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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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June 30, 2014

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

From: Philip L. Browning
Director

FIVE ACRES 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 Five Acres Group Home (the Group Home) in August 2013. The Group Home has two sites located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to provide services to male and female court dependent seriously disturbed children."

The Group Home has one 6-bed site and one 50-bed site and is licensed to serve a capacity of 56 boys and girls, ages 7 through 18. At the time of review, the Group Home served 50 placed DCFS children. The placed children's overall average length of placement was 5 months, and their average age was 12.

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 4 of 10 areas of our Contract compliance review: Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; and Discharged Children.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to the Group Home vehicles in which children are transported were damaged and required repair, Special Incident Reports (SIRs) were not appropriately documented and/or cross-reported and Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings; Facility and

Environment, related to the Group Home's common quarters not being maintained; Maintenance of Required Documentation and Service Delivery, related to Needs and Services Plans (NSPs) not being comprehensive as they did not include all of the elements in accordance with the NSP template; Education and Workforce Readiness, related to one child that was not enrolled in school timely and copies of the child's report cards were not maintained in the children's files; Personal Needs/Survival and Economic Well-Being, related to the Group Home not having provided one child with the minimum weekly monetary allowance; and Personnel Records, related to one staff not having a current First Aid and CPR certificate on file.

Attached are the details of our review.

REVIEW OF REPORT

On September 25, 2013, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with the Group Home representatives: Elizabeth Gonzalez, Director of Residential Treatment; Donna LeCesne, Director of Milieu Services; Cathy Pidfigurny, Group Home Manager; Christy Leland, Supervising Case Manager; Jude Ann Catayong, Quality Assurance Analyst; and Marianne Guilfoyle, Permanency Director. Chinling Chen, Group Home Program Supervisor and Claudia Sarmiento, Quality Assurance Analyst participated via teleconference. 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 the recommendations have been implemented and will provide technical assistance during our next visit to the Group Home in June 2014.

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

PLB:EM:KR
RDS:PBG:sn

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
Karen Evans, Chief Operating Officer, Five Acres Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

FIVE ACRES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1236 Solita Road
Pasadena, CA 91103
License # 191290123
Rate Classification Level: 12

760 West Mountain View
Altadena, CA 91001
License # 191200236
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: August 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	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. Improvement Needed
	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	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. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	1. Improvement Needed 2. Full compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance
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	Full Compliance (ALL)

	Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance
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

FIVE ACRES 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 August 2013 review. The purpose of this review was to assess Five Acres 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, seven Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed six children, as one child had run away from placement during the review and was subsequently replaced. We reviewed the seven children's case files to assess the care and services they received. At the time of the review, four sampled children were prescribed psychotropic medication. The children's case files were reviewed to assess timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts.

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 six areas out of compliance.

Licensure/Contract Requirements

- A visual inspection of the 11 Group Home vans, in which the children are transported, revealed that three were not in good repair. Three vans had body damage which presented a safety hazard; the dents created holes with sharp edges in which a child could have easily injured themselves.

This was immediately brought to the attention of the Group Home's Director of Residential Treatment, who stated that the Group Home has implemented a new vehicle maintenance routine where the Director of Facilities will be informed of all vehicles that are in need of repair so that it can immediately be corrected. The Group Home will then be able to contact their insurance agent to file a claim for repairing of the damaged vehicle. The Director of Facilities reported that the damaged vans have been repaired and submitted receipts showing OHCMD as verification that the repairs were completed on October 30, 2013 and November 4, 2013.

- In reviewing Special Incident Reports (SIRs), several were not appropriately documented and cross-reported to all required parties timely.

Due to OHCMD's concern, an informal meeting was held with the Group Home on July 23, 2013 to discuss concerns of allegations against staff, runaway behaviors, SIR reporting guidelines, and the lack of information on submitted SIRs. OHCMD requested a Corrective Action Plan (CAP) which, included the Director of residential Treatment Services meeting with the Group Home supervisors and staff responsible for submitting SIRS to ensure all relevant information is included and are submitted in a timely manner. The Group Home submitted a CAP which was approved on August 26, 2013.

