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Interim Chief Probation Officer


COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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October 28, 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
Interim Chief Probation Officer

SUBJECT: **THE HOUSE OF BETHESDA, INCORPORATED (INC.) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of The House of Bethesda Group Home, operated by The House of Bethesda Inc., in April 2016. The House of Bethesda Group Home has one (1) site, located in the Second Supervisorial District of Los Angeles County. They solely provide services to Los Angeles County Probation foster children. According to The House of Bethesda Group Home's program statement, its purpose is to assist adolescent aged boys to actualize their innate potential and to acquire constructive and flexible skills that can be incorporated into their lives, thereby enabling them to meet the social and emotional challenges of life.

The House of Bethesda Group Home is a six (6) bed site and is licensed to serve a capacity of six (6) boys, 13-17 years of age, as well as Non-Minor Dependents (NMD). At the time of this review, The House of Bethesda Group Home was serving three (3) Probation foster children and one NMD. Based on the sample size, the placed children's overall average length of placement was three (3) months, and their average age was 16 years old.

Three (3) Probation foster children were selected for the interview. There were no Probation foster children in the sample that were prescribed psychotropic medication. Additionally, three (3) discharged Probation foster 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.

Rebuild Lives and Provide for Healthier and Safer Communities

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at The House of Bethesda Group Home, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. The House of Bethesda Group Home was in compliance with eight (8) of the 10 areas of the Contract Compliance Review: Facility and Environment; Education 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; and Personnel Records.

Although, PPQA/GHM noted deficiencies in two (2) out of the 10 areas, there were no egregious findings or child safety issues; however, the area of Maintenance of Required Documentation and Service Delivery remained out of compliance in this year's review. In the area of Licensure/ Contract Requirements, The House of Bethesda Group Home needed to ensure that their vehicle contained a First- Aid kit. In addition, The House of Bethesda Group Home needed to be free of any substantiated Community Care Licensing complaints on safety.

In the area of Maintenance of Required Documentation and Service Delivery, it was noted that The House of Bethesda Group Home needed to make certain that all Updated Needs and Services Plans (NSPs) have appropriate documentation of the County Worker's contact with the Group Home and that all Initial and Updated NSPs are comprehensive.

REVIEW OF REPORT

On April 27, 2016, Probation PPQA Monitor Kedra Bracken held an Exit Conference with The House of Bethesda Group Home Executive Director Robert Smith. Director Smith 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).

The House of Bethesda Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted on May 11, 2016, and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, an additional follow up will be conducted for NSPs to ensure the agency's adherence to their CAP in this area. 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 28, 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

Attachments

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
Robert Smith, The House of Bethesda Group Home, Executive Director
Community Care Licensing

**THE HOUSE OF BETHESDA INCORPORATED GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**LICENSE NUMBER: 191601689
RATE CLASSIFICATION LEVEL: 12**

	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. Improvement Needed
II	<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 	<p align="center">Full Compliance (ALL)</p>
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 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 	<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 8. Full Compliance

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	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 	Full Compliance (ALL)
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 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious 	Full Compliance (ALL)

	<p>Services/Activities</p> <ol style="list-style-type: none"> 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	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <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 	Full Compliance (ALL)
IX	<p><u>Discharged Children</u> (3 Elements)</p> <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) <ol style="list-style-type: none">1. DOJ, FBI, and CACIs Submitted Timely2. Signed Criminal Background Statement Timely3. Education/Experience Requirement4. Employee Health Screening/TB Clearances Timely5. Valid Driver's License6. Signed Copies of Group Home Policies and Procedures7. <u>All</u> Required Training	Full Compliance (ALL)
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**THE HOUSE OF BETHESDA INCORPORATED GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016**

SCOPE OF REVIEW

The purpose of this review was to assess The House of Bethesda Group Home's compliance with the County contract and State regulations and include a review of The House of Bethesda Group 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, three (3) placed Los Angeles County Probation foster children were selected for the sample. Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM) interviewed each child and reviewed their case files to assess the care and services they received; however, one (1) Probation foster child was not interviewed due to no longer residing at the Group Home. At the time of the review, no Probation foster children were prescribed psychotropic medication. Additionally, three (3) discharged Probation foster children's files were reviewed, to assess The House of Bethesda Group Home's compliance with permanency efforts.

