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: **PHOENIX ACADEMY AT LAKE VIEW TERRACE CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM), conducted a review of Phoenix Academy of Lake View Terrace, operated by Phoenix House of Los Angeles, in January 2015. Phoenix House has one site, located in the Fifth Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children and Department of Child and Family Services (DCFS) foster children. According to the Phoenix House program statement, its purpose is to provide a residential program with a daily structured regimen to meet the rehabilitation, development, treatment, educational, recreational, and social needs of adolescents assessed with a primary substance use disorder and co-occurring emotional and mental health issues. The purpose of the program is to provide the child with the protective factors, skills, and opportunities to engage and reunite with their parents and families and become pro-social members of their community.

Phoenix House is a 140-bed residential facility and is licensed to serve a capacity of 50 girls and 90 boys, 13-18 years old. At the time of this review, Phoenix House served 45 Los Angeles County Probation foster children and two (2) DCFS foster children. Based on the sample size, the placed children's overall average length of placement was 3.5 months, and their average age was 17 years old.

Seven (7) children were randomly selected for this review; five (5) Probation and two (2) DCFS. There were six (6) children in the sample who were prescribed psychotropic medication, four (4) Probation and two (2) 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 Phoenix House, and that they were provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity. Phoenix House was in compliance with five (5) of the 10 areas of our Contract Compliance Review: "Educational and Workforce Readiness", "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 Phoenix House needs to ensure that comprehensive allowance logs are maintained to document that children received payments. It was noted, in the area of "Facility and Environment" that Phoenix House needed to make minor repairs and needed to ensure that common areas and children's bedrooms were maintained and in good repair. In the area of "Maintenance of Required Documentation and Service Delivery", Phoenix House was unable to provide documentation to show contact with the County Worker and failed to provide comprehensive Needs and Services Plans. In the area of "Health and Medical Needs", Phoenix House needs to ensure that follow-up medical examinations and initial dental examinations are conducted in a timely manner, and in the area of "Psychotropic Medication", Phoenix House needs to ensure that Psychotropic Medication Authorizations are completed for children prescribed psychotropic medication.

REVIEW OF REPORT

On March 9, 2015, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Phoenix House Administrator Frank Sanchez. Administrator Sanchez 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).

Phoenix House 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
Frank Sanchez, Phoenix House Administrator
Community Care Licensing

PHOENIX HOUSE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Phoenix House, Lake View Terrace
1160 Eldridge Avenue
Lake View Terrace, CA 91342
License Number: #191222731
Rate Classification Level: #12

	Contract Compliance Monitoring Review	**Findings: January 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. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	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. Full Compliance
	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. 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 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	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	1. Improvement Needed 2. Full Compliance
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)

PHOENIX HOUSE
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Phoenix House's compliance with the County contract and State regulations and include a review of the Phoenix House 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 foster children, five (5) Probation and two (2) DCFS, were selected for the sample. The five (5) Probation child files were randomly selected, while the DCFS children's files were not, as there were only two (2) placed children at the time of this review. 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. It should be noted that two (2) of the seven (7) children were unable to be interviewed since they were released just prior to their interview date; however, their files were reviewed. At the time of the review, six (6) placed children were prescribed psychotropic medication, four (4) Probation and two (2) 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 Phoenix House'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 five (5) areas were out of compliance.

Licensure/Contract Requirements

- During a review of the children's weekly allowance logs and clothing allowance logs, it was discovered that Phoenix House had logs for several months that were incomplete related to accurate balances, dates and signatures. Several

weekly allowance logs had lines for staff signatures that were left blank. All of the allowance logs had children's signatures, except for one month. Although the interviewed children reported receiving their weekly allowance, the September 2014 weekly allowance logs was missing children's signatures to ensure that the children received their monies. Lastly, the logs did show documentation that the correct amount of allowance was given to each child; however, the logs were missing the specific month and week that the allowance was given, making the weekly allowance logs and clothing allowance logs difficult to track.

Although Phoenix House made improvements from last year's review, in that the clothing allowance logs included both children and staff's signatures and exact amounts recorded, they did not make permanent and significant changes related to weekly allowance logs.

Recommendation

Phoenix House management shall ensure that:

1. Comprehensive and accurate allowance logs are consistently and permanently maintained and include staff's signatures, children's signatures.

Facility and Environment

An inspection of the interiors and exteriors of Phoenix House revealed some cosmetic deficiencies that require correction.

