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 J. P.
Chief Probation Officer

SUBJECT: **DIAKONIA INC. GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM), conducted a review of Diakonia Inc. Group Home, in November 2014. Diakonia Inc. has three (3) sites, Maywright, Achieve and Home of Excellence, located in the Third Supervisorial District of San Bernardino County. They provide services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children. According to Diakonia Inc.'s program statement, its purpose is to provide therapeutic treatment services to adolescents, focusing on behavior problems, interpersonal difficulties, low self-esteem, anger management, victims of abuse, poor school performance, substance abuse and family conflicts.

Diakonia Inc.-Maywright is a 6-bed site and is licensed to serve a capacity of six (6) boys, 6-17 years old and Non-Minor Dependents (NMD). Diakonia Inc.-Achieve is a six (6) bed site and is licensed to serve a capacity of six (6) girls, 6-17 years old and NMD. Diakonia Inc.-Home of Excellence is a six (6) bed site and is licensed to serve a capacity of six (6) girls, 6-17 years old. At the time of this review, Diakonia Inc. served three (3) Los Angeles County Probation children and three (3) Los Angeles County DCFS children and nine (9) children from other counties. Based on the sample, the placed children's overall average length of placement was five (5) months, and their average age was (16) sixteen years.

Six (6) children were randomly selected for the interview sample, three (3) Probation and three (3) DCFS. There were two (2) children in the sample who were prescribed psychotropic medication, both from DCFS, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, four (4) discharged children's files, two (2) Probation and two (2) 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 Diakonia Inc., and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Diakonia Inc. was in compliance with four (4) of the ten (10) areas of our Contract Compliance Review: "Education and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication" and "Personal Rights and Social/Emotional Well-Being"

PPQA/GHM noted deficiencies in the areas of "Licensure/ Contract Requirements", in that Diakonia Inc. needs to ensure that the facility vehicles are kept in good repair, the clothing allowance logs are comprehensive and that the Group Home is free of Community Care Licensing complaints. Additionally, in the area of "Facility and Environment", Diakonia Inc. needs to make minor repairs in the common quarters and children's bedrooms. It was noted in the area of "Maintenance of Required Documentation and Service Delivery", Diakonia needs to ensure that all NSP's are comprehensive and includes county worker and child participation. In the area of "Personal Needs/Survival and Economic Well-Being", Diakonia Inc. needs to ensure the issuance of children's minimum weekly allowance and Life Books. In the area of "Discharge Children", Diakonia Inc. needs to ensure that all updated NSPs are included in children's discharge files in order to document their progress towards NSP goals. Lastly, in the area of "Personnel Records", Diakonia Inc. needs to provide the minimum education requirements for all employees and ensure that all staff that transport children have a valid driver's license.

REVIEW OF REPORT

On December 18, 2014, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Diakonia Inc. Administrator, Ingrid Peyrefitte. Administrator Peyrefitte 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).

Diakonia Inc. 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
Justice Deputies
Latasha Howard, Probation Contracts
Ingrid Peyrefitte, Diakonia Administrator
Community Care Licensing

DIAKONIA, INC. NAME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

DIAKONIA INC, MAYWRIGHT
1264 S. LILAC AVE
RIALTO, CA 92376
LICENSE NUMBER: # 360911229
RATE CLASSIFICATION LEVEL: # 10

DIAKONIA INC, ACHIEVE
5589 N RIVERSIDE AVE
RIALTO, CA 92376
LICENSE NUMBER: # 366401135
RATE CLASSIFICATION LEVEL: # 10

DIAKONIA INC, HOME OF EXCELLENCE
2133 N. CEDAR AVE
RIALTO, CA 92376
LICENSE NUMBER: # 360911242
RATE CLASSIFICATION LEVEL: # 11

	Contract Compliance Monitoring Review	**Findings: November 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. 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. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. 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. Improvement Needed
	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 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	8. Full Compliance 9. Improvement Needed 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	Full Compliance (ALL)

	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance
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. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance

DIAKONIA INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Diakonia Inc.'s compliance with the County contract and State regulations and include a review of the Diakonia Inc. 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, six (6) placed children, three (3) Probation and three (3) DCFS, were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of this review, two (2) placed children were prescribed psychotropic medication, both DCFS children. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, four (4) discharged children's files were reviewed, two (2) Probation and two (2) DCFS, to assess Diakonia Inc.'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 vehicles, the vehicle located at the Maywright site had gang graffiti inside the van. The vehicle located at the Achieve site had a broken middle seat belt and was missing the driver's side head rest.

