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: **RANCHO SAN ANTONIO BOYS' HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Rancho San Antonio Boys' Home, operated by Rancho San Antonio Boys' Inc., in May 2015. Rancho San Antonio Boys' Home is in the Fifth Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children. According to Rancho San Antonio Boys' Home program statement, its purpose is to provide a structured treatment environment, strength based assessments, cognitive behavioral techniques, social learning, modeling, a level system that reinforces social skills training and Aggression Replacement Training to promote change.

Rancho San Antonio Boys' Home is a one-hundred six (106) bed capacity home, which is licensed to serve boys 13-17 years old. At the time of review, Rancho San Antonio Boys' Home was serving 73 Los Angeles County Probation children. Based on the sample size, the placed children's overall average length of placement was five (5) months, and their average age was 17 years old.

Seven (7) children were randomly selected for the interview sample. There were four (4) children in the sample who were prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files 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 Rancho San Antonio Boys' Home, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity.

Rancho San Antonio was in compliance with five (5) of the 10 areas of our Contract Compliance Review: "Educational and Workforce Readiness", "Psychotropic Medication", "Personal Rights and Social/Emotional Well-Being", "Personal Needs/Survival and Economic Well-Being", and "Discharged Children".

Although PPQA/GHM noted deficiencies in five (5) of the 10 areas, there were no egregious findings in any of the areas. In the area of "Licensure/Contract Requirements", Rancho San Antonio Boys' Home needed to ensure that comprehensive monetary and clothing allowance logs, as well as comprehensive sign-in and sign-out logs were maintained. In addition, Rancho San Antonio Boys' Home needed to address a Community Care Licensing complaint. It was noted in the area of "Facility and Environment" that Rancho San Antonio Boys' Home needed to make minor repairs to the children's bedrooms. In the area of "Maintenance of Required Documentation and Service Delivery", Rancho San Antonio Boys' Home failed to obtain the County Worker's signature to authorize implementation of a Needs and Services Plan, and failed to provide comprehensive initial Needs and Services Plans, as well as comprehensive updated Needs and Services Plans. In the area of "Health and Medical Needs", Rancho San Antonio Boys' Home needed to ensure that an initial dental examination was conducted in a timely manner. Lastly, in the area of "Personnel Records", Rancho San Antonio Boys' Home needed to ensure that staff health screenings were received in a timely manner.

REVIEW OF REPORT

On May 14, 2015, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Rancho San Antonio Administrator Sharon Covington. Administrator Covington 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).

Rancho San Antonio Boys' 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
Sharon Covington, Rancho San Antonio Administrator
Community Care Licensing

RANCHO SAN ANTONIO BOYS' HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Rancho San Antonio
21000 Plummer Street
Chatsworth, CA 91311
License Number: 191202023
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: May 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. Improvement Needed
	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. Full Compliance
	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	1. Full Compliance 2. Full Compliance 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	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

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

RANCHO SAN ANTONIO BOYS' HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Ranch San Antonio Boys' Home compliance with the County contract and State regulations and include a review of the Rancho San Antonio Boys' 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 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, four (4) placed children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess Rancho San Antonio Boys' Home 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 monetary allowance logs and clothing allowance logs, it was discovered that Rancho San Antonio Boys' Home had logs that were incomplete, in that the logs were either missing

children's signatures or only included children's initials and not their whole signatures.

- During a review of the sign-in and sign-out logs, it was discovered that even though Rancho San Antonio Boys' home was maintaining these logs, the destination was not included on the log.

- According to Community Care Licensing (CCL), a complaint against Rancho San Antonio Boys' Home was made on March 20, 2015, alleging that a child did not receive his prescribed medication. The allegation was substantiated and Rancho San Antonio Boys' Home provided a Plan of Correction. The case was closed on April 24, 2015.

Recommendation

Rancho San Antonio Boys' Home management shall ensure that:

1. Comprehensive monetary allowance logs and clothing allowance logs are consistently and permanently maintained and are to include the children's signatures.

2. Comprehensive sign-in and sign-out logs are consistently and permanently maintained and are to include the destination.

