COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Chairman-Fourth District

MICHAEL D. ANTONOVICH
Fifth District

June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers J.P.
Chief Probation Officer

SUBJECT: **LEROY HAYNES BOYS HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance, and Group Home Monitoring (GHM) conducted a review of Leroy Haynes Boys Home, DBA Leroy Haynes Center for Children and Family Services on February 2013. Leroy Haynes Boys Home is located in the Fifth Supervisorial District of Los Angeles County. Leroy Haynes Boys Home provides services to Los Angeles County Probation and Department of Children and Family Services (DCFS) children. According to Leroy Haynes Boys Home's program statement, its purpose is "to provide services and care for boys, ages 7 - 17 years old who exhibits behavioral, emotional and psychological difficulties that require treatment and mental health services.

Leroy Haynes Boys Home is a 72-bed facility and is licensed to serve a capacity of 72 boys, ages 7 - 17. At the time of review, Leroy Haynes Boys Home served 51 Probation children, 16 DCFS children, and six (6) other children from outside agencies. The placed children's overall average length of placement was six (6) months, and their average age was 16 years old. The randomly selected interview sample size was seven (7) youth, four (4) Probation children and three (3) DCFS child, and two (2) children in the sample were prescribed psychotropic medication. These cases were reviewed to assess for timeliness of Psychotropic Medication Authorizations or sufficient documentation of psychiatric monitoring. Additionally, four (4) discharged children's files, two (2) Probation and two (2) DCFS, were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Leroy Haynes Boys Home and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Leroy Haynes Boys Home was in compliance with eight (8) of the 10 areas of the Contract Compliance Review: Licensure/Contract Requirements; 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.

However, deficiencies were noted in the areas of Facility and Environment and Maintenance of Required Documentation of Services Delivery. Leroy Haynes Boys Home needs to replace or repair the physical plant deficiencies and develop comprehensive Needs and Services Plans by providing a concurrent case plan for one (1) child's permanency plan and provide an Independent Living Skills goal for one (1) child's Initial 30-Day report. In addition, Leroy Haynes Boys Home needs to comprehensively document one (1) child's initial dental examination that was not completed within 30 days of placement. Leroy Haynes Boys Home supervisory staff were instructed to enhance monitoring in order to eliminate documentation issues.

REVIEW OF REPORT

On April 3, 2013, Probation PPQA Monitor Leng Lim held an Exit Conference with Leroy Haynes Boys Home Administrators, Dan Maydeck, President/CEO, Frank Linebaugh, Senior Vice-President, Robert Mason, Board Member, Derrick Perry, Residential Program Director, Joy Gahring, Residential Quality Assurance Coordinator, Frances Allain, Agency Training Coordinator, Bill Harris, Swain Cottage Unit Manager, Rachel Garcia, Swain Cottage Child Advocate; Brannon Gomez, Gatchell Cottage Unit Manager, Adrian Hargrove, Gatchell Cottage Child Advocate, Arthur Duncan, Burton Cottage Unit Manager, Anissa Jones, Burton Cottage Child Advocate, Shannine Crockett, Wittry Cottage Unit Manager, Sha'Ron Elzy, Thurber Cottage Child Advocate, Tommy Daniel, Thurber Cottage Unit Manager, and Tamie Lewis, Dow Cottage Child Advocate. Leroy Haynes Boys Home representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve their compliance with regulatory standards and agreed 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.

Leroy Haynes Boys Home provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Derrick Perry, Residential Director, Leroy Haynes Boys Home
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

LEROY HAYNES CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

233 W. Baseline Road
La Verne, CA 91750
License # 191501972
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: February 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (All)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County 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 Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	1. Full Compliance 2. Full Compliance 3. Full Compliance 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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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 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. Reasonable Chores 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)	Full Compliance (ALL)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's 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	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)

LEROY HAYNES BOYS HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Leroy Haynes Boys Home's compliance with the County contract and State regulations and include a review of the Leroy Haynes Boys 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
- Personnel Records

For the purpose of this review, seven (7) children, four (4) placed Probation children and three (3) DCFS children were selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, four (4) discharged files, two (2) Probation and two (2) DCFS, were reviewed to assess Leroy Haynes Boys Home's compliance with permanency efforts. At the time of the review, two (2) placed child were prescribed psychotropic medication. PPQA/GHM reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

PPQA/GHM reviewed five (5) staff files for compliance with Title 22 Regulations and County contract requirements and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following two (2) areas were out of compliance.