It should be noted that OHCMD met with the Group Home on two subsequent occasions on October 23, 2013 and on March 18, 2014 to discuss SIR reporting guidelines in regards to lack of information provided, supervision of placed children, medication related issues and the lack of submitting SIR addendums. The CAP for the October 23, 2013 meeting was addressed in the CAP addressing the recommendations noted in this compliance report and the CAP for the March 18, 2014 meeting was approved on April 16, 2014.

- Community Care Licensing (CCL) cited the Group Home's Altadena site as a result of deficiencies and findings noted during a CCL investigation. According to the report dated October 30, 2012, the Group Home staff failed to timely inform the treating psychiatrist for a child who was prescribed psychotropic medication of an incident, which had occurred at school; the psychiatrist was notified two weeks late.

The Group Home submitted a written Plan of Correction (POC) to CCL stating that they understood the importance of notifying the child's psychiatrist of special incidents. CCL cleared the deficiency on November 16, 2012. DCFS did not receive a referral regarding this complaint.

- Community Care Licensing (CCL) cited the Group Home's Altadena site as a result of deficiencies and findings noted during a CCL investigation on January 9, 2013. According to the report, CCL substantiated a Personal Rights violation as it was reported that a child with aggressive and dangerous behavior was injured during a restraint.

The CCL analyst reported that although a Personal Rights violation was substantiated, the Group Home was not cited as the Group Home followed protocol in administering the restraint and used precaution not to cause injury to the child. A referral was not generated to the Child Abuse Hotline.

- CCL cited the Group Home's Altadena site as a result of deficiencies and findings noted during an investigation. According to the report dated June 27, 2013, a child was being physically abused and mistreated by other children at the Group Home.

CCL requested a POC to address how this situation will be prevented from happening in the future. The Group Home submitted a POC and the deficiency was cleared on July 3, 2013. This referral was investigated by DCFS Emergency Response Children's Social Worker (ER CSW) and was deemed Unfounded. The ER CSW reported that the alleged victim was not able to name anyone specific and denied being bullied.

- CCL cited the Group Home's Altadena site as a result of deficiencies and findings noted during an investigation. According to the report dated July 8, 2013, the Group Home was assessed a civil penalty of $150.00 as a child sustained injury to their lip during a restraint on May 5, 2013.

CCL requested a POC from the Group Home, which included retraining the Group Home staff regarding Personal Rights. The citation was cleared on October 22, 2013. This referral was investigated by DCFS ER CSW and the allegations were deemed Inconclusive. The ER CSW reported that after interviewing the Group Home staff and the child's therapist, who reported that the staff did not cause injury to the child; the child's injury was caused by the child rubbing his face on the wall during the containment, and once the staff noticed the blood, they immediately removed the child from the wall restraint. She also noted that, it is a normal procedure to restrain a child who is a danger to self or others. Additionally, no marks or bruises were noted on the child at the time of the assessment.

Recommendations

The Group Home's management shall ensure that:

1. The Group Home's vehicles are maintained and in good repair.

2. All Special Incident Reports are appropriately documented and cross-reported.

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

FACILITY AND ENVIRONMENT

- A walk through of the Group Home's Pasadena site revealed that the common areas were not well maintained. The carpet throughout the house was soiled with large dark stains.

The Group Home Facility Manager reported that the carpet is cleaned twice a year; however, the Group Home had the carpet cleaned a week after the deficiency was brought to the Facility Manager's attention. The Facility Manager reported that the carpet will now be cleaned as often as needed. During a follow up visit to the Group Home on August 22, 2013 OHCMD verified that the carpet had been cleaned.

- One child's bedroom at the Pasadena site was not well maintained: The light fixture in the closet presented a safety hazard, as there was no light switch. The light bulb had to be manually twisted to turn the light on and off. This was immediately brought to the Group Home's attention. During a follow up visit to the Group Home on August 22, 2013 OHCMD verified that a light switch was installed.

Recommendations

The Group Home's management shall ensure that:

4. Common quarters are well maintained.

5. All children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- The DCFS CSW authorization to implement Needs and Services Plans (NSPs) was not obtained timely for 8 of 16 NSPs reviewed.

The Group Home's Supervising Case Manager reported that there was a delay in obtaining the DCFS CSW's signature due to minimal staffing at the Group Home. She stated that the Group Home would ensure that NSPs are e-mailed, faxed or mailed to the DCFS CSW for review and authorization in a timely manner.

- DCFS CSWs were not contacted monthly by the Group Home, and contacts with DCFS CSWs were not appropriately documented in the NSPs.