3. They exhibit proactive measures to be free of substantiated CCL complaints.

<u>Facility and Environment</u>

An inspection of the children's bedrooms at Rancho San Antonio Boys' Home revealed some cosmetic deficiencies that require correction.

- In the Filippo/Fernando dorm, the curtains were hanging off track. Three (3) box springs in San Juan Cottage were missing covers, and one (1) smoke detector in the second bedroom on the west side of the Group Home was not working.

Recommendation

Rancho San Antonio Boys' Home management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion and that the corrections/repairs are maintained.

Maintenance of Required Documentation and Service Delivery

- Seven (7) children's Needs and Services Plans (NSPs) were reviewed; seven (7) initial NSPs and seven (7) updated NSPs. Of the 14 NSPs reviewed, one (1) NSP lacked a signature from the County Worker on the initial NSP. Additionally, documentation was not provided explaining the inability or attempt made to obtain the County Worker's signature.

- Seven (7) children's initial NSPs were reviewed. Of the seven (7) children's initial NSPs reviewed, one (1) was not comprehensive. Overall, the content of the initial NSP was descriptive and specific to the child. However, it did not include a Concurrent Case Plan Goal. In addition, the Projected Completion Dates in the Outcome Goals section were missing and Outcome Goals; specifically Goals #2, #4, and #5 were not measureable.

- Only four (4) children's updated NSPs were reviewed since three (3) children's updated NSPs were not due at the time of this review. Of the four (4) children's updated NSPs, only one (1) was comprehensive. Of the three (3) that were not comprehensive, one (1) child's NSP did not include individual and group counseling dates. In addition, for this same child, all three (3) of his updated NSPs had the same information documented in the Progress of Life Skills Training section without any actual progress noted. Another child's NSP did not include the child's Educational Needs or Academic Achievements and Extracurricular Activities, in the Education section. The Projected Completion Dates in the Outcome Goals section were not completed. Additionally, goals only partially achieved were noted in the Achieved Outcome Goals section. For the last child's NSP, in the Life Skills Training section, Progress of Life Skills training was not documented. Lastly, it should be noted that, even though Rancho San Antonio Boys' Home provided documentation to show their contact with County Workers, this information was not well documented in updated NSPs. The updated NSPs documented that there was monthly contact with the County Workers; however, the actual type of contact was not addressed nor were dates provided.

Recommendation

Rancho San Antonio Boys' Home management shall ensure that:

1. County Worker's signatures are obtained for authorization to implement NSPs.

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 files revealed that one (1) of seven (7) children did not receive a timely initial dental examination. The child was admitted to Rancho San Antonio Boys' Home on May 9, 2014; however, he did not receive his initial dental examination until June 12, 2014. There was no documentation to show the reason for the late initial dental examination.

Recommendation

Rancho San Antonio Boys' Home management shall ensure that:

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

Personnel Records

- During a review of staff files, it was discovered that two (2) of five (5) staff did not have documentation of timely health screenings maintained in their files. One (1) staff was hired on May 27, 2007, and the health screening was received on July 12, 2007. The other staff was hired on September 9, 2013, and the health screening was received on September 18, 2013.

Recommendation

Rancho San Antonio Boys' Home management shall ensure that:

1. All staff receive timely health screenings and that the documentation is maintained in their files.

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

PPQA/GHM's last compliance report dated October 14, 2014, identified two (2) recommendations.

Results

Based on the follow-up, Rancho San Antonio Boys' Home fully implemented two (2) of the two (2) previous recommendations for which they were to ensure that:

- Deficiencies cited in the children's bedrooms will be corrected and repaired in a timely fashion. The deficiencies from the previous year were corrected in accordance with Title 22 Regulations. Even though deficiencies such as curtains hanging off tracks were discovered this current year, Rancho San Antonio Boys' Home continues to ensure that the children's bedrooms are maintained in good repair.