Facility and Environment

Leroy Haynes Boys Home was in need of repairs or replacements on the interior of the facility. Leroy Haynes Boys Home's representatives agreed with the recommended repairs or replacements and that they would take corrective action to ensure the repairs or replacements were made.

- In the Thurber Cottage, there is a damaged air conditioning vent register and a light switch plate cover that was not fastened to the wall in bedroom #6.

- In the Dow Cottage, there is presence of mold or mildew around the soap dispenser and faucet handles in the downstairs bathroom shower.

- In the Burton Cottage, there is a broken lower bracket mount on the toilet partition wall in the downstairs bathroom.

- In the Wittry Cottage, the middle bracket mount on the toilet partition door was not fastened to the wall and the top bracket mount on the partition wall was broken in the upstairs bathroom.

- In the Gatchell Cottage, the middle wooden shelf on the bookcase was cracked in the Dayroom. We also noted that there are paint chippings on the toilet partition doors in bathroom #1 and #2.

- In the Swain Cottage, there is a loose and damaged door knob in bedroom #4 and no GFCI safety electrical outlet by the sink as required by the building code in bathroom #1.

Recommendation

Leroy Haynes Boys Home's management shall ensure that:

1. All of the aforementioned physical deficiencies cited that have not already been fixed, will be corrected and repaired in a timely fashion. This shall be in accordance with the Community Care Licensing, Title 22 standards, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times".

Maintenance of Required Documentation and Service Delivery

In January 2012, Leroy Haynes Boys Home representatives attended the Probation Department and Department of Children and Family Service, Needs and Services (NSP) training. During the review, the PPQA GHM reviewed NSPs developed after the January 2012 training. The deficiencies noted are as follows:

- All NSPs were developed timely; however, one (1) of seven (7) initial and quarterly NSPs was not comprehensive, as it did not contain a Concurrent Case-Plan Goal, and one (1) of seven (7) initial NSPs did not identify "Independent Living Skills" as part of the child's goals in the report, but the goal was later identified in the child's quarterly NSP reports. It was also noted that one (1) child's quarterly NSP did not have adequate documentation in the "Medical/Physical/Dental Health Clinical Visits" section of the NSP explaining why the child's initial dental examination was not conducted within 30 days of placement However, Leroy Haynes Boys Home Administrator provided the Monitor with documentation verifying that the child, who was placed on August 3, 2012, was not eligible for a second dental exam by his Medi-Cal provider until September 7, 2012, due to his last dental exam being performed within a six (6) months period. The Group Home Administrator also provided documentation verifying that the child refused his dental examinations after an appointment was scheduled for September 11, 2012, and September 18, 2012, but was eventually seen on October 3, 2012. Leroy Haynes Boys Home

representatives agreed that all required elements were not included in the NSPs and that they would take corrective action to ensure the development of comprehensive NSPs.

Recommendation

Leroy Haynes Boys Home's management shall ensure that:

1. All initial 30-Day and Quarterly NSPs must be comprehensively developed and include all required elements in accordance with the SMART Goals Guidelines.

PRIOR YEAR FOLLOW-UP FROM PROBATION's PPQA GHMU's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA GHM's last compliance report dated March 27, 2013, identified five (5) areas of recommendations.

Results

Based on our follow-up, Leroy Haynes Boys Home fully implemented all five (5) previous areas of recommendations for which they were to ensure that:

- A complete follow-up walk through inspection of the interior was conducted, and all recommendations have been repaired or replaced. The interior deficiencies had been corrected. The damaged and/or missing desk drawers were fixed/replaced, damaged walls were fixed, all graffiti was removed, the carpet stains were cleaned, all dirty areas and vent covers were cleaned. The mold in the aforementioned restrooms was removed and the urine odor in the Gatchell Cottage was gone. All broken sink faucet keys and leaking shower heads were fixed, and water pressure and temperatures were adjusted to be at acceptable levels. All expired fire extinguishers were replaced, and all loose fixtures were secured.

