COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

August 17, 2015

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

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **CHILDREN ARE OUR FUTURE, INC. (CAOF) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM), conducted a review of CAOF Group Home, operated by Children Are Our Future, Inc., in October 2014. CAOF has eight (8) sites; in which seven (7) are located in the Fifth Supervisorial District of Los Angeles County and one (1) is located in the Third Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children and to Department of Children and Family Services (DCFS) foster children. According to CAOF's program statement, its purpose is to provide professional staff who offer children counseling and psychotherapy to effectively restore their emotional health and development.

CAOF has eight (8) six (6)-bed sites and is licensed to serve a capacity of 48 children. Of those eight (8) sites, six (6) are boys homes and two (2) of the homes are for girls, 13-18 years old. At the time of this review, CAOF served 16 Los Angeles County Probation children and 29 DCFS children. The placed children's overall average length of placement was 1.3 months and their average age was 17 years old.

Seven (7) children were randomly selected for the interview sample; five (5) Probation and two (2) DCFS. There were two (2) Probation children in the sample who were prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, two (2) Probation and one (1) DCFS, were reviewed to assess compliance with permanency efforts, and five (5) staff files were also 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 CAOF, and that they were provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity. CAOF was in compliance with six (6) of the 10 areas of our Contract Compliance Review: "Educational and Workforce Readiness", "Psychotropic Medication", "Personal Rights and Social/Emotional Well-Being", "Personal Needs/Survival and Economic Well-Being", "Discharged Children", and "Personnel Records".

PPQA/GHM noted deficiencies in the areas of "Licensure/Contract Requirements" in that CAOF failed to maintain their vehicles (graffiti and missing/broken seatbelts), all i-Tracks (self-reporting system for incidents) were not submitted timely and they failed to report a runaway incident. It was noted in the area of "Facility and Environment" that CAOF needed to make repairs to the exterior and interior of several sites. Seven (7) of the 8 (eight) Group Home sites needed repairs to the children's bedrooms, and one (1) of the Group Home sites needed recreational equipment provided. In the area of "Maintenance of Required Documentation and Service Delivery", CAOF completed NSPs that were missing County Worker and staff signatures, contact with the County Worker was not documented and Initial and Updated NSPs were not comprehensive. Lastly, in the area of "Health and Medical Needs", CAOF needed to ensure that a timely medical examination was conducted.

REVIEW OF REPORT

On December 04, 2014, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with CAOF Administrator Michael Linquata. Administrator Linquata agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

CAOF 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.

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

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:ed

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Michael Linquata, Executive Director
Community Care Licensing

CHILDREN ARE OUR FUTURE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

CHILDREN ARE OUR FUTURE
CHATSWORTH GROUP HOME
10928 REMMET AVENUE
CHATSWORTH, CA 91311
LICENSE NUMBER: #197600743
RATE CLASSIFICATION LEVEL: #12

CHILDREN ARE OUR FUTURE
HOWARD GROUP HOME
20463 MAYALL AVENUE
CHATSWORTH, CA 91311
LICENSE NUMBER: #197606680
RATE CLASSIFICATION LEVEL: #12

CHILDREN ARE OUR FUTURE
LEGG GROUP HOME
19110 MERION DRIVE
NORTHRIDGE, CA 91326
LICENSE NUMBER: #197600298
RATE CLASSIFICATION LEVEL: #12

CHILDREN ARE OUR FUTURE
TERRY GROUP HOME
19646 BALLINGER STREET
NORTHRIDGE, CA 91325
LICENSE NUMBER: #19760144
RATE CLASSIFICATION LEVEL: #12

CHILDREN ARE OUR FUTURE
HARVEY GROUP HOME
19600 SUPERIOR STREET
NORTHRIDGE, CA 91325
LICENSE NUMBER: #197605633
RATE CLASSIFICATION LEVEL: #12

CHILDREN ARE OUR FUTURE
KEZIOS GROUP HOME
20440 KESWICK STREET
CANOGA PARK, CA 91306
LICENSE NUMBER: #197602059
RATE CLASSIFICATION LEVEL: #12

