annual training on February 19, 2014. Verification that the training was completed was submitted to OHCMD on February 20, 2014.

Recommendation

The Group Home's management shall ensure that:

5. All employees receive all required training.

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

The OHCMD's last compliance report, dated September 10, 2013, identified 12 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 7 of 12 recommendations for which they were to ensure that:

- The resident Sign-In/Out log is properly completed.
- The group home is in compliance with Title 22 Regulations and County contract requirements.
- All children are placed in accordance with the Group Home's program statement population criteria.
- All children receive timely follow-up dental examinations.
- All children are encouraged and assisted in updating their "Life Book" or photo album.
- All children make progress toward meeting their NSP goals prior to discharge.
- All employees have a valid California ID or CDL.

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

- The Group Home staff obtain, or document efforts to timely obtain the DCFS CSW's authorization to implement the NSP.
- Initial NSPs are comprehensive and include all required elements in accordance with the NSP template.
- Updated NSPs are comprehensive and include all required elements in accordance with the NSP template.
- All employees receive required training.
- Full implementation of the outstanding recommendations from the OHCMD's 2012-2013 monitoring report wherein the Group Home was to ensure that they obtain the DCFS CSWs' authorization to implement the NSP and development of comprehensive Initial and Updated NSPs in a timely manner.

Recommendation

The Group Home's management shall ensure that:

6. The outstanding recommendations from the 2012-2013 monitoring report dated September 10, 2013, which are noted in this report as Recommendations 2, 3 and 4, are fully implemented.

At the Exit Conference, the Group Home representative expressed his desires to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home Director is now responsible for reviewing all NSPs prior to completion and submission. Initial and updated NSPs due dates will now be placed on a shared calendar between the Therapists and the Group

Home Director. The treatment team will ensure all efforts made to obtain the DCFS CSW's authorization to implement NSPs are documented. Additionally, the Group Home Director and the Administrator will conduct periodic checks to monitor compliance with the CAP.

OHCMD will verify that the recommendations have been implemented and provide technical assistance during our next visit to the Group Home in May 2014. An addendum to the report will be submitted 30 days after completion of the review to address CAP implementation.

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 May 9, 2012 states the Group Home had $76,377 in disallowed expenditures. The Group Home submitted a fiscal CAP, which is being monitored by the DCFS Fiscal Monitoring Section. OHCMD contacted the DCFS Fiscal Monitoring section on February 10, 2014 and was informed that the Group Home paid off the amount owed on July 24, 2013.

TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

February 24, 2014

County of Los Angeles
Dept. of Children and Family Services
Out of Home Care Management Division
Attn: Ms. Rhonda David-Shirley:
9320 Telstar Avenue
El Monte, Ca. 91731

Dear Ms. Rhonda David-Shirley:

I am submitting a Corrective Action Plan developed for the deficiencies for the 2013/2014 Monitoring Review conducted by Jui Ling Ho.

Licensure/Contract Requirements

Finding # 7: Comprehensive Clothing Allowance Logs were not maintained for Boys Site.

Corrective Action Plan:

On February 11, 2014, all staff at the (Boys site) was re-trained by the Program Director on the proper procedure for distributing and documenting clothing and weekly monetary allowance that each resident has received. This training included ensuring that each resident signs for all clothing and allowance at the time it has been purchased or issued and to ensure that the issuing staff appropriately signs each log verifying that resident is in receipt of the clothing or allowance stated on the log sheet. The Facility manager and Program director will review all resident's folders on allowance distribution days which are the 5th and the 20th of each month and on the days clothing shopping is completed to ensure that all logs have been completed appropriately and signed by staff. If omission/error/question occurs the facility manager or Program Director will immediately contact the staff responsible in person or by phone in order to update/correct the log sheets.

Person (s) Responsible for Implementation of the CAP: The Administrator and Program Director will ensure that Clothing Logs are adequately completed, maintained and signed by issuing staff.

Time Frame of Implementation: Immediately

Maintenance of required documentation and service delivery

Finding # 16: Four of 15 reviewed NSPs were not obtained the DCFS CSW's authorization to implement the NSPs

Corrective Action Plan:

Turmont has made continuous efforts to assure a signature from the DCFS Placement Social Worker is obtained at the completion of each NSP but this has not always been attainable.

Turmont is now moving towards a computer based system which would track all efforts made by staff to obtain signatures from CSW in a timely manner. This system should be operational by April 2014. Detailed information including the date and method of delivery of the NSP will be logged and then tracked on a daily basis as to the efforts made by staff to contact and obtain signatures for the NSP from the CSW that are due.