- During a review of the clothing voucher log, it was noted that the clothing log was not comprehensive. It could not be determined when and how much each child was receiving each month. Since the voucher was not issued monthly, the files

were also missing clothing voucher waivers, which should indicate that the children agree to save up their monthly clothing allowance.

- Diakonia Inc.'s Home of Excellence site had a substantiated Community Care Licensing complaint for lack of supervision in April 2014. While on an outing at Diakonia's annual picnic, a resident from the Home of Excellence (not an LA County youth) site had sex with a male resident from the Maywright site, who was from Los Angeles County. All three (3) staff who were providing supervision were suspended for three (3) days without pay and received a four (4) hour training on "supervision of clients in a Group Home" on May 7, 2014.

Recommendation

Diakonia Inc. management shall ensure that:

1. All vehicles remain free of gang graffiti and in good repair with no missing or broken items such as head rests and seat belts.

2. All children's files have a comprehensive allowance/clothing log and a waiver, if the allowance is not issued monthly.

3. All sites continue to strive to be free of substantiated complaints by adhering to all Community Care Licensing Regulations and Standards.

Facility and Environment

An inspection of the interiors and exteriors of Diakonia Inc. revealed some cosmetic deficiencies that required correction.

- At Diakonia Inc. Maywright site- remove the graffiti from the bedroom door, window seal, both dressers and the walls in bedroom #3

- At Diakonia Inc. Achieve site- remove the mold from the restroom (bathtub area) and repair the hole in bedroom door in room #2.

- At Diakonia Inc. Home of Excellence- repair the window screen in bedroom #1

Recommendation

Diakonia Inc.'s management shall ensure that:

1. All of the aforementioned physical deficiencies sited in the common areas are repaired in a timely fashion.

2. All of the aforementioned physical deficiencies sited in children's bedrooms are repaired in a timely fashion.

Maintenance of Required Documentation and Service Delivery

Six (6) children's files were reviewed, three (3) DCFS and three (3) Probation, for completion, accuracy and timeliness of Needs & Service Plans (NSPs). Of the six (6) files, nine (9) NPS's were reviewed; six (6) initial and three (3) updated.

- Of the nine (9) NSP's reviewed, two (2) initial NSP's and one (1) updated NSP were missing the county worker's signature authorizing the implementation of the NSP.

- Of the nine (9) NSP's reviewed, there were only three (3) updated NSP's that required the children's progress toward their permanency goal. Of the three (3) updated, two (2) of the children's NSP's did not document the child's progress towards their permanency goal.

- Of the nine (9) NSP's reviewed, two (2) of the updated NSP's were missing county workers monthly contact.

- Of the six (6) initial NSP's reviewed, none of the six (6) were comprehensive. All six (6) NSP's lacked specific goals for each child. The goals provided were general and were not focused on the individual needs of each child. One (1) of the six (6) NSP's was missing the child's date of admission, and another NSP did not mark the concurrent case plan goal box on their initial NSP.

- Of the three (3) updated NPS's reviewed, none of the three (3) were comprehensive. Two (2) of the three (3) changed the case plan goal section but did not provide a reason for the modification. Another updated NSP indicated that a child was no longer taking psychotropic medication but did not provide a reason for the change.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. All children's NSP's have the County Workers signature authorizing the implementation of the NSP.

2. All children have updated NSP's that document the child's progress towards their NSP goals, specifically their permanency goal.