The deficiencies noted in the common areas included;

- B Lounge, a light bulb not working
- Amethyst Unit, the Personal Rights were not posted.
- Cafeteria, there was graffiti discovered.

The deficiencies noted in the children's bedrooms included;

- Amethyst Unit, which included a broken shower drain in the bathroom of bedroom #63, the smoke detector not working in bedroom #53, and a shower leak in the bathroom of bedroom #45.

- Odyssey Unit, the window curtain was hanging off track in bedroom #227, the sink was dripping in the bathroom of bedroom #226, and the window in bedroom #219 needed caulking around the frame. Additionally, in bedrooms #243, #240, and #217, the closet doors were missing handles. In bedroom #245 the bathroom door hinges were loose and there was a hole in the bedroom door. The smoke detector in bedroom #238 was not working.

- Genesis Unit, there was scraped off paint on the heater vent and the window curtain was hanging off track in bedroom #201. There was gum on the bed

frame of bedroom #207, as well as scraped off paint on the heater vent. There was also a broken toilet paper holder in the bathroom of bedroom #253, and the closet door was missing a handle. Lastly, it should be noted that there were several small holes on bathroom doors from towel racks that were removed, in which Phoenix House maintenance was in the process of repairing and replacing with towel hooks.

Recommendation

Phoenix House management shall ensure that:

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

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

Maintenance of Required Documentation and Service Delivery

- Of the seven (7) children's case files reviewed, one (1) lacked documentation to show Phoenix House's contact with the County Worker. Phoenix House was unable to provide documentation for the months of December 2014 and January 2015, and the child was released from Phoenix House in February 2015. Therefore, Phoenix House was out of compliance with the element, "County Workers contacted by Group Home documented monthly?"

- Of the seven (7) children's initial NSPs reviewed, seven (7) were not comprehensive. The "comment" sections of the Case Plan Goals and Concurrent Case Plan Goals on two (2) NSPs were incomplete. In addition, three (3) of the NSPs were missing Concurrent Case Plan Goals. One (1) NSP did not document the reason a medical examination was not completed within the required time frame, and another NSP did not document the reason a dental examination was not completed within the required time frame. Two (2) NSPs did not have the Educational Needs of children documented and only indicated that they are working towards receiving their high school diploma or GED. In addition, one (1) NSP was missing Academic Achievements or Extracurricular Activities, and another was missing the Status of the CAHSEE for a child in the 12th grade. The "comment" sections of "Life Skills Training" on five (5) of the seven (7) NSPs were incomplete. Lastly, six (6) of the NSPs which indicated Family Reunification, were missing the parent's signatures or missing explanations of why the parent's signatures were not obtained.

- Of the seven (7) children's updated NSPs reviewed, four (4) were not comprehensive. One (1) NSP had the same information documented from the previous NSP in the Adjustment to Placement, Progress of Child's Educational Goals, and Progress of Child's Life Skills Training sections. One (1) NSP had the same goals as the previous NSP without any modifications documented.

Another NSP documented the Strengths of the Child as "motivated for treatment" and did not update this information in the NSP. One (1) NSP did not document the dates that telephone calls were made to the family in the Visitation section, and another NSP failed to provide documentation on the Progress of the Child's Life Skills Training. Phoenix House did provide case notes to show their contact with County Workers; however, the information was not documented on three (3) NSPs.

Recommendation

Phoenix House management shall ensure that:

1. Their contact with the County Worker is documented monthly and maintained in the case file.

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

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

Health and Medical Needs

- A review of the children's files revealed that one (1) of the seven (7) children was not provided with a timely medical follow-up. According to the medical documentation reviewed, a child was to receive follow-up lab work. There was no documentation provided to show that this child received their follow-up lab work. Therefore, Phoenix House was out of compliance with the element under "Are required follow-up medical examinations conducted timely?"

- A review of the children's files revealed that two (2) of the seven (7) children were not provided with a timely initial dental examination. According to the dental documentation reviewed, a child was placed at Phoenix House on December 3, 2014, and the initial dental examination was received on January 6, 2015, which was three (3) days late. Another child was placed at Phoenix House on August 8, 2014, and the initial dental examination was received on September 16, 2014, which is over one (1) week late. Therefore, Phoenix House was out of compliance with the element, "Are initial dental examinations conducted timely?"

