County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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November 7, 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

STAR VIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Star View Adolescent Center Community Treatment Facility (the CTF) in November 2013. The CTF has one site located in the Fourth Supervisorial District and provides services to County of Los Angeles DCFS foster children, as well placements from various counties. According to the CTF's program statement, its purpose is "to provide an organized and structured multi-disciplinary treatment program for youth who cannot be safely maintained in family homes or lower level group home care because of the severity of their emotional and behavioral problems and very high risk behaviors."

The CTF is licensed to serve a capacity of 40 male and female youth, ages 11 through 17. At the time of the review, the CTF served 30 placed DCFS children and 7 children placed through various counties in California. The placed children's overall average length of placement was 10 months, and the average age was 16.

SUMMARY

During OHCMD's review, the interviewed children generally reported: being provided with good care and appropriate services; being comfortable in their environment and being treated with respect and dignity. The CTF was in full compliance with 2 of 10 areas of our Contract compliance review: Discharged Children and Education and Workforce Readiness.

OHCMD noted deficiencies in the areas of: Licensure/Contract Requirements, related to a vehicle not being well maintained, an SIR was not cross-reported to all required parties, there were several Community Care Licensing citations, and a detailed Sign In/Out Log was not maintained; Facility and Environment, related to the children's bedrooms, common quarters and the exterior not being well maintained, insufficient reading material and the children did not have access to computers outside of school; Maintenance of Required Documentation and Service Delivery, related to the DCFS CSW's authorization to implement Needs and Services Plan (NSP) not being obtained timely, nor were they discussed with staff and Initial and Updated NSPs were not comprehensive, as they did not include all of the elements in accordance with the NSP

template, children were not progressing towards meeting their NSP goals, contact with DCFS Children Social Workers was not documented, and one child indicated they were not assisted with maintaining important relationships; Health and Medical Needs, related to a child not having a timely dental examination; Psychotropic Medication, related to a child that was administered psychotropic medication that was not approved on the current Psychotropic Medication Authorization; Personal Rights and Social/Emotional Well-Being, related to children not being informed of the CTF's policies and procedures, children having reported inadequate supervision, an unfair rewards and discipline system, and children not being able to attend activities of their choice; Personnel Needs/Survival and Economic Well-Being, related to children not being involved in their selection of clothing and children not being encouraged to create and update a life book/photo album; and Personnel Records, related to one staff that did not meet education/experience requirements and five employees did not receive all required training.

Attached are the details of our review.

REVIEW OF REPORT

On June 11, 2014 the DCFS OHCMD Monitors Kristine Kropke-Gay, Adelina Arutyunyan, Aiyana Rios and Mary Espinoza held an Exit Conference with CTF representatives, Dr. Natalie Spiteri, Administrator; Rob McKinstry, Administrative Coordinator; Kelly McMahon, Director of Residential Services; Andrew Levander, Clinical Director; Dr. Lindsey Watson, Director of Treatment Services, Johnie George and Susan Blackwell, CTF Program Managers, Dante Antenor, Director of Facilities, Robert Utley, Lead Maintenance Technician, Charleen Meyer, TBS/Crisis Supervisor; Dana Wyss, Director of Training; Colette Esparza, Director of Quality Assurance; and Celeste Counce, Human Resources Manager. The CTF representatives disagreed with several findings and agreed with others; 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 Community Care Licensing.

The CTF 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 CTF to in November 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:kkg:ar:aa

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Kent Dunlap, Executive Director, Star View Adolescent Center
Lenora Scott, Regional Manager, Community Care Licensing
Lajuannah Hills, Regional Manager, Community Care Licensing

STAR VIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY
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 November 2013 review. The purpose of this review was to assess Star View Adolescent Center Community Treatment Facility's (the CTF) compliance with its County contract and State regulations and included a review of the CTF 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. The Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, five discharged children's files were reviewed to assess the CTF's compliance with permanency efforts. At the time of the review, seven placed children were prescribed psychotropic medication. OHCMD reviewed the children's case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following eight areas out of compliance.

Licensure/Contract Requirements:

- A Vehicle Maintenance inspection revealed that the rear seat of the vehicle, which is used to transport children, had only one working seat belt.

This safety concern was brought to the immediate attention of the CTF representative. The representative was instructed not to use the vehicle until required repairs are completed. OHCMD received a copy of the repair invoice as verification that the repairs were completed on July 11, 2014.

- SIRs were reviewed for the period of December 2012 through November 2013. Of the 40 submitted SIRs, one SIR was not cross-reported to all required parties in compliance with the CTF Contract.

The CTF representative stated that they will continue to review all SIRs to ensure compliance.

- A review of the Sign In/Out Logs for Sun/Neptune and Moon/Stars Dorms revealed that some logs were missing information for children on home passes, such as, the time the child left, anticipated and actual time of return and the responsible person's contact information.

The CTF representative stated that shift leaders will now ensure that there is a detailed Sign In/Out Log by checking the log each time a child is signed in or out of the facility and the child's pass will now be attached to the log. The CTF Representative also stated that the Sign In/Out Log will now be reviewed at the weekly manager's meeting to ensure compliance.