CHILDREN ARE OUR FUTURE
SATICOY GROUP HOME
17622 LEMARSH STREET
GRANADA HILLS, CA 91344
LICENSE NUMBER: #197605332
RATE CLASSIFICATION LEVEL: #12

CHILDREN ARE OUR FUTURE
WEST HILLS GROUP HOME
8569 FAUST AVENUE
WEST HILLS, CA 91304
LICENSE NUMBER: 191222605
RATE CLASSIFICATION LEVEL: #12

	Contract Compliance Monitoring Review	**Findings: October 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. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Improvement Needed
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	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. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	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 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	Full Compliance (ALL)
	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	
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely	1. Improvement Needed
	2. Follow-Up Medical Exams Conducted Timely	2. Full Compliance
	3. Initial Dental Exams Conducted Timely	3. Full Compliance
	4. Follow-Up Dental Exams Conducted Timely	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	Full Compliance (ALL)

CHILDREN ARE OUR FUTURE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess CAOF's compliance with the County contract and State regulations and include a review of the CAOF program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, seven (7) placed children, five (5) Probation and two (2) from the Department of Children and Family Services (DCFS), were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, two (2) placed Probation children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, two (2) Probation and one (1) DCFS, were reviewed to assess CAOF's compliance with permanency efforts

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and site visits were conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following four (4) areas were out of compliance.

Licensure/Contract Requirements

- Eight (8) vehicles that transport children were inspected. The first vehicle from the Legg House site had gang tagging inside the vehicle and the passenger side seatbelt did not pull across the body. The second vehicle from the Terry House site was missing the middle seatbelt. The third vehicle from the Harvey House site was also missing the back row middle seatbelt and missing a clasp for the middle row seatbelt. Lastly, the fourth vehicle from the Saticoy House site had gang tagging inside the vehicle.

- All Special Incident Reports (SIRs) were not submitted timely within this fiscal period, according to the County's I-track reporting system, which is a self-reporting program for all Group Home Providers.

- CAOF failed to notify Placement Administrative Services (PAS) of a child that ran away from their facility during this fiscal period; therefore, CAOF was out of compliance with runaway procedures.

Recommendation

CAOF management shall ensure that:

1. All vehicles in which the children are transported are maintained in good repair.

2. All incidents are reported in a timely manner, in accordance to the reporting guidelines in the County Contract for Group Homes, Exhibit A-VIII.

3. Ensure that all children that run away from the any Group Home site are reported in accordance runaway procedures.

Facility and Environment

An inspection of the interiors and exteriors of all CAOF sites revealed multiple minor deficiencies that require correction.

- At CAOF Chatsworth site, bedroom #3 was missing a window cover and there was a missing box spring for bed #2. Work orders were submitted prior to the inspection for the two (2) abovementioned deficiencies. In addition, a few floor wood panels were not secured in the television room.

- At CAOF Howard site, the smoke detector in bedroom #2 was not working and there was a missing box spring for bed #1, in which a work order was submitted prior to the inspection.

- At CAOF Legg site, bedroom #1 needed the trash cleaned out of the closet and needed the graffiti removed. In bedroom #2, acne medication was found in the closet, there was a missing outlet cover, and the smoke detector was not working. Bathroom #1 located inside in bedroom #1 had a broken towel rack and bathroom #2 located in the hallway was missing a shower drain cover. The sliding door in the television room was broken and trash was found in the backyard area, and lastly the kitchen window screen was bent out of place.

- At CAOF Terry site, "Personal Rights" information poster was not displayed in a visible area nor was the meal menu. Bedroom #2 had a broken outlet cover, and a dirty window area with glass pieces. The hallway walls near the bedroom had graffiti and the backyard gate was left open, since there was no latch or lock.

- At CAOF Harvey site, the lamp in bedroom #2 was not working. Bedroom #3 had markings on the wall from the metal part of the bed underneath the window. In the backyard there was graffiti on the center tree and on the corner tree. The front yard lamp and light fixture were broken.