The Group Home's Supervising Case Manager stated that she will ensure that monthly contacts are documented in the NSPs.

- Seven Initial NSPs were reviewed. The NSPs were timely; however, none were comprehensive as they did not include all the required elements in accordance with the NSP template. Specifically, the NSPs did not include the Group Home's monthly contact with DCFS CSWs and DCFS CSWs signatures authorization to implement the NSPs.

The Group Home's Supervising Case Manager reported that NSPs are now submitted at least one week prior to the due date, which would assist in ensuring a timely response from the DCFS CSW.

- Nine Updated NSPs were reviewed. The NSPs were timely; however, none were comprehensive as they did not include all the required elements in accordance with the NSP template. Specifically the monthly contact between the Group Home and DCFS CSWs was not documented and DCFS CSWs signatures authorization to implement the NSPs was missing.

During the Exit Conference, the Supervising Case Manager reported the Group Home is now fully staffed and a better faxing system has been implemented. She also reported that NSPs are now submitted at least one week prior to the due date, which would assist in ensuring timely response from the DCFS CSW.

It should be noted that a Group Home representative attended the OHCMD's NSP refresher training in August 2013. Some of the NSPs were developed subsequent to the training. In efforts to ensure the development of comprehensive NSPs, OHCMD provided the Group Home with NSP training on April 17, 2014. During the Exit Conference, the Group Home Supervising Case

Manager stated that effective immediately she will review all NSPs to ensure comprehensive NSPs are properly developed.

Recommendations

The Group Home's management shall ensure that:

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

7. Children's Social Worker's are contacted monthly by the Group Home and the contacts are appropriately documented in the children's case files.

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

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

EDUCATION AND WORKFORCE READINESS

- One child was not enrolled in school within three school days of placement nor did the Group Home document the reason for the delay.

The Group Home's staff reported that it has been a challenge to enroll placed children in school timely due to Pasadena Unified School District enrollment procedures. The Group Home has created a new position, Assistant Coordinator, for the purpose of strengthening relationships with various schools in order to streamline processes regarding enrollment, report cards and any other needed services.

- The same child did not have a copy of a report card/progress report on file and therefore, OHCMD was unable to determine if the child's academic performance and/or attendance had improved.

The Group Home has created a new position, Assistant Coordinator, for the purpose of strengthening relationships with various schools in order to streamline processes of requesting documentation services needed.

Recommendations

The Group Home's management shall ensure that:

10. All children are enrolled in school within three school days of placement and all efforts are documented to timely enroll children in school.

11. Current copies of children's report cards or progress reports are maintained in each child's file.

12. The child's academic performance and/or attendance increases.

Personal Needs/Survival and Economic Well-Being

- One child was not provided with the minimum weekly monetary allowance for the month of February 2013.

During the Exit Conference, the Group Home Program Director stated that the Group Home was distributing monetary allowances monthly. The Group Home Program Director stated that she will ensure that all children receive their monetary allowances weekly; the Group Home Program Director reported that the child was issued their allowance for February 2013 and the amount was posted to the allowance log. The Group Home forwarded the log to OHCMD for verification on October 1, 2013.

Recommendation

The Group Home's management shall ensure that:

13. All children are provided with the weekly minimum monetary allowance.

Personnel Records

- One staff member did not complete the required annual training. The staff member's CPR and First Aid training expired on January 18, 2013.

The matter was brought to the Group Home's attention. The staff member completed CPR and First Aid training on September 6, 2013. A copy of the certificates was placed in the staff's personnel file and a copy was submitted to OHCMD on September 19, 2013. The Group Home will ensure that all staff complete all required trainings in a timely manner.

Recommendation

The Group Home's management shall ensure that:

14. All employees receive required training and verification of training is maintained and kept in the employees personnel file.

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

The OHCMD's last compliance report, dated November 27, 2012, identified one recommendation.

Results

The Group Home did not implement the recommendation for which they were to ensure that:

- The Group Home remains free of any substantiated CCL complaints related to safety and/or physical plant deficiencies.

Recommendation

The Group Home's management shall ensure that:

15. The outstanding recommendation from the 2011-2012 monitoring report, dated November 27, 2012, which is noted in this report as Recommendation 3, is fully implemented.