- The Quality Assurance (QA) Coordinator conducted a Need and Services Plan training with all Unit Managers and Child Advocates on September 27, 2012, to address the deficiencies cited. The training included education on how to generate NSPs that include complete, accurate, and comprehensive NSP's that address areas such as independent living program goals, as well as documenting family finding efforts and comprehensive concurrent permanency plans. He also indicated that the training will show the members in attendance how to complete and include accurate and updated information for all quarterly NSP's, including how to edit goals so that they are properly modified and updated to clearly explaining each child's progress.

- The Group Home has taken proper steps to ensure that all children are provided with timely initial medical and dental examinations and are properly documented in each child's files and NSP's for all future newly placed children. Mr. Perry indicated that the agency hired a Registered Nurse supervisor who will be directly responsible for ensuring that all newly placed children are provided with initial medical and dental exams.

- The Group Home Administrator has made significant efforts to ensure that children are not forced to engage in additional chore duties or other children's chores as punishment and that all children are aware of their right to decline additional chore duties for extra points or positive consequences. Additionally, the agency has ensured children feel comfortable when making telephone calls home without distractions and that their mail is not read, unless specified in NSP that calls and/or mail are to be monitored. The Administrator indicated that the Policy Rights have been revised to make it clear to all staff that they cannot force children to complete additional chores. The Administrator also indicated that on October 12, 2012, staff training was conducted to ensure that all staff is aware of this new policy change. During this training, staffs were also made aware of the need to provide children with sufficient privacy during telephone calls unless specifically indicated in the child's NSP, and that staff make concerted efforts to ensure that children are not made to feel that they will be punished for refusing medication.

- The monitor reviewed the personnel files that were deficient during the follow-up visit to ensure that the missing documentation was placed in each child's respective files. The Group Home has ensured that all current staff employed by the agency have their FBI clearance submitted timely and proof is clearly documented and placed in their staff's files. The Group Home has ensured that all staff have their initial 24 hours of training properly and clearly documented and placed in their staff file, and available for review. In addition, the Group Home Administrator reported that all applicable staff employed by the agency that require a minimum of one-hour training in the area of child abuse identification and reporting, have documented proof placed in their files, available for review. The Group home has ensured that all current staff members employed by the agency have their First-Aid training certification valid and current and placed in their staff file, available for review. The Group Home has ensured that all current staff members employed by the Group Home have their required annual on-going training of 20 hours properly and clearly documented and placed in their staff file, available for review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Leroy Haynes from the Department of Auditor Controller is dated September 1, 2011, for the fiscal period of January 1, 2009, to December 31, 2009. The report dated September 1, 2011, indicated that Leroy Haynes had questioned/disallowed costs. Leroy Haynes submitted a timely approved Fiscal Corrective Action Plan (FCAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section. The agency has repaid the amount due in unsupported or inadequately supported costs.

LEROY HAYNES
PROGRAMS FOR THE DEVELOPMENT OF CHILDREN
STRENGTHENING MIND & SPIRIT
233 West Baseline Road, Box 400, La Verne, California 91750-0400 · www.leroyhaynes.org

Leng L. Lim
Deputy Probation Officer II
County of Los Angeles Probation Department
3965 S. Vermont Ave 3rd Floor
Los Angeles, CA 90037

April 25, 2013

Dear DPO Lim,

The Agency appreciates the collaborative relationship that has developed with the Probation Department. We appreciated the feedback you provided to us throughout the Group Home Monitoring Process and during your Field Exit Summary. We have used your feedback to develop and implement improvements to our program.

The Corrective Action Plan you requested is attached.

Please contact me if you have any questions about the Corrective Action Plan.

Sincerely,

Derrick Perry
Residential Program Director
233 W. Baseline Road
La Verne, CA 91750
(909) 593-2581 ext. 290
(909) 596-3567

LEROY HAYNES
PROGRAMS FOR THE DEVELOPMENT OF CHILDREN
233 West Baseline Road, Box 400, La Verne, California 91750-0400 · www.leroyhaynes.org

Leroy Haynes Center
Leroy Boys Home
233 W. Baseline Road
La Verne, CA 91750
License Number: 191501972
Los Angeles County Probation Department
Group Home Monitoring Review
Corrective Action Plan
April 25, 2013

The Agency appreciates the collaborative relationship that has developed with the Probation Department and continues to welcome the feedback provided as part of the Group Home Monitoring Review Process

The following Corrective Action Plans (CAP's) requested on the Probation Group Home Monitoring Review Field Exit Summary dated April 3, 2-13 have been developed and implemented.