- All NSPs are comprehensive in that all documentation is correct and accurate, including correct date of birth and the correct admission dates. Even though some NSPs were not comprehensive this current year, Rancho San Antonio Boys' Home did not have significant issues with the date of birth and admission dates on NSPs; therefore, it was not the same non-compliance issues for this fiscal year review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

RANCHO SAN ANTONIO BOYS HOME, Inc.

21000 Plummer Street
Chatsworth
California
91311

Telephone 818-882-6400
Fax 818-882-6404

Since 1933

Rancho San Antonio 2015 Corrective Action Plan: Probation Audit June 2015

To: Attention DPO Lori Tchakerian, DPOII
Los Angeles County Probation Department
Placement Permanency & Quality Assurance Group Home Monitoring

From: RANCHO SAN ANTONIO (RSA)
21000 Plummer Street
Chatsworth, CA 91311
818-882.6400 ext 120

Re: Corrective Action Plan

Date: June 9, 2015

Thank you for your time and constructive feedback to help us continue quality services. We appreciate your observations and positive comments about the youth's feedback and our programming.

I. Licensure Contract Requirements

#7 *Area of non-compliance:* Monetary and clothing allowance logs require full signature. Youth's initials on the form used as verification was not in compliance and full signatures are required.

The cause of the non-compliance: We were under the impression initialing met requirement of verification.

Plan to correct the non-compliance: The in house form that documents monetary allowance (canteen account) is being signed by youth on a monthly basis. A new form was created for clothing allowance logs that includes a signature column and monetary balance column (see attachment A).

CAP implementation: Use of the form was implemented by Residential Director (RD) with Campus Supervisor who is charged with oversight of clothing logs on June 1, 2015.

RD also reviewed new protocol and form in Unit Supervisors meetings on May 20, 2015 and June 3, 2015.

Quality Assurance plan to maintain compliance: A quarterly spot check by RD to ensure compliance will be conducted. First compliance review took place June 8, 2015.

#8 *Area of non-compliance:* Incomplete sign in and out log for off campus passes was cited. RSA had an existing form; the form was missing a destination column (See attachment B).

The cause of the non-compliance: When off campus, youth are with parents/guardians and the facility was unaware destination must be indicated.

Plan to correct the non-compliance: A new form was developed to add a column for the destination (See Attachment B).

CAP implementation: Development of a new protocol and form that included a column for the destination was implemented on June 1, 2015. The RD physically replaced the old form with the new form in each unit. The protocol was reviewed in the Unit Supervisor's meeting on June 3, 2015 (See Attachment C).

Quality Assurance plan to maintain compliance: Quarterly spot check by Residential Director to ensure compliance. First compliance review took place June 8, 2015.

#9 *Area of non-compliance:* On March 20, 2015 an allegation was made that a youth was not receiving his prescribed medication. The allegation was substantiated and RSA RD provided a plan of correction. Case closed April 24, 2015.

The cause of the non-compliance: RSA did not receive the continuation prescription for an inhaler from Los Padrinos Juvenile Hall. The Medical Discharge summary from Juvenile Hall (JH) had conflicting information; under Medical Discharge Summary "Prescriptions Needed" None was written, yet below the word none it stated albuterol inhaler. Rancho staff did not follow up to clarify if medication was to be continued which resulted in youth not receiving his prescription for an approximate 30 day period of time. Thus the complaint was substantiated.

Plan to correct the non-compliance: When receiving youth from JH, staff must complete the RSA form titled "Medication Confirmation" (at times the form is referred to as "Pick-up" form). Both RSA staff and the youth must sign the form when it is complete. When arriving to RSA from JH the "Medication Confirmation" form (see attachment D) is to be given to Infirmary supervisor. The Infirmary shall review the "Medication Confirmation" form. If the youth is on medication and there is a prescription, the prescription shall be faxed into the pharmacy immediately. If the "Medication Confirmation" form or minor indicates he is on medication but there is no prescription, a call must be placed to the PAC Social Worker and assigned dorm Social Worker. PAC

Social Worker will be responsible for calling JH to obtain a prescription. The Infirmary staff shall insert the "Medication Confirmation" form into the youth's file.

CAP Implementation: The CAP was implemented on April 7, 2015.