At the Exit Conference, the Group Home representative expressed a desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home Program Director will conduct periodic checks to monitor compliance with the CAP. OHCMD will verify that the recommendations have been implemented and will provide technical assistance during our next visit to the Group Home in June 2014.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller has not conducted a fiscal review of the Group Home.

January 10, 2014

Sonya Noil
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue #216
El Monte, CA 91731

FIVE ACRES CORRECTIVE ACTION PLAN (CAP)

Ms. Noil,

This letter is in response to Five Acres Group Home Monitoring Performance Review Results in September 2013. Five Acres Group Home was asked to submit a Corrective Action Plan and addendums to address the following deficiencies:

Final Monitoring Review Field Exit Summary September 26, 2013:

I. Licensure/Contract Requirements

#3 Does the group home maintain vehicles in which the children are transported in good repair?

Findings:
Three vehicles had rear outside damage.

CAP
Five Acres Operations team will rotate vehicles out to repair damage. There is a plan for all three vehicles to be repaired by November, 2013. Operations team will also detail all vehicles on rotation 2x/month. **Addendum:** All vehicles were repaired the month of November 2013. Five Acres Residential Manager and Facilities Director will be responsible for follow through and monitoring.
Any staff utilizing vehicles will report to Supervisor and/or Crisis Intervention Specialist teams of any damage and complete a damage report after outing to ensure the Operations team is notified in a timely manner.

760 West Mountain View Street, Altadena CA 91001-4996
626.798.6793 | TTY 626.204.1375 | fax 626.797.7722 | www.5acres.org | emailfor5acres@earthlink.net
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#4 Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?

Findings:
Addendums were not being completed.

CAP
Below is the procedure we will take to ensure compliance regarding SIR reporting and addendums.

1) Training
    a. RTC Trainer and Residential Manager, will provide on-going SIR In-Services to all *applicable staff to include:
        i. Who, What, Where, When, and How of incident being reported
            1. Who was involved (name and title); Who was contacted (name and title)
            2. -What happened (Antecedent, Incident, Conclusion); What interventions were attempted by staff to prevent incident
            3. Where the incident occurred
            4. When the incident occurred (add if it was dinner time, transitioning, etc.); Duration of incident
            5. How will the agency reintegrate the child back into program; debriefing etc.
        ii. Which incidents require addendums
        iii. Timelines on reporting incident

*Applicable staff may include: Unit Program Coordinators, Crisis Intervention Specialists, Public School Team Coordinator, Educational Liaison, Supervisor of Health Services, Clinical Supervisors, Clinicians, Residential Treatment Counselors (RTC and Group Home), RBS Youth Specialists, Mobile Crisis, Case Managers, and Group Home Facility Manager

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2) Review and Tracking

a. Staff involved will complete SIR hard copy form with the details of the incident. Once complete the Staff's Supervisor will review, sign and the incident will be I-Tracked according to required timelines.

b. Tracking to ensure SIR has complete information and/or for further need of addendum will be completed by the following.

RTC-

Director of Milieu Services-Eagle, Spruce, and Falcon Cottages

Asst. Director of Milieu Services-Dove and Lark Cottages

Residential Manager-Crisis Intervention Specialists

Public School Coordinator-Public School Team

RBS and GH-

Program Supervisor-Sequoia, Kodiak and Solita

3) Special Incidents that Warrant an Addendum (All SIRs must have a closed loop of information, however the following may require further detail after submission.)

a. AWOL/Runaway (when child returns, police report information (if not originally available), injury (if applicable))

b. Psychiatric Hospitalization (when child returns, plan for reintegration into program)

c. Medical Hospitalization-Extended (when child returns, medical follow up if applicable)

d. Police Involvement-Detainment (when child returns, plan for reintegration into program)

e. Suicidal Gestures and/or Attempt (PMRT involvement (if applicable); brief clinical assessment outcome the following day)

#7 Are appropriate and comprehensive monetary and clothing allowance logs maintained?

Findings:
Client's allowance log was not clear on when allowance was received and when money was deducted.

CAP
Program Director and Director of Milieu Services met with accounting department to create a system that will allow for allowances to be distributed on a weekly basis for easier tracking. The interim plan to ensure allowance logs were clear and money was distributed in a timely manner was for supervisors to check logs consistently and ensure check requests are completed in a timely manner.
Effective January 2014, a petty cash system has been put in place to ensure that funds are readily available as needed for Allowance, Cottage Funds and Birthdays. Allowance will be distributed on a weekly basis and logged clearly and concisely by Unit Program Coordinators for easier tracking.

