



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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CALVIN C. REMINGTON
Interim Chief Probation Officer

October 27, 2016

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

FROM: Calvin C. Remington *Felicia Cotton for*
Interim Chief Probation Officer

SUBJECT: **BOYS/GIRLS REPUBLIC GROUP HOME CONTRACT COMPLIANCE
MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Boys/Girls Republic Group Homes, Doing Business As (DBA): Boys Republic, Inc. in April 2016. Boys/Girls Republic Group Homes are located in Los Angeles, Orange, and San Bernardino Counties. Boys/Girls Republic Group Home sites are in the following districts: Main Campus – San Bernardino County Fourth Supervisorial District, Orange County Residence – Orange County First Supervisorial District, Silverlake and Pomona Residences – Los Angeles County First Supervisorial District, and Girls Residence – Los Angeles County Fifth Supervisorial District.

Boys/Girls Republic Group Homes provide services to Los Angeles County Probation foster children and other county Probation agencies. According to Boys/Girls Republic Group Home's program statement, its purpose is to treat boys and girls who have behavioral, social, emotional, and psychological difficulties. Boys/Girls Republic Group Homes has five (5) residential Group Home sites, where care is provided for boys' ages 13-17, and girls' ages 12-17. At the time of this review, Boys/Girls Republic Group Homes was providing care for 82 Probation foster children and 25 Probation children from other county agencies. Based on the sample, the placed children's overall average length of stay was four months, and their average age, at the time of review, was 16 years old.

Seven children were randomly selected for the interview sample. None of the children were on psychotropic medication, at the time of this review. Additionally, three discharged children's files were reviewed to assess compliance with permanency efforts, and five staff

files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During PPQA/GHM's review, the interviewed children reported feeling safe at Boys/Girls Republic Group Homes, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Boys/Girls Republic Group Home was in compliance with five of the 10 areas of our Contract Compliance Review: Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children and Personnel Records.

Although, PPQA/GHM noted deficiencies in five of the 10 areas, there were no egregious findings or child safety issues in any of the areas; however, there was one repeated finding from last year's review in the area of "Maintenance of Required Documentation Service Delivery". In the area of "Licensure/Contract Requirements", one vehicle needed minor cosmetic repairs inside the van. In the area of "Facility and Environment", there were some minor repairs needed at a few of the sites in the common areas and the children's bedrooms. Although Boys/Girls Republic Group Homes had deficiencies in the same areas under "Facility & Environment" as the previous year's review, they were not the same findings. In the area of "Maintenance of Required Documentation Service Delivery", Boys/Girls Republic Group Home needed to ensure that all areas of both the Initial and Updated Needs and Services Plans (NSPs) were comprehensively completed and audited by the Quality Assurance Coordinator. In the area of "Health and Medical Needs", it was noted that one youth did not receive their annual medical check, as well as their follow up dental examination. Lastly, in the area of "Personal Needs/Survival and Economic", a deficiency was noted in that one youth did not receive his Life Book/Photo album.

REVIEW OF REPORT

On April 21, 2016, Probation PPQA Monitor Raymond Ro held an Exit Conference with Boys/Girls Republic Group Homes Associate Director Lance Parks. Mr. Parks 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).

Boys/Girls Republic Group Homes 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; however, additional follow-ups will be required to ensure permanent changes were made related to the completion of comprehensive NSPs. 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.

Each Supervisor
October 27, 2016
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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.

