COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

July 11, 2014

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

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

SUBJECT: **GUIDING LIGHT HOME FOR BOYS SITES I AND II GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Guiding Light Home for Boys Sites 1 and 2 in October 2013. Guiding Light Home for Boys has two (2) sites located in the Fifth Supervisorial District of Riverside County. Guiding Light Home for Boys provides services to Los Angeles County Probation children and the Department of Children and Family Services (DCFS). According to Guiding Light Home for Boys program statement, its purpose is to provide a structured group living environment designed to motivate and modify serious behavioral problems and provide treatment from drug and alcohol, anger management, group therapy, one on one therapy, mentoring programs, extensive emancipation, tutoring services and church services for those who are interested. Guiding Light Home for Boys has two (2) six-bed sites that provide care for boys 14 - 17 years of age. At the time of the review, Guiding Light Home for Boys was providing care for two (2) Probation children and did not have any DCFS children. The placed children's overall average length of stay was two months, and their average age, at the time of inspection, was 17 years old.

The interview sample size was two (2) children; however, one child left the Group Home without permission prior to being interviewed and the remaining child was not on any psychotropic medication. Additionally, only one (1) discharged child's file was reviewed to assess compliance with permanency efforts, due to the Group Home only having one Los Angeles County child discharged. Five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed child reported feeling safe at Guiding Light Home for Boys, and that he was provided with good care and appropriate services, was comfortable in his environment and treated with respect and dignity. Guiding Light Home for Boys was in compliance with five (5) of the 10 areas of our Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being.

However, deficiencies were noted in the areas of Licensure/Contract Requirements, Facility and Environment, Maintenance of Required Documentation and Service Delivery, Discharge Children and Personnel Records. Guiding Light Home for Boys Site I had a personal rights violation in January 2013; however, they did not have any safety or physical plant deficiencies. They also needed to develop a waiver for each child to sign that they are choosing not to have the disbursement of clothing vouchers on a monthly basis, rather on a quarterly basis. The Group Home also needs to develop comprehensive Needs and Service Plans (NSPs). PPQA/GHM instructed Guiding Light Home for Boys supervisory staff to treat each child as an individual when developing their NSPs. An emphasis was placed on ensuring that the goals were specific to each child, measurable, attainable, and time orientated. Staff was also encouraged to make sure the child/children are present at the NSP meetings to give their input regarding their goals and to ensure that the goals were written in a way that the child/children could understand. Lastly, Guiding Light Home for Boys needed to correct the minor deficiencies that were noted at Site 2 and to address the deficiencies with the personnel records.

REVIEW OF REPORT

On October 24, 2013, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Guiding Light Home for Boys representatives Stanley Powell, Assistant Administrator and Shugella Weaver-Thomas, Assistant Program Director. Guiding Light Home for Boys representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP). They also stated that they will be implementing a new therapist to develop comprehensive NSPs effective October 12, 2013. Although the new therapist was hired in October 2013, she will not participate in her first treatment plan meeting until November 13, 2014.

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

Guiding Light Home for Boys provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all deficiencies cited in CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

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

JEP:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Acting 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
Candace Hache, Administrator, Guiding Light Home for Boys
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

GUIDING LIGHT HOME FOR BOYS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

26624 Saffron Circle
Moreno Valley, CA 92555
License # 336426160
Rate Classification Level: 10

25123 Middlebrook Way
Moreno Valley, CA 92551
License # 336423724
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: October 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	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 Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. N/A
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. N/A
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. N/A

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	N/A
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	1. Full Compliance 2. Improvement Needed 3. Full Compliance
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. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

GUIDING LIGHT HOME FOR BOYS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Guiding Light Home for Boys compliance with the County contract and State regulations and include 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
- Personnel Records

For the purpose of this review, the only two (2) children placed at the time of this review were selected for the sample; however, one of the children left the facility without permission before an interview was conducted with him. At the time of the review, there were no other Los Angeles County placed children from Probation or the Department of Children and Family Services (DCFS). Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed the remaining child and reviewed his case file to assess the care and services he received. Additionally, one (1) discharged child's file was reviewed to assess Guiding Light Home for Boys compliance with permanency efforts; the one file was Probation since there were no Los Angeles County DCFS children discharged during the year. At the time of the review, there were no placed children who were prescribed psychotropic medication. PPQA/GHM reviewed the agency's medication case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring on previous cases.

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 five (5) areas were out of compliance.

Licensure/Contract Requirement

During the monitoring review, it was noted that the Group Home did not have a waiver that would give the children the option of saving their clothing voucher and receiving it on a monthly basis or on a quarterly basis. One of the children had elected to save his clothing voucher because he felt that he could not purchase very much with $50.00 and wanted to receive it quarterly; however, there was no documentation in the file indicating this option.

Community Care Licensing also reported that Guiding Light Home for Boys Site 1 had a substantiated complaint in January 2013, for a personal rights violation. Guiding Light's previous site, Clearwater License # 336424036, which was closed 9/3/13, had a substantiated personal rights violation, for refusing to allow a child back into the home after he went AWOL. The child refused to allow the Group Home staff to search his belongings, so the staff refused to allow the child to enter the home. Notice of this violation had not been received until after the 2012-2013 review period. Guiding Light has retrained the staff on AWOL procedures and Community Care Licensing has approved their corrective action plan. However, they did not have any safety or physical plant deficiencies.