#9 Is the group home free of any substantiated Community Care Licensing complaints on safety and /or physical plant deficiencies since the last review?

Findings:
This review period there were four substantiated CCL complaints.

1. 10/30/13- Deficiency Cleared by CCL on 11/16/12
    - Public School Team has implemented a daily communication log to inform treatment team of any unusual incidents that occur at school including but not limited to suspensions, refusals to attend school, physical violence (peer or adult), AWOL, and sexually related incidents.

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- Clinical team communicates updates weekly to psychiatrist regarding status of treatment and any unusual incidents.
- Supervisors will ensure that Incident Reports are completed and distributed as applicable.
- Medication Reviews, including clinician and psychiatrist, will continue to occur bi-weekly for high-risk cases.

2. 1/9/13- Although substantiated, no deficiencies were noted.
3. 6/27/13- Deficiency Cleared by CCL on 7/3/13
   - All clients will be closely monitored at all times to ensure their safety. This will be addressed in individual supervision with Falcon cottage staff.
   - Staff will continue to attend ongoing supervision and training regarding agency protocol and policy surrounding Client's Personal Rights and Providing Care and Supervision. In addition, staff will attend a Bullying Prevention In Service Training.
   - A Tolerance/Anti Bullying Group will be facilitated starting with Falcon Cottage clients. This group with Falcon clients was completed in July 2013.
   - The Residential Training Coordinator will assess and coach Falcon Cottage to determine if other training needs arise.
   - Monitoring systems are currently being assessed which include the future installation of cameras in the cottages and perimeter pending cost analysis and CCL approval. Director of Residential Services completed Program Statement revisions to reflect video surveillance and has sent for DCFS and CCL approval (January 2014).
4. 7/8/13-Appeal results denied on 10/4/13; CAP sent to CCL on 10/11/13.
   - Staff will continue to attend ongoing supervision and training regarding agency protocol and policy surrounding Client's Personal Rights and Providing Care and Supervision. In addition, supervisors will monitor and ensure direct care staff are Pro-Act trained and attend yearly Pro-Act Refresher courses.
   - Supervisors will ensure and monitor that all direct care staff are attending Child Abuse Awareness and Behavior Management trainings.
   - All restraints will be debriefed and reviewed by supervisor or Training Coordinator.

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- Monitoring systems are currently being assessed which include the future installation of cameras in the cottages and perimeter pending cost analysis and CCL approval. Director of Residential Services completed Program Statement revisions to reflect video surveillance and has sent for DCFS and CCL approval (January 2014).

II. Facility and Environment

#11 Are common quarters well maintained? (Clean/sanitary; neat; adequate furniture and lighting; home-like environment, no safety hazards)

#12 Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable, adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring, full complement of liners on beds, age appropriate decorations; and appropriate sleeping arrangements)

Findings:
The carpet at Solita 6 bed group home site was not clean (many large soiled spots)
The lighting in the closet (in the back bedroom) could only be turned on manually by twisting the bulb on and off.

CAP
The carpet was cleaned during the review period and reviewed by monitor.
The lighting in the closet was fixed with a wall switch to turn light on and off.
In addition, the Group Home will institute a monthly Safety and Sanitation checklist that includes safety requirements as well as overall maintenance of living areas. This checklist will be sent to Director of Facilities and Program Director for follow up as needed. The Safety and Sanitation checklist was put into effect in October 2013.

III. Maintenance of Required Documentation and Service Delivery

#16 Did the group home obtain or document efforts to obtain the County Social Worker's authorization to implement the Needs and Services Plan?

Findings:
Five children were noted to either have late CSW signatures, attempts were not timely, or attempts were made, however no signature was able to be obtained.

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CAP
We had several NSP documents that were completed past the deadline due to having many Case Managers out on leave at the same time. In the future, in the event that the Case Management Department is short-staffed, NSP documents will be completed by the assigned Clinician on the case. Additionally, we have moved the deadlines up for when NSP's must be turned in (in edited, corrected, signed, and ready for faxing form) so to

allow sufficient time to successfully fax the NSP to the CSW no later than the required deadline. Assistant Clinical Director will be responsible for monitoring this issue.