3. All children's NSP's document the county workers monthly contact.

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

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

Personal Needs/ Survival and Economic Well-Being

- During the six (6) child interviews, it was revealed that three (3) of the children were not receiving their minimum weekly allowance. Three (3) children reported that they were only receiving $5.00 a week for their allowance. Based on their age, the minimum weekly allowance is $7.00. Group Home staff was made aware of the issue prior to the conclusion of the monitoring review and was provided with a copy of the Statement of Work in the County Contract which outlines the weekly minimum allowances. One child did not receive her minimum allowance for seven (7) months; the remaining two (2) children did not receive their minimum allowance for three (3) months. Staff has reported that the children will receive all money that was not initially issued to them for their weekly allowance.

- During the six (6) child interviews, it was revealed that five (5) of the children did not have Life Books. One (1) child reported that she had a Life Book but was not able to locate it. When staff were asked about this, they explained that they have the Life Books available, but youth decline. The Group Home has documentation that the children will receive Life Books but not an actual form stating that the Life Books were actually received.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. All placed children receive their minimum weekly allowance.

2. All placed children receive a Life Book and are encouraged and assisted in maintaining their book throughout their placement.

Discharge Children

Four (4) discharge files were reviewed, two (2) Probation and two (2) DCFS.

- Three (3) of the four (4) discharged files were in full compliance. The one (1) file that was out of compliance was missing the most recent NSP; therefore, it was not possible to determine if the child was making progress towards their NSP goals. Although, the file had a certificate of successful completion and complete discharge information related to stability and achievement of permanency goals, the Group Home remains out of compliance due to the fact that the NSP was missing from the file.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. All updated NSP's are present in discharge files in order to assess the discharged child's progress toward their goals.

Personnel Records

- During the review of five (5) employee files, all five (5) of the files were missing verification of their education/experience in their personnel files.

- During the review of the five (5) employee files, one (1) of the employee's was missing a copy of their valid driver's license.

Recommendation

Diakonia Inc.'s management shall ensure that:

1. All employees have documentation of their education/experience included in their personnel files.

2. All employees have a copy of their valid driver's license in their personnel files.

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

PPQA/GHM's last compliance report dated July 9, 2013, identified nine (9) recommendations.

Results

Based on the follow-up, Diakonia Inc. fully implemented five (5) of the nine (9) previous recommendations for which they were to ensure that:

- SIR's were cross reported timely

- Children are assisted in maintaining important relationships

- Children are attending school daily

- Initial medical examinations are timely

- Children have current court approved Psychotropic Medication Authorization

However, it was discovered that Diakonia Inc. failed to fully implement four (4) of the previous nine (9) recommendations for which they were to ensure that:

- All sites are in compliance with Title 22 regulations and county contract requirements

- Children are progressing toward their goals

- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template

- Documentation of progress toward meeting NSP goals is maintained in NSP's for discharged children placed at least 30 days

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A recent fiscal review of Diakonia Inc. has not been conducted by the Auditor Controller.

June 10, 2015

Monitor Review CAP

I. Licensure/Contract Requirements

Does the GH maintain vehicle in which the children are transported in good repair:

- "State the area of non-compliance: (MayWright Boys Home)
- During the review there was graffiti on the back of the seat.
- "Explain the cause (why it happened) of non-compliance:
- Staff did not observe the graffiti on the back of the seat, it was over-looked in error.
- "Explain what needs to be done to correct the non-compliance".
- Agency immediately removed graffiti from the area.
- "How is the CAP to be implemented?
- Agency immediately implemented a new protocol. Vehicle will be inspected on a daily basis by Facility manager Jerome Jordan and Acting manager Curtis Moss. All repairs will be resolved in a 24 – 48 hour time period.
- "Explain what the Quality Assurance (QA) plan is to maintain compliance".
- Program manager Ingrid Peyrefitte, will follow up on a weekly basis, to ensure vehicle is free from any graffiti and in good repair.

Does the GH maintain vehicle in which the children are transported in good repair.

- "State the area of non-compliance: (Achieve Residential Center)
  Middle seat belt broken and drivers side missing head rest.
- "Explain the cause (why it happened) of non-compliance:
- The vehicle was purchased in 2006 and this is wear and tear of a group home vehicle. Administrator had ordered the seat belt brackets and the head-rest in November 2014. The car dealership explained that it would take (8) eight weeks for the items to arrive. It was during this time that the monitor R. Smith came to the facility.

