County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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February 17, 2015

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Philip L. Browning
Director

HERITAGE GROUP HOMES CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Heritage Group Homes (the Group Home) in June 2014. The Group Home has five sites and provides services to County of Los Angeles DCFS foster youth. According to the Group Home's program statement, its stated purpose is "to enable each child to develop the necessary interpersonal skills and self-esteem to successfully function as a self-sufficient and productive person in society."

The Group Home has five 6-bed sites; three sites serving girls and two sites serving boys, each licensed to serve youth ages 13 through 18. At the time of review, the Group Home served 30 DCFS placed youth, 18 girls and 12 boys. The placed children's overall average length of placement was 6 months, and their average age was 16.

SUMMARY

During CAD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 8 of 10 areas of our Contract Compliance Review: Licensure/Contract Requirements; 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.

CAD noted deficiencies in the areas of Facility and Environment, related to not having appropriately maintained the children's bedrooms and Maintenance of Required Documentation and Service Delivery, related to a child's Initial Needs and Services Plan not having been completed timely.

Attached are the details of our review.

REVIEW OF REPORT

On July 24, 2014, DCFS CAD Compliance Administrator, Patricia Kirkpatrick, held an Exit Conference with Sandi Heyer, Associate Executive Director, and Maria Serratos, Program Administrator. The Group Home representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP, addressing the recommendations noted in this compliance report. CAD will verify that these recommendations have been implemented in 90 days. The Out-of-Home-Care Management Division will provide ongoing technical assistance prior to the next contract compliance review.

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

PLB:EM:LTI
DLF:AB:pk

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Sandi Heyer, Executive Director, Heritage Group Homes
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

HERITAGE GROUP HOMES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

30 Country Wood Drive
Phillips Ranch, CA 91766
License Number: 197804150
Rate Classification Level: 11

16226 Benwick Street
Valinda, CA 91744
License Number: 191500101
Rate Classification Level: 11

1923 E. Eckerman Avenue
West Covina, CA 91791
License Number: 197801967
Rate Classification Level: 11

8814 Santa Fe Springs Road
Whittier, CA 90606
License Number: 197802215
Rate Classification Level: 11

1940 Baseline Road
La Verne, CA 91750
License Number: 197804065
Rate Classification Level: 11

	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. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCLD Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case	4. Full Compliance

	Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 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	5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Full Compliance
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within 3 School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (All)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	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	Full Compliance (All)

	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)	
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/Photo Album	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	Full Compliance (All)

HERITAGE GROUP HOMES
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 addressed findings noted during the June 2014 review. The purpose of this review was to assess Heritage Group Homes' (the Group Home) compliance with its County contract and State regulations and included a review of the 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; and
- Personnel Records.

For the purpose of this review, seven Los Angeles County DCFS placed youth were selected for the sample. The Contracts Administration Division (CAD) interviewed each youth and reviewed their case files to assess the care and services they received. Additionally, three discharged youth's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, four of the youth selected for the sample were prescribed psychotropic medication. The case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed all Group Home staff files for compliance with Title 22 Regulations and County contract requirements, and site visits were conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance.

Facility and Environment

- Children's bedrooms were not well maintained.

The Group Home recently purchased new mattresses for the youths' bedrooms; however, several of the youth reported that the mattresses were thin and uncomfortable. The site visit confirmed that the mattresses appeared to be of poor quality and too thin to be comfortable for the youth and the interviewed children reported that the mattresses were indeed

uncomfortable. This information was brought to the attention of the Group Home Program Administrator, Maria Serratos, during the site visit. Ms. Serratos immediately ordered new, higher quality mattresses. CAD verified that the youths' mattresses had been replaced with those that were of better quality during a follow-up visit on August 1, 2014.

Recommendation

The Group Home's management shall ensure that:

1. The children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- In the case file of one youth, it was noted that the Initial Needs and Services Plan (NSP) was not completed timely. The youth did not sign the Needs and Services Plan until five days past the due date.

The Group Home implemented a new protocol, where the Administrator will meet with the Resident and Case Managers five days prior to the due date of the NSPs to obtain timely signatures of all required parties.

Recommendation

The Group Home's management shall ensure that:

2. Initial NSPs are developed timely.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated August 2, 2013, indicated that the Group Home was in full compliance with all 10 areas of the Contract compliance review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

HERITAGE
GROUP HOMES FOR TEENS

10/22/2014

Redacted 2/23/15

Patricia Kirkpartrick
Dept. Children and Family Services
Out of Home Care Management Division
9320 Telstar Ave.,
El Monte, CA 91731

RE: Corrective Action Plan

1. [redacted] Initial NSP was due 11/10/2013. It was completed and emailed to CSW on 11/08/13 but [redacted] did not sign until 11/13/2013. A system has been put in place where each administrator will meet with Resident and Case Manager 5 days prior to the NSP to schedule an appointment for the signing of NSP. Administrators will make sure that all NSP are signed one day prior to due date by residents.

2. Regarding the issue about some mattresses being to firm, we purchased brand new mattresses a week before the audit and some residents felt they were too hard and preferred softer ones. We exchanged those mattresses with ones that had softer pillow tops and residents are satisfied with the new ones. We were not aware that some residents had an issue regarding the firmer mattresses until the auditors brought it to our attention. Our correction action plan is to purchase future bedding with extra pillow tops for softness and Sandi Heyer will ensure the quality and comfort is acceptable by asking residents and inspecting each purchase. Also Administrators will discuss the comfort of all furniture in the monthly meetings that are held with all residents.

Please do not hesitate to contact me at 562-556-2495 should you have any additional questions or concerns. In closing, our administrative team would also like to thank the auditor for her suggestions and comments in regard to our program that will help us continue to provide the best service to the youth entrusted in our care.

Respectfully Submitted.

Maria Serratos
Program Administrator