Quality Assurance plan to maintain compliance: The RD created the "Medication Confirmation" form to ensure follow through. The RD reviewed plan of correction with PAC Social Worker and infirmary staff on April 7, 2015. The RD meets with the infirmary staff for supervision on a weekly basis to provide support to staff and ensure procedures are being followed.

II. **Facility and Environment:**

#12 *Area of non-compliance:* Youth's bedrooms require a few minor fixes. Drapes were off track in Filippo Fernando dorm.

The cause of the non-compliance: Youth frequently open drapes that go off track and staff oversight resulted in the finding.

Plan to correct the non-compliance: A work order was submitted *on* April 28, 2015.

CAP implementation: Work was completed on April 29, 2015, May 12, 2015, and May 28, 2015 (See Attachment E - Copies of completed work orders).

Quality Assurance plan to maintain compliance: Bi-weekly inspections are completed by the supervisory staff in each unit, with results turned into the RD. A Physical Plant team member follows up with a monthly dorm inspection, results of which are forwarded to maintenance that are responsible for correcting items of non compliance. Upon completion of the work, the monthly report is submitted to the RD.

Second area of non-compliance: Auditor requested bed skirts to be placed on 3 beds in San Juan cottage.

The cause of the non-compliance: Bed spreads were too large for the cottage beds and therefore the residents were folding the bedspreads in half which caused the box springs to be exposed.

Plan to correct the non-compliance: Work order filled out to purchase new bed spreads that will cover the beds properly.

CAP implementation: Bed spreads purchased and placed on the beds on April 28, 2015.

Quality Assurance plan to maintain compliance: The above concern was reviewed with Physical Plant team member who completes inspections and will be added to monthly inspection described above (See Attachment E - Copies of completed work orders).

Third area of non-compliance: The smoke detector in second bedroom on west side of Group Home requires fixing.

The cause of the non-compliance: Battery needed replaced.

Plan to correct the non-compliance: A work order was filled out on April 28, 2015 to replace the battery.

CAP implementation: The battery was tested and failed. The battery was replaced. The battery was retested and worked.

Explain the Quality Assurance plan to maintain compliance: During the monthly dorm inspection, the Physical Plant team member charged with dorm inspections will ensure that all smoke detectors are in working order (See Attachment E - Copies of completed work orders).

III. Maintenance of Required Records and Service Delivery

#16 *Area of non-compliance:* DPO signature missing in one NSP in one file. Other reports in same file had DPO signature.

The cause of the non-compliance: Signature was requested and not received. Additional follow up after non-receipt of DPO signature did not occur.

Plan to correct the non-compliance: RSA will pursue 100% compliance through continuing to scan requests of signatures of DPO's when they are not available for signature. In addition, social worker's will follow through via phone or e mail if signature is not returned within a week.

CAP implementation: Clinical Director reviewed in the May 21, 2015 Full Social Work meeting the importance of 100% compliance with obtaining signatures (See Attachment F).

Quality Assurance plan to maintain compliance: Quarterly case file reviews with the Clinical Director, Assistant Clinical Director, and Clinical Manager. One area of review specifically is verification of DPO signature on all quarterly reports. If files are missing signatures one of the Case Review team (Clinical Director, Assistant Clinical Director, or Clinical Manager) requests DPO signature and ensures completed signature page is placed in the file.

#23 *Area of non-compliance:* The NSP in one report did not include a concurrent case plan goal, projected completion dates in the outcome goals were not noted, and three of the outcome goals were not measureable.

The cause of the non-compliance: Human error and protocol was not followed.

Plan to correct the non-compliance: Clinical Director will review goal protocol and concurrent case planning expectations for NSP's and QR's in Full Social Work meeting on May 21, 2015. In addition, Clinical Director will review specifically the rules of SMART goals with social workers and the expectations re: use for all future reports.

CAP implementation: Clinical Director reviewed goal protocol and concurrent case planning expectations for NSP's and QR's in Full Social Work meeting on May 21, 2015. Clinical Director also reviewed specifically the rules of SMART goals for all future reports. (See Attachment F).