- "Explain what needs to be done to correct the non-compliance".
- Repairs were completed on 12/29/14 at Tom Bell Chevrolet in Redlands, California.
- "How is the CAP to be implemented?
- Agency immediately developed a new protocol. Vehicle will be inspected on a daily basis by Facility Manager Janet Winkfield, and Acting Manager. All repairs will be resolved in a 24-48 hour time period.
- "Explain what the Quality Assurance (QA) plan is to maintain compliance".
- Program manager Ingrid Peyrefitte, will follow up on a weekly basis with the facility manager, to ensure vehicle is free from any graffiti and in good repair.

Are appropriate and comprehensive monetary and clothing allowance logs maintained?

- "State the area of non-compliance: (MayWright Boys Home and Home of Excellence)
  Clothing Allowance log is not comprehensive, not able to tell how often children are receiving clothing allowance; also there was no clothing allowance waiver in the file (if not issued monthly).
- "Explain the cause (why it happened) of non-compliance:
- Clothing log was not clear/ legible for monitor R. Smith to determine if youth were receiving their clothing voucher on a monthly basis at the Maywright and Home of Excellence site. Agency gives each youth in the program a $100 clothing voucher on a monthly basis.
- "Explain what needs to be done to correct the non-compliance".
- Clothing Allowance Agreement was created immediately ***see attachment*** where all current youth have received and signed. All incoming youth will be informed and will be required to sign upon entry to indicate what they are allotted for a monthly clothing allowance. In addition we created a monthly clothing log that will be completed after each youth has purchased clothing for the month. (See attachment).
- "How is the CAP to be implemented?
- All facility managers and acting facility managers have been trained on the new procedure.
- "Explain what the Quality Assurance (QA) plan is to maintain compliance".
- Quality Assurance Reviewer Nancy Hornsby will monitor and follow-up with the facility managers on a monthly basis to ensure accuracy.

Is the group home free of any substantiated CCL complaints on Safety and/or physical plant deficiencies since the last review?

- "State the area of non-compliance in detail": (Home of Excellence)
  Our agency received a substantiated allegation from CCL April 2014, for lack of supervision.
- "Explain the cause (why it happened) of non-compliance:
- The incident occurred while staff prepared to clean the area after a celebration at a local park and lost supervision of the residents. One female and one male(both from separate Diakonia sites both youth went to the bathroom area at different times and engaged in sexual activity.
- "Explain what needs to be done to correct the non-compliance".
- Our agency immediately suspended all group activities between the sites with our female and male youth. Our agency does not allow any activities where the youth will participate together any longer.
- "How is the CAP to be implemented? (Training, Discipline? Change in protocol, etc., with dates of implementation/training/discipline, etc.)".
- Our agency provided training to all employees on May 7, 2014. Topic of training included supervision of clients in group homes and personal rights. All employees that were involved in the incident received disciplinary actions with three days off with no pay.

- "Explain what the Quality Assurance (QA) plan is to maintain compliance".
- Administrator ensures on a weekly basis that no events are scheduled together between female and males of the program

II. **Facility and Environment**

A. Are common quarters well maintained?

- "State the area of non-compliance in detail": (Achieve Residential Center)
- There was a small amount of mold in the restroom around the bathtub area.
- "Explain the cause (why it happened) of non-compliance:
- Residents do NOT consistently keep the fan on for ventilation in the restroom while showering. This bathroom does not have a window attached to it to receive proper ventilation.

- "Explain what needs to be done to correct the non-compliance":
- Agency immediately replaced bathroom tile and removed mold in bathtub area.
- "How is the CAP to be implemented?
- Our agency has implemented an additional inspection form to be completed weekly by Facility manager Janet Winkfield. All issues that arise will be addressed and repaired or replaced in a 24-48 hour time period.
- "Explain what the Quality Assurance (QA) plan is to maintain compliance".
- Program manager and Administrator will follow up to ensure that all issues that arise are completed within designated time-frame.

