COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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JERRY E. POWERS
Chief Probation Officer

November 26, 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: **DELILU ACHIEVEMENT HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of DeliLu Group Home in June 2014. DeliLu Group Home has one (1) site, which is located in the Second Supervisorial District of Los Angeles County. DeliLu Group Home provides services to Los Angeles County Probation children and the Department of Children and Family Services (DCFS). According to DeliLu Group Home's program statement, its purpose is to increase the likelihood for children to demonstrate an increase in academic and social skills and a decrease in maladaptive behaviors that will enable them to adjust successfully as adults.

DeliLu Group Home is licensed to serve a capacity of eight (8) female children, 12 - 17 years of age. At the time of this review, DeliLu Group Home was providing care for two (2) Probation children and five (5) DCFS children. The placed children's overall average length of placement was four (4) months, and their average age was 16 years old.

The interview sample size was four (4) DCFS children. No Probation children were available; one (1) Probation child was placed less than 30 days and the other refused. One (1) child in the sample was on psychotropic medication, and that case was 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 DeliLu Group Home, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. DeliLu Group Home was in compliance with five (5) of the 10 areas of the Contract Compliance Review: "Educational and Workforce Readiness", "Psychotropic Medication", "Personal Rights and Social/Emotional Well-Being", "Personal Needs/Survival and Economic Well-Being", and "Discharged Children".

However, deficiencies were noted in the area of "Licensure/Contract Requirements", in that, DeliLu Group Home needed to ensure that children were signing off on the allowance logs and that staff were completing allowance logs appropriately. Additionally, DeliLu Group Home needed to ensure that staff was completing sign in and sign out sheets. There was one (1) Community Care Licensing (CCL) complaint regarding lack of supervision that DeliLu Group Home addressed in August 2013, in which DeliLu purchased a security system and trained staff on how to use it. In addition, DeliLu submitted a Corrective Action Plan (CAP) to Probation's PPQA/GHM and CCL.

Deficiencies were noted in the area of "Facility and Environment", in that, DeliLu Group Home needed to repair deficiencies in the common areas such as, changing light bulbs in the hallway and organizing their exercise/storage room. Deficiencies were also noted in the area of "Maintenance of Required Documentation and Service Delivery", in that, Needs and Services Plans (NSPs) needed County Worker's signatures, Group Home staff signatures, as well as, documentation of the Group Home staff contact with County Workers. Additionally, DeliLu Group Home needed to ensure that initial and updated NSPs were comprehensive and that they included information; such as, correct dates, Concurrent Case-Plan Goals, and reasons for goals. DeliLu Group Home needed to ensure that initial and updated NSPs were entirely completed.

Deficiencies were noted in the area of "Health and Medical Needs", in that, a follow-up medical examination was not completed. Lastly, deficiencies were noted in the area of "Personnel Records", in that, DeliLu Group Home needed to ensure that staff health screenings were timely, that valid California driver's licenses (not out-of-state licenses) were maintained in staff files, that staff signed Group Home Policies and Procedures manuals and that copies were maintained in staff files, and that all staff training, including training hours, were filed.

REVIEW OF REPORT

On June 26, 2014, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with DeliLu Group Home Chief Executive Officer Mary Davis, Director of Quality Assurance Misha Slade, Group Home Administrator Lisa Seibel, and Case Manager Angela Jackson. All deficiencies were reviewed and NSP deficiencies were discussed at length. The issue of out-of-state driver's license was also discussed at length. DeliLu Group Home 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 CAP.

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

DeliLu Group Home 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 Officer
John Naimo, 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
Mary Davis, Chief Executive Officer, DeliLu Group Home
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

DELILU GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1564 West 36th Place
Los Angeles, CA 90018
License # 198203559
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: June 2014
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Improvement Needed
	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. Full Compliance
	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. Improvement Needed
	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 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
	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. Improvement Needed 3. Full Compliance 4. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed

DELILU GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess DeliLu Group Home's compliance with the County contract and State regulations and include a review of the DeliLu Group Home 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, four (4) DCFS placed children were selected for the sample, as no Probation children were available. 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 DeliLu Group Home's compliance with permanency efforts. At the time of the review, one (1) placed child was prescribed psychotropic medication. PPQA/GHM reviewed the case file 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 five (5) areas were out of compliance.