- At CAOF Kezios site, the October meal menu was not posted in a visible area; however, it was immediately posted during this inspection. Bedroom #1 had small holes on the walls, graffiti on the dressers and on the back of the bedroom doors, and loose wood floor panels. In bedroom #2 door slates were broken and there was graffiti on the nightstand in the closet. Bedroom #3 had dirty walls, a dusty window area, and graffiti on the dresser. There was a shower leak in bathroom #2. In the backyard there is a "hole" in ground that needed to be covered for safely issues, graffiti on the wall, broken wall/stucco at the garage area, graffiti on the garage door, and the garage needed to be organized. The garage area appeared to have been vandalized and the Los Angeles Police Department was notified.

- At CAOF Saticoy site, the October meal menu was not posted in a visible area. The doorknob for bedroom #1 was bent. Bedroom #2 had broken or bent window blinds; however, a work order was submitted prior to the inspection. Bedroom #3 had a broken outlet cover. Bathroom #1 had a broken towel rack and bathroom #2 had a loose sink faucet handle. The television room sliding door was off track. The backyard had loose bricks and the front yard garage door appeared to be broken and bent in.

- At CAOF West Hills site, the front yard garage door was bent inward and there was a lack of recreational equipment, such as balls, etc. for the children to use.

Recommendation

CAOF management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the exterior areas are corrected and repaired at each site noted, in a timely fashion.

2. All of the aforementioned physical deficiencies cited in the common areas at each site noted, are corrected and repaired in a timely fashion.

3. All of the aforementioned physical deficiencies cited in the children's bedrooms at each site are corrected and repaired in a timely fashion.

4. Sufficient recreational equipment is provided at the Saticoy site for the children to use.

Maintenance of Required Documentation and Service Delivery

Of the seven (7) children's files reviewed, only one (1) was placed long enough to have an updated Needs & Service Plan (NSP); therefore, eight (8) NSPs were reviewed.

- Eight (8) Needs and Services Plans (NSPs) were reviewed; seven (7) initial and one (1) updated. Of the eight (8) NSPs reviewed, one (1) NSP lacked a signature from the County Worker on the initial NSP. Documentation was not provided explaining the inability to obtain the County Worker's signature. Therefore, CAOF was out of compliance with the element under "Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSPs?"

- Of the eight (8) NSPs reviewed, one (1) NSP lacked a signature from staff on the initial NSP. Therefore, CAOF was out of compliance with the element "Are NSPs implemented and discussed with the Group Home staff?"

- Of the eight (8) NSPs reviewed, one (1) lacked documentation on the updated NSP regarding the Group Home contact with the County Worker. The NSP did not address the Group Home contact the Caseworker over the past three (3) months. Therefore, CAOF was not compliant with "County Workers contacted by GH documented monthly?"

- Seven (7) initial NSPs were reviewed. Of the seven (7) NSPs reviewed, six (6) were not comprehensive. Overall, the content of the NSPs was descriptive and specific to the child. However, two (2) NSPs had incorrect information documented on the Case Plan Goals and/or Concurrent Goals sections. One (1) NSP documented on the Visitation section that visitation did not occur during the reporting period where the visitation plan should have been documented. One (1) of the NSPs included information in the Education section for Identified Educational Needs that was difficult to comprehend. NSPs were not comprehensive in that the Outcome Goals sections did not describe Reason for Goals accurately; Specific Goals were not identified correctly, and many were not measurable. Lastly, one (1) NSP lacked a child's signature.

- One (1) updated NSP was reviewed. The NSP was not comprehensive in that the Case Plan Goal remained the same as the initial NSP documenting Family Reunification with the biological grandmother which was not corrected. The Mental Health Clinical Visits section showed several dates that mental health treatment was received; however, the type of treatment (i.e. individual therapy, anger management) was not documented to show which type of services the child was receiving. There were no changes or updates to the Education section making it difficult to comprehend in the initial NSP and no information was documented in the Visitation section. The Outcome Goals section remained the same as in the initial NSP without any Achievements or explanations documented.

Recommendation

CAOF management shall ensure that:

1. Each child's NSP has the County worker's signature/authorization to implement the NSP.

2. Each child's NSP has the Group Home staff's signature and the NSP is implemented and discussed with the staff.

3. Each child's NSP has the Group Home contact with the County Worker documented.

4. The abovementioned NSP deficiencies are corrected so that each child has comprehensive initial NSPs.

5. The abovementioned NSP deficiencies are corrected so that each child has comprehensive updated NSPs.

Health and Medical Needs

- A review of the files revealed that one (1) of seven (1) children did not receive a timely medical examination. The child was placed on July 08, 2014, and the medical examination was not received until August 12, 2014, which is approximately one week late. Therefore, CAOF was out of compliance with the element under "Initial Medical Examination conducted timely."