Quality Assurance plan to maintain compliance: The Clinical Director, Assistant Clinical Director, and Clinical Manager review goals for above indicated information and seek correction when necessary. Additionally, quarterly case reviews are completed focusing on areas of compliance.

#24 *Area of non-compliance:* Treatment team to develop more comprehensive NSP's.

- Some reports require more complete information in Life Skills section. Need to note life skills and progress on skills.
- Reports require more complete educational needs, achievements, and extra-curricular activities. Some reports had complete information, others did not.
- On one report the projected completion dates were not completed. Additionally the same report goals remained the same as in previous report and goals partially achieved noted in achieved section.

The cause of the non-compliance: Lack of paying attention to detail and not following expectations. It is now clear that areas outlined do not meet full expectations.

Plan to correct the non-compliance: To conduct training in Full social work meeting with Social Workers indicating expectations outlined above, as well as review of SMART goals (See Attachment E).

CAP implementation: On May 21, 2015 the Clinical Director presented the compliance deficits and expectations for correction in the Full Social Work meeting.

Quality Assurance plan to maintain compliance: The Clinical Director, Assistant Clinical Director, and Clinical Manager shall review reports paying close attention to use of SMART Goals and seek correction when necessary. Additionally, quarterly case/file reviews are completed and shall focus on areas of compliance.

IV. Education and Workforce Readiness

Full Compliance

V. Health and Medical Needs

#32 *Area of non-compliance:* One dental exam was 3 days late.

The cause of the non-compliance: Youth was not scheduled in a timely fashion. This was a staff oversight.

Plan to correct the non-compliance: Infirmary staff met with RD re this oversight and will utilize File Maker Pro (internal data base that tracks appointments) to ensure timely scheduling.

CAP implementation: The RD reviewed the File Maker Pro system with the Infirmary supervisor on May 13, 2015 outlining compliance expectations.

Quality Assurance plan to maintain compliance: The Infirmary supervisor meets weekly with the RD for supervision and shall review scheduling.

VI. Psychotropic Medication
Full Compliance

VII. Personal Rights/Social Emotional Well Being
Full Compliance

VIII. Personal Needs/Survival and Economic Well Being
Full Compliance

IX. Discharged Children
Full Compliance

X. Personnel Records

#62 *Area of non-compliance:* Employee timely health screening. Two staff members did not complete their health screening in a timely fashion.

The cause of the non-compliance: Staff non-compliance and lack of follow through of staff when they are cited as non compliant.

Plan to correct the non-compliance: Timely reminders to staff regarding health screening expectations and warning of suspension when they are late and do not meet deadlines.

CAP implementation: As of June 8, 2015 the warning and suspension plan shall be implemented.

Quality Assurance plan to maintain compliance: HR Director shall track and follow through with aforementioned plan.

Person responsible for implementing Facility Repair: Physical Plant Manager and Residential Director
Person responsible for implementing corrections on Client Files: Clinical Director

Person responsible for staff files: HR Director
Person Responsible for monitoring to ensure corrective action plan: COO

Randy McTague, COO
Rancho San Antonio

ATTACHMENT A

Rancho San Anotnio
Clothing Log

Name : _____ Dorm: _____ D.O.E.: _____

Date	*Shirts*	*Shorts*	*Pants*	*Boxers*	*Socks*	*Shoes*	*Belt*	Deposited $	Balance	Signature

Residents name (print):_____ Resident signature: _____

Staff name (print): _____ Staff signature: _____

ATTACHMENT B

OFF CAMPUS SIGN OUT FORM

Resident Name: _____

Date	Guardian Signature & Phone #	ID # *(last 4-digits)*	Destination	Time out	Time In	Meds Given	Money Given	NA Card	Staff Initial

Residents must indicate signing himself "OUT" and "IN"

Guardians must sign "Weekend Guidelines"

ATTACHMENT C

UC/Lead Meeting 6-3-15

Present: Kalan, Ronald, Andre W., Jesse, Troy, Victor, Tiahna, Clayton A., Paul K., Ashely, Gwen, Liz, Terrence

