COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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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 J.P.
Chief Probation Officer

SUBJECT: **DELILU ACHIEVEMENT HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM), conducted a review of DeliLu Achievement Home, operated by Deliann Lucile Corporation, in March 2015. DeliLu Achievement Home has one (1) site, located in the Second Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children and Department of Children and Family Services foster children. According to the DeliLu Achievement Home program statement, its purpose is to increase the likelihood for children to demonstrate an increase in academic and social skills and a decrease in maladaptive behaviors that will enable them to adjust successfully as adults.

DeliLu Achievement Home is an eight (8)-bed site and is licensed to serve a capacity of eight (8) girls, 12-17 years of age, as well as non-minor dependents (NMDs). At the time of this review, DeliLu Achievement Home served two (2) Probation children, five (5) DCFS children, and one (1) NMD. Based on the sample size, the placed children's overall average length of placement was 1.5 months, and their average age was 15 years.

Seven (7) children were selected for the interview sample, two (2) Probation and five (5) DCFS. There were two (2) children in the sample who were prescribed psychotropic medication, one (1) Probation and one (1) DCFS, 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 DeliLu Achievement Home, and that they were provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity. DeliLu Achievement Home was in compliance with four (4) of the 10 areas of the Contract Compliance Review: "Educational and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication", and "Discharged Children".

Although, PPQA/GHM noted deficiencies in six (6) of the 10 areas, there were no egregious findings in any of the areas. DeliLu made some improvement in the number of findings; although, they had several of the same findings from the previous annual review. In the area of "Licensure and Contract Requirements", DeliLu Achievement Home needed to ensure that a vehicle was maintained in good repair. It was noted, in the area of "Facility and Environment" that DeliLu Achievement Home needed to make minor repairs in the common areas of the Group Home and in the children's bedrooms. In the area of "Maintenance of Required Documentation and Service Delivery", DeliLu Achievement Home did not obtain the county worker's signature to implement some of the Needs and Services Plans (NSP) and did not provide comprehensive NSPs. In the area of "Personal Rights and Social/Emotional Well-Being", DeliLu Achievement Home needed to ensure that children were free to attend religious services. In the area of "Personal Needs/Survival and Economic Well-Being", DeliLu Achievement Home needed to ensure that children were encouraged to maintain Life Books. Deficiencies were also noted in the area of "Personnel Records", in that DeliLu Achievement Home needed to ensure that staff received all required training.

REVIEW OF REPORT

On April 16, 2015, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with DeliLu Achievement Home Administrator Mary Davis. Administrator Davis 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).

DeliLu Achievement 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
Mary Davis, DeliLu Administrator/CEO
Community Care Licensing

DELILU ACHIEVEMENT HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

DeliLu Achievement Home
1564 West 36th Place
Los Angeles, CA 90018
License Number: 198203559
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: March 2015**
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. 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. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	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 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 Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
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 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)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance

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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

DELILU ACHIEVEMENT HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

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

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

For the purpose of this review, seven (7) placed children, two (2) Probation and five (5) DCFS, were 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; however, of the seven (7) children selected for the sample, two (2) were on AWOL status and the other two (2) refused to be interviewed. One (1) of the two children was having an outburst over use of the computer and reported that she did not want to speak with Probation. The other child began to cry during the interview process and did not share why she was crying. Both children were from DCFS. Both children were approached a second time for an attempt to re-interview and both declined.

At the time of the review, two (2) placed children were prescribed psychotropic medication, one (1) Probation and one (1) DCFS. 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 DeliLu Achievement Home's compliance with permanency efforts.

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

CONTRACTUAL COMPLIANCE

The following six (6) areas were out of compliance:

Licensure/Contract Requirements

- During an inspection of the facility vehicle at DeliLu Achievement Home, it was discovered that valid proof of registration from the Department of Motor Vehicles (DMV) was not located in the vehicle.