Recommendation

CAOF management shall ensure that:

1. All children are provided with a thorough physical examination by a pediatrician within 30 days of admission.

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

PPQA/GHM's last compliance report dated July 11, 2014, identified 19 recommendations.

Results

Based on the follow-up, CAOF fully implemented 11 of the 19 previous recommendations for which they were to ensure that:

- Allowance logs are comprehensive and include staff signatures.

- Substantiated complaints made by CCL are addressed and/or corrected.

- Children are encouraged to participate in YDS or vocational programs and that the information is documented.

- Children in the Group Home feel safe.

- Efforts are made to provide children with nutritious and palatable meals and snacks.

- Children are free to attend religious services and activities.

- Children are given the opportunity to participate in extra-curricular, enrichment and social activities and that vehicles are readily available to ensure transportation to planned activities.

- Children are provided with the minimum weekly monetary allowance.

- Staff have the required education/experience qualifications and that the documents are maintained in their files.

- Staff sign Group Home policies and procedures manuals and that the manuals are maintained in their files.

- Staff attend all required training, including First Aid and CPR and that proof of training is maintained in their files.

However, the follow-up discovered that CAOF failed to fully implement eight (8) of the previous 19 recommendations for which they were to ensure that:

- Four (4) vehicles were not maintained in good repair. Deficiencies included graffiti and seatbelt repair.

- Most deficiencies noted to the Exterior area of the Group Home were repaired or replaced in accordance with the CCL, Title 22 standards. However, there are deficiencies that remain as noted above. CAOF is aware of these deficiencies and continues to make repairs or replacements as necessary.

- Most deficiencies noted in the Common Areas were repaired or replaced in accordance with the CCL, Title 22 regulations and standards. However, there are deficiencies that remain as noted above. CAOF is aware of these deficiencies and continues to make repairs or replacements as necessary.

- Most deficiencies noted in the Children's Bedrooms were repaired or replaced in accordance with the CCL, Title 22 standards. However, there are deficiencies that remain as noted above. CAOF is aware of these deficiencies and continues to make repairs or replacements as necessary.

- Previously, four of (4) of seven (7) NSPs reviewed did not include Case Worker signatures authorizing the implementation of NSPs. However, this year one (1) of seven (7) NSPs reviewed did not include the Case Worker signatures.

- Previously, four (4) of seven (7) NSPs were missing staff signatures to show that NSPs were discussed and implemented. However, this year, one (1) of seven (7) NSPs was missing staff signature.

- One (1) Initial NSP was not comprehensive and did not include all required information.

- Six (6) of the seven (7) Updated NSPs were not comprehensive and did not include all required information.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home was conducted in 2015, with the final exit conference with the Auditor Controller on April 1, 2015, but has not been posted by the Department of Auditor Controller.

January 2, 2015

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

Re: CAP –CAOF Monitoring Audit

Dear Ms. Tchakerian:

The following will address the Corrective Action Plan request for the above captioned audit and will specifically address the following items:

I. **LICENSURE/CONTRACT REQUIREMENTS**
   a. **Does the group home maintain vehicle in which the children are transported in good repair**
      i. **Legg**
         1. **Gang tagging all over interior of van**
            a. Vans are detailed as graffiti reported and/or as needed.
               i. Copy of Invoice attached
         2. **Front seat passenger seatbelt does not pull across body**
            a. Repaired by a certified Mobile Auto Repair 12-24-14
               i. Copy of invoice attached
      ii. **Terry**
         1. **Middle row missing seatbelt on passenger door side**
            a. Repaired by a certified Mobile Auto Repair on 12-31-14
               i. Copy of invoice attached

iii. **Harvey**

1. **Middle row missing clasp for seatbelt(on backrest)**
    a. From time to time the seats are removed for pick-up of large items and/or for cleaning. The middle row seating has a clasp for the seatbelt (due to being in the center of vehicle). The middle row was mistakenly moved to rear of van. Seat rows were corrected by a certified Mobile Auto Repair on 12-31-14. Staff was counseled on not removing seats without proper replacement.
2. **Back row missing seatbelt**
    a. Seatbelt was replaced.