Physical Plant/Safety Issues

- Projects on campus:
  - Piping project in front of units
  - Reviewed skunks on campus. Paul addressing matter..
  - Group home BBQ
  - FF and FR water pressure to the units require attention

Technological

Infirmary

- **Infirmary issues:**
  - When going on outings, if dorms need copies of form "C" please let infirmary know two weeks ahead... Minimum of 1 week ahead of time; include a list of all of the boys that need it and if not, the dorm will be asked to send the staff over to get the copies needed
  - If a kid is staying in the infirmary overnight or for multi days, please make sure team discuss who will; help cover for day and night (until awake night arrives). Make sure someone ion the time is preparing meals for the kid.
  - Night meds: kids needing OTC meds need to be called to the infirmary no later than 8:30pm

Campus Sup

- Rancho essentials: when the kids get their clothing and tooth paste and tooth brush, they will now get a face cloth and lotions

Kitchen:

Troy/Residential Director notes

- **June 14th:** our first annual alumni picnic
- **Monthly Canteen statements:** complete "face sheet" with resident signature. Make 2 copies of resident's individual canteen statements. One statement needs a "SIGNATURE" and must be kept in binder along with "face sheet". The second copy is to be given to the resident
- **Visitor off campus sign out form:** I have added a "DESTINATION" column
- **Phone call log:** You will need to have a form indicating who is approved for resident to call along with phone number. There will be a form/log that will indicate every call that

is made by the resident. There form are to be kept in a secure location after they have been filled out

- **Fill out all spaces/boxes on all forms, no exception:** self-explanatory
- **Clothing cards have been revised to include a "monetary" column and a "signature" column.** There are now printed in "Lime Green" paper. Clayton Allen is responsible for this new protocol
- **Monthly attendance summary mistakes:** US's must double and triple check their numbers
- **Rancho essentials:** face towel, lotion (Costco), comb/ pick, chap stick; Given @ the clothing store
- **Pictures of boys in your info:** folder, use those when needed for AWOL's. Nancy will make 4 pictures of every boy. 1-SW, 1-infirmary and 10- Nancy's board

Activities

- Softball game Wednesday

Drug Ed

  - Saturday 6/6 (relocated) & 6/20: 6:30p-7:30p

JCRC

- **Campus Forum:** 6/9

Upcoming events

- H&I panel on 6/20
- Recycling FF through June
- Full staff 6/10 2-4pm
- Board dinner 6/6
- Alumni picnic 6/14

ATTACHMENT D

Juvenile Hall
RSA Medication Confirmation Form

Name of minor: _____ Date: _____

Ask minor if he is currently taking medication.

Does "Medical Discharge Summary" indicate minor taking medication? (Yes) or (No)

If "Yes", is there a prescription for the prescribed medication(s)? (Yes) or (No)

*If "Medical Discharge Summary" does not indicate minor taking meds, but minor indicates he is taking medication, what is the name of medication(s)? _____
_____
_____
_____

*Must speak to Juvenile Hall nurse to rectify confusion. Call Intake Director or PAC Social Worker if necessary.

Comments: _____
_____
_____
_____

_____ _____
Staff Signature Minor Signature

ATTACHMENT E

WORK ORDER REQUEST
(PLEASE PRINT OR TYPE)

№ 02277

Location Grouphome Dorm or Area 2nd room - west side

Description of work smoke alarm failed test. Replace battery or device as needed.

Dane Retest when complete

(Use separate Request Form for EACH project)

4/29

Requested by: Paul Key Workman

Date: 4-28-15 Manhours

(By PPS employee)

Approved: Supervisor of Physical Plant Material Cost $

(By PPS employee)

Charge To: Account or Department Purchase Order No.

(As required)

WORK ORDER REQUEST
(PLEASE PRINT OR TYPE)

№ 02275

Location Gabriel dorm Dorm or Area bed frame

Description of work please replace twin (long) frame with standard length bed frame.

Dane

(Use separate Request Form for EACH project)

5/5

Requested by: Paul K Workman

Date: 4-28-15 Manhours

(By PPS employee)

Approved: Supervisor of Physical Plant Material Cost $

(By PPS employee)

Charge To: Account or Department Purchase Order No.

