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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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April 24, 2014

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

From: Philip L. Browning
Director

ROSEMARY CHILDREN'S SERVICES CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Rosemary Children's Services (the Group Home) in October 2013. The Group Home has five sites located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster children and Probation youth. According to the Group Home's program statement, its purpose is "to provide a safe setting where residents can gain skills that will enable them to cope effectively with their problems and successfully function within mainstream community life whether they return home or emancipate."

The Group Home has one 19-bed group home site licensed to serve a capacity of 19 girls, and four 6-bed group home sites, each licensed to serve a capacity of 6 girls, ages 13 through 18. At the time of the review, the Group Home served 35 placed DCFS children, 4 placed Probation youth, and 1 privately placed child. The placed children's overall average length of placement was two months, and their average age was 16.

SUMMARY

During OHCMD's review, four of the five interviewed children reported: feeling safe in 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: Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic 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; Facility and Environment, related to electrical outlets that needed replacement and; Personal Rights and Social/Emotional Well-Being, related to one Non-Minor Dependent that reported she did not feel safe; being picked on and bullied by peers; and that staff play favorites with regard to discipline and consequences.

Attached are the details of our review.

REVIEW OF REPORT

On February 6, 2014 the DCFS OHCMD Monitor, Donald Luther, held an Exit Conference with Group Home representatives: Greg Wessels, Executive Director; Tracy Alvarez, Quality Assurance Director; Katrina Martinez, Administrative Director of Residential; and Tim Witherspoon, Residential Director. Also in attendance were DCFS Contract Auditing Division representatives Amy Kim and Sherry Rolls. The Group Home representatives: were in agreement 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 verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in June 2014. An addendum to the report will be submitted 30 days after the 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:PBG:dl

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Acting Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Greg Wessels, Executive Director, Rosemary Children's Services
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

ROSEMARY CHILDREN'S SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

3244 E. Green St.
Pasadena, CA 91107
License #191200578
Rate Classification: 12

3123 E. Green St.
Pasadena, CA 91107
License #198203635
Rate Classification: 12

63 North Bonnie St.
Pasadena, CA 91106
License #191201129
Rate Classification: 12

500 S. Oakland Ave.
Pasadena, CA 91101
License #191200579
Rate Classification: 12

1023 Fremont Ave.
So. Pasadena, CA 91030
License #191500577
Rate Classification: 12

	Contract Compliance Monitoring Review	**Findings: October 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	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 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	
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Nutritious Meals and	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance

	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) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	5. Improvement Needed 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance
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	Full Compliance (ALL)

ROSEMARY CHILDREN'S SERVICES
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 October 2013 review. The purpose of this review was to assess Rosemary Children's Services' (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, six Department of Children and Family Services (DCFS) placed children and one Probation placed youth were selected for the sample. The Out-of-Home Care Management Division (OHCMD) interviewed five of seven children; one child was on runaway status when interviews were attempted, and the other child refused to be interviewed. We reviewed seven 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, four placed child were prescribed psychotropic medication. OHCMD reviewed the children's case files 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 three areas out of compliance.

Licensure/Contract Requirements

Community Care Licensing (CCL) cited the Group Home on seven separate investigations.

- CCL cited the Group Home on January 8, 2013, as a result of deficiencies and findings during the investigation of a CCL complaint. According to the complaint, a child from the "500 House" site had not been provided her personal monies when discharged. The money order

had been completed, but had not been issued to the child's DCFS Children's Social Worker (CSW). The monies were issued and CCL cleared the citation on April 17, 2013.

- On January 24, 2013, CCL cited the Group Home for not following procedures when implementing the Emergency Intervention Plan (Pro Act) when it was discovered that staff failed to indicate a child sustained an injury when restrained, and that staff failed to provide crisis communication prior to restraining the child. The Group Home submitted a Plan of Correction (POC) on February 28, 2014, which included re-training of staff on Pro Act procedures. CCL cleared the citation on February 28, 2014. This referral was investigated by DCFS Emergency Response (ER) CSW. Based on the information provided, and no visible signs of marks or bruises on the child's face and arms, the DCFS ER CSW deemed the Physical Abuse allegation to be "inconclusive."