iv. **Saticoy**

1. **Gang tagging all over interior of van**
    a. Vans are detailed as graffiti reported and/or as needed
        i. Copy of invoice attached

II. FACILITY AND ENVIRONMENT

a. Chatsworth

i. **Bedroom #3 missing window cover/curtain or blinds**
    1. Replaced rod and curtains April 2014. The curtains and/or blinds might have been removed due to cleaning/painting. Maintenance personnel verified curtains were in place for bedroom#3 (now staff office) 1-5-15.

ii. **Missing box spring on bed #2**
    1. Replaced 1-2-15

iii. **TV room wood panels coming off floor/not secured**
    1. Floors were re-glued/secured 10-30-14. If the floors continue to shift the owner will be notified to have the wood slats replaced.

b. Howard

i. **Bedroom #2 – smoke detector not working**
    1. Replaced 10-5-14.
        a. Staff counseled on checking batteries in all smoke detectors during random emergency drills and completing the correct Emergency Drill form.
            i. Copy of Emergency Drill form attached.

ii. **Bedroom #1 – missing box spring**
    1. Box Spring was purchased on 10-5-14
        a. Box Spring was not immediately installed by Group Home staff.
            i. Group Home Facility Manager and Site Supervisor were counseled on the importance of immediately installing purchased furniture.

c. Legg

i. **Bedroom #1 – clean out main closet (trash, papers, books, graffiti)**
   1. Cleaned out by Site Supervisor immediately after audit.
      a. Staff and Site Supervisor counseled on responsibilities of maintaining the site in a clean and orderly manner.

ii. **Bedroom #1 – acne medication found in closet**
   1. Removed immediately.
      a. Staff counseled about proper procedure for securing OTC items.

iii. **Bedroom#2 – missing outlet cover**
   1. Replaced 10-17-14

iv. **Bedroom #2 – smoke detector not working**
   1. Replaced 10-17-14

v. **Bathroom #1 – broken towel rack**
   1. Replaced 10-17-14

vi. **Bathroom #2 – missing shower drain cover**
   1. Per contracted plumbing service, they were unable to remove drain and replace grate/cover. Per the plumbing service, CAOF was instructed to purchase and install an OTC drain hair catcher and place into drain.
      a. CAOF purchased the OTC drain hair catcher and placed into the drain. All staff and minors at the site were instructed to leave the hair catcher in place.

vii. **TV room – broken sliding door**
   1. To be repaired/replaced on or before 1-20-15

viii. **Backyard – cigarette butts found in corner of bushes, trash, etc.**
   1. Cleaned immediately by staff and Site Supervisor.
      a. Site Supervisor was counseled regarding QA for site and their responsibility to ensure that site is always maintained in a clean and orderly manner to secure the safety and wellbeing of the residents.

ix. **Kitchen – window screen bent**
   1. Repaired 10-17-14

x. **Pool area – trash, wooden stick, loose bricks, clothes, broken furniture, broken screens**
   1. Cleaned immediately by staff and Site Supervisor

d. Terry

i. **Personal Rights not posted in visible area**
   1. Facility Manager reposted the same day as audit (residents had removed)
      a. The Site Supervisor was counseled regarding QA for site and their responsibility to ensure that all required postings are visible.

ii. **October menu not posted in visible area**
    1. The menu was reposted and the Facility Manager was counseled regarding the importance of posting the menu in a visible area.
        a. The Site Supervisor was counseled regarding QA for site and their responsibility to ensure that all procedures are followed regarding the meal program.

iii. **Bedroom #2 – broken outlet cover, dirty window area with glass pieces**
    1. Outlet cover replaced 11-17-14. Area was immediately cleaned.
        a. The Facility Manager and Site Supervisor were counseled on daily QA of site to ensure the safety of the residents and staff.

iv. **Hallway near bedrooms graffiti with pencil on walls**
    1. Painted 11-17-14
        a. The Facility Manager and Site Supervisor were counseled on daily QA of site to ensure that the site is free of graffiti.