- Community Care Licensing (CCL) cited the CTF as a result of deficiencies and findings noted during a CCL investigation on July 3, 2013. According to the report, CCL substantiated a personal rights violation when it was discovered that two children engaged in sexual behavior as a result of lack of supervision during the overnight shift.

CCL requested a Plan of Correction (POC), which included the termination of the three overnight staff members responsible for the supervision of children, as well as training the overnight shift youth counselors and nursing staff members on supervision on June 25, 2013, June 27, 2013, July 9, 2013 and July 10, 2013. CCL cleared the deficiency on July 25, 2013. This referral was investigated by a DCFS Emergency Response Children's Social Worker (ER CSW) and the allegation of General Neglect was deemed Substantiated. OHCMD requested and received CCL's approved POC, documentation of staff's trainings and documentation of the three terminated staff members.

- CCL cited the CTF as a result of deficiencies and findings noted during a CCL investigation on July 25, 2013. According to the report, CCL substantiated two personal rights violations related to a staff member who slapped a child on the face causing a laceration to the child's inner and upper lip, and swelling on her cheek.

The CTF immediately suspended the staff member and subsequently accepted his voluntary resignation. CCL imposed a Civil Penalty of $150, as the staff member caused injury to the child. CCL filed an administrative action to exclude the former staff member from employment in a Community Care Facility. This referral was investigated by a DCFS ER CSW and the allegation of Physical Abuse was deemed Inconclusive.

- CCL cited the CTF as a result of deficiencies and findings noted during a CCL investigation on October 14, 2013. According to the report, CCL substantiated a personal rights violation, related to a staff member who had inappropriate contact from March 2013 to May 2013 with a CTF child.

On October 16, 2013, CCL requested an immediate POC to ensure a similar incident did not occur in the future. CCL filed an administrative action to exclude the former staff member from employment in a Community Care Facility. This referral was investigated by a DCFS ER CSW and the allegation of General Neglect and Sexual Abuse was deemed Unfounded.

- CCL cited the CTF as a result of deficiencies and findings noted during a CCL investigation on November 8, 2013 for an incident that occurred on October 8, 2014. According to the report, CCL substantiated two personal rights violations of a San Bernardino County child in which the staff made inappropriate and intimidating comments to her and failed to protect her from being physically assaulted by three peers on three occasions. CCL's investigation also revealed that the CTF Licensed Vocational Nurse (LVN) failed to provide the child with a medical assessment as required after an incident of physical assault and restraint.

CCL requested a POC, which included the suspension and subsequent termination of the LVN, as well as training nursing staff members on October 17, 2013, in performing nursing assessments. This referral was investigated by a DCFS ER CSW and the allegation of General Neglect was deemed Unfounded. OHCMD requested a Corrective Action Plan related to staff supervision and protecting children from being physically assaulted by peers. The CAP submitted to OHCMD provided documentation related to two Youth Counselors being terminated, and a third Youth Counselor being trained on October 22, 2013, in providing proper documentation and reporting of incidents, recognizing when an intervention is ineffective and utilizing available resources in crisis situations. Furthermore, CCL assessed the CTF with a Civil Penalty of $150 for the same Title 22 Regulation subsection related to a violation of a child's personal rights within a 12-month period, as noted in the first above-referenced incident in which two children engaged in sexual behavior during an overnight shift.

The CTF representative stated that they strive to maintain compliance with Title 22 Regulations. Furthermore, the Administrator reported that in all incidents, they immediately conducted an internal investigation and took immediate action, including terminating staff members. Furthermore, the Administrator reported that they hired an additional Nocturnal Shift House Manager to provide additional supervision. The Administrator also stated that they are very selective in attempting to hire the best qualified candidates. She elaborated that the CTF has an extensive hiring process and has added more screening tools, including evaluating their leadership and teamwork skills. Due to OHCMD's increasing concerns, the bi-annual meetings with the CTF were resumed to a quarterly basis.

Recommendations

The CTF's management shall ensure that:

1. All vehicles in which children are transported are maintained.

2. SIRs are submitted timely to all required parties via ITrack.

3. A detailed Sign In/Out Log is maintained.

4. The CTF is in compliance with Title 22 Regulations and free from CCL citations.

Facility and Environment

- There were several issues observed with the exterior of the CTF. The frame around the roof was broken and hanging; the gutter was missing, which resulted in water leaking from the roof to the ground; and the eaves surrounding the roof area had chipped paint.

The CTF representative indicated that keeping the facility grounds well-maintained is an ongoing process as the building is 59 years old.

- Common areas of the CTF had missing pillows from the couches in three out of the four dorms of the CTF. Picture frames were removed from the walls, which left several holes in the walls. New framing is being made and in the process of being installed. There were cracked tiles and missing side panels in the restrooms.

OHCMD received pictures as verification that the repairs were completed and cushions were replaced in all of the dayrooms on July 8, 2014.

- OHCMD conducted a walk-through of each child's bedroom and identified repairs that were needed, which include: holes in the walls, patching around the window frames and doors, patching in the closet, side panels missing in the bedrooms, holes around the electrical plug areas, and missing sheets on two beds.