Recommendation

DeliLu Achievement Home management shall ensure that:

1. All vehicles have proof of valid registration from the DMV.

Facility and Environment

An inspection of the interior areas of DeliLu Achievement Home revealed some deficiencies that require correction in the common areas and the children's bedrooms.

- At DeliLu Achievement Home, the common area deficiencies included the smoke detector in the hallway, near the stairs was not working and the smoke detector in the hallway near bedroom #2 was not working. The window blinds in bathroom #3 were broken and so was the toilet paper holder. The pigeon "trap" with protruding nails outside the bathroom window needed to be removed for safety concerns.

- At DeliLu Achievement Home, the deficiencies of the children's bedrooms included two light bulbs not working in bedroom #1. In bedroom #3, the lightbulb in the closet was not working and the window was broken, as evidenced by two (2) books that were holding up the window. In bedroom #4, the lightbulb in the closet was not working nor was the smoke detector.

Recommendation

DeliLu Achievement Home management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the common areas are corrected and repaired in a timely manner and the Administrator details a clear plan in the CAP to maintain compliance in this area.

2. All of the aforementioned physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely manner and the Administrator details a clear plan in the CAP to maintain compliance in this area.

Maintenance of Required Documentation and Service Delivery

Out of the seven (7) children in the sample, five (5) NSPs were reviewed; four (4) initial NSPs, and one (1) updated NSP, due to the other three (3) children's initial NSPs not being due, as they had been placed at the Group Home for less than 30 days.

- Two (2) of five (5) NSPs, one (1) initial and one (1) updated, needed signatures from the county worker. The updated NSP included dates that contact was attempted with the county worker; however, detailed description of type of efforts made (telephone call, email, and fax) was not documented. The other initial NSP noted that several "calls" were made to the county worker and supervisor; however, the dates and names were not documented. The documented efforts were not detailed or thoroughly documented on the NSPs. Therefore, DeliLu Achievement Home was out of compliance with the element, "Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSPs?"

- Four (4) children's initial NSPs were reviewed. All four (4) NSPs did not have enough information documented in the "Reason for Placement" section to show which services the children may need. All four (4) NSPs had family reunification and PPLA both marked in the Case Plan Goal sections. For one (1) Initial NSP, the Life Skills section was not completed and two (2) NSPs Outcome Goals were not measurable. It should be noted that for two (2) NSPs, the goals were noted on the former NSP form, which does not include the reason for goal, specific goal, plan and services, method, and person responsible, making the section difficult to follow and review.

- One (1) child's updated NSP was reviewed. The PPQA/GHM was unable to determine if this NSP was timely since it had the same date as the initial NSP and was marked as an initial NSP. In addition, the Life Skills section notes that the child had advanced in Life Skills; however, there was no explanation regarding the ways the child advanced. Even though it appears that this child may have made some progress, there was no information documented on the "Achieved Outcome Goals" sections questioning if the goals are attainable.

Recommendation

DeliLu Achievement Home management shall ensure that:

1. Each child's NSP, both initial and updated, includes the county worker's signature authorizing implementation of the NSP by detailing in a CAP the reason for non-compliance, how the plan will be implemented and the plan to maintain compliance.

2. The Group Home treatment team shall develop comprehensive initial NSPs by detailing in a CAP the reason for non-compliance, how the plan will be implemented and the plan to maintain compliance.

3. The Group Home treatment team shall develop timely and comprehensive updated NSPs by detailing in a CAP the reason for non-compliance, how the plan will be implemented and the plan to maintain compliance.

Personal Rights and Social/Emotional Well-Being

Of the seven (7) children selected, two (2) were on AWOL status and the other two (2) refused to be interviewed; therefore, only three (3) children were interviewed.

- During the interview process, one (1) of the three (3) children interviewed reported that she was unable to attend the church service of her choice. The child reported that when she asked to attend church, staff refused to transport her.

Recommendation

DeliLu Achievement Home management shall ensure that:

1. Children are allowed to attend religious services of their choice and that staff transport them. In addition, the Group Home Administrator is to explain in the CAP why the child was turned down and the plan to ensure and maintain compliance in this area.