(As required)

ATTACHMENT E

WORK ORDER REQUEST
(PLEASE PRINT OR TYPE)

№ 02276

Location S/J & S/C Cottages Dorm or Area box spring (of beds)

Description of work please purchase and install bed skirts to cover box springs of all beds. / Bed spreads replaced to acheive same goal

(Use separate Request Form for EACH project)

Requested by: Paul Key Workman Paul Key

Date: 4-28-15 Manhours 1 (By PPS employee)

Approved: Supervisor of Physical Plant Material Cost $ (By PPS employee)

Charge To: Account or Department Purchase Order No. (As required)

WORK ORDER REQUEST
(PLEASE PRINT OR TYPE)

№ 02274

Location J/A dorm Dorm or Area Refrigerator

Description of work Please clean all interior surfaces in refrigerator

(Use separate Request Form for EACH project)

Requested by: Paul Key Workman GWENDOLYN THOMAS 4/28/15

Date: 4-28-15 Manhours (By PPS employee)

Approved: Supervisor of Physical Plant Material Cost $ (By PPS employee)

Charge To: Account or Department Purchase Order No. (As required)

ATTACHMENT E

WORK ORDER REQUEST
(PLEASE PRINT OR TYPE)

№ 02272

Location All dorms Dorm or Area Curtains

Description of work please repair and reattach curtains to tracks as needed

Done 4/29 & 5/12 5/28

(Use separate Request Form for EACH project)

Requested by: Paul K. Workman

Date: 4-28-15 Manhours

(By PPS employee)

Approved: Supervisor of Physical Plant Material Cost $

(By PPS employee)

Charge To: Account or Department Purchase Order No.

(As required)

Refrigerator was cleaned on 4/29/15

WORK ORDER REQUEST
(PLEASE PRINT OR TYPE)

№ 02273

Location F/F dorm Dorm or Area Refrigerator

Description of work Please clean all interior surfaces in refrigerator

(Use separate Request Form for EACH project)

Requested by: Paul Key Workman

Date: 4-28-15 Manhours

(By PPS employee)

Approved: Supervisor of Physical Plant Material Cost $

(By PPS employee)

Charge To: Account or Department Purchase Order No.

(As required)

ATTACHMENT F

Full Social Work Meeting
May 21, 2015

Present: Sharon Covington, Joan Archer, Brandy Reid, Aubree Sweeney (happy anniversary), Louis Knaapen, Shareipha Myvett, Casey Corr, Kevin Boyd, John Bracken, Jeff Munn, Tanyna Sosa, Trisha Yegazarian, Allison Padula (out on leave), Crystal Gallegos, Clayton Johnson, Judy Brevaire.

1. Sharon and Aubree will be off Friday and return next Tuesday. Judy will cover. Crystal also here Monday.

Probation Audit **We are starting new compliance expectations now.**

2. **Training Reports:**

On page 1 of reports Please always use RSA Main: and date. Some People are using PAC start date which confuses auditors.

REMINDER please include GPA in reports. *If unable to obtain from school you may put "pending" but only on NSP; by first quarterly we should have transcripts from previous schools and/or we can use data in probation report to estimate GPA.* Do not leave this area blank.

Case Plan and Concurrent Case Plan: *We must put "Family Reunification if the youth has a mother and/or father to return home to. Any other family member would be checked as "Legal Guardian".*
If there are mitigating circumstances that affect family reunification discuss with P.O. and decide what case plan is. We always need to have a Concurrent Case Plan as well (back up plan). DPO Salinas suggests that we consult with parent/family member involved as to their preference between PPLA or Family Finding as Concurrent Case Plan; DPO Jackson seems to prefer Family Finding. Consult with P.O. on each case.

Mental Health Clinical Visits section: *When logging our meetings with the youth, Individual and group sessions, we need dates for individual but for group it's okay to say "weekly group therapy Mon.-Fri. 2pm to 3pm based on the fact it is a daily scheduled event that all participate in.*
Bonnie's dates are to be defined as "Psychiatric Social Work". She is providing dates on a monthly basis.