On June 11, 2014, OHCMD observed that some of the deficiencies were repaired.

On July 9, 2014, OHCMD received pictures as verification that the remaining repairs to the children's bedrooms were completed.

The CTF representative stated that their priority is to complete safety related repairs first to ensure child safety and then general repairs. In addition, the CTF representative stated that the reason some of the bed sheets were missing was due to the laundry being done that morning.

- The CTF did not have a sufficient amount of reading materials available in all four dorms. There were reading materials in only 2 of the 4 dorms. Further, the children did not have access to the computers outside of school.

The CTF representative stated the children have access to 'Book-off' which is a place where the children can request new and used books from the CTF. The CTF also offers the children a book club on the weekends where they choose a book and discuss it together as a group. The CTF representative stated that the children only have access to the computers at school and during therapy sessions, due to the CTF not having security measures in place to censor internet activity.

Recommendations

The CTF's management shall ensure that:

5. Exterior grounds are well maintained.

6. Common areas are well maintained.

7. Children's bedrooms are well maintained.

8. Children are provided with adequate reading material and access to computers.

Maintenance of Required Documentation and Service Delivery

- The DCFS Children's Social Worker's (CSW) signatures authorizing implementation of Needs and Services Plan (NSP) were not obtained timely for six NSPs reviewed.

- For one child, there was no documentation that the implementation of NSP was discussed with staff.

- Two children were not progressing towards meeting their NSP case goals.

- For two children, the contacts with DCFS CSWs were not documented in the children's case file.

- One child was not assisted in maintaining important relationships.

- Seven Initial NSPs were reviewed; none were comprehensive, as they did not include all of the elements in accordance with the NSP template. Specifically, they were not child specific and goals were not measurable.

- Nine Updated NSPs were reviewed; none were comprehensive, as they did not include all of the required elements in accordance with the NSP template. Specifically, the Updated NSPs were not developed timely, they were not child specific and they were missing information regarding the child's initial physical and dental examination. Further, goals were copied and pasted from Initial NSPs and goals that were not reached were not modified but instead copied and pasted from one quarter to the next.

The CTF representative stated that the problem is due to an oversight. The CTF representative stated that the agency hired a Director of Treatment Services and has made some staffing changes. The CTF plans to have all NSPs reviewed by the Director of Treatment Services prior to being submitted. In addition, the staff members will utilize review charts once every 6 weeks to review deficiencies and to request CSW signatures authorizing implementation of NSPs.

It should be noted that the CTFs Clinical Director attended the NSP refresher training provided by OHCMD on July 11, 2014.

Recommendations

The CTF's management shall ensure that:

9. Efforts to obtain the DCFS CSW's authorization to implement the NSPs are documented.

10. NSPs are implemented and discussed with staff members.

11. Children are progressing toward meeting their NSP goals and documentation is maintained in the children's case file.

12. The CTF documents of the monthly contact with DCFS CSWs.

13. Children are assisted in maintaining important relationships.

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

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

Health and Medical Needs

- One child did not receive a timely initial dental examination

The CTF representative stated that they had initially scheduled a timely dental examination for the child; but, the child refused. However, the CTF did not reschedule the dental examination until six months later.

Recommendations

The CTF's management shall ensure that:

16. Children receive a timely initial dental examination.

Psychotropic Medication

- For one child, the Psychotropic Medical Authorization on file was current; however, the child was administered medication authorized on the previous Psychotropic Medical Authorization for one day.

The CTF representative stated that the Psychotropic Medical Authorization citation was a Medical Records issue, rather than nursing, as the CTF did not receive the court authorization in sufficient time to notify nursing staff. The CTF representative stated that the Medical Records department has updated their tracking system for medication consent tracking. They have integrated the new process of email notification of medication consents developed by LA County Superior Court with our internal email notification to their nursing staff and physicians. This will ensure timely distribution of the court approval/denial of the proposed consents to the nursing department. These consents can also be directly uploaded to our Electronic Medical Record (EMR), which came into effect July 14, 2014 for immediate review by the Physicians and Nursing staff. Further, this process is now overseen by the Director of Nursing and will be reviewed on a weekly basis.

Recommendations

The CTF's management shall ensure that:

17. Children are administered medication as prescribed and approved on the current PMA.

Personal Rights and Social/Emotional Well-Being

- One child was not informed of the CTF's policies and procedures and also stated that they are always changing.
- Two children expressed not feeling safe at the CTF due to being threatened by staff and fighting between residents.
- Five children stated that there is not sufficient supervision, especially during the daytime due to the CTF being short staffed.
- Two children reported that there are not enough nutritious meals and snacks.
- Two children interviewed stated that they are not treated with respect and dignity, as staff passes gas around them and threatens to beat them up.
- Four children reported that the CTF rewards and discipline system is not fair, as the CTF staff yell at them and they are not able to participate in activities. Further, one child reported that they are not allowed to visit with their family members as a form of discipline.
- Three children interviewed stated that they are not free to attend religious services and activities of their choice, as there are no religious services on site and they are not allowed to leave the facility.
- Three children interviewed stated that they are not given the opportunity to plan in age appropriate activities, due to their behavior.
- One child interviewed reported not being given the opportunities to participate in age appropriate activities.