Personal Needs/Survival and Economic Well-Being

- During the interview process, all three (3) children interviewed reported that they never received Life Books. In discussing this with DeliLu Achievement Home Administration, it was reported that the Group Home does encourage and assist the children with Life Books. Several examples of Life Books completed with pictures of activities attended by the children were provided; however, they could not provide the interviewed children's Life Books.

Recommendation

DeliLu Achievement Home management shall ensure that:

1. Children are encouraged and assisted with Life Books. In addition, the Group Home Administrator is to explain in the CAP the reason that the three (3) children did not have Life Books and the plan to maintain compliance.

Personnel Records

- Upon reviewing a sample of five (5) staff files at DeliLu Achievement Home, three (3) of five (5) staff did not have verification of training. Two (2) staff were missing verification for emergency intervention training and one (1) staff was missing verification for cardiopulmonary resuscitation (CPR) and First Aid.

Recommendation

DeliLu Achievement Home management shall ensure that:

- All documents to verify each staff's training is included in their personnel files. In addition, the Administrator is to explain in the CAP the reason for the non-compliance and why the Corrective Action they made from the previous review was not utilized to maintain compliance.

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

PPQA/GHM's last compliance report dated September 30, 2014, identified 14 recommendations.

Results

Based on the follow-up, DeliLu Achievement Home fully implemented nine (9) of the 14 previous recommendations for which they were to ensure that:

- Comprehensive clothing allowance and weekly monetary allowance logs are maintained
- Detailed Sign In/Out logs are entirely completed and maintained
- They exhibit proactive measures to be free of substantiated CCL complaints
- Group Home staff signatures are obtained to show that NSPs are implemented and are discussed with staff
- Group Home monthly contact with County Workers is documented by providing types of contact and dates of contact
- Follow-up medical exams are conducted in a timely manner
- Staff receive timely health screenings and that the information is maintained in the staff file
- Staff have a valid California driver's license maintained in the staff file
- Staff sign Group Home Policies and Procedures and that a copy is maintained in the staff file

However, the follow-up review revealed that DeliLu Achievement Home failed to fully implement five (5) of the previous 14 recommendations for which they were to ensure that:

- Most deficiencies noted to the common areas were repaired or replaced in accordance with the CCL, Title 22 standards. However, there were still some minor issues, such as, light bulbs not working in the common areas and major issues, such as, several smoke detectors not working.

- County worker's signatures are obtained for authorization to implement NSPs
- Initial NSPs are comprehensive
- Updated NSPs are comprehensive
- Staff receive required training and that the information is maintained in staff files

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of DeliLu Group Home by the Auditor Controller was not scheduled for the 2014-2015, fiscal year.

DELIANN-LUCILE CORPORATION

DeliLu Achievement Home for Girls

5800A Hannum Avenue #230, Culver City, CA 90230

Phone: 310.215.8900 Fax: 310.215.8907

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

June 11, 2015

Corrective Action Plan

I. LICENSURE/CONTRACT REQUIREMENTS

Recommendations:

- DeliLu Achievement Home shall ensure vehicles are maintained in good repair. The vehicle used to transport children did not have proof of valid registration.

Plan of Action:

- In the past, Delilu Achievement Home kept the registration and insurance in a clear plastic sleeve in the mileage log folder. The mileage log folder fell out of the vehicle and was replaced on 3/23/15. Our new procedure is that staff will report any deficiencies to management by documenting deficiencies in the communication log. Registration will be kept current in a zip lock bag in the glove compartment. The Facility Manager will ensure and check communication logs at the end of each shift. The Administrator will ensure and check communication logs and vehicle at the end of each week. The Director of Quality Assurance will ensure and check communication logs at the end of the month. These steps will be followed to ensure registration, tags, and insurance

are current, as well as vehicle repairs. The staff were trained and informed on 5/19/15. If staff members do not follow through with protocol they will be counseled or written up.