CCR:FC
LCM:lg

Attachments (3)

- c: Sachi A. Hamai, Chief Executive Officer
- Lori Glasgow, Executive Officer, Board of Supervisors
- 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
- Lance Parks, Boys/ Girls Republic Group Home Administrator
- Community Care Licensing

**BOYS/GIRLS REPUBLIC GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

Main Campus
License # 360900096
Rate Classification Level: 10

Silverlake Residence
License # 191800953
Rate Classification Level: 4

Independent Living Program (ILP)
License # 366400037
Rate Classification Level: 4

Girls Republic
License # 191592695
Rate Classification Level: 10

Pomona Residence
License # 191500098
Rate Classification Level: 5

Orange County Residence
License #300600097
Rate Classification Level: 4

	Contract Compliance Monitoring Review	Findings: April 2016
I	<u>Licensure/Contract Requirements</u> (9 Elements) <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
	<u>Facility and Environment</u> (5 Elements) <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	<u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements) <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance

	<ol style="list-style-type: none"> 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 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 	<ol style="list-style-type: none"> 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
IV	<u>Educational and Workforce Readiness</u> (5 Elements) <ol style="list-style-type: none"> 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	<u>Health and Medical Needs</u> (4 Elements) <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed
VI	<u>Psychotropic Medication</u> (2 Elements) <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	Full Compliance (ALL)
VII	<u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements) <ol style="list-style-type: none"> 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 	Full Compliance (ALL)

	<ol style="list-style-type: none"> 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 <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 	
VIII	<u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements) <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
IX	<u>Discharged Children</u> (3 Elements) <ol style="list-style-type: none"> 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	<u>Personnel Records</u> (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. <u>All</u> Required Training	Full Compliance (ALL)
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**BOYS/GIRLS REPUBLIC GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016**

SCOPE OF REVIEW

The purpose of this review was to assess Boys/Girls Republic's compliance with its County contract and State regulations and included a review of the Boys/Girls Republic's 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 Probation foster children were selected for the sample. Boys/Girls Republic does not provide placement for the Department of Children and Family Services foster children. Each child was interviewed and their case file was reviewed to assess the care and services they received. Additionally, three (3) discharged Probation children's files were reviewed to assess Boys/Girls Republic compliance with permanency efforts. At the time of the review, none of the placed children were prescribed psychotropic medication.

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

CONTRACTUAL COMPLIANCE

The following five (5) areas were out of compliance.

Licensure/Contract Requirements

During the inspection of all of the facility vehicles, it was noted that the facility van located at the Pomona Residence needed the vent cover on the door and van ceiling to be repaired or replaced. In addition, graffiti needed to be removed from the rear seat belt.

Recommendation

Boys/Republic's management shall ensure that:

1. All vehicles are inspected and repaired in a timely manner and remain in good repair.

Facility and Environment

Boys/Girls Republic was in need of repairs or replacements in the Common areas and the Children's Bedrooms at three (3) of the five (5) facility sites.

At the Main Campus, the Hunt House, gang graffiti was noted in Bedroom #4. In the Brewer Cottage, Bedroom #11, was missing a light bulb. In Bedroom #10, the desk light is not working. In Bedroom #9, there was no desk in the room. In the Graves Cottage, Bedroom #9, desk lights were not working and the overhead lights appeared to be dim. Bedroom #4, overhead lights were not working. Bedroom #20, the room lights were not working.

At the Orange County Residence, Bedrooms #1, #3 and #5 were missing window screens. Freezer #1, the light was not working.

At the Silverlake Residence, the back screen window was broken.

Recommendation

Boys/Girls Republic management shall ensure that:

1. All of the aforementioned deficiencies sited in the common areas of the home are repaired or corrected in a timely fashion.
2. All of the aforementioned deficiencies sited in the children's bedrooms are repaired or corrected in a timely fashion.

Maintenance of Required Documentation and Service Delivery

There were seven (7) children's files reviewed. From those seven (7) NSP-files, there were seven (7) Initial Needs and Services Plans (NSPs) and four (4) Updated NSPs reviewed for assessment of services delivered.

Of the seven (7) Initial NSPs reviewed, all seven (7) were not completed in a comprehensive manner. The Case Plan goal box of "PPLA/Transition" was marked rather than the "Adoption" or "Legal Guardianship" box. The SMART goals were determined to be inadequate. The SMART goals were lacking in

baseline behavior and frequency was not defined in a specific manner. The goals were not measurable and lacked time frames. The education sections were not adequately updated or summarized with the most recent progress in school. The NSP visitation sections were inadequate, due to the dates being left blank, and one (1) did not have a parent signature on the NSP.