In addition, at least three weeks prior to the NSP due date, the Group Home's Director will be responsible for sending out reminders to the Group Home's therapists regarding NSP due dates. All NSPs will be time-stamped and submitted to the Group Home Director for review. Any corrections will require a timely turn-around. The completed, final document will be submitted to the Facility Manager so that it may be faxed to the DCFS CSW in a timely manner. The fax transmittal will be kept on file. If the Group Home did not receive any authorization from CSW seven days after the NSP due date, the Group Home staff member will personally deliver the report to CSW for a review and authorization. All efforts made by the Group Home will be documented.

Person (s) Responsible for Implementation of the CAP: The Program Director will review resident's files and tracking information on a daily basis to ensure all NSP's are promptly delivered to the CSW and all procedures to obtain the CSW's signature are implemented with clear documentation.

Time Frame of Implementation: Immediately for the above mentioned Corrective Action plan, except that the computer tracking system will be operational by April 2014.

Finding # 23 and #24: One NSP was not timely and 13 NSPs were not comprehensive.

Corrective Action Plan:

Turmont is now moving towards a computer based system which would track all NSPs are developing in a timely manner.

Additionally, on January 29, 2014, Program Director, met with Jui Ling Ho, Group home Monitor from OHCM to be re-trained and review the NSP template to better understand the language contained in the NSP and Quarterly Report and to have a collaborative approach to developing comprehensive NSP/Quarterly reports.

Mrs. Ho, Discussed in detailed the elements of each section of the NSP to ensure a better understanding of the information that each NSP must contain. Mrs. Ho, also reviewed the following sections in detail to which was included in our previous CAP but was reviewed again during my training with Mrs. Ho, on January 29, 2014.

On February 12th and February 18th, The Program Director met with each Facility Therapist to re-train and review NSP according the training and information received by Mrs. Ho on January 29, 2014. Verification of the training was submitted to OHCMD on February 20, 2014. Also, two sample NSPs were submitted to OHCMD for reviewing. The NSPs reviewed by OHCMD showed improvement. Turmont will work diligently with each Therapist and Mrs. Ho, to ensure compliance.

Turmont carried forward the following areas of concern because they were part of the re-training and review provided by Mrs. Ho on January 29, 2014 and feels it better understands each area to ensure implementation.

Turmont will be sure to include required elements in accordance with the NSP template.

Turmont will immediately assure that the Quarterly Section of the NSP will include detailed information regarding progress toward the identified treatment goals and an update to the child's last status.

Turmont will assure that the Permanency plan for each resident is clearly stated and that each child has treatment goals that are in place to accomplish the permanency plan.

Turmont will implement the "SMART" goals to ensure that goals are reasonable.

Smart goals will be: Specific knowledge the behaviors being targeted for change

Measurable and that can be observed and counted and the means by which behaviors are to be exhibited and measured are stated.

Attainable and which the client can reasonably be expected to accomplish, commit to and perform

Result Oriented: the planned client services, which will result in the Service Objectives Being accomplished.

Time Limited by the dates set for accomplishing the service objective and steps.

Turmont will assure that the correct report date is reflected on each report.

Turmont will assure that initial NSP's do not include Quarterly information.

Person (s) Responsible for Implementation of the CAP: Administrator and Program Director will thoroughly review NSP's upon completion; Turmont will ensure that all training for completion of NSP's is implemented.

Time Frame of Implementation: Immediately for the above mentioned Corrective Action plan, except that the computer tracking system will be operational by April 2014.

Personnel Records

Finding # 65: Two staff members missed four required training hours.

Corrective Action Plan:

On February 11th and 19th, these two staff members completed the required 4 hours of training. Turmont misunderstood the language which does not allow Pro-Act training to be included in the required 20 hours of continued training necessary for annual training compliance. Verification of the training was submitted to OHCMD on February 20, 2014.

Turmont is now moving towards a computer based system which would track all employees annual training hours. This system should be operational by April, 2014. Detailed information including the Employees information, number of hours required and number of hours completed to be compliant with annual training hours.

Person (s) Responsible for Implementation of the CAP: Program Director will review tracking system information and all Employee files at the end of each month to ensure compliance to annual training requirements, Program Director will also review Title 22 Regulations and County contract requirements to ensure continued compliance.

Time Frame of Implementation: Immediately for the above mentioned Corrective Action plan, except that the computer tracking system will be operational by April 2014.

Thank you for allowing Turmont to make these corrections.

Yours truly, Victor Bradley 2/25/14

Victor Bradley, Program Director