II. FACILITY AND ENVIRONMENT

Recommendations:

- DeliLu Achievement Home shall ensure common quarters are well maintained. See specific deficiencies listed below.
- DeliLu Achievement Home shall ensure children's bedrooms are well maintained. See specific deficiencies listed below.

Plan of Action:

- DeliLu maintenance replaced two smoke detector batteries and one smoke detector on 4/16/15. Smoke detectors will be checked by the Facility Manager to ensure that they are properly working during routine earthquake and fire drills on the third Wednesday of every month.
- DeliLu maintenance replaced blinds and toilet paper holder in bathroom #3 on 4/16/15.
- DeliLu maintenance replaced all light bulbs on 4/16/15. Residents will also inform staff if light bulbs go out and staff will report to maintenance.
- DeliLu maintenance removed the nail pigeon trap on the outside of window for resident safety on 5/25/15. Bedroom #3 window was also repaired on 5/25/15 so that books are no longer needed to hold up the window.

  The Administrator is now responsible to complete an internal audit weekly with a checklist to ensure the facility is in compliance.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Recommendations:

- DeliLu Achievement Home shall ensure the County Worker's signature to authorize the implementation of Needs and Services Plans is obtained. Two Needs and Services Plans did not include the County Worker's signatures.
- DeliLu Achievement Home shall ensure initial Needs and Services Plans are comprehensive. The initial Needs and Services Plans were missing detailed

information on children's reason for placement, the Case Plan Goals were not completed accurately, and Goals for the children were noted on an old Needs and Services Plan form.

- DeliLu Achievement Home shall ensure updated Needs and Services Plans are comprehensive. An updated Needs and Services Plan had the same date as the initial Needs and Services Plan and was missing information on progress of Life Skills.

Plan of Action:

- As a result of not having the County Worker's signatures on two Needs and Services Plans, the Social Worker was retrained in this area. DeliLu Achievement Home management will ensure that the County Worker's signatures are obtained. A new Case Manager was hired as of last year and was trained by the Director of Quality Assurance during the week of hire. The Case Manager is now responsible for sending the Needs and Services Plans to the County Workers five days before the due date to ensure signatures are received. If there is no response by the County Worker, their Supervisor will be contacted. Detailed efforts to obtain the County Worker's signatures will be maintained in resident's files. It is the responsibility of the Director of Quality Assurance to review the Needs and Services Plans. If the Case Manager fails to obtain the County Worker's signatures or fails to documents efforts made, the Case Manager will be counseled and retrained on following Needs and Services Plans guidelines.

- DeliLu Achievement Home management will ensure that initial Needs and Services Plans are comprehensive. On 5/08/15, the Administrator and Case Manager attended the Department of Children and Family Services Needs and Services Plans training and now a better understanding is acquired. Initial Needs and Services Plans will be reviewed by the Administrator and Director of Quality Assurance 7 days before the due date. If corrections need to be made, the initial Needs and Services Plans will be submitted to the Case Manager for corrections. If the Case Manager continues to fail at maintaining comprehensive initial Needs and Services Plans, continuous training will be provided. In addition, a copy of the revised Needs and Services Plans form was provided to the Case Manager.

- DeliLu Achievement Home Management shall ensure that updated Needs and Services Plans are comprehensive. On 5/08/15, the Administrator and Case Manager attended the Department of Children and Family Services Needs and Services Plans training and now a better understanding is acquired. Updated Needs and Services Plans will be reviewed by the Administrator and Director of Quality Assurance 7 days before the due date. If corrections need to be made, the updated Needs and Services Plans will be submitted to the Case Manager for corrections. If the Case Manager continues to fail at maintaining comprehensive updated Needs and Services Plans, continuous training will be provided.