Of the four (4) Updated NSPs, all four (4) were not completed in a comprehensive manner. They did not have the education sections adequately updated or summarized with the most recent progress in school and, two (2) NSPs were inadequate, as the dates were left blank.

Recommendation

Boys/Girls Republic's management shall ensure that:

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

Health and Medical Needs

There were seven (7) files reviewed for Health and Medical Needs.

One youth did not receive his yearly medical examination, as well as his six month dental follow up examination.

Recommendation

Boys/Girls Republic's management shall ensure that:

1. Medical and Nursing staff to make sure all youth receive their yearly medical examination and their six month dental follow up examination.

Personal Needs/Survival and Economic Well-Being

There were seven (7) child interviews conducted for Personal Needs/Survival and Economic Well-Being.

One child stated that he did not receive his Life/Photo Book.

Recommendation

Boys/Girls Republic's management shall ensure that:

1. Each Cottage Supervisor is to ensure that all youth receive the Life/Photo Book.

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

PPQA/GHM's last compliance report dated October 26, 2015, identified five (5) recommendations.

Results

Based on the follow-up, Boys/Girls Republic fully implemented three (3) of the five (5) previous recommendations for which they were to ensure that:

- A detailed sign in/out log is placed at the Group Home for documentation of all visitors.
- The numerous deficiencies noted to the Common Areas were repaired or replaced with in accordance with CCL, Title 22 Standards.
- The numerous deficiencies noted to the Children's Bedrooms were repaired or replaced with in accordance with CCL, Title 22 Standards.

However, the follow-up discovered that Boys/Girls Republic failed to fully implement two (2) of the previous five (5) recommendations for which they were to ensure that:

- Initial NSP reports from the Boys/ Girls Republic were not comprehensive.
- Quarterly NSP reports from the Boys/ Girls Republic were not comprehensive.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Boys/Girls Republic by the Auditor Controller was not scheduled for the 2015-2016, Fiscal Year.



1907 Boys Republic Drive
Chino Hills, CA 91709
(909) 628-1217

Raymond Ro, DPO
Los Angeles County Probation

Date: June 8, 2016

Dear DPO Ro,

We appreciate the annual monitoring visit providing guidance and direction towards improving our services for the youth placed in our care. Please find included the Corrective Action Plan responding to the deficiencies cited. If there are needed corrections to this report please let me know.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lance Parks'.

Lance Parks, LCSW
Associate Director – Main Campus



Serving children and families in crisis since 1907

Boys/Girls Republic Corrective Action Plan for 2015 – 2016

I. Licensure/Contract Requirements:

Pomona Residence

1. **Deficiency:** Vent covers were missing on doors and ceiling of the van. There was also graffiti found on the rear seat belt.

Reason: Staff failed to inspect and have the vent covers replaced and the graffiti cleaned.

Correction Plan: The vent covers have been replaced and graffiti cleaned. Staff are to inspect the van each time prior to and after use to identify these issues in a timely manner.

II. Facility and Environment:

Hunt Cottage

1. **Deficiency:** Bedroom #4 has MS13 marking.

Reason: Staff failed to notice the marking during their daily room checks.

Correction Plan: Staff have sanded off the marking. Awake night staff do a daily check for cottage cleanliness and are expected to check for any necessary repairs and graffiti. Day staff are also expected to check and each cottage has a designated quality assurance staff who is to do at least weekly inspections for maintenance issues. The various staff have been reminded of their duties and the expectations of them.

Brewer Cottage

1. **Deficiency:** Room # 11 has no light bulbs.

Reason: Residence staff failed to replace a needed light bulb in the room.

Correction Plan: A light bulb has been installed in the room and we will make sure all the rooms have light bulbs at all times. The staff assigned with Quality Assurance responsibility will check for missing light bulbs and report to the maintenance department by utilizing our work order form.

2. **Deficiency:** Bedroom #10 Desk light does not work.