- On February 7, 2013, CCL cited the Group Home for a Personal Rights violation due to staff not affording a child at the Group Home's "Bonnie House" site privacy when she made a call to the CPHL, making the child uncomfortable. The Group Home submitted a POC to CCL, which included re-training of staff on Personal Rights. The POC was submitted to CCL on March 11, 2013. CCL cleared the deficiency on November 4, 2013.

- On February 15, 2013, CCL cited the Group Home's "500 House" site as a result of deficiencies and findings. According to the complaint, staff neglected to report an incident regarding a child with a history of harming herself who disclosed to staff on April 19, 2012, that she was having thoughts of cutting herself. Although staff and the facility supervisor did counsel the child, the Group Home did not contact a therapist or Psychiatric Evaluation Team or submit an SIR to all required parties regarding her thoughts of self-injurious behavior. The child cut herself the following day with a razor and she reported the day staff was informed of her desire to cut. A POC was required by CCL, which included re-training staff on reporting requirements, especially if residents have a history of self injurious behavior or suicidal ideation. DCFS ER CSW deemed the allegation as "unfounded"; finding no negligence by staff, proper protocol was followed, and the child describing the staff as caring and available to assist her.

- On March 22, 2013, CCL conducted a required five year visit of the Group Home's "Green House" site. The Group Home was cited for not having a sufficient supply of perishable and non-perishable food on the premises. CCL requested a POC, which required the Group Home to purchase or obtain additional food in the home. CCL cleared the citation on November 8, 2013.

- On March 22, 2013, CCL cited the Group Home's "500 House" site as a result of deficiencies and findings during the investigation of a complaint, when it was discovered that a staff mishandled medication by dispensing two medications instead of one to a resident of the Group Home. A POC was required, which included the Group Home revising their medication policy and providing a refresher course on medication handling/dispensing to all staff at the facility. Additionally, the staff was terminated. CCL cleared the citation on April 17, 2013.

It should be noted that on January 14, 2013, the OHCMD had placed an "Investigative Hold" on the Group Home due to multiple incidents involving the administration of psychotropic medication.

An Administrative Review Conference was held on January 29, 2013. The issues and remedies were discussed, resulting in the Group Home's submission of a Corrective Action Plan (CAP). The CAP was approved, and the "Hold" was lifted on February 26, 2013. Subsequent to the lifting of the "Hold," another incident involving the administration of psychotropic medication occurred on March 3, 2013. On March 5, 2013 the OHCMD again placed the Group Home on an "Investigative Hold"; an Administrative Review Conference was held on March 19, 2013. The "Hold" remained in place until it was determined that the CAP was fully and satisfactorily implemented. The CAP was approved, and the "Hold" was lifted on April 17, 2013.

- On May 15, 2013 CCL cited the Group Home's "Green House" as a result of deficiencies and findings. According to the complaint, one resident was assaulted by three other residents in the Group Home on December 2, 2012. The three residents overpowered the staff members who were providing intervention and attacked the one resident. In addition, the SIR submitted by the Group Home reported the incident took place at the "Cottage" instead of the "Green House" site. A POC was required by CCL and was submitted by the Group Home on February 28, 2014, which included a written plan of how to ensure that the reoccurrence of this type of incident would not be repeated and the training of staff on completing special incident reports. CCL cleared the citation on March 3, 2014. The referral was "evaluated out" by the DCFS Hotline.

OHCMD did not make a finding with regard to the SIR for the December 2, 2012 incident. OHCMD determined that the SIR was timely and reported to all the required parties. The SIR narrative included detailed information regarding the incident having been initiated at the "Green House" and concluded at the "Cottage." Additionaly, OHCMD requested and received the Group Home's internal investigation. The ratio of staff to children was in compliance. The three residents that attacked the one resident were arrested by law enforcement. The one resident that was attacked was relocated to another site within the Group Home.