The CTF representative stated children not feeling safe is due to staff having to restrain children and the children fight back during the restraint, which at times results in the children being injured. In regard to supervision, the CTF representative stated that the CTF is always fully staffed and provided documentation indicating that the CTF is in compliance with staff to child ratio as per the CTFs program statement, as the children placed at the CTF require the highest level of care due to their mental health and behavioral issues. The CTF representative stated that every year, the children complain about the food and they try to accommodate the children by giving them different options such as a salad bar and sandwiches. Further, the CTF representative stated that although the children may report not participating in planning activities, the CTF has daily meetings where the children are able to give input and in the past, children have led the planning of outings. Lastly,

the CTF Administrator indicated that biblical services are offered on site by a CTF school teacher and the CTF House Manager offers praise dances once a month.

Recommendations

The CTF's management shall ensure that:

18. All children are informed of the CTF's policies and procedures and any changes that may occur.

19. Children feel safe at the CTF.

20. There is appropriate supervision at all times.

21. Children are provided nutritious and palatable meals and snacks at all times.

22. Children are treated with respect and dignity.

23. The rewards and discipline system is fair.

24. Children are free to attend religious services and activities of their choice.

25. Children are given the opportunity to plan age appropriate activities.

26. Children are given the opportunity to participate in age appropriate activities.

Personal Needs/Survival and Economic Well-Being

- One child stated that they do not participate in their selection of clothing.

- One child stated that they are not encouraged or assisted in creating a Life Book/Photo Album.

The CTF representative indicated that the child only shopped once since being placed at the CTF and that each child is able to request and select their own clothing; however, the one child did not participate in the selection of clothing due to being placed on restriction for behavioral problems and fighting. The CTF representative stated that children are not always interested in developing a Life Book/Photo Album and feel that it is out dated and antiquated.

Recommendations

The CTF's management shall ensure that:

27. Children participate in the selection of their clothing.

28. Children are encouraged and assisted in creating a Life Book/Photo Album.

Personnel Records

- Five personnel files were reviewed. One of five personnel files reviewed revealed that the staff member did not meet the minimum job qualifications. The reviewed LVN, hired on February 13, 2012, did not have one-year experience in working with seriously emotionally disturbed children or 40 hours of on-the-job training, as required in the CTF's Job Description at the time of hire.

- All five personnel files reviewed indicated that the staff members lacked the required training. One staff member's CPR and First Aid Certificate was expired for 11 days before being recertified. Furthermore, four staff members did not receive the Professional Assault Crisis Training (Pro-ACT) Refresher "every six months" per the CTF's program statement. Some staff members received Pro-ACT Refresher every seven or eight months from their last Pro-ACT Refresher.

The CTF representative stated that the LVN received 24 hours of Job Shadowing in 2009 when she was initially hired and was employed for 703 hours. According to the CTF representative, the LVN was re-hired in 2012 and received 24 hours of Job Shadowing and believed this should qualify the staff member. OHCMD explained that the LVN was not qualified when she was initially hired in 2009 as an LVN and will not be considered as meeting the job qualifications.

The CTF representative stated that the staff member was on vacation during the time that their CPR and First Aid Certificate had expired and did not believe this should be a deficiency. OHCMD explained that the staff member had two years to be re-certified and therefore, this does qualify as a deficiency.

The CTF representative stated that they were under the impression that the Pro-ACT Refresher six-month requirement had been changed to a biannual basis. The CTF Representative stated that the Director of Training has been informed that all staff members must receive Pro-ACT Refresher certification no more than six months from the staff member's last certification date. The CTF representative also stated that they will ensure that newly-hired staff members are qualified and that all staff members fulfill all training requirements.

Recommendations

The CTF's management shall ensure that:

29. Staff members meet the education and work experience requirements at the time of hire.

30. Staff members receive all required training on a timely basis, including certification in CPR/First Aid and Pro-ACT Refresher courses.

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

The OHCMD's last compliance report, dated August 7, 2013, identified 11 recommendations.

Results

Based on our follow-up, the CTF fully implemented 2 of 11 recommendations for which they were to ensure that:

- Children's annual/follow-up medical examinations are timely;
- Newly hired and re-hired staff members receive a timely Tuberculosis clearance.

The CTF did not fully implement 9 of 11 recommendations for which they were to ensure that:

- SIRs are appropriately documented, cross-reported, and submitted timely to all required parties via ITrack System;
- Children are free from abuse and neglect;
- Children's bedrooms are well maintained;
- Comprehensive Initial NSPs are developed;
- Comprehensive updated NSPs are developed;
- Children's dental examinations are timely;
- Children are treated with respect and dignity;
- Children are provided with satisfactory meals and snacks;
- Employees receive Emergency Intervention Plan Refresher Course (Pro-ACT) in accordance with CTF program statement.

Recommendation

The CTF's management shall ensure that:

31. The outstanding recommendations from the August 7, 2013 report from the prior fiscal year monitoring review, which are noted in this report as Recommendations 2, 4, 7, 14, 15, 16, 21, 22 and 30, are fully implemented.