I. **Area of Review: Licensure/Contract Requirements**

There were no deficiencies in the nine areas reviewed.

II. **Area of Review: Facility and Environment**

There were no deficiencies in three of the five areas reviewed.

Findings:

Thurber Cottage:

1. Bedroom #6: Damaged air conditioning vent register.

Recommendation: Replace air conditioning vent register.

2. Bedroom #6: Light switch plate cover not fastened to wall.

Recommendation: Fasten light switch cover to wall.

Dow Cottage:

3. Downstairs bathroom shower: Caulking has presence of mold or mildew on the soap dispenser and faucets.

Recommendation: Remove caulking and replace with mold/mildew resistance caulking. Clean and disinfect area.

Burton Cottage:

4. Downstairs bathroom: Lower bracket mount on the toilet partition door broken off.

Recommendation: Replace lower bracket mount.

Wittry Cottage:

5. Upstairs bathroom: Middle bracket mount on the toilet partition door not fastened to wall.

Recommendation: Fasten middle bracket mount to wall.

6. Upstairs bathroom: Top bracket mount on the partition wall is broken.

Recommendation: Replace broken top bracket mount.

Gatchell Cottage:

7. Dayroom: Bookcase has a cracked wooden middle shelf.

Recommendation: Replace wooden shelf.

8. Bathroom #1: Paint chipping on toilet partition door.

Recommendation: Remove peeling paint and repaint toilet partition door.

9. Bathroom #2: Paint chipping on toilet partition door by the sink.

Recommendation: Remove peeling paint and repaint toilet partition door.

Swain Cottage:

10. Bedroom #4: Door knob on the closet is loose and appeared to be damaged.

Recommendation: Replace damaged door knob.

11. Bathroom #1: No GFCI safety electrical outlet by sink as required by the building code.

Recommendation: Replace existing electrical outlet with a GFCI outlet.

Recommendation:

1. Leroy Haynes shall ensure that the aforementioned physical deficiencies cited will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children placed at the Group Home.

Corrective Action Plan:

All physical plant deficiencies were corrected by February 15, 2013

Please reference Exhibit A for Proof of Correction for all Facility and Environment Findings

Agency Unit Managers will continue to ensure that a daily walkthrough of their cottage is conducted and that necessary repairs are included on the Maintenance Log. The assigned Maintenance person for each cottage will ensure that repairs are made in a timely fashion.

This plan has been implemented.
Person Responsible for implementation: Derrick Perry, Program Director
Jim Taylor, Director of Operations

III. Area of Review: Maintenance of Required Documentation and Service Delivery

There were no deficiencies in eight of the ten areas reviewed.

1. One (1) out of seven (7) Initial 30-Days and Quarterly NSP reports did not have a Concurrent Case-Plan Goal for child A. Boyd.

Recommendation: The Concurrent Case-Plan Goals are required as part of the child's NSP.

2. One (1) child, A. Boyd, was placed on 8/03/12, and his NSP reported that the initial dental visit was conducted on 10/03/12, a month late.

Recommendation: All children are required to have their initial medical and dental exam within 30 days of placement. If initial exam cannot be conducted within 30 days of placement, group home must document and provide documentation to the probation monitor as to why the child could not been seen within the required time frame.

3. One (1) child, R. Ferwerda, who was over 17 yrs old, did not list an Independent Living Skill as part of the child's goals in the Initial 30-Day report, but the goal was listed on his Quarterly NSPs reports.

Recommendation: The Initial 30-Day report must contain all initial goals set for the child such as an "Independent Living Skills" goal.