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

CONTRACTUAL COMPLIANCE

The following two (2) areas were out of compliance.

Licensure/Contract Requirements

During the inspection of the facility vehicle at The House of Bethesda Group Home, one (1) vehicle did not contain a First-Aid kit.

On March 11, 2016, The House of Bethesda Group Home received a Community Care Licensing (CCL) substantiated complaint, as a result of a Childcare Worker's failure to file a missing person's report. Based on a review of evidence, it was determined that the staff did not file a missing person's report with local law enforcement after it was confirmed that two (2) children went missing during a field trip.

Recommendation

The House of Bethesda Group Home's management shall ensure that:

1. All vehicles contain a First-Aid kit.
2. The Group Home is free of any substantiated CCL complaints on safety.

Maintenance of Required Documentation and Service Delivery

One (1) child's Needs and Services Plans (NSPs) were reviewed (two (2) children were placed less than 30 days and did not have a NSP at the time of the review). Only one (1) child was placed long enough to have any Updated NSPs in their file. Therefore, only one (1) child had two (2) Updated NSPs reviewed.

- Two (2) of the Updated NSPs reviewed lacked documentation of the County Worker's contact with the Group Home.
- The one (1) Initial NSP reviewed lacked a comprehensive NSP. The Initial NSP reviewed was deemed non comprehensive due to the following: the date of admission section was left blank; the male child was identified as a female child; the reason for placement section was incomplete; the Concurrent Case Plan Goal section did not address why adoption or legal guardianship were not acceptable options for the child's future placement; the Life Skills Training section contained partial information; and the Goal section did not identify measurable, achievable and timely goals.
- The two (2) Updated NSPs reviewed for the same child lacked comprehension. The first Updated NSP reviewed was deemed non comprehensive due to the following: the reason for placement section was incomplete; the initial Case Plan Goal section was incomplete; the Concurrent Case Plan Goal section was not updated; the Special Incident Report (SIR) section did not detail the accurate number of SIRs the youth obtained; and the Goal section contained incorrect goal modification dates. The second Updated NSP reviewed for the same child was considered non comprehensive due to the following: the reason for placement section was incomplete; the initial Case Plan Goal section had

conflicting information. (The NSP documented Family Reunification with both the child's mother and grandmother); the Concurrent Case Plan Goal was not updated; the Treatment section was not updated; the Education section did not contain updated information; the Goal section contained incorrect projected completion dates; and the signature section contained typed dates.

Recommendation

The House of Bethesda Group Home's management shall ensure that:

1. The Group Home treatment team will ensure that all County Worker's contact with the Group Home is documented on the NSP.
2. The Group Home treatment team will develop comprehensive Initial NSPs, with the participation of the developmentally age-appropriate child.
3. The Group Home treatment team will develop comprehensive Updated NSPs, with the participation of the developmentally age-appropriate child.

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

PPQA/GHM's last compliance report dated April 2, 2015, identified eight (8) recommendations.

Results

Based on the follow-up, The House of Bethesda Group Home implemented six (6) of the eight (8) previous recommendations for which they were to ensure that:

- There is a current psychiatric evaluation/review for each child on psychotropic medication.
- Children are given opportunities to participate in age-appropriate, extra-curricular, enrichment and social activities in which they have an interest.
- Group Home employees receive timely Health Screenings/ Tuberculosis (TB) clearances.
- Group Home employees that transport children, have a valid California Driver's License.

- Group Home employees sign copies of the Group Home policies and procedures and the documentation is placed in their personnel files.
- Group Home employees receive all required training.

However, the follow-up revealed that The House of Bethesda Group Home failed to implement two (2) of the previous eight (8) recommendations for which they were to ensure that:

- The Group Home treatment team shall develop comprehensive, Initial NSPs with the participation of the developmentally age-appropriate child.
- The Group Home treatment team shall develop comprehensive, Updated NSPs with the participation of the developmentally age-appropriate child.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of The House of Bethesda Group Home by the Auditor Controller was conducted during the 2014-2015, fiscal year. A report has not yet been posted by the Auditor Controller.



The House of Bethesda
Group Home, Inc.

