COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

September 29, 2014

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

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **PHOENIX HOUSE CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Phoenix House in April 2014. Phoenix House has one (1) site, which is located in the Fifth Supervisorial District of Los Angeles County. Phoenix House provides services to Los Angeles County Probation children and the Department of Children and Family Services (DCFS). According to the Phoenix House program statement, its purpose is to provide a residential program with a daily structured regimen to meet the rehabilitation, development, treatment, educational, recreational, and social needs of high risk adolescents assessed with a primary substance use disorder and co-occurring emotional and mental health issues.

Phoenix House has one (1) site and is licensed to serve a capacity of 140 children; 90 boys and 50 girls, 13 - 18 years of age. At the time of the review, Phoenix House was providing care for 49 Probation children and 11 DCFS children. The placed children's overall average length of placement was five (5) months, and their average age was 17 years old.

Seven (7) children, four (4) Probation children and three (3) DCFS children were randomly selected for the interview sample. All seven (7) children in the sample were on psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files 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 Phoenix House and that they were provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity. Phoenix House was in compliance with three (3) of the 10 areas of the Contract Compliance Review: "Psychotropic Medication", "Personal Needs/Survival and Economic Well-Being", and "Discharged Children".

However, deficiencies were noted in the area of "Licensure/Contract Requirements", in that, Phoenix House needed to ensure all vehicles have working seatbelts and needed to provide staff and children's signatures on clothing allowance and weekly allowance logs. Additionally, Phoenix House needed to exhibit proactive measures to be free of substantiated Community Care Licensing (CCL) complaints. Deficiencies were also noted in the area of "Facility and Environment", in that, the common areas and children's bedrooms needed to be clean and free of needed repairs or replacements. Deficiencies were noted in the area of "Maintenance of Required Documentation and Services Deliver", in that, Phoenix House needed to obtain required signatures, document County Worker contacts and develop timely and comprehensive Initial and Updated Needs and Services Plans (NSPs).

Deficiencies were noted in the area of "Educational and Workforce Readiness", in that, Phoenix House needs to document their efforts to provide children with Youth Development Services. In the area of "Health and Medical Needs", Phoenix House needs to ensure that children received timely medical and dental examinations, and in the area of "Personal Rights and Social/Emotional Well-Being", Phoenix House needs to allow children to attend church services. Lastly, deficiencies were noted in the area of "Personnel Records", in that, current driver's licenses for all staff need to be maintained in staff files, and Phoenix House needs to ensure that emergency prevention training for staff is up to date.

REVIEW OF REPORT

On June 9, 2014, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Phoenix House Managing Director Frank Sanchez and Director of Residential Services Errol Small. Deficiencies in areas such as, monetary logs and medical and dental exams were discussed in detail to ensure a full understanding of the required documentation. Additionally, when discussing the NSPs, Clinical Specialist Monica Lang, and Case Managers Camille Buenviaje, Viridiana Hernandez, and Elsa Aldaz joined the Exit Conference. Several NSPs were reviewed, and the Case Managers shared their process in completing NSPs. Errors were discussed and ways to make improvements were shared. Phoenix House 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).

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

Phoenix House provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted, and all deficiencies cited in the 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 or concerns 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
Karen D. Richardson, Out-of-Home-Care Management, DCFS
Leticia Torres-Ibarra, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Frank Sanchez, Managing Director, Phoenix House
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

PHOENIX HOUSE
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

11600 Eldridge Avenue
Lake View Terrace, CA 91342
License # 1912222731
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: April 2014
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. N/A
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	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. Full Compliance
	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. 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 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	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements)	
	1. Children Enrolled in School Within Three School Days	1. Full Compliance
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Full Compliance
	3. Current Report Cards Maintained	3. Full Compliance
	4. Children's Academic or Attendance Increased	4. Full Compliance
	5. GH Encouraged Children's Participation in YDS/ Vocational Programs	5. Improvement Needed
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely	1. Improvement Needed
	2. Follow-Up Medical Exams Conducted Timely	2. Full Compliance
	3. Initial Dental Exams Conducted Timely	3. Improvement Needed
	4. Follow-Up Dental Exams Conducted Timely	4. Improvement Needed
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	1. Full Compliance
	2. Children Feel Safe	2. Full Compliance
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's efforts to provide Meals and Snacks	4. Full Compliance
	5. Staff Treat Children with Respect and Dignity	5. Full Compliance
	6. Appropriate Rewards and Discipline System	6. Full Compliance
	7. Children Allowed Private Visits, Calls and Correspondence	7. Full Compliance
	8. Children Free to Attend or not Attend Religious Services/Activities	8. Improvement Needed
	9. Reasonable Chores	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Full Compliance
	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Full Compliance