Recommendation

Phoenix House management shall ensure that:

1. All children are provided with a timely follow-up medical examination.

2. All children are provided with a thorough initial dental examination within 30 days of admission.

Psychotropic Medication

- A review of the children's files revealed that one (1) of six (6) children did not have a PMA completed. Therefore, Phoenix House was out of compliance with the element, "Current Court Authorization for Administration of Psychotropic Medication."

Recommendation

Phoenix House management shall ensure that:

1. Current court authorizations for administration of psychotropic medication for children prescribed psychotropic medication are completed.

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

PPQA/GHM's last compliance report dated August 8, 2014, identified 15 recommendations.

Results

Based on the follow-up, Phoenix House fully implemented eight (8) of the 15 previous recommendations for which they were to ensure that:

- Vehicles are maintained in good repair.
- Substantiated CCL complaints are addressed and corrected.
- County Worker's signatures authorizing implementation of NSPs are obtained.
- Children are encouraged to participate in Youth Development Services/Vocational Programs.
- Children receive timely follow-up dental exams.
- Children are free to attend religious services.
- Copies of current drivers' licenses are maintained in staff files.
- Staffs attend required emergency intervention training and supporting documents are maintained in files.

However, the follow-up discovered that Phoenix House failed to fully implement seven (7) of the previous 15 recommendations for which they were to ensure that:

- Comprehensive weekly allowance logs are maintained and signed by staff and children.
- Most deficiencies noted to the Common Areas were repaired or replaced in accordance with the CCL, Title 22 Regulations. However, there were issues with graffiti in the common areas of the facility, in which Phoenix House continues to resolve these issues.

- Most deficiencies noted to the Children's bedrooms were repaired or replaced in accordance with the CCL, Title 22 Regulations. However, there were additional deficiencies; such as, missing closet handles and smoke detectors that were not working, in which Phoenix House continues to resolve.

- Contact with County Workers is clearly documented in the NSPs and/or kept in the case file.

- Initial NSPs are comprehensive

- Quarterly NSPs are comprehensive

- All children are provided with an initial dental examination

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Phoenix House by the Auditor Controller is underway for the 2014-2015, fiscal year. A report has not yet been posted by the Auditor Controller.

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Lake View Terrace, CA 91342
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Phoenix House
Rising Above Addiction

May 18, 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: Group Home Monitoring Review Phoenix House Academy of Los Angeles

Dear DPO Tchakerian,

Please find attached the response and corrective action plans to the monitoring review field exit summary on 3/9/15. I have met with the managers and directors at Phoenix House to review and address all findings. Our team is committed to ensuring that we utilize the corrective action plan to correct and sustain the program changes over the next twelve months. With a 12 month effort of focusing attention on these areas of improvement we hope to show that the quality of services provided to our youth continues to excel. We appreciate the thoroughness of your review. We will use this opportunity to continue to improve our relationship and service to the youth that Los Angeles County Probation Department has placed in our care.

Should you have any questions regarding the responses feel free to give me a call.

Sincerely,

Frank Sanchez, Ph.D., Managing Director
Phoenix House Academy Los Angeles
Phone: (821) 686-3272 ext. 4272
Cell: (323)447-2466

I. LICENSURE/CONTRACT REQUIREMENTS

Recommendations:

1. **Phoenix House shall ensure that comprehensive weekly allowance and clothing allowance logs are maintained; that logs are signed by staff and children.**

- Phoenix House shall ensure that comprehensive weekly allowance and clothing allowance are maintained by utilizing a spreadsheet that effectively indicates accurate balances associated with client accruals related to weekly allowance and clothing allowance. Phoenix House will train residential staff to appropriately complete the client acknowledgement spreadsheet detailing account balances. Account balances will be printed and forwarded to Unit director and/or designee for clients and staff to review and sign on a weekly basis. Signed Weekly Account Balance sheets will be returned to Project Administrators mail box for filing in individual unit binders. Unit designee will maintain individual binders on each unit with signed copies of client financial forms. The Senior Project Administrator will audit records one time per month. Project Administrator will audit returned financial forms to ensure staff and client signatures; if any signatures are missing the Project Administrator will not accept the weekly financial forms and inform the unit designee of missing signatures.

- In addition, all sheets with signatures will have the dates written on the logs. The staff assigned to the audit sheets did not receive the proper coaching in 2014 to ensure that the forms were completed correctly. This year the staff completing the weekly clothing allowances are being coached monthly to ensure that compliance is met. If the staff can not complete the task as required then a new staff will be assigned the job responsibility. Clothing allowance and weekly allowance logs will be submitted monthly for review by Group Home Monitor until compliance has been achieved and probation requirements have been satisfied beginning in June 2015.