Reason: The cottage staff turned in the work order for this problem but our Maintenance Department failed to complete the work in a timely manner.

Correction Plan: This issue will be discussed in our weekly safety meetings with the Maintenance Department and they will be reminded to complete assignments on a timely basis.

3. **Deficiency:** A desk was missing in room 9.

Reason: Older desks had been removed in the cottage and new desks were being made to replace the older desks. As a result of our lower headcount, this room was purposely left vacant, and was the last to receive a new desk.

Correction Plan: Since the date of the citation, a new desk has been put in this room. Maintenance and cottage staff will make sure rooms designated to have them will have desks.

Graves Cottage

1. **Deficiency:** Desk light does not work in room #9 and the overhead lights are too dim.

Reason: Cottage staff turned in the work order for this specific problem but the Maintenance Department failed to do the repair.

Correction Plan: Since the date of the citation, the Maintenance Department has corrected the problem. The light bulb was burned out and has been replaced. The overhead lights have been replaced with higher wattage bulbs to make the room brighter. In our weekly Safety Meetings, the Maintenance Department will be reminded to complete assignments in a timely manner.

2. **Deficiency:** Overhead lights not working in room #4.

Reason: The cottage staff turned in the work order for this problem but the Maintenance Department did not correct the problem in a timely manner. The bulb was burned out.

Correction Plan: As mentioned above, the bulb has been replaced. In the future, the Maintenance Department will be reminded in our weekly Safety Meetings to complete assignments in a timely fashion.

3. **Deficiency:** Room lights in room #20 do not work.

Reason: The light bulbs were burned out. Cottage staff notified the Maintenance Department but they did not correct the problem in a timely manner.

Correction Plan: The light bulbs have been replaced since the date of the citation. the Maintenance Department will be reminded in our weekly Safety Meetings to complete assignments in a timely manner.

Santa Ana (Orange County Residence)

1. **Deficiency:** Bedrooms #1,3 and 5 were missing window screens.

Reason: Students accidently pushed on the window screens when the windows were open causing the screens to bend and tear. Our Maintenance Department was not informed of this problem.

Correction Plan: Since the date of the citation, the screens in the three rooms mentioned above have been repaired. The staff at the Santa Ana facility will be instructed to identify and report building maintenance issues to our Maintenance Department at the main campus in Chino Hills on a timely basis so we can perform the necessary corrections and repairs.

2. **Deficiency:** Lights not working in Freezer #1.

Reason: The light bulb in this particular freezer was burned out. This problem was not reported to our Maintenance Department.

Correction Plan: We will stock extra freezer light bulbs at this particular facility so the staff can replace the bulbs when they burn out.

Silverlake

1. **Deficiency:** Back screen window broken.

Reason: Staff failed to report that back screen window to maintenance.

Correction Plan: The back screen window has been repaired since the date of the citation. Staff will perform thorough weekly inspections and submit work orders in a timely fashion to our Maintenance Department.

III. Maintenance of Required documentation and Service Delivery

Boys/Girls Republic

1. **Deficiency:** Consistent with all reports reviewed, Concurrent case-plans should have marked off Adoption or Legal Guardianship rather than check PPLA/transition.

Reason: Do to a misunderstanding of how PPLA/Transition is described and utilized, this item was consistently checked inappropriately when developing concurrent permanency plans.

Correction Plan: Clarification has now been received on how documentation for how the concurrent permanency plan should be recorded. Beginning immediately, all NSP's will be reviewed to ensure that the correct check boxes are marked. That check box being Adoption or Legal guardianship for each report. All reports will be reviewed for quality assurance purposes prior to submission by the Quality Assurance Coordinator over documentation. This same individual has and will provide regular training to all casework staff assigned to write NSP'S including updates on standards and guidelines. The first of these trainings occurred 4/27/16.

2. **Deficiency:** Consistent with all reports reviewed SMART goals were determined to be inadequate. Specifically goals were identified as lacking baseline behavior and poorly defined "frequency" of behavior. This had the effect of making goals immeasurable and lacked time frames in terms of consistent SMART goal standards.