Corrective Action Plan:

Findings 1-3: The QA Coordinator conducted a Needs and Services Plan training with the Unit Managers and Child Advocates on April 22, 2013. The following topics were included in the training:

1. The importance of ensuring that all required information is accurate and is included in the Initial Needs and Services Plan (NSP).
2. The importance of ensuring that the Concurrent Case Plan Goal are included in all Initial and Updated Needs and Services Plan
3. The importance of obtaining the Concurrent Case Plan Goal from the placement worker when this information has not been provided at time of intake.
4. The importance of documenting all attempts to obtain Concurrent Case Plan Goal information when this information has been requested from the placement worker but has not been provided.
5. The importance of reviewing information on the NSP provided by the agency Nursing Staff regarding the Initial Medical and Dental Exams to ensure that these exams are conducted within 30 days of placement or there is detailed documentation regarding when a Medical or Dental exam could not be conducted within the required time frame.
6. The importance of including an Independent Living Skills goal in the Initial NSP for all placed youth for who have Transitional Housing or emancipation as a permanency goal

Finding 2: The QA Coordinator conducted a Needs and Services Plan training with the agency Health Services Manager and nursing staff on April 23, 2013. The following topics were included in the training:

1. The importance of ensuring that Initial Medical Exams and Initial Dental Exams are scheduled with within 30 days of placement.

2. The importance of ensuring there is detailed documentation regarding why a Medical or Dental exam could not be conducted within the required time frame.

In addition, the QA Coordinator will continue to review all initial and Updated NSP's to ensure that all required elements are present, that the NSP is comprehensive and that all information is accurate.

Please reference Exhibit B for Training Rosters for Needs and Services Plan Trainings conducted on April 22 and April 23, 2013.

This plan has been implemented.
Person Responsible for implementation: Derrick Perry, Program Director

IV. **Area of Review: Education and Workforce Readiness**

There were no deficiencies in any of the five areas reviewed.

V. **Area of Review: Health and Medical Needs**

There were no deficiencies in any of the four areas reviewed.

VI. Psychotropic Medication

There were no deficiencies in the two areas reviewed.

VII. **Area of Review: Personal Rights and Social/Emotional Well Being**

There were no deficiencies in any of the thirteen areas reviewed.

VIII. **Area of Review: Personal Needs/Survival and Economic Well Being**

There were no deficiencies in the any of the seven areas reviewed.

IX. **Area of Review: Discharged Children**

There were no deficiencies in any of the three areas reviewed.

X. **Area of Review: Personnel Records**

There were no deficiencies any of the seven areas reviewed.

Respectfully Submitted,

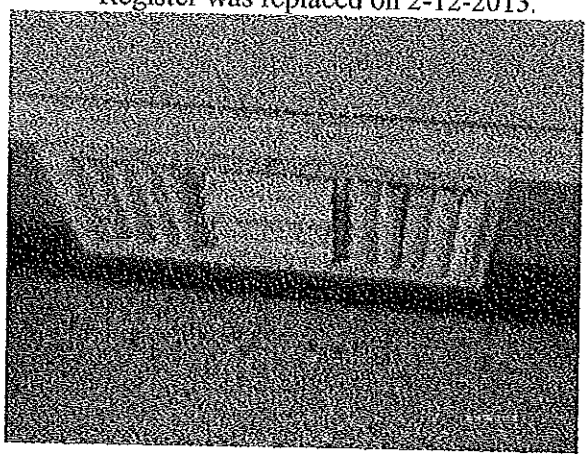
Derrick Perry
Residential Program Director

EXHIBIT A

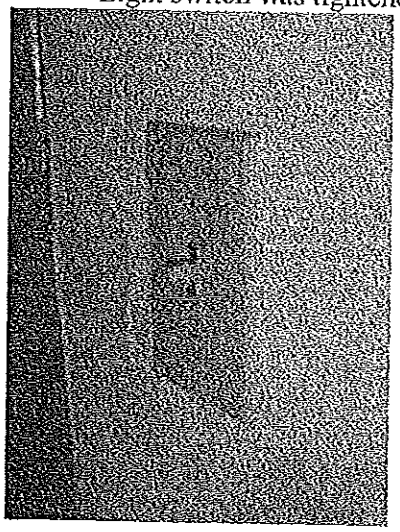
Leroy Haynes Center Deficiency Report for 2012-13 Monitoring Review Corrections

Thurber cottage:

1. Bedroom #6: Damaged air conditioning vents register.
   Register was replaced on 2-12-2013.

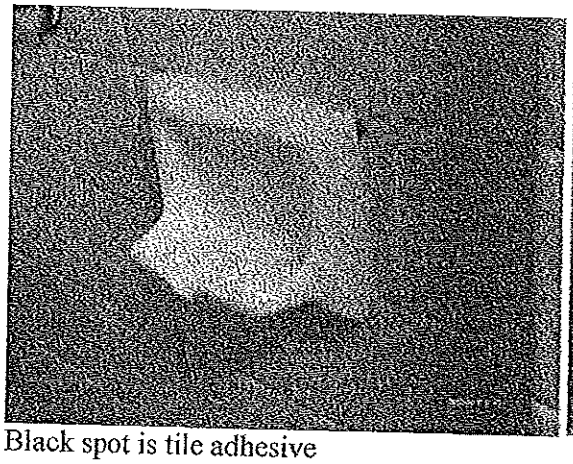
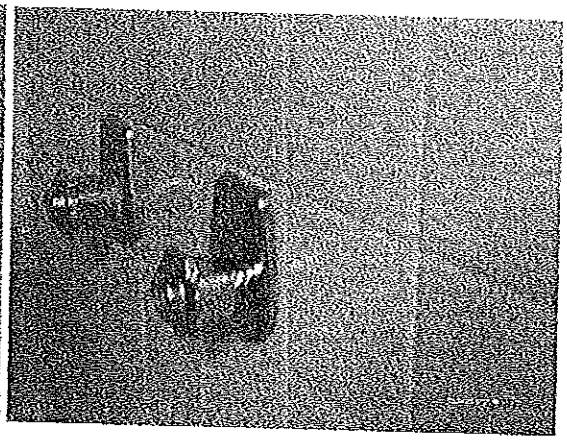


2. Bedroom #6: Light switch plate cover not fastened to the wall.
   Light switch was tightened/repaired on the spot. 2-12-2013.



Dow Cottage:

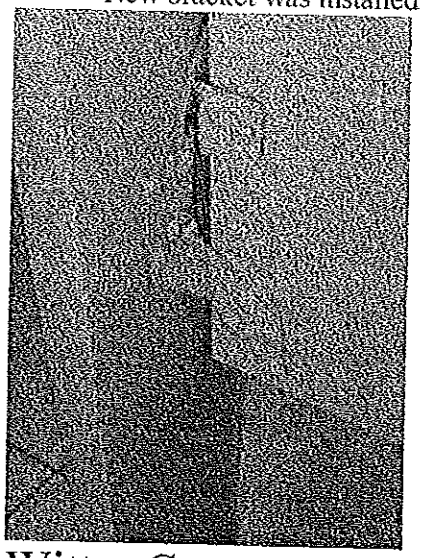
3. Downstairs bathroom shower: Caulking has presence of mold or mildew on the soap dispenser and faucet.
   Caulking and mildew were removed and new caulking was applied. 2-15-2013.

Black spot is tile adhesive

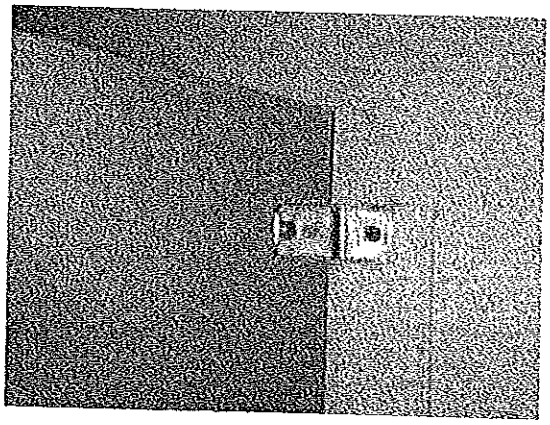
Burton Cottage:

4. Downstairs bathroom: Lower bracket mount on the toilet partition door broken off.
   New bracket was installed to secure the partition. 2-14-2013.

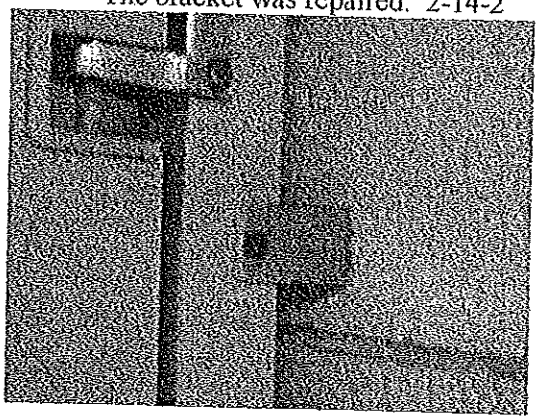


Wittry Cottage:

5. Upstairs bathroom: Middle bracket mount on the toilet partition door not fastened to wall.
   Wall behind bracket was repaired and the bracket was reinstalled. 2-14-2013.

