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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March 24, 2015

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Philip L. Browning
Director

B & I GROUP HOME COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of B & I Group Home (the Group Home) in March 2014. The Group Home has two sites located in the First Supervisorial District and provides services to DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to meet the individual needs of the child, as well as the needs of the children as a collective group."

The Group Home has two 6-bed sites, licensed to serve a capacity of 12 male youth, ages 13-17. At the time of the review, the Group Home served 10 placed DCFS youth. The placed children's overall average length of placement was 7 months, and their average age was 17.

SUMMARY

During CAD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with adequate care and appropriate services; and being comfortable in their environment. However, one child reported that he was not treated with respect and dignity, and two children reported their mail was either opened for them or they were asked to open their mail in front of staff. Two of the children reported not being happy with the personal care items purchased by the staff, and requested better quality items such as lotion and shampoo.

The Group Home was in full compliance with 0 of 10 areas of our Contract Compliance review.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to inadequate maintenance of vehicles and allowance logs; Facility and Environment, related to inadequate maintenance of common areas, children's bedrooms, and lack of sufficient recreational equipment; Maintenance of Required Documentation and Service Delivery, related to inadequate documentation of efforts to obtain the Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs), a lack documented CSW monthly contacts and

initial and updated NSPs not being comprehensive; Education and Workforce Readiness, related to children's academic performance not having improved; Children's Health and Medical Needs, related to untimely initial and follow-up dental exams; Psychotropic Medication, related to one child's Psychotropic Medication Authorization follow-up not being timely and with the child being seen bi-monthly, rather than monthly by a psychiatrist; Personal Rights and Social/Emotional Well-Being, related to one child reporting not being treated with dignity and respect, an inappropriate reward and discipline system and not being given privacy with their mail; Personal Needs/Survival and Economic Well-Being, related to not being encouraged or assisted with their Lifebooks; Discharged Files, related to children not being discharged according to their permanency plans and lack of documentation that children made progress toward NSP goals; and Personnel Records, related to missing background checks, expired driver's licenses, and expired CPR and First Aid certificates.

REVIEW OF REPORT

On April 18, 2014, the DCFS CAD Contract Compliance Administrator, Matthew St. John, held an Exit Conference with the Group Home representatives, Irene Kiuruwi, Executive Director, Group Home staff, Redistard Kitilya, Paulina Gandara, and Annise Williams, along with Out-of-Home Care Management Division (OHCMD) Group Home Monitor, Kristine Kropke-Gay, CAD Contract Compliance Administrator, Christopher Jarosz, and CAD Children's Services Administrator II, Amy Kim. 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 the Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD has provided on-going technical assistance and has met with Group Home representatives to assist in improving their operation. On January 30, 2015, CAD verified that all of the recommendations have been implemented.

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

PLB:EM:LTI
DF:AK:ms

Attachments

c: Sachi Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Irene Kiuruwi, B&I Group Home Executive Director
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

B & I GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Alvarado Group Home
197 E. Alvarado Street
Pomona, CA 91767
License # 197801988
Rate Classification Level: 11

San Francisco Group Home
410 San Francisco Street
Pomona, CA 91767
License # 197803511
Rate Classification: 11

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

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

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

B & I GROUP HOME
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 March 2014 review. The purpose of this review was to assess B & I Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records

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

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

CONTRACTUAL COMPLIANCE

CAD found the following 10 areas out of compliance.

Licensure/Contract Requirements

- The Group Home vehicles used to transport children were not well maintained.

At the Alvarado site, the driver's side rear break light was not operational. The San Francisco site's passenger side rear sliding door did not open and the third row middle seat belt was cut. Vehicle logs reflected that the vans were checked by staff weekly. On March 25, 2014, the issues were brought to the Executive Director's attention, who stated that the repairs would be made at the dealership right away. A receipt dated March 28, 2014, for completed repairs by Crown Auto Body was received on April 8, 2014.

- Group Home clothing and monetary allowance logs were not appropriately maintained.