OHCMD will verify that these recommendations have been implemented and will provide monthly technical assistance beginning September 2014. The next annual compliance review scheduled for October 2014.

It should be noted that the CTF was placed on Investigative Hold status from March 7, 2014 through March 25, 2014 based on concerns related to six referrals, including two children running away from the facility, within a one-week period. Several of the referrals alleged children being injured during physical restraints, as well as children reporting not feeling safe at the CTF. The

CTF submitted a CAP which addressed actions taken in response to the concerns which led to the Investigative Hold, which included strengthening nursing assessments after restraints and providing in-service trainings on mandated reporting, abuse prevention, managing behaviors and appropriate Pro-Act responses.

On October 10, 2014, Eric Marts, Contracts Services Bureau Deputy Director and Karen Richardson, OHCMD Division Chief met with Kent Dunlap, Executive Director of Star View Adolescent Center regarding the findings and recommendations from this review. Mr. Dunlap expressed a desire to continue to work in collaboration with DCFS to ensure compliance with Title 22 Regulations and Contract Requirements.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

STAR VIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

4025 West 226TH Street
Torrance, CA 90505
License #197803340
Rate Classification Level: Community Treatment Facility

	Contract Compliance Monitoring Review	**Findings: November 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Not Applicable
	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. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Improvement Needed
	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 Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	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. Improvement Needed
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance

	7. County Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	7. Improvement Needed 8. Improvement Needed 9. Improvement Needed 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. CTF 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. CTF Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	1. Improvement Needed 2. Full Compliance
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of CTFs Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. CTF'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	1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Full Compliance

	Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed 13. Improvement Needed
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 Involvement 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. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
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 CTF Policies and Procedures 7. All Required Training	 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Not Applicable 6. Full Compliance 7. Improvement Needed

Star View Children & Family Services
4025 W. 226 Street
Torrance, California 90505
Telephone: (310) 373-4556
Fax: (310) 373-2826

July 11, 2014

Korliss Robinson, Group Home Manager
Out of Home Care Management Division
Department of Child and Family Services
9320 Telestar Ave.
El Monte, CA 91731

Dear Ms. Robinson:

This letter is in response to your request for a **Corrective Action Plans** for the following findings from the **Group Home Monitoring Review Field Exit Summary, DATED 6/11/14**:

I. **Licensure/Contract Requirements: 3. Does the group home maintain Vehicles in which the children are transported in good repair? 4. Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely? 8. Does the facility maintain a detailed sign in-sign out log for placed children? 9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?**

3. One of our 15-passenger vans was missing two rear seat belts that were removed when the bench seats were reupholstered. The seat belts were added to the rear bench seat on 6/9/14. Transportation Coordinator, Prince Watkins will be responsible for vehicle inspection and Administrative Coordinator, Rob McKinstry will monitor this system to ensure compliance.

4. Administrative Coordinator, Rob McKinstry performed an in-service with all relevant staff responsible for reporting duties related to Special Incident Reports, The in-service training covered Special Incident Reporting Guide Exhibit A-VIII, specifically timeliness, cross-reporting to all necessary parties, and including all children involved (see attached in-service). Also, Clinical Director, Andrew Levander will attend the DCFS sponsored GH Forum on 7/11/14 that focuses on the topic of Special Incident Reports. CD, Andrew Levander will then perform an in-service with Star View reporting personnel by 8/11/14 (see attached in-service). CD, Andrew Levander, Director of QA, Colette Esparza, and Rob McKinstry, Administrative Coordinator will monitor this system to ensure compliance.

8. The dorm shift leaders will ensure that there is a detailed sign in/out log for the children placed in our care by personally attending to the log each time a client is signed in or out of the building. Effective immediately, client passes will now be attached to the sign in/out log so that there is only one place the parent or caregiver will need to provide information. The Program Manager of

each dorm will ensure compliance with this corrective action by bringing the log to the weekly facility Manager's Meeting for review.

9. Although, Star View is not free of any substantiated CCL complaints on safety, we have answered all requested Plans of Correction and have only received a deficiency clearance for the Personal Rights violation that occurred on 7/3/13. As soon as Star View receives documentation, we will forward a copy of the findings along to OHCMD. Star View has taken several new measures to ensure children are not harmed by staff and appropriately supervised by staff. In order to better select candidates for Youth Counselor positions, Star View added an extra step to the hiring process of Youth Counselors. In addition to our integrity-based screening tool called the Personnel Selection Inventory (PSI), hiring managers have potential candidates participate in a group activity which includes working together to solve a common problem through an interactive game, called Suspend. This allows the hiring managers to assess for teamwork, leadership, frustration tolerance, and problem solving strategies. Star View also hired a full-time NOC House Manager to increase supervision, support, and accountability on the NOC shift. And we recently added an extra staff member to the NOC shift to increase supervision on the dorms. This process and system will be monitored by the Administrative Coordinator, along with the Administrator to ensure compliance.