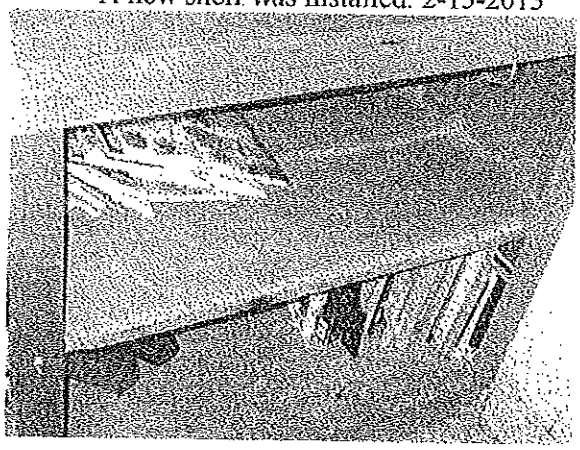


6. Upstairs bathroom: Top bracket mount on the partition wall is broken.
The bracket was repaired. 2-14-2

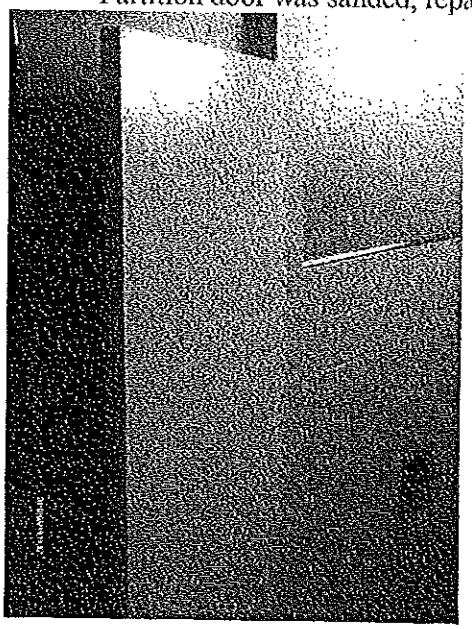


Gatchell Cottage:

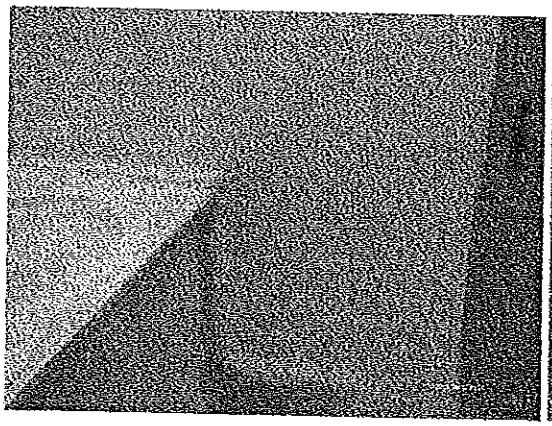
7. Day Room: Bookcase has a cracked wooden middle shelf.
   A new shelf was installed. 2-15-2013

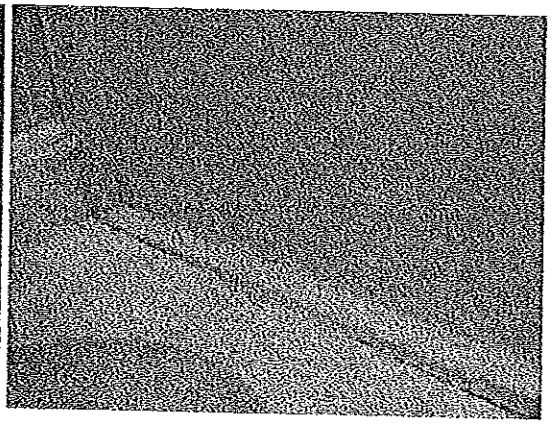


8. Bathroom #1: Paint chipping on toilet partition door:
   Partition door was sanded, repaired, and repainted. 2-15-2013