Reason: When reports were reviewed by the Quality Assurance Coordinator over documentation, goals were determined to meet the SMART standards and be adequate for the purposes of the NSP's. This proved to be an incorrect assumption allowing for NSP's to be written that included goals that fell below the standards required for the SMART goals.

Correction Plan: Following recommendations from our placement monitor beginning 5/21/16 all goals for NSP'S will include the following: documentation in the report with a specific number, a baseline of behavior to be addressed. This baseline will include a "frequency" of specific behavior that will be reduced or increased by a specific amount established to reach SMART goal standards. Time frames will be identified to reach projected reductions in behavior as determined with the goal. Training for all staff responsible for the production of NSP'S will occur regularly highlighting all items identified in the monitor visit. The first of these trainings occurred on 4/27/16. All

reports will be submitted for review to assigned quality assurance personnel to maintain SMART goal expectations.

3. **Deficiency:** On selected reports the education sections were not adequately updated with the most recent progress in school. This led to reports that did not adequately summarize students' progress toward meeting education needs.

Reason: The review process failed to capture this error allowing for the submission of reports that lacked updated education sections.

Correction Plan: In order to strengthen information provided, the education section will include a minimum of the following: Total credits received and credits accrued during the current reporting period, current GPA and current schedule of classes. A progress report on the GED will be included, if applicable. The CASHEE is no longer required to meet State graduation requirements. A date of the educational update will be included to ensure the most recent progress will be noted. As mentioned before, all reports will be reviewed for quality assurance purposes prior to submission by the Quality Assurance coordinator over documentation. This same individual has and will provide regular training to all casework staff assigned to write NSP'S including updates on the educational documentation.

4. **Deficiency:** On two reports reviewed the documentation was not specific or not updated for NSP Visitation sections of the report. Specific dates were either left out or not updated for the Quarterly NSP. One report failed to document the specific dates of the probation officer's contacts with the youth.

Reason: The review of submitted reports failed to recognize the lack of specifics in regards to NSP visitation or that updates were overlooked. This same review process failed to identify the missing DPO contact date.

Correction Plan: Beginning immediately, all NSP'S will be submitted for review to quality assurance personnel and under that review dates of visitation will noted and updated prior to the submission of the report. In addition, dates of any and all DPO contacts will be reviewed. All staff responsible for the development of NSP's will receive updated training to reflect how to document visitation. This training occurred on 4/27/16. All reports will be reviewed for quality assurance purposes prior to submission by the Quality Assurance coordinator over documentation.

- 5. Deficiency:** One report failed to have a parental signature.

Reason: This parent was homeless and had contact and visitation prior to the development of the NSP, but had failed to return to visit or contact the agency prior to the due date of the signature. There was no ability to contact this individual.

Correction Plan: In instances such as the above, beginning immediately, Treatment staff will utilize the addendum page attached to the NSP to document failure to make contact with the parent or guardian as a means to record such efforts. As part of NSP review a check will be made as to whether parental contact has ceased thereby requiring the addition of an addendum page to note the lack of contact. The Quality Assurance coordinator over documentation will be responsible for this to occur.

V. Health and Medical Needs

Pomona Residence

- 1. Deficiency:** A student had not received a physical in over a year or received a dental exam in over 6 months, as required.

Reason: The student had been previously released and readmitted. Medical staff failed to provide the physical exam and dental exam upon reentry.

Correction: The Nursing staff are responsible for making sure these exams occur as required. The student in question has since received his medical and dental exam. All future required exams will be completed as required, including youth who reenter the program.

VIII. Personal Needs/Survival and Economic Well-Being

Hunt Cottage

- 1. Deficiency:** A student had not received a Life/Photo Book.

Reason: Staff failed to provide the youth with a Life/Photo Book.

Correction: The student has provided a life book. Each cottage Supervisor is responsible to make sure their youth have a Life/Photo Book.