II. **Facility and Environment: 10. Are the exterior of the grounds well maintained? 11. Are common quarters well-maintained? 12. Are children's bedrooms well-maintained? 13. Does the group home maintain sufficient recreational equipment and an appropriate selection of (quantity and quality) reading materials and educational resources and supplies, including computers, which are age-appropriate, readily available to children, and in good repair?**

10. (-12) Facility damage and repairs is an ongoing process given the nature of the clientele served. All needed repairs noticed during facility walk-thru were corrected. (See attached pictures for verification of compliance). Our clientele often have destructive coping strategies when dealing with poor self-regulation abilities. Over this period, Maintenance personnel has made several physical plant enhancements, such as remodeling of both medication rooms. Therefore, this is an ongoing process. Maintenance personnel continue to complete weekly physical inspections of the facility. Any noted items needing to be replaced or repaired are documented on a work order form. The work order forms are given to the Maintenance department and prioritized according to safety risk. Once the work order is completed, it is documented as such by the assigned technician and filed in the Maintenance department. This system will be monitored by the Director of Facilities and Administrative Coordinator, along with the Administrator to ensure compliance. We take great pride in our facility and work diligently to maintain it.

13. The dorm shift leaders will ensure that the children are able to check age appropriate books in and out of the staffing station. Books will be purchased and made available to all CTF dorms by 7/15/14. This will allow for an ample supply of reading materials kept in the staffing stations to be checked out at their leisure. The Program Manager of each dorm will ensure compliance with

this correction by checking the supply once a month and adding to it as necessary.

III. **Maintenance of Required Documentation and Service Delivery: 16. Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan? 17. Are NSPs implemented and discussed with the group home staff? 18. Are the sampled children progressing toward meeting the Needs and Services Plans case plan goals? 21. Are county workers contacted monthly by the GH and are the contacts appropriately documented in the case file? 22. Does the agency assist in maintaining important relationships? 23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? 24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?**

16. Star View will ensure that CSW authorization is documented and kept in file. The process of ensuring this area of compliance will be managed by both the Clinical Secretary and the Primary Therapist. Fax and or email transmittals of required documents needing signatures will be submitted timely and requests will continue to be sent as long as required signatures are outstanding. The Director of Treatment Services (DTS) and the Clinical Director have responsibility for ensuring this area of compliance.

17. Star View will ensure that all indicated staff are involved in the implementation and review of NSP reports. The procedure for ensuring this area of compliance will be monitored by the Clinical Secretary who prepares reports for signatures by staff involved in the treatment planning. NSP goals and interventions will be reviewed in Monthly Treatment Team and as needed per resident needs. Staff responsible for ensuring this area of compliance is the Director of Treatment Services and the Clinical Director.

18. Star View will ensure compliance in the area of sampled children progressing towards meeting Needs and Services Case Plan goals by providing Primary Therapists with an updated NSP training by 8/11/14 (see attached) with a specific focus on individualized reflection of progression or digression of goals. Prior to being submitted to CSW, they will be reviewed by DTS for goals, modification, and progress. The Director of Treatment Services along with the Clinical Director will review all NSP reports to ensure prior to submission.

21. Star View will continue to document all correspondence with CSW's noted in the report. The Director of Treatment Services will be responsible for ensuring adherence to documentation of CSW correspondence and transcription into NSP. We will ensure that all NSP reports are comprehensive and along with the Social Worker Acknowledgement Form, we will follow up with emails, Fax and telephone calls, which will be logged in the CSW Contact Log to demonstrate the efforts to obtain needed signatures on all NSPs. In addition, we will ensure all required content areas of the NSP meet the established guidelines. This area of compliance will be overseen by the Clinical Director.

22. Star View will ensure that children are assisted in maintaining important relationships through the coordinated efforts of the Primary Therapist and the Family Search and Engagement Coordinator. The primary responsibility of the Engagement Specialist is to coordinate using all available historical information on family and current relationship resources like CASA and mentoring to secure safe and connected attachment opportunities. All search activity and resources will be documented in NSP reporting and further coordinated with children's CSW. In the absence of family finding, Primary Therapist or Treating Team will determine what additional resources need to be explored.

23. Star View will ensure the timely and comprehensive submission of all Initial NSP reports in accordance with Statement of Work Section 2.1.2 (e) through identification of goals developed with Primary Therapist and client's Treatment Team. Children will actively participate in the creation of goals and treatment opportunities as is indicated and determined to be age-appropriate by treating M.D., Primary Therapist and Director of Treatment Services. DTS, Lindsey Watson will monitor this process to ensure compliance.

24. Star View will ensure the timely and comprehensive submission of all updated NSP reports in accordance with Statement of Work Section 2.1.2 (e).) through identification of goals developed with Primary Therapist and client's Treatment Team, Children will actively participate in the creation of goals and treatment opportunities as is indicated and determined to be age-appropriate by treating M.D., Primary Therapist and Director of Treatment Services. DTS, Lindsey Watson will monitor this process to ensure compliance.