An allowance entry dated March 7, 2014, reflected children's signatures acknowledging receipt of an amount totaling $96. However, a copy of a check for $549 was also found on the allowance sheet for petty cash. No correlation between the allowance and the check was made. Another clothing allowance entry dated September 20, 2013, reflected two boys were provided money; one was given $50 and the other an indecipherable amount. Several log entries had corrections making it unclear who received money and what amount. Additionally, a second check for petty cash was found in the clothing allowance log in the amount of $390. The clothing and monetary allowance logs are unclear and some entries are illegible. When these issues were bought to the attention of the Executive Director and the Facility Manager, they agreed to keep separate logs. The creation of separate logs was verified during a follow-up visit on January 30, 2015.

Recommendations

The Group Home management shall ensure that:

1. Vehicles are maintained in good repair.

2. Comprehensive monetary and clothing allowance logs are maintained.

Facility and Environment

- Common areas are not well maintained.

The Alvarado site had a broken glass coffee table top in the common/living room area and the community computers at this site were not operable. Confirmation that the coffee table was removed and the computers were being repaired was completed on April 18, 2014.

The San Francisco site had a broken tile in the common area hallway. On April 18, 2014, it was confirmed that the tiles were being replaced with wooden floors.

- Children's bedrooms are not well maintained.

The Alvarado site maintained an insufficient number of dressers for the children's clothing (one medium size dresser for two children in each room). On April 18, 2014, it was confirmed that an additional dresser was added to each bedroom, so that each child had one dresser to themselves.

- Appropriate recreational equipment was not well maintained.

At the Alvarado site, the base of the basketball hoop was not weighted down properly, thereby creating a safety hazard. On April 18, 2014, it was confirmed that a new basketball hoop was in the process of being installed at the Alvarado site.

Recommendations

Group Home's management shall ensure that:

3. The common quarters of the group homes are well maintained.

4. Children's bedrooms are well maintained.

5. The recreational equipment is well maintained.

Maintenance of Required Documentation and Services Delivery

- Documentation of efforts to obtain the Children's Social Worker's authorization to implement a Needs and Service Plan (NSP) was unclear.

Although some of the NSPs had fax sheets requesting the CSW's signature, there were no confirmation fax sheets documenting that a request was actually sent to the CSW.

- One child's file was missing CSW contacts for the months of November and December 2013.

- Initial NSPs were not comprehensive with progress towards goals not documented and the dates on several signature pages were pre-populated.

- Updated NSPs were not comprehensive with progress towards goals not documented and the dates on several signature pages were pre-populated.

On April 18, 2014, during the Exit Conference the Group Representatives acknowledged the findings and indicated that the Facility Manager would ensure the Group Home obtains and documents all efforts to obtain CSW's signatures and will be responsible for documenting all monthly contact with CSWs. To ensure the treatment team develops comprehensive updated and initial NSPs with the child, the treatment team will meet with the child one week before the NSP is due to ensure implementation. The therapist will contact the CSW regarding the date and time of the initial and updated NSP meetings. Documentation will show attempts to have the CSW attend the meeting and obtain their signature for the NSP.

Recommendations

The Group Home's management shall ensure that:

6. The Group Home obtains, or documents efforts to obtain, the CSW's authorization to implement the NSPs.

7. County CSW's monthly contacts documented.

8. Initial NSPs include all required elements in accordance with the NSP template.

9. Updated NSPs include all required elements in accordance with the NSP template.

Education and Workforce Readiness

- Some children's records did not show any increase in academic performance. This was based on the children's school reports, which reflected that the children's grades declined from C's to D's and F's. Although all children interviewed reported going to school and receiving help with homework from the staff, the school report cards and progress reports reflected no increase in academic performance and/or school attendance.

During the Exit Conference, the Group Home representatives acknowledged these findings and indicated that the Facility Manager will meet with school teachers, enforce study times, seek additional homework assistance from the Group Home staff and seek tutoring programs. In addition, the Group Home representatives reported that Pomona High School has an on-grounds School Based Social Worker to assist residents with improving grades and academics. During the follow-up visit on January 30, 2015, it was confirmed that tutoring is taking place, via a review of one child's progress report from Los Angeles County Foster Services Tutoring.