Licensure/Contract Requirements

- Clothing allowance and weekly monetary allowance logs were reviewed. Clothing allowance logs revealed that children received $50.00 a month, and the children interviewed confirmed this. However, after reviewing the log and receipts for one (1) child, it was difficult to determine if the correct amount of change from the previous month was returned to the child the next month. There were no staff signatures; therefore, it was unknown exactly who could address this problem. As for the weekly monetary allowance logs, it was revealed that children received $10.00 a week, and the children interviewed confirmed this as

well. However, a few logs were missing children's signatures, and it was recommended for DeliLu Group Home to create a line for staff signatures.

- DeliLu Group Home kept a Sign In/Out log for all children leaving the Group Home, titled "Home Pass Sign In/Out Sheet". However, this form was used for Community Passes as well. In reviewing the sheets, it was found that staff on duty were not including their initials and that the information on the sheet, such as responsible party, address, and phone number were not being entirely completed. Additionally, DeliLu Group Home was asked to include a return date and time on the sheet, instead of expected time and date of return.

- On June 23, 2014, Community Care Licensing (CCL) was contacted, and they informed that there was one (1) substantiated deficiency for the 2013-2014 year. In August 2013, there was a substantiated allegation for lack of supervision related to an incident that involved a boy coming into the Group Home and hiding out, on two separate occasions. DeliLu Group Home submitted a Plan of Correction to CCL, which included the purchase of a GS3000 patrol tour system (security system), and staff were trained on how to use this system on September 6, 2013. The case was closed on April 17, 2014. Additionally, it was reported that an annual review, as well as a five (5) year review, was completed, and no complaints were reported.

Recommendation

DeliLu management shall ensure that:

1. Comprehensive clothing allowance and weekly monetary allowance logs are maintained and that they include staff and child signatures

2. Detailed Sign In/Out logs are entirely completed and maintained

3. They exhibit proactive measures to be free of substantiated CCL complaints

Facility and Environment

- An inspection was conducted of the entire site, and deficiencies were discovered in the common areas of the Group Home. The following common area deficiencies were noted: two (2) dining room chair cushions were loosened or out of place, fire extinguisher in the kitchen missing tag to show that it was serviced, lighting in the small hallway needed bulbs replaced, and bathroom #2 did not have a shower drain cover. Lastly, the kitchen pantry needed to be organized, as did the storage/slash exercise room.

Recommendation

DeliLu management shall ensure that:

1. All deficiencies in the common areas of the Group Home are repaired/replaced and required maintenance conducted.

Maintenance of Required Documentation and Service Delivery

- Four (4) children's initial and updated Needs and Services Plans (NSPs) were reviewed. Three (3) of four (4) NSPs reviewed did not include County Case Worker signatures authorizing the implementation of NSPs.

- Four (4) children's initial and updated NSPs were reviewed. One (1) of four (4) NSPs was missing staff signatures to show that NSPs were discussed and implemented with staff. These NSP signature pages included spaces for the reporter and Group Home Social Worker. However, those signatures were missing.

- Two (2) of four (4) children had updated NSPs; therefore, two (2) children's updated NSPs were reviewed to confirm the Group Home's documentation of monthly contact with County Workers. One (1) NSP indicated contact, but without any dates, and the other NSP did not have any of this information documented. DeliLu Group Home did not provide any additional documentation to show contact with County Case Workers. The importance of documenting all pertinent information was discussed with DeliLu Group Home administration.