Recommendations

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

<u>Facility and Environment</u>

- At the Group Home's "Bonnie House" and "Romberger House" sites, the standard electrical outlets near the rear sinks in the back laundry areas of the homes needed to be replaced with Ground Fault Interrupter (GFI) electrical outlets due to the location to the sinks. Photographic documentation was received by OHCMD that confirmed the outlets had been replaced and OHCMD confirmed the replacements during a follow-up visit on November 7, 2013.

Recommendation

The Group Home's management shall ensure that:

2 Electrical outlets are suitable and maintained in order to prevent potential safety hazards.

Personal Rights and Social/Emotional Well-Being

- One Non-Minor Dependent (NMD) in the Group Home's "Bonnie House" site reported that she did not feel safe, as some of her peers were picking on her.

- The NMD further felt that she was not being treated with dignity and respect by the Group Home staff, as she reported hearing the staff talk about her behind her back in the staff office, located close to her room.

- Lastly, the NMD also did not feel the discipline system was fair as she reported that the staff show favoritism with some of the girls when enforcing consequences and discipline.

The OHCMD Monitor immediately contacted the Residential Director regarding the NMD's allegations and suggested the child be moved to another site, as she was to be released to a transitional housing program in two days. The Residential Director advised that she would move her. The OHCMD Monitor made a referral to the CPHL regarding the allegations made by the NMD. The DCFS ER CSW's investigation deemed the allegations to be "unfounded", as nothing the NMD disclosed rose to the level of abuse or neglect and there was no evidence uncovered to suggest that staff were neglectful in caring for and keeping the NMD safe.

Recommendations

The Group Home's management shall ensure that:

3 All residents feel safe at all times in the Group Home.

4. All residents are treated with respect and dignity by the staff at all times.

5. Discipline and consequences are fair and equally administered by staff.

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

The OHCMD's last compliance report, dated July 25, 2013, identified eight recommendations.

Results

Based on our follow-up, the Group Home fully implemented 5 of 8 recommendations for which they were to ensure that:

- All children's bedrooms are maintained and all electrical outlets are equipped with cover plates in good condition, in order to prevent potential safety hazards,
- Each site is supplied with a variety of on-site recreation equipment for the children's use,
- All children are advised of the options that they can take to express their suggestions and dissatisfaction with food and menus without fear of reprisal,
- All children that are following their program and not presenting issues that require additional behavioral supervision are able to participate in scheduled activities without exclusion due to the behaviors of one or two children, and

- All children are provided with adequate personal care items.

The Group Home did not fully implement 3 recommendations for which they were to ensure that:

- Common areas are maintained and in good condition,
- Compliance with Title 22 Regulations, and
- Full implementation of outstanding recommendations from OHCMD's prior monitoring report.

Recommendation

The Group Home's management shall ensure that:

6. The outstanding recommendations from the July 25, 2013 report from the prior fiscal year monitoring review, which are noted in this report as Recommendations 2, 3, and 7, are fully implemented.

At the Exit Conference, the Executive Director and Quality Assurance Director expressed that the Group Home will continue to strive to be in compliance at all times with Title 22 Regulations and Contract requirements.

OHCMD will verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in June 2014.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

Rosemary Children's Services
CARING FOR THE CHILD
TEACHING THE TEEN
FOSTERING THE FAMILY

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ACCREDITED BY:
California Alliance of Child and Family Services

MEMBER OF:
Association of Community Human Service Agencies
California Association of Private Specialized Education and Services
Child Welfare League of America
Foster Family-Based Treatment Association
Learning Disabilities Association
United Way

www.rosemarychildren.org

March 7, 2014

Department of Children and Family Services
9320 Telstar Ave, Ste 216
El Monte, CA 91731
Attn: Patricia Bolanos-Gonzalez & Donald Luther

Re: 2013-2014 Group Home Compliance Report Corrective Action Plan

I. Licensure/Contract Requirements

9) *Is the group home free of any substantiated CCL complaints on safety and physical plant deficiencies since the last review?*

CCL had cited the Group Home for two violations of Personal Rights, a violation of not following procedures when implementing Emergency Intervention Plan, Staff Failing to Report an Incident, Insufficient Food Supply at one site, Staff Mishandling Administration of Medication, and a violation of Neglect/Lack of Supervision including not reporting incident under the correct facility.