Recommendations

The Group Home's management shall ensure that:

10. The Group Home will ensure children's grades and school attendance is increased and will provide interventions to assist the children in improving school performance.

Children's Health and Medical Needs

- One child did not have a timely initial dental exam. The Executive Director called the dentist's office and confirmed that the child did have an appointment, but was not seen.

- One child did not have a timely follow up dental appointment. The child was scheduled for a six-month check-up on February 3, 2014; however, as of March 24, 2014, the child had not been taken for his appointment.

During the Exit Conference, the Group Home representatives acknowledged these findings and indicated that the agency was experiencing issues with children being seen timely now that Medi-Cal has changed to LA Care. The Group Home representatives indicated that staff will schedule an initial examination with in the first week of placement to ensure the exam is completed within the first 30 days. The Facility Manager has created an appointment log to ensure that initial and follow up exams are timely. During the follow up visit on January 30, 2015, CAD observed a Group Home binder that contained facsimiles of medical and dental appointment forms.

Recommendations

The Group Home's management shall ensure that:

11. The Group Home will ensure initial dental exams are conducted timely.

12. The Group Home will ensure that follow up dental exams are conducted timely.

Psychotropic Medication

- One child's Psychotropic Medication Authorization follow-up was not timely.

- The same child was not seen monthly by a psychiatrist. Records reflected that the child was seen every other month.

During the exit conference, the Group Home representatives indicated that the children's mental health services were previously serviced through Masada Homes, with the psychiatrist only seeing the children every other month. The Group Home changed to Pacific Clinics for all mental health services to correct the issue of the children not being seen on a monthly basis.

Recommendations

The Group Home's management shall ensure that:

13. Current court authorization for the administration of psychotropic medication is obtained.

14. Children under the care of a psychiatrist are seen monthly.

Personal Rights and Social/Emotional Well-Being

- One child stated that he sometimes felt he was not treated with dignity and respect. When asked, the child did not provide any further details.

- One child stated that the Group Home rules and discipline were too lenient. The child stated that the only consequence is the threat of losing extra allowance, which is frequently not enforced by staff.

- Two children reported their mail was either opened for them, or they were asked to open their mail in front of the staff.

During the Exit Conference, the Group Home representatives acknowledged these findings and indicated that the Facility Manager will meet with residents to discuss any concerns. The Facility Manager will ensure that residents who receive mail will only be opened by the resident, unless otherwise specified.

Recommendations

The Group Home's management shall ensure that:

15. The children are treated with dignity and respect.

16. An appropriate rewards and discipline system is in place and reinforced.

17. Children are allowed private visits, calls and correspondence, unless otherwise specified.

Personal Needs/Survival and Economic Well-Being

- Lifebooks for all children were poorly maintained and it appeared as though the children were not encouraged to work on or add to them. One child reported not being encouraged to work on his Lifebook and did not know he had one.

During the Exit Conference, the Group Home representatives acknowledged these findings and indicated that the Facility Manager will be responsible for assisting residents in creating Lifebooks. Staff will be assigned to assist residents in updating their Lifebooks. During the follow up visit on January 30, 2015, a sample Lifebook with photos was provided to confirm compliance.

Recommendations

The Group Home's management shall ensure that:

18. The children are encouraged and assisted with maintaining their Lifebooks.

Discharged Children

- One child was not discharged according to his permanency plan.

- Three children's discharge files reflected unclear progress towards the NSP goals prior to discharge.

During the Exit Conference, the Group Home representatives acknowledged these findings and indicated that the Facility Manager will document all attempts to ensure that children placed at least 30 days are discharged according to their permanency plan and documented in the discharge summary. The Group Home will work closely with CSWs and guardians to discharge residents according to their permanency plan. The Facility Therapist will document if children made progress towards NSP goals.