v. **Backyard gate no latch/left wide open**
    1. Repaired 11-17-14
        a. The Facility Manager and Site Supervisor were counseled on daily QA of site to ensure the safety of the residents and staff.

e. Harvey

i. **Bedroom #2 – lamp not working**
    1. Lamp replaced.

ii. **Bedroom #3 – walls dirty underneath window – markings from metal part of bed**
    1. Cleaned immediately.

iii. **Backyard – graffiti on center tree and on corner tree**
    1. Graffiti is carved into the tree trunk. CAOF has contacted the gardener for this site and requested information on how to remove the graffiti. Gardener will inspect the tree on 1-16-15.
        a. If the gardener is unable to remove or cover the graffiti, CAOF maintenance personnel will try to remove the graffiti.
            i. Please note that any attempt to remove the graffiti will need to be done without damaging the tree directly.
                1. CAOF Administration was informed by the Facility Manager that the graffiti took placed during a resident AWOL and then non compliance by resident to return into the site from the backyard.
                    a. Staff has been counseled on supervision.

iv. **Front yard – broken lamp/light fixture**
    1. Damaged lamp removed 11-12-14
        a. Picture attached

f. Kezios

i. **October menu not posted in visible area**
   1. Menu replaced. The Facility Manager was counseled regarding the importance of posting the menu in a visible area.
      a. The Site Supervisor was counseled regarding QA for site and their responsibility to ensure that all procedures are followed regarding the meal program

ii. **Bedroom #1 – small holes on bedroom walls**
   1. Repaired 1-4-15

iii. **Bedroom #1 – graffiti on dressers**
   1. Dressers replaced 11-26-14
      a. Invoice Attached

iv. **Bedroom #1 – loose wood panels (floor)**
   1. Floors were re-glued/secured 10-30-14. If the floors continue to shift, the owner will be notified to have the wood slats replaced.

v. **Bedroom #1 – graffiti on back of bedroom doors**
   1. Painted 1-4-15

vi. **Bedroom #2 – door slates broken**
   1. Repaired

vii. **Bedroom #2 – graffiti on nightstand in closet**
   1. Nightstands removed

viii. **Bedroom #3 – dirty walls**
   1. Cleaned immediately.

ix. **Bedroom #3 – dusty window area**
   1. Cleaned immediately

x. **Bedroom #3 – graffiti on dress**
   1. Dressers replaced

xi. **Bathroom #2 – shower leak**
   1. Maintenance personnel inspected the shower leak on 9-24-14 and 10-24-15 and found the shower to be in working condition but not turned off completely.
      a. Staff and minors have been counseled on the importance of turning the shower knob completely to off position.

xii. **Backyard – hole in ground**
   1. Hole in stamped patio filled with cement
      a. Before/after picture attached

xiii. **Backyard – graffiti on wall**
   1. Covered/Painted

xiv. **Backyard – broken wall/stucco in garage area (possibly vandalized)**
   1. Damaged possibly caused by trash truck. Claim previously filed. Unable to verify original claim.
   2. Assistant to the Directors to follow up on why claim never processed, repaired or paid.
      a. Follow up to be processed no later than 1-20-15
   3. Backyard – graffiti on garage door

a. Graffiti removed by Maintenance Personnel
b. Facility Manager and Site Supervisor have been counseled regarding daily QA, including alley, and immediate removal of graffiti either by CAOF Maintenance Personnel and/or Graffiti Busters through 311 process
    i. Before/After picture attached

4. Garage needs organizing.
    a. CAOF obtained a Rent-A-Bin and is in the process of cleaning and organizing all facility garages.
        i. CAOF has rented a dumpster. Maintenance Personnel with work with Facility Manager and/or Site Supervisor to remove trash and old furniture from all sites and organize each site garage as needed.
        ii. All staff has been counseled to contact 311 (Bulky trash) and/or CAOF Maintenance Personnel to immediately remove all old items (broken box springs/mattresses, etc) immediately.

g. Saticoy

i. October menu not posted in visible area

1. Menu replaced immediately. The Facility Manager was counseled regarding the importance of posting the menu in a visible area.
    a. The Site Supervisor was counseled regarding QA for site and their responsibility to ensure that all procedures are followed regarding the meal program.