II. FACILITY AND ENVIRONMENT

Recommendations:

2. **Phoenix House shall ensure that the common quarters of the facility are well maintained.**

- Phoenix House shall ensure that all common quarters of the facility are maintained by the maintenance supervisor conducting daily unit inspections and

communicating any deficiencies directly to Unit Directors and members of maintenance department. Common quarters shall be clean, safe, sanitary, and in good repair at all times to ensure the safety and well-being of children, employees, and visitors. Phoenix House had previously incorporated a facilities inspection report that is reviewed at the monthly Health and Safety meetings and at the Quality Assurance meeting when needed. The administrative team will be checking the units at least three times per week to ensure that the living quarters are in good repair. Following are the actions that took place to correct the facility deficiencies.

- Amethyst B Lounge- Light bulb not working
  The light bulb in the Amethyst B Lounge has been replaced as of 3/31/15.

- Amethyst Personal rights not posted in a visible area
  The client rights for Amethyst have been located on a bulletin board in the Amethyst unit outside the Senior Counselor's office since June 2014. During the audit it was discovered that they had been removed, the rights were reposted on 2/15/15.

- Genesis Unit - Tagging throughout
  Excessive tagged furniture has been removed as of 3/15/15 and tagging located on walls will be painted as of 6/15/15.

- Tagging in kitchen dining room
  Plexi-glass removed on display cases. Plexi-glass ordered and replaced on food counter on 3/12/15. Kitchen will be repainted by 6/15/15.

3. **Phoenix House shall ensure that the children's bedrooms are well maintained.**

- Phoenix House shall ensure that client's bedrooms are well maintained by assigning a designated staff each morning to effectively monitor chores that consist of individual clients cleaning their bedrooms and common areas, while maintaining general licensing requirements and assisting clients with the development of independent living skills. A leadership team meeting to discuss the tagging and upkeep of client living areas was held on 2/26/15. The administrative team will be spot-checking several bedrooms on each unit weekly to ensure that the client's bedrooms are in good repair. The following actions took place to correct the facility deficiencies.

- Amethyst
  - #63 bathroom broken shower drain
    Replaced drain cover 2/15/15.

  - #53 smoke detector not working

Replaced smoked detector 2/15/15.

- #45 bathroom shower leak
  Adjusted water valves 2/16/15.

- Odyssey
  - #227 loose curtain hanging off the track
    Ordered custom made curtains 2/3/15. The fabric is on backorder and the estimated date for replacement is 6/15/15.

  - #226 bathroom sink drip
    Adjusted water valves 2/16/15.

  - #219 caulk window
    Removed tape and caulk window 3/4/15.

  - #245 loose hinge on bathroom door, ceiling tile moved due to searches, hole on bedroom door
    Tightened hinge and covered hole on bedroom door on 2/17/15 and replaced ceiling tile 2/15/15.

  - #243 missing closet handle
    Ordered closet handles and installed 3/24/15.

  - #240 missing closet handle, ceiling tile moved due to searches
    Replaced ceiling tile 2/15/15. Ordered closet handles and installed 3/24/15.

- Genesis
  - Holes in bathroom doors from towel racks
    Filled in with wood putty by 3/31/15

  - #201 scraped off paint at heater vent, loose curtain hanging off track
    Repaint heater vent on 2/3/15 and ordered custom made curtains 2/3/15. The fabric is on backorder and the estimated date for replacement is 6/15/15.

  - #207 gum on bed frame, scraped off paint at heater vent
    Removed gum and repainted heater vent on 2/3/15.

  - #253 broken toilet paper holder, missing closet handle
    Replaced toilet paper holder 2/19/15. Closet handles ordered and replaced on 3/24/15.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Recommendations:

4. **Phoenix House shall ensure that they document their contact with County Workers in the Needs and Services Plans.**

- Phoenix House shall ensure that contacts with County Workers are consistent and utilized to effectively collaborate in regards to treatment services being provided to individual clients. All efforts to contact County Workers will be documented within our electronic health records system (Welligent). Failed attempts will also be documented within our electronic health records system and after 2 consecutive failed attempts to contact any County Worker a call will be placed to the County Workers immediate supervisor and documented accordingly.