On 4/16/15, during the exit review, the Group Home Monitor reviewed the Needs and Services Plans with DeliLu Achievement Home management. The following was reviewed and discussed:

- Implementation of Concurrent Case Plan Goals. This section will not be left blank and will include detailed information about the residents' concurrent plan in the event that their primary case plan goal is not achieved.
- The Life Skills Training/Emancipation Preparation section will include information for specific services the resident has received while at DeliLu Achievement Home.
- The residents' accurate identifying information will be included in all Needs and Services Plans.
- The residents' Goals will be child-specific, easy to comprehend, measurable, and obtainable for the resident to achieve.
- The parent's signature and parental involvement will be included on all Needs and Services Plans, and when applicable, a detailed explanation of the lack of parental involvement in the residents' program.
- The Education section will include complete and accurate information.
- All Achieved Goals will be noted in the Achieved Goal section.
- Individualized and detailed information, with correct dates, will be included in all Needs and Services Plans.DeliLu Achievement Home management has enacted an oversight policy to ensure that all future Needs and Services Plans will be comprehensive and contain accurate and detailed information as required. The Administrator will send one initial Needs and Services Plan and one updated Needs and Services Plan to the Group Home Monitor every 60 days until compliance is met to ensure continuous quality improvement.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL BEING

Recommendations:

- DeliLu Achievement Home shall ensure that children are free to attend or not attend religious services. A resident reported that she was not allowed to attend church services. The resident reported wanting to go to church; however, her behavior was disruptive and defiant beforehand resulting in her privileges being revoked. The resident went to her bedroom to take a nap and no longer made an issue of it.

Plan of Action:

- Residents are allowed to attend or not attend religious services. Staff previously received training on Personal Rights on 1/3/14, 11/7/14, and 11/14/14 as well as on 5/19/15 to ensure they are all aware of children's rights. DeliLu Achievement

Home added a staff for the 12-6 pm shift on weekends to accommodate extra staffing in this area. Residents were informed of their right to attend or not attend religious services on 5/25/15 in a group meeting in addition at intake new residents will be informed of their rights.

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Recommendations:

- DeliLu Achievement Home shall ensure that children are encouraged in creating and updating life books. During the monitoring review, life books for the sample were not available for review.

Plan of action:

- DeliLu management has implemented a new protocol that requires all new residents to receive a life book/scrapbook at the time of intake. Each resident will sign a form to show that they received a life book/scrapbook. PM shift staff has been assigned to encourage and assist residents with their life book/scrapbook by providing scrapbooking material, pictures, and samples. Staff will assist residents with putting scrapbook/life books together at the dining room table. Residents are informed at intake that life books/scrapbooks are part of their program at DeliLu Achievement Home.

X. PERSONNEL RECORDS

Recommendations:

- DeliLu Achievement Home shall ensure that all staff received the required training, such as CPR and First Aid, and Therapeutic Crisis Intervention (TCI) training. Two staff were missing verification for emergency intervention training and one staff was missing verification for CPR and First Aid.

Plan of Action:

- The reason there were expired trainings was due to oversight and human error when two separate personal emergencies occurred. The one staff who had expired CPR and First Aid training received training on 4/27/15. In addition, two staff did not have Therapeutic Crisis Intervention training. One staff completed this training on 5/02/15. The other staff was not available on 5/02/15, and will receive Therapeutic Crisis Intervention training on 8/15/15, when the next training is made available. Staff that has not received training was counseled on 5/4/15, and will also receive a memo stating that she cannot conduct TCI until completing training. The Administrator will keep a spreadsheet of the due dates

for trainings on each staff. In addition, to ensure that CPR and First Aid training and TCI training are received in a timely manner, the Administrator will check the spreadsheet on a monthly basis and will provide a memo to staff requiring training a month before the training is due. The reason our agency was out of compliance again this year was due to last year's Corrective Action Plan, which stated that the Administrators would track monthly training hours to ensure that all staff were compliant with completing forty hours of training annually. This year the Administrator will keep track of due dates for necessary trainings. Additionally a new procedure will be implemented in that one month prior to the expiration date of the training, each staff will receive a memo indicating the required training completion deadline.

Signature _____ Date 6/11/15

Title Administrator