1. Guiding Light Home for Boys management shall ensure that a waiver is developed and placed in each child's file giving them their clothing voucher issuance options.

2. Guiding Light Home for Boys management shall make all attempts to ensure that they are free of all substantiated complaints.

Facility and Environment

During the facility inspection, there were some minor deficiencies noted at Site 2. Site 2 needs to remove the spray paint graffiti from the fence in the back yard. Site 2 also needs to repair or replace the intercom system on the wall in the TV room and in all three bedrooms.

Recommendation

1. Guiding Light Home for Boys management shall ensure that the aforementioned deficiencies cited related to the exterior, common areas and bedrooms will be corrected in a timely fashion.

Maintenance of Required Documentation and Service Delivery

Of the two (2) NSP's reviewed, both were initial NSP's. They were both developed timely; however, they were not comprehensive. Both NSP's were missing the Deputy Probation Officer (DPO) signature authorizing the implementation of the NSP; however, the file did contain one documented effort to obtain the DPO's signature. The NSP's were not child specific, time orientated, or measurable. There was no way to determine if the children were making progress toward their goals. An example of one of the NSP's goals was to "Decrease maladaptive behaviors of rage in school". This is goal is not acceptable because it is not specific, measurable or time limited. The children's length of placement did not warrant updated NSP's; therefore, the elements related to child's progression and updated NSPs are non-applicable (N/A).

Recommendation

1. Guiding Light Home for Boys management shall ensure that all NSP's are comprehensive. The NSP's should be specific to each child and the goals should be written in a detailed and updated manner to show that the child is making progress towards their goals.

Discharged Children

In the one (1) discharged file that was reviewed, there was an initial and an updated NSP. The documents in the file revealed that the child was receiving therapeutic services; however, the NSP's were not comprehensive. The updated NSP goals were almost identical to the initial NSP goals. In the initial NSP, the goals were general and not child specific. Since the goals on the updated NSP identical to those on the initial NSP, they were not measurable, and there was no way to determine if the child was making progress.

Recommendation

1. Guiding Light Home for Boys management shall ensure that all discharged children's initial and updated NSP's are comprehensive. The NSP's should be specific to each child and the goals should be written in a detailed and updated manner to show that the child is making progress towards their goals.

Personnel Records

During the monitoring review, it was noted that three (3) of the employees were missing their signed criminal background statement form. There was also one (1) employee who did not have a timely initial health screen.

Recommendation

1. Guiding Light Home for Boys management shall ensure that all future personnel have signed criminal background statements and timely health screens present in the files.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA/GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated June 9, 2014, identified three (3) recommendations.

Results

Based on the follow-up, Guiding Light Home for Boys fully implemented one (1) of the three (3) previous recommendations for which they were to ensure that:

- The physical deficiencies were corrected

The two (2) recommendations that remain out of compliance for the 2013-2014, fiscal year, are in the area of "Maintenance of Required Documentation and Service Delivery and Discharge Children":

- The Group Home's initial NSP's continue to be non-comprehensive and specific to each child
- The Group Home's initial and updated NSP's for discharged children continue to be non-comprehensive or child specific.

The Group Home has attempted to improve the quality and comprehensiveness of the children's NSP's by hiring a new therapist who is in charge of developing their NSP's effective October 11, 2013.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Guiding Light Home for Boys from the Department of Auditor-Controller is dated March 10, 2010, for the fiscal period of January 1, 2008, to December 31, 2008. The report dated March 10, 2010, indicated that Guiding Light Home for Boys had questioned/disallowed cost. Guiding Light Home for Boys submitted a timely, approved fiscal Corrective Action Plan, which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

Guiding Light Home for Boys, Inc.
25123 Middlebrook Way Moreno Valley, CA 92551
Facility (951) 485-0423 Fax (951) 485-9165
Candace Hache, Executive Director/Administrator (951) 906-1424

Lynwood Regional Justice Center
Attn DPO RaTasha Smith
11701 S. Alameda St
Lynwood, CA 90262

December 15, 2013

I. LICENSURE/CONTRACT REQUIREMENTS

a) Area of Concern

Group Home did not have a waiver in place for clothing vouchers giving children the option of saving the vouchers for more than one month.

a) Corrective Action Plan

The Guiding Light Administrator and assigned designee will be responsible for maintaining clothing vouchers should children decide to save the vouchers for future purchases. Waivers shall be kept with all clothing records and receipts. **(See Attachment #1: Clothing Allowance Agreement)**

I. FACILITY AND ENVIRONMENT

a) Area of Concern

Site 2 needs to remove the spray paint graffiti from the back yard fence. Repair or replace the intercom system on the wall in the TV room. Repair or replace the intercom system located on the wall of all 3 bedrooms.

b) Corrective Action Plan

Guiding Light Executive Director/Administrator is responsible for contracting with local handyman/maintenance that will be responsible for the general upkeep and maintenance of the total grounds of Guiding Light Home for Boys, Inc. Facilities.