B. Are children's bedroom well maintained?

- "State the area of non-compliance in detail": (MayWright Boys Home)
- There was graffiti on back of door, window seal, both dressers and the walls in bedroom-3,
- "Explain the cause (why it happened) of non-compliance:
- The graffiti in bedroom #3 had been removed 72 hours prior to this date. The same male put graffiti again after it had been repaired.
- "Explain what needs to be done to correct the non-compliance".
- Agency immediately completed repairs by maintenance department. Bedroom door and walls have been painted and each dresser that had graffiti has been replaced.
- "How is the CAP to be implemented?:
- Agency has implemented an additional inspection form to be completed weekly by Facility Manager Jerome Jordan. All issues that arise will be addressed and completed in a 24-48 hour time period.
- "Explain what the Quality Assurance (QA) plan:
- Program manager and Administrator will follow up to ensure that all issues that arise are completed within designated time-frame.

C. Are children's bedroom well maintained?

"State the area of non-compliance in detail": (Achieve Residential Center)

- Repair hole in bedroom #2 .

- "Explain the cause (why it happened) of non-compliance":
- Staff did not observe the hole in the bedroom #2 in the week prior to this date during a routine inspection. It was over-looked in error.
- "Explain what needs to be done to correct the non-compliance":
- Repairs were completed by the maintenance department for the bathroom #2 walls immediately.
- "How is the CAP to be implemented?:
- Agency has implemented an additional inspection form to be completed weekly by Facility manger Janet Winkfield. All issues that arise will be addressed and completed in a 24-48 hour time period.
- "Explain what the Quality Assurance (QA) plan:
- Program manager and Administrator will follow up to ensure that all issues that arise are completed within designated time-frame.

D. Are children's bedroom well maintained?

- "State the area of non-compliance in detail": (Home of Excellence)
- Repair screen in bedroom.
- "Explain the cause (why it happened) of non-compliance":
- There was a screen on a bedroom window that was bent from normal wear and tear.
- "Explain what needs to be done to correct the non-compliance":
- Repairs were completed by the maintenance department for the screen the following day.
- "How is the CAP to be implemented? "
- Agency has implemented an additional inspection form to be completed weekly by Facility manger Leticia Castaneda. All issues that arise will be addressed and completed in a 24-48 hour time period.
- "Explain what the Quality Assurance (QA) plan is to maintain compliance".
- Program manager and Administrator will follow up to ensure that all issues that arise are completed within designated time-frame.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

- "State the area of non-compliance:
- It was noted that the NSP did not have a signature of the CSW/DPO. The program manager and therapist are responsible for ensuring the NSP is signed. The therapist completes the form after all input and send by email to the CSW/DPO for signature. If the signature page does not return within one week, the supervisor of the CSW/DPO will be informed to assist in obtaining a signature. The CSW/DPO has the option of signing the report on the next visit to see the client or at the next treatment team meeting within that month. If no response, the program manager will go to the office of the CSW/DPO and personally get the signatures.
- "Explain the cause:
- The county worker's contact not documented due to an oversight of the therapist Deryl Taylor completing the NSP.
- "Explain what needs to be done to correct the non-compliance".
- The reason for the repeated deficiency is due to confusion and misunderstanding of what makes the form comprehensive. Moving forward we will ensure all sections are complete and that if there is a change in the case plan goal or with the child's medications we provide a reason for the modification. All goals will be specific to each child and written in simple language. Goals will also be relevant to why the child is placed at the Group Home and written in a way in which they can be measured.
- "How is the CAP to be implemented?
- The CAP will be implemented after training the Facility Managers and staff on the specifics of the NSP. Training on the NSP will be within 30 days from the date of this CAP.
- Quality Assurance (QA) plan:
- The Quality Assurance plan to maintain compliance will occur monthly. The Program Manager will review each report for accuracy and completeness before the therapist emails to the CSW/DPO.