Recommendations

The Group Home Management shall ensure that:

19. Children are discharged according to their permanency plans.

20. Children make progress towards meeting their NSP goals.

Personnel Records

- Three staff files were missing background checks.

Community Care Licensing (CCL) confirmed on April 18, 2014, that the three employees missing background checks are currently on the CCL Clearance list.

- Three staff had expired drivers licenses.

On April 21, 2014, the Group Home faxed updated drivers licenses for two of the staff, and the third has a California ID card, and is medically restricted from driving. The Group Home provided a written statement that the identified staff would not be allowed to transport any of the children or operate an agency vehicle until she is medically cleared.

- Three staff having expired CPR and First Aid certificates.

During the initial visit to the Alvarado site on March 24, 2014, the Executive Director was unable to locate the Training Logs for the staff. On April 3, 2014, the Executive Director stated the training logs were found. A review of the Training Logs for staff found that 3 of the 22 staff employed by the Group Home had their 20 hours of required ongoing training. The remaining staff were significantly behind in training hours, including "0" ongoing training hours for the Executive Director who works with the children directly. On April 24, 2014, updated CPR and First Aid certificates for two employees were received.

The Group Home's newly hired Facility Manager will now be responsible for maintaining staff personnel files, by completing monthly audits. The Facility Manager will ensure that all staff completes background clearances, all paperwork has been completed, and all required certificates and trainings are up-to-date. All staff who fail to comply will be removed from the schedule until compliance is received.

Recommendations

The Group Home's management shall ensure that:

21. All staff has background checks are completed time and maintained in the file.

22. All staff has a valid driver's license on file.

23. All staff completes the required training timely.

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

The OHCMD's last compliance report, dated October 9, 2013, identified 18 recommendations.

Results

Based on our review, the Group Home fully implemented 10 of the 18 recommendations for which they were to ensure that:

- SIRs are appropriately documented and submitted via I-Track timely.
- Disaster Drills are conducted and maintained in a disaster drill log.
- Detailed Sign In/Out Logs and home passes are maintained.
- The Group Home is compliant with Title 22 Regulations and County contract requirements.
- Children's privacy is protected when using the telephone unless otherwise stated by Court order.
- The exterior and grounds of the group homes are well maintained.
- Children are given an opportunity to plan extra-curricular activities.
- The Group Home provides timely interventions to stabilize the child prior to requesting the child's removal.
- All staff meets the education/experience requirements in the Job Description.
- All staff receives a timely health screening, which includes a timely Tuberculosis clearance.

The Group Home did not implement 8 recommendations for which they were to ensure that:

- The vehicles in which children are transported are maintained in good repair.
- The common quarters of the group homes are well maintained.
- The Group Home staff obtains, or document efforts to obtain, the DCFS CSW's authorization to implement the NSPs.
- Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.
- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.
- The Group Home staff assists children in increasing academic and/or attendance or document efforts to assist children with obtaining academic progress.
- Children are treated with respect and dignity.
- Discharged children make progress toward meeting their NSP goals.

Recommendation

The Group Home's management shall ensure that:

24. The outstanding recommendations from the 2012-2013 monitoring report dated October 9, 2013, which are noted in this report as recommendations 1, 3, 6, 8, 9, 10, 15, and 20, are fully implemented.

The Group Home representatives expressed their desire to remain compliant with the County contract, Title 22 Regulations and service requirements. During a follow up visit on January 30, 2015, CAD verified that all of the recommendations have been implemented. Additionally, OHCMD begun providing on-going technical assistance in October, 2014 and has met with Group Home representatives to assist in improving their operation.

MOST RECENT FISCAL REVIEW CONDUCTED BY FISCAL MONITORING

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

ORIGINAL
Correction 34

4/25/14

Phillip Anih
Chairman

Favour Anih
Secretary

Redistard Kitilya
Treasurer

Juma Haji
Member

Dr. Allen Brown
Non voting member

Billy McDaniel
Member

Irene Kiuruwi
Executive Director:
Non voting member

William Mashingaidze
Financial Advisor
Non voting member

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909-622-1133

B& I Group Home
410 San Francisco Ave
Pomona CA 91767
Tel:(909) 623-3158
Fax:(909) 622-3678

TO: OUT OF HOME CARE MANAGER

FROM: B & I GROUP HOME

RE: CORRECTION ACTION PLAN

Attached is B & I Group Home Compliance Review Correction Action Plan. If you should have any additional questions, please feel free to contact Executive Director Irene Kiuruwi at (626) 973-1127.