- Four (4) children's initial NSPs were reviewed. Two (2) of four (4) initial NSPs were completed in a timely manner. One (1) initial NSP appeared to be completed approximately a month prior to the child's admittance. The other initial NSP was dated two (2) months after the child's admittance date, making it the updated NSP date, even though, the report was marked as the initial NSP. All four (4) initial NSPs included children's signatures showing that they participated in the development of their NSPs; however, all four (4) initial NSPs were not completed appropriately, in that, correct dates were not documented, reason for placement was incomplete and Concurrent Case Plan Goals were not explained. Dates for initial medical and initial dental exams were not documented, a few sections of the initial NSPs were not child specific, and reasons for goals were not documented in the Outcome Goals sections.

- Two (2) of four (4) children had updated NSPs; therefore, two (2) children's updated NSPs were reviewed. Both updated NSPs were completed in a timely manner. One (1) updated NSP did not include a child's signature to show that they participated in the development of their NSP, even though the child reported participating. However, the updated NSPs were not completed appropriately, in that, reason for placement was incomplete and Concurrent Case Plan Goals were not explained. Mental Health Clinic Visits were missing types of services provided, such as, family treatment, substance abuse, and anger management. Lastly, it was explained to DeliLu Group Home administration that if an Outcome Goal was achieved, it needed to be documented in the Achieved Outcome Goal section.

Recommendation

DeliLu management shall ensure that:

1. County Worker's signatures are obtained for authorization to implement NSPs

2. Group Home staff signatures are obtained to show that NSPs are implemented and are discussed with staff

3. Group Home monthly contact with County Workers is documented by providing types of contact and dates of contact on the NSPs

4. Initial NSPs are timely and comprehensive

5. Updated NSPs are comprehensive and include children's signatures

Health and Medical Needs

- Four (4) children's files were reviewed to see if children received timely health and medical care. All four (4) children received timely medical and dental examinations. However, one (1) of four (4) children did not receive a timely follow-up medical examination. According to documentation regarding the initial medical exam, it was noted that this child needed a one (1) month follow-up exam. However, there was no documentation to show that a one (1) month follow-up exam was completed.

Recommendation

DeliLu management shall ensure that:

1. Follow-up medical exams are conducted in a timely manner

Personnel Records

- Five (5) staff files were reviewed to see if staff received timely health screenings. Four (4) of five (5) staff had received timely health screenings. However, one (1) staff did not have a timely health screening, in that, documents showed that the health screening was received approximately one (1) month after the hire date.

- Five (5) staff files were reviewed to see if staff had current California driver's licenses placed in their files. Four (4) of five (5) staff had current driver's licenses placed in their files. However, one (1) staff had a driver's license from the State of Arizona. This issue was discussed at length, and according to DeliLu Group Home administration, this staff does not drive children to any appointments. Regardless, it was explained to DeliLu Group Home administration that an approved job description should have been placed in the staff file to explain their position.

- Five (5) staff files were reviewed to see if Group Home Policies and Procedures were signed and placed in their files. Two (2) of five (5) staff did not have a signed copy of Group Home Policies and Procedures placed in their files.

- Five (5) staff files were reviewed to see if staff received all necessary trainings. All five (5) staff did not have sufficient documentation in the files of the necessary training. One (1) of five (5) staff did not have proof of First Aid and CPR in their file. Additionally, even though training classes were documented, an overall total of training hours received for the year was difficult to determine. For example, DeliLu Group Home staff had received emergency intervention training for 2013-2014; however, the dates on the certificates were only good with their initial emergency intervention training when first hired. There was no proof of current and valid emergency intervention training for 2013-2014, documented in their files. The importance of documenting this essential information was discussed with DeliLu Group Home Administration.

Recommendation

DeliLu management shall ensure that:

1. Staff receive timely health screenings and that the information is maintained in the staff file

2. Staff have a valid California driver's license maintained in the staff file

3. Staff sign a Group Home Policies and Procedures and that a copy is maintained in the staff file

4. Staff receive required training and that the information, including the number of hours, is maintained in staff files

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

PPQA/GHM last compliance report dated June 9, 2014, identified 15 recommendations.