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children'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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed

PHOENIX HOUSE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Phoenix House's compliance with the County contract and State regulations and include a review of the Phoenix House'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) placed children were selected for the sample, four (4) Probation children, and three (3) DCFS children. 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, three (3) discharged children's files were reviewed, two (2) Probation and one (1) DCFS, to assess Phoenix House's compliance with permanency efforts. At the time of the review, all seven (7) placed children were prescribed psychotropic medication. These case files were reviewed 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 seven (7) areas were out of compliance.

Licensure/Contract Requirements

- Phoenix House has eight (8) vehicles that transport children to various appointments. All eight (8) vehicles were inspected. One (1) vehicle was not maintained in good repair, the right side passenger seatbelt in the second row was not operational.

- Clothing allowance logs and weekly allowance logs were reviewed. The logs were easily accessible, organized, and legible. However, the logs were not fully completed, as they were missing staff's signatures and children's signatures.

- The following is a substantiated complaint reported by Community Care Licensing (CCL):

    - The allegation was that a staff member failed to announce his presence before entering a female resident's bedroom and inappropriately touched her. The investigation was unfounded for sexual abuse. However, on 04/16/14, the incident was substantiated as a personal rights violation. On 4/27/14, Phoenix House submitted a Plan of Correction to CCL.

The area of "Timely Notification for Child's Relocation" was not applicable (N/A) due to the fact that Phoenix House has only one location, so youth either complete the program or leave altogether.

Recommendation

Phoenix House management shall ensure that:

1. Vehicles are maintained in good repair

2. Comprehensive weekly allowance logs and clothing allowance logs are maintained, and all logs are signed by staff and children

3. Substantiated CCL complaints are addressed and/or corrected

Facility and Environment

- The common areas of Phoenix House were inspected and deficiencies were noted. In the Genesis lounge, the library needed organizing, and cleaning spray was found on the bookshelf, which was immediately removed. In the Odyssey lounge, torn chair cushions needed to be removed.

- The children's bedrooms were inspected and deficiencies were noted. In Genesis unit, bedroom #250 had a dirty blanket and dirty bathroom. Bedroom #207 had a corkboard with derogatory comments, bedroom #205 had a hole in bathroom shower wall, and bedroom #202 had a missing mattress pad and protruding screw in the wall, which was removed.

  In Odyssey unit, bedroom #228 had a water stain on the ceiling tile, bedroom #227 had a hole in the bathroom above the toilet, bedroom #220 had an air conditioning counter that was chipped/broken, and bedroom #219 had a smoke detector that was not working. Bedroom #216 had a dirty ceiling vent and tile, bedroom #241 had a mattress that was immediately replaced, due to having no support.

In Amethyst unit, bedroom #44 had a missing bathroom shower drain cover; bedroom #47 had a cracked hamper, which was immediately replaced. Bedroom #49 did not have the evacuation plan posted; however, an evacuation plan was immediately placed in a frame. Bedroom #51 had tagging inside the desk drawer, which was painted over, and bedroom #52 had tagging on the edge of the bathroom door, which was also painted over. Bedroom #56 had a freestanding closet that was wobbly and the gum on the walls of bedroom #60 was removed. It should be noted that there was tagging on furniture and on windows, in several bedrooms, in which Phoenix House was well aware of and has been in the process of eliminating. Additionally, while inspecting the bedrooms, plans to replace all curtains were discussed.

Recommendation

Phoenix House management shall ensure that:

1. The common areas of the facility are well maintained and deficiencies are corrected in a timely manner

2. Children's bedrooms are well maintained and deficiencies are corrected in a timely manner

Maintenance of Required Documentation and Service Delivery

- Seven (7) children's initial and updated Needs and Services Plans (NSPs) were reviewed. Five (5) of seven (7) children's NSPs were missing County Worker's signatures for approval of the NSPs. Additionally, there was no documentation to show efforts made by Phoenix House Case Managers to obtain the signatures.