Thank You,

Irene Kiuruwi

Irene Kiuruwi

Irene Kiuruwi

B & I Group Home Inc
We Care

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B/I Group Home 2011
Group Home Contract Compliance
Facility # 197801988 &197803511
P. O. Box 1761
Pomona, CA 91769

I. LICENSURE/CONTRACT REQUIREMENTS

#3—The Executive Director will be responsible for ensuring that the vehicles, in which the children are transport in, are in good repair and safe conditions. To ensure that the van continues to be safe and in good repair the facility manager is now responsible for weekly van inspections. All repairs will be documented on a weekly van inspection sheet and if necessary a repair order will be submitted to facility manager to ensure repairs are completely timely. Proof of repair will be kept in the van inspection log. Facility manager is responsible for maintaining compliance.

#7—Facility Manager will be responsible to ensure monetary and clothing allowances are not together on the same form. To ensure that monetary and clothing allowances are not in the same form B & I has now created a separate form for clothing allowance, monetary allowance. This will help to clarify what monetary and clothing allowance that each resident receives. Facility Manager is responsible for maintain compliance.

II. FACILITY AND ENVIRONMENT

#10 #11 #12—To ensure that the exterior the grounds of the group home, common quarters and bedrooms are well maintain B & I has an on call maintenance personnel who reports to the facility every Friday or as needed to make any necessary repairs that have been reported by staff by using the facility inspection form. Upon the arrival of the maintenance personnel, he will be given a work order of all work that needs to be completed. The facility manager will keep documentation of all completed repairs. Facility manger will be responsible for maintaining compliance. All repairs have corrected at this time.

#13—To ensure that the Group Home has sufficient recreational equipment and in good repair, Facility Manager will do weekly inspection of all equipment. All equipment that is not working properly will be reported to the Executive Director to either be discarded, repaired or purchase new equipment. Facility Manager is responsible for maintaining compliance.

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III. MAINTENANCE OF REQUIRED DOUMENTATION AND SERVICES DELIVERY

#16--- The Facility Manager will ensure that the Group Home obtains and documents all efforts to have County Worker's signatures to show that they approve the implementation of the NSP'S. The Facility Manager will obtain on file all emails, faxes and any other efforts that we use to maintain signatures of County workers to implement NSPS. Facility Manage will be responsible to maintain compliance.

#20--- Facility Manager will ensure that all required and/or recommended assessments /evaluations are implemented (psychological, psychiatric, medical evaluations/assessments). Facility Manager will ensure that when required assessments or evaluations are recommended, documentation will be maintained in resident's file. Facility Manager will be responsible for maintaining documents and compliance.

#21---Facility Manager will be responsible for documenting all monthly contact with CSW'S. B & I has a CSW contact log where as all contacts are documented. CSW log includes documentation from the CSW or contact's to CSW's from the Group Home. Faculty Manager will responsible in maintaining compliance.

#22---Facility Manage will be responsible for assisting the children in maintain important relationships. Facility Manager will be responsible for enforcing all visitations plans and help resident to maintain contact with important relationships. All efforts to maintain relationship will be documented and place in child's file.

#23 #24—To ensure that the treatment team develops comprehensive updated and initial Needs and Services Plans with child, the treatment team will meet with the child one week prior to completion of updated and initial NSP to ensure implementation. The therapist will contact the CSW regarding the date and time of the updated and initial NSP meeting. Documentation will show attempts to have CSW attend the meeting of obtain their signature for implementation of the updated and initial NSP. To assist in ensuring that updated and initial NSPs are comprehensive outside resources familiar with NSP's will be utilized to do follow-up with Group Home therapist. Administrator will meet with therapist to ensure compliance. Group Home Therapist will ensure that the resident signs the Needs and Services timely and the dates are clear.