V. Health and Medical Needs: 32. Are initial dental examinations conducted timely?

32. Star View has a mobile dental hygienist that provides on-site services, as well as a contract with Avalon Dental to provide dental services to our clients. A new tracking system has been developed to help coordinate these services to ensure that each client will be seen within the first 30 days, and every 6 months thereafter. This tracking system will be maintained by both the mobile hygienist as well as the transportation coordinator, and will be overseen by the Director of Nursing. On a regular basis, at least bi-monthly, this tracking system will be reviewed in Clinical Meeting with the clinical team for any concerns that arise. This tracking system will be available to the Primary Therapists to help coordinate this information to the responsible CSWs and other members of our clients' team. Director of Nursing and Clinical Director, along with Administrator will ensure compliance

VI. Psychotropic Medication: 34. Are there current court-approved authorizations for the administration of psychotropic medication or did the GH document effort to obtain?

34. Medical Records department has updated their tracking system for medication consent tracking. We are integrating the new process of email notification of medication consents developed by LA County Superior Court with our internal email notification of the nursing staff and physicians. This will ensure timely distribution of the court approval/denial of the proposed consents to the nursing department. These consents can

also be directly uploaded to our Electronic Medical Record (EMR), which begins on 7/14/14 for our immediate review by our physicians and nurses. This process is overseen by the Director of Nursing and will be reviewed on a weekly basis.

VII. Personal Rights and Social /Emotional Well-Being: 36. Are the children informed of the group home's policies and procedures (house rules, discipline, grievance) 37. Do children feel safe in the group home? 38. Does the GH provide appropriate staffing and supervision? 39. Do children report the group home's efforts to provide nutritious palatable meals and snacks? 40. Do children report being treated with respect and dignity? 41. Is a fair rewards and discipline system in place? 43. Are children free to attend or not to attend religious services and activities of their choice? 47. Are children given opportunities to plan in age-appropriate, extra-curricular, enrichment, and social activities, in which they have an interest, at school in the community or at the group home? 48. Are children given opportunities to participate in age-appropriate, extra-curricular, enrichment, and social activities, in which they have an interest, at school, in the community, or at the group home?

36. Rehab Therapists who are responsible for facilitating Community Meeting group (part of the Day Treatment Intensive program) were in-serviced that clients will be informed immediately of any changes to policy and procedures that affect them. The Community Meeting group will be used to help clients be more informed of the group homes change in policies and procedures. Any and all changes will be brought to community meeting for the clients to have discussions about. The feedback gained from talking with clients will be taken into consideration and used to help restructure the policy or procedure that is being changed. In the event that changes to a policy and procedure occur, clients will sign on the Community Council worksheet to acknowledge their notification of the change. Erica Wicke, Director of Group Services and Joel Nagler, CTF Group Services Coordinator will ensure that this remains in compliance.

37. Star View will continue to strive towards all children to feel safe in the group home. Areas of special focus to help ensure safety and the feelings of safety include but are not limited to; appropriate levels of staffing as required and as indicated by levels of need, acuity, crisis intervention and crisis stabilization. Star View has increased the allocation of staffing by making available increased TBS, Crisis Intervention, and Youth Counselor support on dorms and has reorganized the clinical and milieu teams to offer heightened levels of supervision, coaching and increased levels of support for children. Primary responsibility for this area of compliance is the Director of Residential Services and the Program Managers.

38. Star View continues to provide appropriate staffing and supervision although one child while interviewed indicated that she felt unsafe on the AM shift. In addition to the scheduled staffing of Youth Counselors, children are also supported by the management team, primary therapists, and school staff throughout the day. Although one child recognized this, Star View does not see this as a trend or theme and will continue to staff appropriately.

39. The children at Star View will continue to receive nutritious palatable meals and snacks under the direction of Star View's food service partner and provider Huntington Culinary, along with the dietary supervisor on site. All children will participate in menu production by discussing food choices and options in their daily Community Meetings and all requests will be documented ongoing and presented to the dietary supervisor to arrange dietetically and in compliance with healthy choice standards. Director of Group Services, Erica Wicke will monitor this process for compliance.

40. Children placed at Star View Adolescent Center will continue to be treated with respect and dignity. The continued plan to ensure this "right" and area of compliance is to increase the active supervision and monitoring of all CTF staff and provided regular and as needed coaching and counseling to staff. Along with the increased supervision there will be additional trainings for all CTF staff regarding respect and dignity to increase clinical effectiveness and milieu management best practices by 8/25/14 (in-service sheet will be submitted to OHCMD upon completion). In addition, staff will continue to participate in daily team meetings and trainings that are ongoing and designed to meet the trends and issues within the CTF to best meet the needs of children. It is the continued expectation that all Star View staff treat each client with respect and dignity and that all staff are continuously trained in how to respond and interact with the children in our care. Our procedure for ensuring this is outlined in part is our agency grievance policy, which provides an opportunity for each client to fill out a form located in each dorm whenever they feel a need is not being met. This form is then given to the Clinical Director who follows up on each grievance personally with the children. All grievances are looked into immediately. In the event a resident does not choose to use a Grievance Form, they have the right as well to speak with a staff member in their dorm, the Primary Therapist, or any other staff that the child sees as a resource of support. Clinical Director, Andrew Levander will be responsible for ensuring that this process is in compliance.