- Needs and Services Plan Trainings have been conducted on March 16th, 17th, 18th and April 2nd of 2015 to reiterate established protocols related to effective communication and documentation of contacts with County Workers. Training was delivered to staff on 9/30/14 however this was not followed through by regular coaching of the individuals, for this reason only some of the items that were provided in the training were not sustained through implementation. Monthly coaching will be provided to each of the case managers responsible for writing Needs and Services Plans. As a result of the coaching staff members not complying with audit standards will be provided with appropriate discipline and removed from their position if they do not show sustained improvement. The Quality Assurance review process was not changed to include the need to document the contact and provide a description of the contact in the Needs and Services Plan. This will be added to the Quality Assurance Review and Quality Review Service Utilization Review (QRSUR) process by 6/30/15 to ensure that contact dates and descriptions are on all Needs and Services Plan.

5. **Phoenix House shall ensure the development of timely, child specific, and comprehensive initial Needs and Services Plans.**

- Phoenix House shall ensure the development of timely, child specific and comprehensive Initial Needs and Services Plan's for all identified clients to effectively support the Needs and Services Plan planning process. Effective collaborative efforts will involve all members of the agency treatment team, client, CSW or DPO of Record and parent/family. Phoenix House Case Managers are to schedule the periodic review of progress and revisions to Needs and Services Plans to best meet the needs of the individual client. Results of assessment, client's individual service goals, strategies for achieving goals and desired outcomes are to be communicated in a strength based manner. All Needs and Services Plan goals are to be created utilizing the SMART Goals format and documented within the

Needs and Services Plan in an individualized and comprehensive manner. DPO's, clients and all other stakeholders are encouraged to participate in all Needs and Services Plan meetings.

- Needs and Services Plan Trainings have been conducted on March 16th, 17th, 18th and April 2nd of 2015 to reiterate expectations of the development of timely, child specific and comprehensive Initial Needs and Services Plans to ensure that this process is understood and congruent with our agency's contractual agreements. SMART goal format was reviewed and handout was provided detailing the SMART format to all case managers.

- Training was delivered to case management staff on 9/30/14; however, this was not followed through by regular coaching of the individuals, for this reason only some of the items that were provided in the training were not sustained through implementation. Monthly coaching will be provided to each of the case managers responsible for writing Needs and Services Plans. As a result of the coaching staff members not complying with audit standards will be provided with appropriate discipline and removed from their position if they do not show sustained improvement. The Quality Assurance review process was not changed to include the need to have child specific and comprehensive Needs and Services Plans. The quality assurance regional management team will be consulted with to add a level of review for writing child specific and comprehensive Needs and Services Plans. This will be added to the Quality Assurance Review and QRSUR review process to ensure that Needs and Services Plans are child specific and comprehensive by 6/30/15. One initial Needs and Services Plan will be sent via email to the Probation Group Home Monitor for review per month until compliance has been achieved and probation requirements have been satisfied beginning in June 2015.

6. **Phoenix House shall ensure the development of timely, child specific, and comprehensive updated Needs and Services Plans.**

- Phoenix House shall ensure the development of timely, child specific and comprehensive updated Needs and Services Plans to accurately reflect the current status of a client's physical, social, educational and psychological health needs and services to meet those needs. Ongoing participation of agency treatment team members, client, CSW or DPO of Record and parent/family will take place in the form of an MDT to review assessment, service planning and service delivery to support desired outcomes. Status of progress, Case Plan Goal, Concurrent Case Plan Goal, TILP (if applicable), Youth Development Services, Educational Program, Academic credits and client participation in treatment services are to be discussed in a strength based manner to support positive changes as identified. Updates will also include our agency's Health Services Department and Mental Health Department.

- Needs and Services Plan Trainings have been conducted on March 16th, 17th, 18th and April 2nd of 2015 to reiterate expectations of the development of timely, child specific and comprehensive updated Needs and Services Plans to ensure that this process is understood and congruent with our agency's contractual agreements. Training was delivered to case management staff on 9/30/14; however, this was not followed through by regular coaching of the individuals, for this reason only some of the items that were provided in the training were not sustained through implementation. Monthly coaching will be provided to each of the case managers responsible for writing Needs and Services Plans. As a result of the coaching staff members not complying with audit standards will be provided with appropriate discipline and removed from their position if they do not show sustained improvement.

- The Quality Assurance review process was not changed to include the need to have child specific and comprehensive updated Needs and Services Plans. The quality assurance regional management team will be consulted with to add a level of review for writing child specific and comprehensive Needs and Services Plans. This will be added to the Quality Assurance Review and QRSUR review process to ensure that updated Needs and Services Plans are child specific and comprehensive by 6/30/15. One updated Needs and Services Plan will be sent via email to the Probation Group Home Monitor for review per month until compliance has been achieved and probation requirements have been satisfied beginning in June 2015.