ii. Bedroom #1 – bent door knob

1. Replaced 12-31-14

iii. Bedroom #2 – broken/bent window blinds

1. Replaced 12-4-14

iv. Bedroom #3 – broken outlet cover

1. Replaced 12-31-14

v. Bathroom #1 – broken towel rack

1. Replaced 12-31-14

vi. Bathroom #2 – loose sink faucet handle

1. Repaired 12-31-14

vii. TV room sliding door off track

1. Repaired 12-4-14

viii. Backyard – loose bricks

1. Removed 12-31-14

ix. Front yard – broken garage door is bent in from top

1. Repaired 12-31-14

h. West Hills

i. Front yard – broken garage door – bent in

1. Repaired 10-5-14

ii. **No recreation equipment – no balls**
    1. Assorted sports balls were replaced November 2014

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

a. **Did GH obtain or document efforts to obtain the County workers authorization to implement the Needs and Services Plan**
    i. As of August 2014, a second Case Manager Supervisor was added to the staff at CAOF. The second Case Manager Supervisor will add a second layer of review/QA for each of the NSPs being processed by CAOF Case Managers. The second Case Manager will also conduct weekly trainings with the Case Managers on different aspects of NSPs. CAOF has seen an improvement in the NSP process since August.

b. **Are NSPs implemented and discussed with the group home staff**
    i. NSPs are discussed during Treatment Team with the Facility Manager and the Site Supervisor. Treatment assignments are developed during the Treatment Team meeting which the Facility Manager reviews with all staff to implement during their shift.
        1. As of August 2014, a second Case Manager Supervisor was added to the staff at CAOF. The second Case Manager Supervisor will add a second layer of review/QA for each of the NSPs being processed by CAOF Case Managers. The second Case Manager Supervisor is reviewing the process of implementation and discussion of the NSPs during Treatment Teams to ensure that the goals and interventions are developed properly and assigned appropriately. The second Case Manager Supervisor will also conduct weekly trainings with the Case Managers. CAOF has seen an improvement in the NSP process since August.

c. **Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file**
    i. CAOF Case Managers contact the County worker on a monthly basis via email and/or fax. All attempts to contact the County worker are documented in the CAOF database ResTrak.
        1. As of August 2014, a second Case Manager Supervisor was added to the staff at CAOF. The second Case Manager Supervisor is reviewing all contact documentation to ensure that the County worker(s) are contacted monthly and documented correctly into the CAOF ResTrak database. CAOF has seen an improvement in the NSP process since August.

d. **Did the Treatment Team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child**
    i. As of August 2014, a second Case Manager Supervisor was added to the staff at CAOF. The second Case Manager Supervisor is reviewing each NSP and the process of participation by each minor to ensure that the NSP is developed in

a timely and comprehensive manner. CAOF has seen an improvement in the NSP process since August.

e. **Did the Treatment Team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age – appropriate child**

   i. As of August 2014, a second Case Manager Supervisor was added to the staff at CAOF. The second Case Manager Supervisor is reviewing each NSP and the process of participation by each minor to ensure that the updated NSP is developed in a timely and comprehensive manner. CAOF has seen an improvement in the NSP process since August.

IV. EDUCATION AND WORKFORCE READINESS

a. **N/A**

V. HEALTH AND MEDICAL NEEDS

a. Minor placed on 7-8-14. CAOF attempted to schedule minor for an initial medical exam within the first 30days. The first available appointment with the medical clinic utilized by CAOF was 8-12-14.

   i. CAOF is in process of researching additional medical clinics to increase ability to schedule timely appointments. To date CAOF has not been able to find doctor and/or clinic that will accept MediCal.

VI. PSYCHOTROPIC MEDICATION

a. **N/A**

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

a. **N/A**

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

a. **N/A**

IX. DISCHARGED CHILDREN

a. **N/A**

X. PERSONNEL RECORDS

a. **N/A**

If you have any questions and/or concerns regarding this Corrective Action Plan, please do not hesitate to contact me directly.

Respectfully Submitted

Anthony Linquata
Deputy Director