41. There is a fair rewards and discipline system in place to meet the developmental and emotional needs of the children placed at Star View. This rewards and discipline system was designed to consider age, cognitive ability, fairness, and teaching opportunity. There is a continuous effort of staff and managers to review and supervise the execution of rewards and discipline for children looking at ways to adjust and modify the existing system to best meet the developmental needs and expectations related to child development. Children will be given the opportunity to participate wherever possible in self-identified rewards and discipline to increase their level of program engagement. They will further be given options related to how discipline will be carried out and these options will include learning modules to increase acceptance of personal responsibility to foster increased personal agency and competency. The staff with the responsibility to ensure these areas of compliance are achieved is the Director of Residential Services, Residential Program managers, and the Clinical Director.

43. Group Services Department's Rehab Therapists and a contracted employee co-facilitate the Bible Study and "Inspiration 52" groups that are offered to the clients. The Bible Study group occurs once weekly and the Inspiration 52 poetry group occurs once weekly. If a client has a specific religious preference or curiosity, Group Services department will make every effort to offer an outing to that religious institution based on that client's desire. Joel Nagler, CTF Group Services Coordinator and Erica Wicke, Director of Group Services will monitor this process to ensure compliance.

47. The Group Services Department's Rehab Therapists will be in charge of guiding the client with the completion of the Community Council Group. The Group Services Department will ensure that clients get a chance to elect weekly officials of the group, talk about new and old business, choose extra-curricular weekend activities, new groups that they would like to participate in upon group curriculum change, deciding what they would like in the student store and get a chance to provide their input into dietary choices and their weekly menu. This corrective action will be put into effect the week of 7/11/14 and it will continue to be a part of the Group Schedule moving forward once a week on every dorm. Erica Wicke, Director of Group Services and Joel Nagler, CTF Group Services Coordinator will ensure that this group is occurring by collecting the Community Council Worksheet each week and distributing it to various disciplines throughout the building, such as School, Dietary, House Manager, and etc.

48. **Are children given opportunities to participate in age-appropriate, extra-curricular, enrichment, and social activities, in which they have an interest, at school, in the community, or at the group home?** Star View provides many opportunities for children to participate in extra-curricular and social activities. Program staff and Group Services offer outings in the community, such as going to Magic Mountain, trampoline park, Raging Waters park, and bonfire outings on the beach for children, who are eligible based on group attendance and safe behavior. Social activities on-site for children that are not eligible to participate in the community include, but are not limited to pool parties, barbecues, and organized dances with DJs. At South Bay High School, we have a Student Council, who plans outings that typically occur on Fridays. Students also have the opportunity to submit requests to Student Council for a specific type of activity or outing. School outings are based on school attendance and safe behavior and examples of such outings are laser tag, going to the movies, lunch in the community, and bowling. Community Council Group, which is facilitated by the Group Services Department and put into effect the week of 7/11/14 will ensure that clients choose social activities and extra-curricular activities that they have an interest in. Director of Group Services, Erica Wicke and Program Managers, Johnie George and Susan Blackwell will be responsible to ensure that we are in compliance.

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING: 51. Are children, appropriate to their developmental level, involved in the selection of their clothing? 55. Are children encouraged and assisted in creating and updating a life book/photo album?

51. All children, appropriate to their developmental level, will continue to be involved in the selection of their clothing. This is accomplished by all children communicating directly with Rehab Therapist, Kathie King, who does the children's clothing shopping. Wherever possible and age appropriate with modesty as a consideration, Star View will continue to be in full compliance with the established guidelines and regulations related to what each child will have available to them. The Director of Residential Services and the Residential Program Managers are responsible to ensure this area of compliance.

55. The Group Services Department Rehab Therapist's will be in charge of running this group one to two times per week to ensure that upon discharge the client can take something with them. The clients will be encouraged and assisted with creating and updating their Life book's through the use of various social media means. Clients will be allowed to utilize the internet for pictures, written activities, poems and inspirational quotes. Once the client is preparing and ready for discharge the Group Services Department will place the relevant information on a portable flash drive/ or Compact Disc for clients to take with them upon their discharge. Erica Wicke, Director of Group Services and Joel Nagler, CTF Group Services Coordinator will ensure that this group runs at least once a week and upon client discharge will help create a portable flash drive/ compact disc for the client to take with them.

IX. **Personnel Records: 61. Do GH staff that have direct contact with children meet the educational /experience requirements? 65. Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, First-Aid, required annual, and emergency intervention)?**

61. Star View recently began using a new on-line recruiting program called Virtual Edge, which will assist in reviewing background information and relevant experience. Human Resources Assistant will be responsible for thoroughly and carefully reviewing a candidate's background to ensure that all direct care staff meet the educational/experience requirements for the position they are applying to prior to hiring. Human Resources Manager will ensure compliance.

65. Star View was under the impression that the 6 month requirement was changed to biannually and was following the proposal to train approximately one month prior or one month post the 6 month date. Upon further review, it was confirmed that the request to change the program statement was not supported. Star View has informed the Director of Training that all staff must receive training no less than 6 months from the prior training date. Director of Training and Residential Program Managers, along with Dr. Natalie Spiteri will ensure compliance.

If you have any further questions, or require any further documentation, please contact me.

Sincerely,

Natalie Spiteri, Psy.D.
Administrator