- Seven (7) children's updated NSPs were reviewed. One (1) NSP did not include Phoenix House Case Manager's contact with the County Worker. The NSP did not include any dates or kind of contact. It was only indicated that the Phoenix House Case Manager will remain in contact with the County Worker by email, telephone calls, and monthly meetings.

- Seven (7) children's initial NSPs were reviewed. All seven (7) initial NSPs included children's signatures and the children stated during the interviews that they participated in the development of their NSPs. Six (6) of seven (7) initial NSPs were timely; however, one (1) initial NSP was completed five (5) days before the child was placed at Phoenix House. Additionally, all 7 initial NSPs had incomplete or incorrectly completed Concurrent Case Plan Goals. Two (2) of the seven (7) initial NSPs did not include medical exam or dental exam dates and did not include any explanations. Five (5) of seven (7) initial NSPs included goals with dates that were too far into the future; making them difficult to assess for achievement. Additionally, 1 of 7 initial NSPs included incorrect dates and/or improper modification dates without a reason for modification being provided. Lastly, all seven (7) initial NSPs were missing parent signatures. According to

the case plan goals, there was parental involvement in all of the children's case plans, therefore; there should have been parental signatures on the NSPs.

- Seven (7) children's updated NSPs were reviewed. Seven (7) updated NSPs included children's signatures and the children stated during the interviews that they participated in the development of their NSPs. Six (6) of seven (7) updated NSPs were timely; however, one (1) updated NSP was completed a month late. Additionally, Concurrent Case Plan Goals were incomplete or completed incorrectly on all updated NSPs. One (1) NSP noted that a child achieved goals; however, the goals were not documented in the Achieved Outcome Goals section. Four (4) of seven (7) updated NSPs incorrectly noted that they were initial NSPs and two (2) of seven (7) had documentation that was missing on family therapy and/or individual therapy sessions. One (1) NSP indicated that a child did not need assistance with care and grooming, however, when meeting this child, it was obvious that he needed assistance with his hygiene. Lastly, all seven (7) updated NSPs were missing parent signatures.

Recommendation

Phoenix House management shall ensure that:

1. County Worker's signatures authorizing implementation of NSPs are obtained
2. Contact with County Workers is clearly documented in the NSPs
3. Initial NSPs are developed timely, child specific, and comprehensive
4. Updated NSPs are developed timely, child specific, and comprehensive

Educational and Workforce Readiness

- Seven (7) children were interviewed and seven (7) children's files were reviewed. Six (6) of seven (7) children stated that they were not receiving any type of Youth Development Services. Only one (1) child stated that she was receiving assistance for her future and making plans for college. The other six (6) children interviewed, whose ages ranged from 16-18, stated that they needed these services and needed help in areas, such as, obtaining an ID and a social security card. Documentation to show that these services were being offered was not provided by Phoenix House. This matter was discussed with Phoenix House administration and it was stated that this problem would be resolved and a plan would be set in motion to ensure these children receive the necessary services.

Recommendation

Phoenix House management shall ensure that:

1. Children are encouraged to participate in Youth Development Services/Vocational Programs

Health and Medical Needs

- While reviewing seven (7) children's files, it was discovered that one (1) child did not receive a timely medical exam. One (1) child's medical exam was received 39 days after his placement. In discussing this matter with the Supervising Nurse, it was unknown as to why the medical exam was untimely. It should be noted that another child's medical exam was received 55 days after his placement; however, the information that he did not have medi-cal eligibility was documented.

- While reviewing seven (7) children's files, it was discovered that one (1) child did not receive a timely dental exam. One (1) child's dental exam was received 40 days after his placement. In discussing this matter with the Supervising Nurse, it was unknown as to why the dental exam was untimely. It should be noted that another child, who was placed at Phoenix House on 11/25/13, did not receive an actual dental exam; however, the information that he did not have medi-cal eligibility was documented. According to the Supervising Nurse, on 12/10/14, this child met with the dentist who visually examined his teeth and found no evidence of cavities.