Results

Based on the follow-up, DeliLu Group Home fully implemented six (6) of 15 previous recommendations for which they were to ensure that:

- The vehicle was maintained in good repair
- CCL complaint was addressed
- The exterior of the Group Home was well maintained
- The children's bedrooms were well maintained
- Children's academics and/or attendance increased
- Dental exams were conducted in a timely manner

DeliLu Group Home did not improve in the recommended nine (9) areas of:

- Maintaining detailed Sign In/Out logs
- Maintaining common areas of the Group Home in good repair
- Discussing NSPs with Group Home staff and obtaining their signatures
- Documenting monthly contact with County Workers
- Completing comprehensive initial NSPs
- Completing comprehensive updated NSPs
- Ensuring staff receive timely health screenings
- Ensuring staff sign Group Home Policies and Procedures
- Ensuring staff receive required training, including First Aid and CPR

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for DeliLu from the Department of Auditor Controller is dated May 9, 2012, for the fiscal period of July 1, 2008, to June 30, 2009. The report dated May 9, 2012, indicated that DeliLu had questioned/disallowed costs. DeliLu submitted a timely approved fiscal Corrective Action Plan (CAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

DeliLu Achievement Home
Mary L. Davis, CEO/Administrator
1564 West 36th Place
Los Angeles, CA 90018
License # 198203559
RCL Level 12

Ms. Lori Tchakerian
Placement Services Bureau
Los Angeles County Probation Department
Lynwood Regional Justice Center
11701 So. Alameda, Second Floor
Lynwood, CA 90262

July 26, 2014

CORRECTIVE ACTION PLAN

I. License Contract requirements

Recommendation:

1. DeliLu management shall ensure that comprehensive clothing allowance and weekly monetary allowance logs are maintained; that they include staff and child signatures.

2. Delilu management shall ensure that detailed Sign In/Out are fully completed and maintained.

3. DeliLu management shall exhibit proactive measures to be free of substantiated CCL complaints.

CAP:

1. Corrections were made to forms as recommended to simplify and added staff signatures to Clothing Allowance and Weekly Allowance. The corrections made to the Clothing Allowance form were staff initials, last balance, total balance and change. The corrections made to the weekly allowance form were staff initials. Group Home Administrator will make sure logs are fully completed with staff initials and children's signatures.

Director of Quality Assurance will also follow up to ensure that they are being done. See attachments.

2. The corrections that were made to the sign in/out forms were the expected time and date of return were changed to time and date of return. Group Home Administrator will make sure logs are fully completed with all necessary information. Director of Quality Assurance will also follow up to ensure that they are being done.

3. CCL sited DeliLu for a lack of supervision. A plan of corrections was submitted and CCL closed the case on 4/17/14. DeliLu will comply to the CAP that was submitted to CCL. To prevent and exhibit proactive measures to be free of substantiated CCL complaints, on August 21, 2013 we purchased a complete GS3000 patrol tour system ideal solution to ensure employees maintain active supervision and to ensure that security checks are completed in a timely manner. The remote scanner records the date, time and tag ID when bought in contact with a button tag. It includes Patrol Management Lite software to download and generate reports, which can be printed or exported to MS Word and Excel. Installed buttons tags in all 5 bedrooms and 1 bathroom on Friday 8/30/13; and installed software on computer on 9/6/13. Staff training on patrol tour system device held on 9/6/13. Staff was also instructed to open closet doors and check girls in beds during security checks.

II. Facility and Environments.

Recommendation:

1. DeliLu management shall ensure that the deficiencies in the common area of the Group Home are repaired.

CAP:

1. Dining room loose chair cushions were repaired and re-upholstered. Maintenance will check all light bulbs monthly. Shower drain cover has been replaced in bathroom #2. Pantry has been re-organized by staff. Facility Managers are assigned to maintain pantry. Exercise room has been re-organized. The Facility Managers are assigned to maintain exercise room.