IV EDUCATION AND WORKFORCE READINESS

#28---To help to improve resident's academic performance Facility Manager will meet with teachers, enforce study times, seek additional homework with assistance of Group Home staff and seek tutoring programs. In addition Pomona High School has an on ground School Base Social Worker Rosalba Arroyo to help assist the residents with improvement of grades and academics. B & I has an incentive program, where residents receive additional allowance for passing/good grades. Administrator will be responsible for random follow up to ensure compliance.

Irene

B & I Group Home Inc.
We Care

Phillip Anih
Chairman

Favour Anih
Secretary

Redistard Kitilya
Treasurer

Juma Haji
Member

Dr. Allen Brown
Non voting member

Billy McDaniel
Member

Irene Kiuruwi
Executive Director:
Non voting member

William Mashingaidze
Financial Advisor
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V. HEALTH AND MEDICAL NEEDS

#32—Facility Manager will ensure that initial dental exam are conducted timely. B & I will schedule an initial examination with in the first week of placement to ensure the initial exam is completed within the first 30 day. Facility Manager will enforce compliance. Facility Manger has created an appointment log to ensure that exams are timely.

#33---Facility Manager will ensure that follow up dental examinations are done timely. Facility Manger has created an appointment log where follow up appointments are logged in on the appointment calendar to maintain compliance. Facility Manger will enforce compliance.

VI PSYCHOTROPIC MEDICATION

#34 #35—The Facility Manger will ensure that resident has a current PMA on file and all monthly visits to psychiatrist are documented and maintained in the residents file. Monthly audits on resident's files will be conducted to maintain compliance. Facility will be responsible for compliance.

VII PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

#41—Facility Manager and staff will make every effort to ensure that consequences and discipline are fare to all youth. Facility Manager will meet with resident to discuss any concerns regarding consequences and discipline. Outcome of discussion will be documented on the residents meeting implement form and will be kept on file for review. Facility Manager will enforce compliance.

#42---Facility Manager will ensure that unless prohibit by Court or County Social Worker, all residents should receive un open mail. Facility Manage will ensure that resident who receive mail will only be open by the resident unless other way specified. Facility Manager will endure compliance.

VII PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

#52—To ensure that adequate personal care items of the residents choice are provide, Facility Manager will meet with the residents and record residents input on the residents meeting sheet. Proof of input will kept on file. Facility Manager will maintain compliance.

#55---Facility Manger will be responsible in assisting resident in creating a life book. Staff will be assigned to assist resident to complete the life book. Pictures of residents will be taken at various times and events. Facility Manger will maintain compliance.

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IV DISCHARGE CHILDREN

#56---Facility Manger will document all attempts to ensure that children place at least 30 days are discharge according to their permanency plan. Documents will place in the residents file or documented in the discharge summary. The Group Home will work closely with CSW'S and guardian to discharge resident according to permanency plan. Group Home Therapist will assure compliance.

#57--- Facility Therapists will document if children place at least 30 days made progress towards the NSP goals. Documentation will be kept in child's file and also place in NSP. Facility Therapist will also have staff who works with the minor closely to report if resident is making progress towards his goals. Facility Therapist will ensure compliance.

X PERSONNEL RECORDS

#59 #60 #63 #65

Newly hired Facility Manager will now be responsible for maintaining staff personnel files, by completing monthly audits. The result of the monthly audits will be submitted to the executive director for review; all deficiencies will be corrected with-in 24 hours. Newly hired Facility Manger will ensure that all staff has receive background clearance, all paperwork has been completed, all drivers licenses are up to date, CPR First Aid are current and that all staff have received the required training. All staff who fail to come in to compliance will be remove from the schedule until compliance is receive. Newly Hired Facility Manager and Executive Director will ensure compliance.

Irene Kiuruwi

Irene Kiuruwi Executive Director

Irene Kiuruwi