IV. Personal Needs/Survival and Economic Well-Being

A. Are children always provided with the minimum monetary allowance:

"State the area of non-compliance in detail"(: Home of Excellence)

- There were three youth that received the wrong amount of allowance for level 5 for 3 weeks.
- "Explain the cause (why it happened) of non-compliance":
- The regular staff that issues the weekly allowance was off duty on a personal leave. During this time another staff filled in and issued the wrong amount in error.
- "Explain what needs to be done to correct the non-compliance":
- All staff has been re-trained in a staff meeting when ?? Concerning issuing allowances. Also all youth were re-imbursed the correct amount of the allowance immediately.
- "How is the CAP to be implemented?
- Facility manager Leticia Castaneda will issue all allowance on Friday, Program manager will review the allowance log to ensure the correct amount was issued.
- "Explain what the Quality Assurance (QA) plan:
- Administrator will follow-up to ensure there are no errors to the weekly allowance sheet.
-

B. Are children encouraged and assisted in creating and updating a life book/photo album?

- "State the area of non-compliance in detail":
- Youth are not receiving there life books upon entry.
- "Explain the cause (why it happened) of non-compliance:
- Our agency encourages all youth to participate in creating a life book. However this is an on-going issue where the youth don't want to participate.
- "Explain what needs to be done to correct the non-compliance".
- All youth will be required to sign the form created by agency indicating that they have received a Life Book upon their placement however refuse to work on life books. Agency has incorporated a time during the month where all youth will work on their Life Book. Group Home will also keep the children's Life Books in the staff office to ensure the books remain intact and are available at any time.
- "How is the CAP to be implemented?
- Facility manager check to ensure the completion of all life books on a weekly basis.

- "Explain what the Quality Assurance (QA) plan:
- Administrator will meet with recreational liaison bi-weekly to discuss and review all life books by all youth

V. **Discharge Children**

A. During the review of discharge files the reviewer was not able to determine if the child was making progress toward their goals.

Please refer to maintenance and service delivery.

- "State the area of non-compliance in detail":
- During the review is was determined that the reviewer was not able to determine if a child was making progress towards their permanency goal due to one NSP being missing.
- "Explain the cause (why it happened) of non-compliance":
- The final NSP was not placed in the child's file due to a filing error
- "Explain what needs to be done to correct the non-compliance":
- The Group Home will ensure that once the NSP's are complete and contain all required signatures that the Program manager files them in the child's file.
- "How is the CAP to be implemented?
- All staff has received training on the importance of making sure that all required documents are present in the children's files?????
- "Explain what the Quality Assurance (QA) plan is to maintain compliance".
- Every month the Administrator will review each child's file to ensure that all NSP's are complete and placed in the child's file

VI. **Personnel Records**

A. Do Group Home staffs that have direct contact with children meet the educational/experience?

- "State the area of non-compliance in detail":
- There were some employees that did not have a copy of their education requirements in their employee file held at the facility.

"Explain the cause (why it happened) of non-compliance":

- Agency has a master file that is maintained for all employees. During the initial staff orientation period we forgot to obtain a copy of the employee's high school diploma/college transcripts to place in the personnel file.
- "Explain what needs to be done to correct the non-compliance":
- Agency immediately requested the minimum education requirements from employees missing this documentation and placed copies in the Group Home's master file and employee file at the facility.
- "How is the CAP to be implemented?
- Program manager will ensure that the minimum education requirements high school diploma/college transcripts are obtained for all new hires and placed in their employee file. Program manager will also immediately develop a personnel file check sheet and complete every month to ensure the files are complete. Check all employees' files placed at the facility on a bi-weekly basis to maintain all documents.
- "Explain what the Quality Assurance (QA) plan:
- Administrator will review the personnel file check sheet for all employees' files on a monthly basis to continue to maintain accuracy of employee files.

B. Do required employees, who transport children, have a valid CA driver's license?

- "State the area of non-compliance in detail":
- There was one file that was missing a current copy of their driver's license during the monitoring review.

- "Explain the cause (why it happened) of non-compliance:
- The staff failed to provide a current copy of their driver's license once their license was renewed. Agency has a master file that is maintained for all employees. There was not a copy produced held in employee file at the facility. This was done in error.
- "Explain what needs to be done to correct the non-compliance":
- Agency immediately obtained a current copy of the driver's license and placed in the file.
- "How is the CAP to be implemented?
- Program manager will check all employees' files placed at the facility on a monthly basis to maintain all documents.
- "Explain what the Quality Assurance (QA) plan is to maintain compliance".
- Administrator will check all employees' files on a monthly basis to continue to maintain accuracy of employee files.