III. Maintenance or Required Documentation and Services Delivery

Recommendations:

1. DeliLu management shall ensure that they obtain the County Worker's signatures for authorization to implement NSPs.

2. DeliLu management shall ensure that they obtain Group home staff signatures to show that NSPs are implemented and discussed with Group home Staff.

3. DeliLu management shall ensure that the Group homes monthly contact with County Workers is documented and that types of contact and dates of contact are documented in NSPs.

4. DeliLu management shall ensure that initial NSPs are timely and comprehensive.

5. DeliLu Management shall ensure that updated NSPs are comprehensive and include the child's signature to show their participation.

CAP:

1. Case manager is assigned to make sure there are signatures on NSPs. The Case Manager will document all efforts to contact County workers to participate in the NSPs and acquire appropriate signatures. Case manager will contact supervisors until it is done. Additionally, managers will review each NSP to ensure that proper signatures are included.

2. DeliLu Facility Manager is assigned to make sure there are signatures. Administrator and Director of Quality Assurance will check NSPs on 4th Wednesday of each month to ensure that signatures have been obtained.

3. DeliLu case manager attended training and is now aware Group Home contact with Probation Officer and CSW is to be documented. Group Home monitor explained the importance of documentation in exit review. Case manager and Administrator attended training on 7/11/14.

4. Case manager and Administrator attended training on 7/11/14. Director of Quality Assurance will follow up on a monthly basis to ensure timely and comprehensive initial NSPs. If Director of Quality assurance finds initial NSP incomplete then she will give verbal warning with training, if not remediated then escalated disciplinary actions will occur.

5. Case manager and Administrator attended training on 7/11/14. Director of Quality Assurance will follow up on a monthly basis to ensure updated NSPs are comprehensive and have child's signature. It is the case managers responsibility to meet with child and develop goals with the child. If Director of Quality assurance finds updated NSP incomplete then she will give verbal warning with training, if not remediated then escalated disciplinary actions will occur.

IV. Children's Health and Medical needs

Recommendation:

1. DeliLu shall ensure that follow up medical exams are conducted in a timely manner.

CAP:

1. DeliLu management and treatment team will ensure that follow up medical exams are conducted in a timely manner and all efforts are documented. Staff is assigned to take children to medical appointments. Facility Managers will now check appointments on a weekly basis. The child who did not receive a follow-up appointment, received follow-up appointment on 8/5/14.

V. Personnel Records

Recommendation:

1. DeliLu management shall ensure that staff receives timely health screenings and that the information is maintained in the staff file.

2. DeliLu management shall ensure that all staffs have a valid California drivers license maintained in the staff file.

3. DeliLu management shall ensure that staff signs the Group Home policies and procedures manual and that a copy is maintained in the staff file.

4. DeliLu management shall ensure that staff receive required staff training and that the information, including the numbers of hours, is maintained in files.

CAP:

1. DeliLu has implemented timely health screening with new hires. All new staff must have health screening prior to starting work. New Hire will provide documentation prior to starting work. Executive Director and Director of Quality Assurance will ensure all documentation is provided and maintained in file.

2. DeliLu management will require that all staff have valid California drivers license. Staff will not drive company vehicle or children with out valid California drivers license. Executive Director met with concerned staff and has until 10/1/14 to obtain a valid California Drivers license. Executive Director has offered to assist staff in this effort. All staff drivers license will be maintained in files.

3. DeliLu management, upon hiring staff, will ensure new hires receive training on policy and procedures. New hires will sign that they received training in Group home Policies and Procedures. This copy will be maintained in staff files. This training will occur prior to start date.

4. DeliLu management created a excel document to ensure required training is logged and maintained in staff files. The training log will include dates, hours, title, etc. The group home Administrator is responsible to complete document and inform staff of training that will be conducted monthly.

Respectfully,

Mary L, Davis
CEO/Administrator