The Residential Program Trainer will facilitate quarterly in-service trainings to Child Care Counselor's beginning April 2014 to ensure that staff is properly trained on Title XXII regulations. Furthermore the staff will be tested on the regulations at the end of the training to ensure that they fully comprehend the regulations of licensure/contract requirements.

Rosemary's will continue efforts to ensure compliance with Title XXII regulations.

II. Facility and Environment

11) *Are common quarters well maintained?*

GFI outlets needed to replace standard outlets in Bonnie lower bathroom sink area and in Romberger back staff area near sinks.

11.3 and 11.5 – To ensure GFI electrical outlets are standard at each location in with there is a bathroom sink area; the maintenance department will survey each location every month to certify compliance. The standards outlets were replaced on October 15, 2013 with GFI outlets to ensure compliance. Photographic documentation was received by OHCMD that confirmed the outlets had been replaced and monitor confirmed on follow- visit on November 7, 2013.

III. Maintenance of Required Documentation and Service Delivery
-No deficiencies

IV. Education and Workforce Readiness
-No deficiencies

V. Health and Medical Needs
-No deficiencies

VI. Psychotropic Medication
-No deficiencies

VII. Personal Rights and Social/Emotional Well-Being

One particular client provided negative reports regarding personal rights and her social well being. This particular client had been diagnosed with bi-polar disorder and had a history of being inconsistent about complaints against the agency. In the past the client would state that she was unsatisfied with her designated group home, and when staff suggested for her to move to a different location, the client refused. The client has made complaints about staff, however, shortly after discharge; the client wrote a thank you letter to the agency thanking them for their support and guidance.

37. Do children feel safe in the group home?

Of the clients interviewed one reported that she feels some peers pick on her and bully her; and reports that she doesn't feel safe.

When a client is admitted to Rosemary Children's Services, the intake department will review the Grievance Policy which outlines the procedures to follow when the client feels unsafe. Once the client reads the grievance policy, she will sign the document stating that she understands the grievance policy.

Furthermore, the client will be provided a Grievance Form and trained on filling out the form appropriately. The client's will be made aware that they can utilize the form when they feel unsafe, that they are not being treated with respect and dignity, and when they do not believe that the rewards and discipline in place is fair. The grievance form to address any complaints they have against a particular staff. If the client has a complaint against a staff member on their designated team then the client has the right to hand their grievance form to the staff's supervisor. This protocol is to ensure that each client feels like they have the opportunity to voice their concerns.

40. Do children report being treated with respect and dignity?

One child reported that staffs talk about her behind her back.

RCS will implement a quarterly in-service training beginning April 2014 to review the Personal Right's of the minors that are served. Furthermore supervisors will provide continuous training to Child Care Counselor's by teaching them the importance of treating a client with respect and dignity.

41. *Is a fair rewards and discipline system in place?*

One child reported that staff plays in favorites in consequences and discipline.

Rosemary Children's Services utilizes the practice of behavior modification, GCL milieu which states that privileges are designated to those that are on high status which is associated to those members that are compliant with the daily structure of the program. All clients receive the basic necessities; however rewards are earned by the client's behaviors.

Upon admittance into Rosemary Children's Services, a client will review the GCL principles with their Counseling Team Supervisor. Once the client has reviewed the document, the client will sign a document stating that they have an understanding of GCL principles in which states that privileges are based on status, and the status is based on the client's behavior.

VIII. Personal Needs/Survival and Economic Well-Being
-No deficiencies

IX. Discharge Children
-No deficiencies

X. Personnel Records
-No deficiencies

The Administrative Residential Director will be responsible for ensuring the CAP is fully implemented. The Quality Improvement Department will also conduct random checks to ensure the group homes are in compliance with the CAP and all regulations.

Katrina Martinez
Administrative Residential Director

3/20/14
Date

Greg Wessels
Executive Director

3/20/14
Date