A NON PROFIT ORGANIZATION

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May 27, 2016

Kedra Bracken, Deputy Probation Officer II
Los Angeles County Probation Department
Placement Permanency & Quality Assurance
Group Home Monitoring and Investigation Unit
Lynwood Regional Justice Center
11701 South Alameda St 2nd Floor
Lynwood, CA 90262

Dear Ms. Bracken:

The following items were recommended and will be rectified through the following plans.

I. LICENSURE/CONTRACT REQUIREMENT

3 Does the Group Home maintain vehicles in which the children are transported in?

Finding:

Vehicle #1 did not contain a First Aid Kit.

Cause

In review of this finding, the Administrative Team met to determine the cause as well as, to rectify the deficiency. The outcome of the meeting revealed that the First Aid Kit from vehicle#1 had been removed during a recent trip to the car wash and had not been replaced.

Corrective Action Plan: A First Aid Kit was purchased on May 6, 2016 and placed in vehicle #1. Henceforth, all staff that drives vehicles will use a Safety Check List to notate the presence or absence of a First Kit before transporting residents. No child shall be transported in any Group Home vehicle without a First Aid Kit in place.

To avoid this from happening again, a vehicle safety check list will be used by the staff member driving each time residents are travelling in the vehicle. . The Checklist will include mileage, seatbelts, first aid kit, tire pressure, etc. (See attachment) The Facility Manager will review the Safety Check List twice a week for compliance. The Quality Assurance Director will review for completion prior to submission.

#2 Is the Group Home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?

Findings:

On December 6, 2015 the Child Care Worker did not immediately make a missing person report.

While on an outing, the Child Care Worker lost track of the residents while at Santa Monica Pier. After waiting for one hour, the Child Care Worker left the pier and returned to the facility and did not immediately make a missing persons report.

Cause

The Child Care Worker failed to follow appropriate protocol regarding making a missing person report.

Corrective Action Plan:

All Group Home staff engaged in a 3-hour in-service training on December 30, 2015 titled "The Proper Supervision of Children".

Protocols regarding supervision of residents specified a step-by-step detail of ensuring the safety and welfare of residents while on outings (see attachment).

In addition, these steps will be reviewed at least once a month during staff meetings.

The Child Care Worker that failed to make an immediate missing persons report attended the training, and was later placed on Administrative Leave without pay from January 20-26, 2016 (see attachment).

In addition, on each outing the Child Care Worker will carry a Resident Identification Packet which will facilitate making a missing persons report.

The Administrator is responsible for ensuring that all missing person reports are made in accordance with Community Care Licensing regulations.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

#21

Are county workers contacted monthly by the Group Home and are the contacts appropriately documented in the case file?

Finding#1:

Updated Needs and Service Plan did not specify the dates that the Group Home contacted the Deputy Probation Officer.

Cause

The normal review of the Needs and Service Plan was not submitted to the Quality Assurance Director prior to submission.

Corrective Action Plan:

Effective immediately the Quality Assurance Director will review all Needs and Service Plans for accuracy and completion. A monthly County Worker Contact Log will be implemented to ensure that the accurate number of times the Group Home has contact with all county workers is documented on the Needs and Service Plan.

#23- Did the treatment team develop timely, comprehensive initial Needs and Service Plans with the participation of the developmentally age-appropriate child?

Finding#1:

The Date of Admission Section was left blank

Cause

On the initial Needs and Service Plan, the Date of Admission Section was inadvertently left blank without any subsequent review by Quality Assurance.

Corrective Action Plan:

Effective immediately, the Quality Assurance Director will review each Needs and Service Plan for completion prior to submission.

Finding#2:

The Child was identified as a female.

Cause

This was due to a typographical error.

Corrective Action Plan:

Effective immediately, Quality Assurance Director will review this section of the Needs and Service Plan to ensure the accuracy of the child's gender.

Finding#3

Reasons for Placement Section was incomplete

Cause

In this Needs and Service Plan, this section gave a generic or basic reason for being placed at this facility rather than address why the child was actually placed on probation.

Corrective Action Plan:

The Quality Assurance Director will review the Probation Packet which narrates the probation history of the child. This will be noted on all subsequent Needs and Service Plans.

Findings#4

The Concurrent Case Plan Goals does not address whether or not adoption and legal guardianship were acceptable goals for the child's future placement.