- While reviewing seven (7) children's files, it was discovered that two (2) of seven (7) children did not have timely follow-up dental exams. Documentation showed that these children were to have follow-up dental exams; however, there was no documentation provided by Phoenix House to show that they actually received these services.

Recommendation

Phoenix House management shall ensure that:

1. Children receive timely medical and dental exams

2. Children receive timely follow-up dental exams

Personal Rights and Social Emotional Well-Being

- Seven (7) children were interviewed. One (1) child reported that he was not free to attend religious services. This child reported that, on several occasions, he would get ready on Sunday mornings to attend church, but Phoenix House staff would tell him that he could not attend; that he was either not on the list to attend or that there was no room for him in the vehicle.

Recommendation

Phoenix House management shall ensure that:

1. Children are free to attend religious services

Personnel Records

- Five (5) staff files were reviewed. Of the five (5) staff files reviewed, two (2) did not have copies of current driver's licenses on file. A current copy of one (1) of these driver's licenses was provided during the review.

- Five (5) staff files were reviewed. Of the five (5) staff files reviewed, one (1) did not have proof of emergency intervention training. The last emergency intervention training received was in January 2014, which was expired.

Recommendation

Phoenix House management shall ensure that:

1. Copies of current drivers' licenses are maintained in their files

2. Staff attend required emergency intervention training and maintain supporting documentation in all files

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

PPQA/GHM's last compliance report dated June 09, 2014, identified 11 recommendations.

Results

Based on the follow-up, Phoenix House fully implemented three (3) of the 11 previous recommendations for which they were to ensure that:

- They exhibited proactive measures to be free of substantiated CCL complaints related to plant deficiencies and injuries.
- Children's current report cards or progress reports were maintained in their files.
- Children received private visits and private phone calls. The children interviewed did not have any complaints in this area.

The following eight (8) recommendations from the previous year were not corrected:

- Maintaining vehicles in good repair.
- Maintaining common areas in good repair
- Maintaining children's bedrooms in good repair
- Documenting monthly contact with County Workers.
- Completing timely and comprehensive initial NSPs.
- Completing timely and comprehensive updated NSPs.
- Ensuring staff have current drivers' and that they are maintained.
- Ensuring staff renew emergency intervention training in a timely manner.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

As of the date of this review, there has not been a Fiscal Review completed by the Auditor Controller's Office.

11600 Eldridge Avenue
Lake View Terrace, CA 91342
www.phoenixhouse.org

T 818 686 3272
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Phoenix House
Rising Above Addiction

July 26, 2014

Lori Tchakerian, DPOII
Group Home Monitoring Unit
Placement Services Bureau
Lynwood Regional Justice Center
11701 S. Alameda St. 2nd Floor
Lynwood, CA 90262

Re: Group Home Monitoring Review Phoenix House Academy of Los Angeles

Dear DPO Tchakerian,

Please find attached the response and corrective action plans to the monitoring review field exit summary. I have met with the clinical management team to address all concerned findings. Our team is committed to ensuring that we correct and sustain the corrections over the next twelve months. With a 12 month effort of focusing attention on these areas of improvement we hope to show that the quality of services provided to our youth continues to excel. We appreciate the thoroughness of your review. We will use this opportunity to continue to improve our relationship and service to the youth you have placed in our care.

Should you have any questions regarding the responses feel free to give me a call.

Sincerely,

Frank Sanchez, Ph.D., Managing Director
Phoenix House Academy Los Angeles
Phone: (821) 686-3272 ext. 4272
Cell: (323)447-2466

I. LICENSURE/CONTRACT REQUIREMENTS

Recommendations:

1. Phoenix House shall ensure that vehicles are maintained in good repair

- **Phoenix House shall ensure that motor vehicles used to transport children shall be maintained in safe operating condition and all occupants shall be secured in the appropriate restraint system. Vehicle #1 will have inoperable seatbelt repaired or replaced prior to use by clients. Keys have been secured in the Managing Director's office and will remain in possession of the Managing Director until seatbelt latch in vehicle #1 is repaired. Vehicle #1 will have necessary corrections by 11/1/2014.**

2. Phoenix House shall ensure that comprehensive weekly allowance and clothing allowance logs are maintained; that logs are signed by staff and children