#21 Are County workers contacted monthly by the group home and are the contacts appropriately documented in the case file?

Findings:
Five children were found to have missing monthly contacts with County worker on Needs and Services Plan.

CAP
Clinicians need to have, at minimum, one monthly contact with the CSW. For the NSP Quarterly reports, there needs to be 3 dates that Clinician and CSW communicated and/or consulted on the case, with one date for each month of the quarter. Clinical Supervisor and Supervising Case Manager will ensure all NSP's have these 3 dates before the document is faxed to CSW for signature. In addition, Clinicians complete a Five Acres Case Note in Welligent for each contact with CSW, and these notes will be reviewed to ensure accuracy of dates before approving the NSP document.

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

Findings:
Two children were noted in item #23 as being deficient and 7 were noted in #24. Ms. Noil noted that the content of the NSPs were comprehensive, however signatures were missing or late.

CAP
We had several NSP documents that were completed past the deadline due to having many Case Managers out on leave at the same time. In the event that the Case

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Management Department is short-staffed, NSP documents will be completed by the assigned Clinician on the case. Additionally, should the Case Management department be short-staffed, the caseload will be distributed among the remaining Case Managers. Clinical Director and Supervising Case manager will ensure compliance.

IV. Education and Workforce Readiness

#25 Was the child enrolled in school within three days after placement or did the group home document efforts?

Findings:
Documentation of efforts to place child within 3 days was not completed for 1 child.

CAP
Despite efforts to acquire, PUSD does not release any documentation when they are late in assigning a school therefore Five Acres Public School Team will document efforts in a case note and/or in the education section of the Needs and Services Plan. In addition, a position was created, Assistant Coordinator, for the purpose of strengthening relationships with the various schools we work with and in order to streamline processes regarding enrollment, report cards, and services provided.

#27 Are current copies of children's report cards of progress reports maintained?
#28 Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals?

Findings:
One child was found to have no report cards or progress notes therefore monitor was unable to determine school performance.

CAP
Five Acres children currently are attending 15 different schools in PUSD and neighboring communities. Every school has a different timeframe and process around distributing report cards and at times they will not be released to Five Acres due to not being the Educational Rights Holder. A position was created, Assistant Coordinator, for the purpose of strengthening relationships with the various schools we work with and in order to streamline processes regarding enrollment, report cards, and services provided. This has already made the process easier and we have begun to be part of school Portals that will allow us to see our children's school records on line.

If a child is academically struggling, a Public School Team representative, Clinician and Educational Rights Holder request a meeting with school to discuss steps to assist the client. A Public School Team member is on school campus regularly to inquire on both the client's academic and behavioral progress and reports the information back to the treatment team and Educational Rights Holder. In addition, Residential Treatment Counselors and tutors are available to assist with homework and academic needs.

VIII. Personal Needs/Survival and Economic Well-Being

#53 Are children always provided with the minimum monetary allowance?

Findings:
Client did not receive a weekly allowance in the month of February 2013.

CAP
Program Director and Director of Milieu Services met with accounting department to create a system that will allow for allowances to be distributed on a weekly basis for easier tracking. The interim plan to ensure allowance logs were clear and money was distributed in a timely manner was for supervisors to check logs consistently and ensure check requests are completed in a timely manner.
Effective January 2014, a petty cash system has been put in place to ensure that funds are readily available as needed for Allowance, Cottage Funds and Birthdays. Allowance will be distributed on a weekly basis and logged clearly and concisely by Unit Program Coordinators for easier tracking.

X. Personnel Records

#65 Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, First-Aid required annual and emergency intervention)?

Findings:
One staff from Solita Group Home did not have current CPR/First Aid certificate in file.

CAP
Group Home Facility Manager will run training reports on a regular basis to ensure staff training is up to date. Group Home staff took CPR/First Aid class on 9/6/13 and has been certified. If on site classes are full due to required reduced class size through the

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American Heart Association, an outside vendor will be identified to ensure staff are certified within required timeframes. Group Home Facility Manager will ensure future trainings are up to date.

If you have any questions please contact Elizabeth Gonzalez at 626 798-6793 ext. 2268 or egonzalez@5acres.org.

Sincerely,

, LMFT

Elizabeth Gonzalez, LMFT

Program Director

Residential Treatment Services

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