Education Section:

Identified educational needs: This section needs to be specific to the youth, site need for credit recovery, tutoring, special education classes, etc.

Academic achievements and extra-curricular activities: EX: completed five contracts for twenty five credits during this quarter. He is involved in daily activities as well as events such as Easter Celebration, Beach Day, and Talent show. Luis has also played on our SCBAL flag football team and soccer team.

Participation in school-related activities by child and GH staff or Certified Foster Family: Monthly teacher meetings. School Counselor meetings as needed as well as events such as contract recognition, honor roll pizza parties, field trips, Odyssey Writer's workshop, and Spoken Interlude.

Family Therapy section: *Write with the idea that the family will read; not clinical notes so use lay terms.*

DPO contact: *This asks for dates WE communicated with the P.O. regarding the youth and his case so include dates of face to face, emails, phone calls and summarize content (discussed youth's progress, family involvement, response to treatment...)*

Life Skills section: *For #6 Use auto text as follows:*
(Youth's name) receives ILP and Life Skills Training in treatment at Rancho San Antonio. Rancho uses best practice models of Aggression Replacement Training, Cognitive Behavioral Treatment, and Strength Based Family Therapy to teach and reinforce Life Skills. All youth also participate in our on campus Urban Survival (independent living) program.
** Group Home kids receive much more. Also much of our Phase 1V Aftercare work would be good to add. Do not write "unknown" for any response.*

Goal section:

All goals must be written as specific and measureable! Do not start a goal with "Continue to..."

Sharon updated Quarterly Report Instructions to include definition of SMART Goals.

ATTACHMENT F

Specific- knowledge and behaviors being targeted for change
Measureable- something that can be observed and/or counted (and means by which behaviors are to be exhibited and measure stated)
Attainable-client can reasonably be expected to accomplish
Results Oriented-planned services which will result in services objectives being accomplished
Time Limited- complete by dates set forth to accomplish objectives

Please think SMART when developing goals.
Power point on Needs and Service Plans and QR's saved in network under Quarterly Reports

Thank you for your hard work on obtaining PO signatures on reports. Only one report lacked signature. Follow up until signature is obtained is required. Obtaining signature prior to processing report is preferable. If for some reason you must scan a request for signature, make note to follow up to verify signature is on file. Please note also that we need to respond to date we received Probation 1385 or DCFS 709 (Case Plan) on first page of each report above Reason for Placement. Perhaps just note that Case plan received and on file.

Other key areas that require changes reviewed in e-mail sent earlier this week.
We are to develop more comprehensive NSP's. Auditor comments included:

- Some reports require more complete information in Life Skills section. Need to note life skills and progress on skills.
- Reports require more complete educational needs, achievements, and extra-curricular activities. Some reports had complete information, others did not.
- One report projected completion dates of goals required completion. Additionally the same report goals remained same as in previous report and goals partially achieved noted in achieved section

3. Health and Education Passport protocol saved in the Social Work Resource folder in General Procedures. Protocol Updated. Alaine sending out electronic version of all QR's to YDS@probation.lacounty.gov effective April, 2015 and moving forward each month thereafter, all quarterly reports for all youths over 16 years of age.

4. **Dorm Business: Troy sent an e mail on May 14, 2015 with form attached. Visitor off campus sign out form saved in Form section of Network**

Monthly canteen statements. Complete "face sheet" with resident signature. Make 2 copies of residents individual canteen statements. One statement needs a "SIGNATURE" and must be kept in binder along with "face sheet". The second copy is to be given to the resident.
Visitor off campus sign out form. Open "attachment" and begin using this form. I have added a "DESTINATION" column.
Phone Call Log. You will need to have a form indicating who is approved for resident to call along with phone numbers. There will be a form/log that will indicating every call that is made by resident. These form are to be kept in a secure location after they have been filled out.
FILL OUT ALL SPACES/BOXES ON ALL FORMS, NO EXCEPTIONS. Self explanatory.