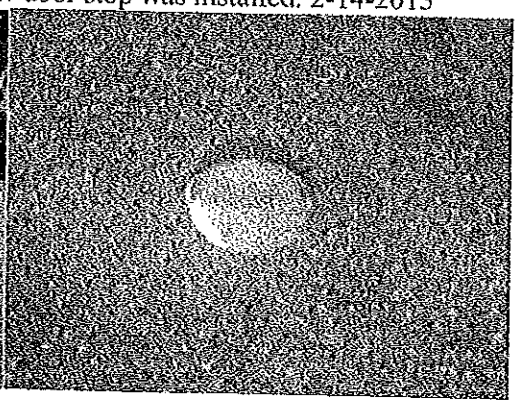
9. Bathroom #2: Paint chipping on toilet partition door by the sink.
   Toilet partition door by the sink was sanded and repainted. 2-13-2013





Swain Cottage:

10. Bedroom #4: Door knob on the closet is loose and appeared to be damaged.
    Door knob was replaced and a new door stop was installed. 2-14-2013



11. Bathroom #1: No GFCI safety outlet by sink as required by the building code. Outlet was replaced with a GFCI receptacle. 2-13-2013

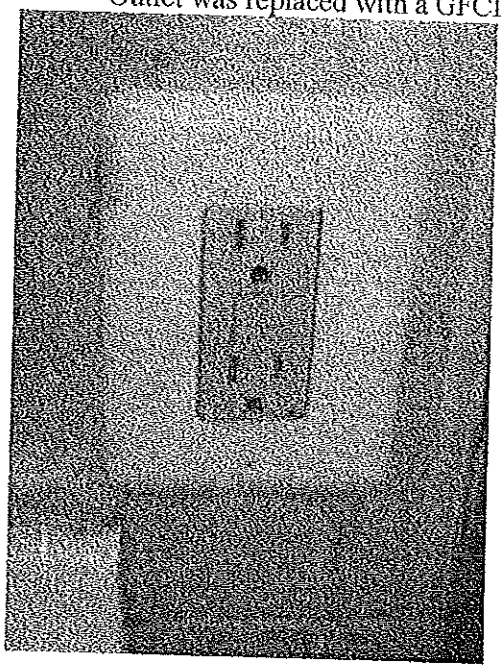


EXHIBIT B

LeRoy Haynes Center Training Roster
Department(s): Residential

Topic/Subject: **Needs and Services Plans** DATE: 4/23/2013
Documentation regarding Medical and Dental exams
Resources/Trainer:

Start Time: 2pm End Time: 3 pm Total Time: 1 pm

Main Points of Program: Importance of ensuring Initial Medical and Dental exams are scheduled in a timely manner. Importance of documenting on NSP's when Initial Medical and Dental exams could not be conducted with the required time frame.
Comments/Evaluation: _____ Attendance Total: _____

PRINT NAME:	SIGNATURE:	EMPLOYEE #
1. Rebecca Kolb	RKolb	
2. Margery Jones	[illegible]	
3. Joanna DeLaRosa	JDelaRosa	
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		

LeRoy Haynes Center Training Roster
Department(s): Residential

Topic/Subject: **Needs and Services Plan Requirements** DATE: April 22, 2013

Resources/Trainer: **Joy Gahring**

Start Time: 10:30 am End Time: 11:30 am Total Time: 1 hour

Materials/Audio-Visual Aids:

Main Points of Program: Ensuring that NP's are comprehensive, contain Case Plan and Concurrent Case Plan goals. Ensuring that all Initial Dental Exams are completed within 30 days of placement or NSP includes documentation why the exam was not done. Ensuring that all youth whose Case Plan Goal is Independent Living has an Independent Living Skills goal

Comments/Evaluation: Attendance Total:

PRINT NAME:	SIGNATURE:	EMPLOYEE #
1. Paul Watts	Paul Watts	2263
2. Shannine Crockett	[illegible]	
3. Michelle Silves	[illegible]	
4. Travis Lewis	[illegible]	
5. William Harris	[illegible]	1851
6. RACHEL GARCIA	Rachel Garcia	2014
7. SHA'RON ELZY	[illegible]	
8. ADRIAN D. HARGROVE	Adrian D Hargrove	
9. Arthur Duncan	[illegible]	
10. Tommy Daniel	[illegible]	2297
11. Brannon Gomes	[illegible]	2539
12. Anissa Jones	[illegible]	2097
13.		
14.		
15.		