IV. CHILDREN'S HEALTH AND MEDICAL NEEDS

Recommendations:

7. **Phoenix House shall ensure that children receive timely follow-up medical examinations.**

- Phoenix House shall ensure that clients receive timely follow-up medical examinations. The three units at Phoenix house are divided among the full-time nurses, with one nurse being assigned to each unit. The assigned nurse serves as the point person responsible for scheduling and tracking medical appointments for his/her unit. Upon a client's return from a medical appointment, the nurse on duty will review the discharge paperwork for any instructions or recommendations given by the treating physician. When a follow-up visit is ordered, the receiving nurse will contact the physician's office to schedule the appointment that day. If the receiving nurse is unable to schedule the appointment the same day, he/she will notify the unit nurse, the rest of the nursing team, and the nurse manager via the end of shift report that a follow-up appointment needs to be scheduled. The unit nurse will schedule the follow-up appointment at the next available opportunity. If the unit nurse is absent, the nurse manager will arrange the follow-up appointment.

The unit nurses are responsible for auditing their caseloads weekly to ensure that all follow up appointments have been scheduled. The unit nurses will immediately notify the nurse manager if there are difficulties with the scheduling of any medical appointments. Every effort will be made to schedule follow-up medical appointments within the required time frame. In the event that a medical follow-up cannot be scheduled within that time frame, Phoenix House nursing staff will document the reason and describe the efforts made to obtain the appointment in a case note entered into the client's electronic health record (Welligent). The follow-up medical appointment was isolated to one incident with one nurse. The nurse who did not follow protocol as it pertains to follow-up medical examinations resigned from her position the week before the error was made.

8. **Phoenix House shall ensure that children receive timely dental exams.**

- Phoenix House shall ensure that clients receive timely dental exams by adhering to admission agreement which stipulates that prior to, or within 30 calendar days following the enrollment of a child, Phoenix House will obtain a documented dental exam for the child. Phoenix House utilizes the services of a mobile dentist who visits Phoenix House Academy Los Angeles twice per month. The three units at Phoenix House are divided among the full time staff nurses, with one nurse being assigned to each unit. The assigned nurse serves as the point person responsible for scheduling and tracking medical and dental appointments for his/her unit. The unit nurse will maintain a list of clients and the dates of their dental exams. The nurse manager will audit these lists weekly to ensure that the exams are scheduled within 30 calendar days of placement. Upon a child's admission the program, the child's assigned nurse will add his/her name to the list of clients to be seen at the next mobile dentist visit. Nursing staff will prioritize the list of clients to be seen according to date of entry so that clients who are here longer are given priority over new clients. The assigned nurse will immediately report to the Nurse Manager when there are difficulties with scheduling of any medical or dental appointments. In the event that the initial dental exam cannot be completed within 30 calendar days of placement, Phoenix House nursing staff will document the reason and describe the efforts made to obtain the exam using a case note in the client's electronic health record (Welligent). Phoenix House will train all nursing staff on requirements that clients receive timely dental exams by 5/15/15.

V. PSYCHOTROPIC MEDICATION

9. **Phoenix House shall ensure that children have current court-approved authorizations for the administration of psychotropic medications.**

- Phoenix House shall ensure that children have current court-approved authorizations for the administration of psychotropic medications. The prescribing psychiatrist will complete forms JV220 and JV220A once he/she orders the medication. The Nurse Manager will review the forms for accuracy and clarify any discrepancies regarding the order prior to faxing the forms to the psychotropic medication authorization desk. The JV220 packet and the fax confirmation page will be uploaded to the client's electronic health record (Welligent) under the Psychiatric Treatment Documents folder in the Attachments section. Once form JV223 is received by Phoenix House indicating the approval or denial of the application, the psychiatrist will be notified of the result and the form will be uploaded to Welligent as described above. At each monthly follow up visit (or more frequently as needed); the psychiatrist will review the client's records to ensure that a current court authorization is in place for the child. The Nurse Manager will also audit client charts for those taking psychotropic medications monthly to ensure that a current court authorization is on file for each one. The psychiatrist will immediately be notified of any missing court authorizations, which will be completed and submitted at the first available opportunity. Phoenix House will train all nursing staff on psychotropic medication authorization procedures by 5/15/15.