- **Phoenix House shall ensure that comprehensive weekly allowance and clothing allowances are maintained by utilizing a spreadsheet that effectively indicates accurate balances associated with client accruals related to weekly allowance and clothing allowance. Phoenix House will revise the current spreadsheet tracking weekly allowance and clothing allowance to include space for both client and staff signatures indicating proper issuance of allowances by staff and receipt by clients by 9/15/2014.**

3. Phoenix House shall ensure that substantiated CCL complaints are corrected

- **Phoenix House shall ensure that substantiated CCL complaints are complied with and corrected. All substantiated complaints have been corrected as outlined in the approved corrective action plans. On 4/16/14, CCL had investigated a complaint of sexual abuse and personal rights being violated. CCL stated that there was no evidence to substantiate sexual abuse, however, there was enough information to substantiate a violation of client's personal rights. The above-mentioned incident occurred on 12/02/13. We have provided training to staff members on 2/19/14, to review policies and procedures regarding touch, side hugs etc. The staff member that was involved received training in Therapeutic Boundaries 1/16/14, Workplace Harassment Prevention 1/17/14, Abuse 1/14/14, Professional Ethics and Professional Boundaries 1/20/14, Sexual Harassment/Discrimination – Prevention 1/16/14 and Boundaries and Professionalism 1/13/14.**

II. FACILITY AND ENVIRONMENT

Recommendations:

4. Phoenix House shall ensure that the common quarters of the facility are well maintained

- Phoenix House shall ensure that all common quarters of the facility are maintained by the maintenance supervisor conducting daily unit inspections and communicating any deficiencies directly to Unit Directors and members of maintenance department. Common quarters shall be clean, safe, sanitary, and in good repair at all times to ensure the safety and well-being of children, employees, and visitors. Phoenix House had previously incorporated a facilities inspection report that is reviewed at the monthly Health and Safety meetings and at the Quality Assurance meeting when needed. The administrative team will be checking the units at least three times per week to ensure that the living quarters are in good repair. Following are the actions that took place to correct the facility deficiencies.

    - Genesis Lounge- Organize Library completed and provided assignment to Genesis Recovery Specialist 7/20/14.
    - Genesis Lounge- Cleaning Spray removed and locked, completed 5/12/14.
    - Odyssey Lounge- Remove chair cushions completed and replaced 5/18/14.

5. Phoenix House shall ensure that the children's bedrooms are well maintained

- Phoenix House shall ensure that client's bedrooms are well maintained by assigning a designated staff each morning to effectively monitor chores that consist of individual clients cleaning their bedrooms and common areas, while maintaining general licensing requirements and assisting clients with the development of independent living skills. A meeting with Unit Directors was conducted on 6/9/14, to discuss the need for greater efforts on behalf of both clients and staff to ensure that general licensing standards in regard to bedroom cleanliness are routinely met. On 5/27/14, the senior counselors were trained individually on the requirements of the client's bedrooms and living areas to ensure that they meet CCL and probation requirements. The administrative team will be spot-checking several bedrooms on each unit weekly to ensure that the client's bedrooms are in good repair. The following actions took place to correct the facility deficiencies.

- Genesis
    - #250 Dirty blanket and dirty bedroom:
      Senior counselor met with client to discuss proper hygiene. Senior counselor is meeting with client to review cleanliness of bedroom and coaching client to respond.
    - #207 Corkboard with derogatory comments:
      Corkboard was removed and replaced with a new one.
    - #205 Hole in bathroom shower wall:
      Hole has been caulked and patched.
    - #202 Missing mattress pad and screw in wall:
      Mattress pad has been provided for room #202, screw has been removed.
    - Tagging on furniture and windows:
      Furniture is being priced for replacement and window tint that is tagged on is being removed. The windows will be completed by 9/30/14.
    - Missing vent grills:

Missing vent grills have been replaced or repaired.

- Odyssey
  - #228 water stain on ceiling tile:
    Water stain on the ceiling tile has been replaced with a new one.
  - #227 hole above toilet and broken AC counter:
    Patched and painted hole. Formica on counter has been fixed.
  - #220 broken AC counter part:
    Formica counter in room has been repaired.
  - #219 broken smoke detector:
    Smoke detector has been replaced with new one.
  - #216 dirty ceiling vent and tile:
    Cleaned vent and replaced tile.
  - #241 mattress:
    Mattress was replaced.