Guiding Light Administration took immediate actions to correct/replace all damages made to the intercom system which was initially installed just days prior to this audit in order to meet new licensing regulations. Administration will also continue to have on-going communication with its clients to ensure their understanding as to the reason/purpose for the newly installed system.

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Guiding Light Management Meeting was held to review Guiding Light Policies and Procedures for graffiti removal. The Administrator will assume total responsibility for conveying to Guiding Light Residential Counselors through on-going trainings/in-services, the important of ensuring that the facility grounds do not give the appearance of taggers and/or gang affiliations.

Counselors are responsible for reporting property damage done by its clients in order to adhere to standards set by Guiding Light to maintain a well-kept grounds and environment.

Guiding Light Administrator is responsible for monitoring facility managers, ensuring that facility inspections are conducted regularly.

II. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Client - missing DPO signature on NSP. Client - missing DPO signature but both files have 1 documented effort to obtain the DPO signature. Client NSP goals are not comprehensive. The goals are not specific or measurable. Client – goals are not child specific or measureable.

Guiding Light Home for Boys has restructured its clinical team by hiring a new licensed Therapist and Clinical MFT Interns in order to enhance therapeutic services and methods, and to accomplish effectively written Needs and Services Plans which as measurable and goals specific.

All newly hired clinical personnel attended new hire orientation and participated in a treatment team meeting held on November 13, 2013. The following materials were covered to guarantee an effectively written NSP which are measurable, obtainable and child specific: 1) Los Angeles County Provider Needs and Services Plan/Quarterly Report 2) Polices and Procedures Regarding Required Documentation and Services Delivery 3) Previous Client's Reports and Corrective Action Plans to Los Angeles County regarding NSP. **(See Attachment #2 Proof of Attendance)**

The Licensed Therapist, Administrator and Intern shall work in partnership in order to ensure the following: DPOs are invited to participate in the initial development and updates of their client's NSP. Once the NSP has been developed and agreed upon, all involved parties including the DPO and Client will be given opportunity to sign the NSP authorizing the approval for implementation.

If the DPO is unable to attend the initial development and or updates of the NSP, it is the responsibility of the Guiding Light Administrator to ensure that a completed drafted NSP is forwarded to the DPO for their input and to obtain authorization to implement the client's NSP.

In additional to the procedure listed above, the Administration Office has assigned an 'Signature Required" Inbox for DPOs, as a means to obtain any needed DPO signatures during their monthly caseload visitations.

The Administrator will also continue to document all efforts made to obtain DPO signatures.

As a means of quality assurance the Guiding Light Administrator is responsible for conducting a monthly review of all clinical documentation including but not limited to:

1) Ensure that NSP are individualize, measurable, obtainable and specific to the needs of the client
2) Ensure that NSP are developed within the time frame allotted
3) Ensure that Guiding Light Initial Needs and Services Plans are authorized by the DPO by obtaining signatures and ensure that all attempt to obtain the signatures are documented
4) Ensuring that Guiding Light clients play an active role in the development of the Initial NSP, modification of the NSP

III. EDUCATION AND WORKFORCE READINESS - MET
IV. HEALTH AND MEDICAL NEEDS - MET
V. PSYCHOTROPIC MEDICATION - MET
VI. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING - MET
VII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING – MET

VII. DISCHARGE CHILDREN

Client's – initial NSP goals were almost identical to update. There was no way to determine if the child was making any progress. The initial NSP goals were not measurable.

The Guiding Light's newly appointed Clinical Team has reviewed the NSP and Discharge policies and procedure and assume responsibility for ensuring that the discharge plans are individualized and relevant to the permanency plan. At the time of planned permanent releases or transfer from the program, the therapist will ensure that documentation includes a summary of findings, client's progress and after-care plans.

As a means of quality assurance the Guiding Light Administrator is responsible for conducting a monthly review of all clinical documentation including but not limited to:

1) Ensure that Discharge Plans are individualize and specific to the needs of the client and whether or not client has shown progress.

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2) Ensure that Discharges are developed within the time frame allotted and relevant to the Permanency Plan
3) Ensuring that Guiding Light clients play an active role in the development of the discharge plan.

VIII. PERSONNEL RECORDS –

Bridgette Gray-Todd- missing signed criminal background statement, L. Neal – initial health screening not completed prior to hire. T. Lara- missing signed criminal background statement, D. Herrera missing signed criminal background statement, D. Herrera missing signed criminal background statement.

Guiding Light Administration has created a checks and balance system to ensure that required personnel records/documents is enclosed in all Guiding Light Employees files. A Tracking Form "Initial Development of Personnel Records/File" has been implemented as part of HR practices. (See Attachment #3 Cover Sheet & Signed Documents of Todd and Lara which were given to the monitor/evaluator during the monitoring visit). Guiding Light Administrator shall ensure that its employees completed health screening/clearances prior to their initial hire date.

If you have any further questions or concerns, please do not hesitate to give me a call.

Candace Hache, Administrator/Executive Director