- Amethyst
  - #44 missing shower drain cover
    Missing shower drain cover has been replaced with a new one.
  - #46 torn window curtain
    Repaired hem on curtain.
  - #47 tagging and broken hamper:
    Broken hamper has been replaced.
  - #49 evacuation plan not posted in bedroom:
    Evacuation plan has been replaced with a new one.
  - #51 tagging inside desk drawer:
    Tagging inside the desk drawer has been painted over.
  - #52 tagging on edge of bathroom door:
    Tagging on the edge of the bathroom door has been painted over.
  - #56 closet broken/wobbly:
    The closet has been replaced.
  - #60 gum on walls:
    Gum on the walls has been removed.
  - Plan to replace all curtains:
    The cost to replace the curtains is being bid in purchasing. The curtains in all rooms will be replaced by 11/15/14.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Recommendations:

6. Phoenix House shall ensure that they obtain the County Worker's signatures authorizing implementation of NSPs

- **Phoenix House shall ensure that County Worker's signatures authorizing implementations of NSP's shall occur for every client in treatment at the facility and**

secured within Initial and Quarterly documentation. This process was reviewed in the Quality Assurance meeting conducted on 6/26/14, with the purpose of reviewing procedures and best practices to communicate with assigned County Workers to ensure that appropriate signatures are obtained in a timely manner. Case Managers have been trained to speak directly with County Worker's immediate supervisor if request to obtain appropriate signatures becomes challenging due to logistics or inability to speak with County Workers directly. If supervisors are unresponsive then Case Managers will contact the Managing Director Frank Sanchez to follow up. Case Managers will be trained to escalate the obtaining of County Workers Signatures in the NSP's in the two NSP trainings being conducted by 9/30/14.

7. Phoenix House shall ensure that they document their contact with County Workers in the NSPs

- **Phoenix House shall ensure that contact with County Workers is consistently documented in the client's electronic health record as well as documented within the Needs and Services Plan. Documentation will include critical information that pertains to the client's treatment plan, progress or current factors that may alter objectives. Two trainings will occur to review the consistency of the documentation of contact with county workers in the NSP by 9/30/2014.**

8. Phoenix House shall ensure the development of timely, child specific, and comprehensive initial NSPs

- **Phoenix House shall ensure the development of timely, child specific, and comprehensive initial NSPs to support the treatment planning and overall needs of the individual client. Thorough objectives will be consistently developed to support the client's treatment. Client NSP goals will be written in the SMART goal format. To ensure compliance by all Case Managers two trainings for NSPs will occur by 9/30/2014.**

9. Phoenix House shall ensure the development of timely, child specific, and comprehensive updated NSPs

- **Phoenix House shall ensure the development of timely, client specific and comprehensive Quarterly NSP's to support the treatment planning and overall needs of the individual client. Thorough objectives will be consistently developed to support the development of Quarterly NSP's based on progress made throughout the process of treatment. Concurrent planning will also occur to support unforeseen changes that may impact developed objectives. Two additional trainings will be conducted by 9/30/14, to ensure the quality of written goals in SMART goal format.**

IV. EDUCATION AND WORKFORCE READINESS

Recommendations:

10. Phoenix House shall ensure that children are encouraged to participate in YDS/Vocational Programs

- **Phoenix House shall ensure that clients are encouraged to participate in YDS/Vocational Programs by providing each child in our program with an opportunity to participate in our established Independent Living Skills Program. On 6/27/14, Phoenix House vocational counselors met with Director of Operations and developed a four-week curriculum for clients in our program to become exposed to independent living skills and work experience opportunities. The curriculum consists of career assessments, resume writing, effective job searching, mock interviews, money management and formal interviews with designated supervisors to obtain specific Job Functions to earn money within the program. Independent Living Skills Program is scheduled to begin on 8/4/14. Girls will participate in the program on Monday and Wednesdays from 3pm to 3:45pm. Boys will participate on Tuesdays and Thursdays from 3pm to 3:45pm. 17 and 18 year old clients will receive priority entrance into the Independent Living Skills Program and will comprise our initial grouping of children.**

V. CHILDREN'S HEALTH AND MEDICAL NEEDS

Recommendations:

11. Phoenix House shall ensure that children receive timely medical exams

- **Phoenix House shall ensure that clients receive timely medical exams by adhering to admission agreement which stipulates that prior to, or within 30 calendar days following the enrollment of a child, Phoenix House shall obtain a written medical assessment of the child. This medical assessment enables Phoenix House to assess whether the facility can provide necessary health-related services to the client. Such assessment shall be performed by, or under the supervision of, a licensed physician. Phoenix House nursing department records any illness or injury requiring treatment by a physician or dentist ensuring that client's medical or dental needs are met. Phoenix House will provide all nursing staff with training on requirements that clients receive timely medical exams by 9/30/14. Phoenix House admitting nurse will keep a running list for all clients with their date of admission and the scheduled date of their medical appointment. This list will be checked by the Nurse Manager weekly to ensure that all clients receive timely medical exams.**

12. Phoenix House shall ensure that children receive timely dental exams

- **Phoenix House shall ensure that all clients receive timely dental exams by adhering to scheduled mobile dentist schedule between both Phoenix House Nursing Supervisor and dentist. The dentist visits Phoenix House Academy Los Angeles two times per month. If a client misses an appointment due to illness or insurance not being established then the client will be scheduled to see the dentist at the next scheduled visit. Phoenix house will provide all nursing staff with training on requirements that clients receive timely dental exams by 9/30/14. Phoenix House admitting nurse will keep a running list for all clients with their date of admission and**

the scheduled date of their dental appointment. This list will be checked by the Nurse Manager weekly to ensure that all clients receive timely dental exams.

13. Phoenix House shall ensure that children receive timely follow-up dental exams

- **Phoenix House shall ensure that clients receive timely follow-up dental exams by scheduling appointments directly with the dentist after sufficiently reviewing recommendations made during client's initial visit. During the admissions process with parents, conversations are held in regard to private insurance status that may require direct scheduling with a client's private dentist. Phoenix House will keep a running list of follow up appointments for clients requiring additional care. This list will be checked by the Nurse Manager weekly to ensure that clients are receiving the proper follow up care.**

VI. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL BEING

Recommendations:

14. Phoenix House shall ensure that children are free to attend religious services

- **Phoenix House shall ensure that clients are free to attend religious services by continuing to allow our clients opportunities to attend religious services or activities of his/her choice. A designated staff member has been assigned to transport clients to religious services based on client's authorized representative decision about the client's attendance at religious services. All future religious services or activities will be entered as a case note for each client within our electronic medical records system to effectively document attendance. Program director has reviewed policy and corrective action plan during the all staff meeting held on 7/16/14, to ensure that all staff is aware of the client's rights to attend religious services. When necessary additional staff will be called in to provide transportation to religious services.**

VII. PERSONNEL RECORDS

Recommendations:

15. Phoenix House shall ensure that staff drivers licenses are maintained in their files

- **Phoenix House shall ensure that staff drivers licenses are maintained in personnel files by obtaining a copy from each new hire upon appointment of position. Human Resources department will appropriately collect a copy of the new hires driver's license and secure within the employees individual personnel file. The office of the managing director will ensure that license renewals are updated on a timely basis by reviewing and maintaining a compliance spreadsheet. The Managing Director will begin to provide the following consequences for not providing timely documentation to the program. Initially the employee will be issued a corrective**

action memorandum, and secondly if not resolved, the corrective action will result in unpaid leave until the appropriate documentation is provided.

16. Phoenix House shall ensure that staff attend required emergency intervention training

- **Phoenix House shall ensure that staff attends required emergency intervention trainings by scheduling ProACT for all new hires every month. ProACT occurs as part of the initial training process for staff responsible for the care and supervision of clients. Phoenix House mandates ProACT certification for all staff responsible for the care and supervision of clients. Certification requires that staff members attend and complete 16 hours of trainings every three years while employed at Phoenix House. The regional trainer has scheduled several individuals to attend ProACT by September 25, 2014. ProACT trainings are scheduled for 7/22/14, 8/12/14, and 9/9/14, these are two-day trainings. Two staff members did not meet the requirement for ProACT during the personnel audit. These two staff members did receive their training on 7/22/14 and 7/23/14.**