Cause

During the formulation of the Concurrent Case Plan Goals, both mother and child rejected adoption and legal guardianship as acceptable. Nonetheless, this discussion was not placed in the Needs and Service Plan.

Corrective Action Plan:

Effective immediately, all subsequent Needs and Service Plans will address whether or not adoption and legal guardianship are options for the child's future placement in the Concurrent Case Plan Goals Section. This section of the Needs and Service Plan will be reviewed by the Quality Assurance Director before submission.

Finding#5

The Life Skill Training Section lacked information.

Cause

At the writing of the Needs and Service Plan, the child's psychological and intellectual abilities precluded a stable and consistent pattern of Life Skill Training.

Corrective Action Plan:

The Administrative Team, along with the parent(s) and child, will discuss and review age and intellectually-appropriate Life Skills and detail them in all subsequent Needs and Service Plans. The Quality Assurance Director will review for completion prior to submission.

Finding#6

The Goal Section does not detail goals that are measureable, achievable, and timely and it contained incorrect goal modification dates.

Cause

Due to the child's intellectual and psychological impediments, the S.M.A.R.T. technique was not applied.

Corrective Action Plan:

All subsequent Needs and Service Plans will include goals that are attainable and measurable. The goals will be broken down into small tasks and utilize the S.M.A.R.T. technique when creating treatment goals to ensure that all goals are reachable, measurable and timely. All goal modification dates will contain correct dates. The Quality Assurance Director will review prior to submission.

Quarterly Needs and Service Plan#1**Finding#1**

Reason for Placement Section was incomplete

Cause

There was a breakdown in Quality Assurance review.

Corrective Action Plan:

Subsequent to the current site visit, the Quality Assurance Director agreed to utilize a Quality Check List to ensure that the Placement Section is complete in all Quarterly Needs and Service Plan before submission.

Finding#2

The Initial Case Plan Goals does not specify who the child will reunify with in regards to family reunification.

Cause

At the time of the writing of the Initial Quarterly Case Plan, the reunification plan had changed that was stated from the Initial Needs and Service Plan.

Family members were in dispute regarding the child's reunification plan. Nonetheless, the Administrative Team was exploring other reunification options but without anything definitive.

Corrective Action Plan:

Subsequent to this review, the Quality Assurance Director will review and specify all feasible reunification options which will be noted on the Initial Quarterly Case Plan.

Findings#3;

Concurrent Case Plan Goal did not address why adoption or legal guardianship are not options for the child's future placement.

Cause

During the ongoing review and formulation of the Concurrent Case Plan Goals, both mother and child rejected adoption and legal guardianship as acceptable. Nonetheless, this discussion was not placed in the initial Quarterly Report.

Corrective Action Plan:

Effective immediately, all discussions held with both parent and child regarding adoption and legal guardianship as Concurrent Case Plan Goals will be included in the Initial Quarterly Report as options for the child's future placement. This section of the Initial Quarterly Report will be reviewed by the Quality Assurance Director prior to submission.

Finding#4

The Special Incident Report Section does not detail the accurate number of Special Incident Reports the youth received.

Cause

At times, the I-track system will report "unfounded" and days or weeks later, the print-out from I-track will have a different number than previously reported.

Corrective Action Plan:

Henceforth, all submitted Special Incident Reports will be copied and placed in a binder. It will be summarized at the end of the month and forwarded to county workers. In addition, the Quality Assurance Director will refer to the in-house formal Special Incident Report Log to calculate the accuracy of actual incidents prior to submission.

Finding#5

The Goal Section contains incorrect Goal Modification Dates.

Cause

The correct Goal Modification dates were inadvertently miscalculated and did not undergo formal Quality Assurance Review prior to submission.

Corrective Action Plan:

Effective immediately, all subsequent Needs and Service Plans/Quarterly Reports will be reviewed by the Quality Assurance Director to ensure that all Goal Modification Dates are correct prior to submission. Additionally, the plans will be transferred to Microsoft Outlook monitored and reviewed by the Quality Assurance Director for tracking purposes.

Finding#6

The Needs and Service Plans/Quarterly reports were not comprehensive.

Cause

The Administrative Team did not thoroughly review this section prior to its submission to the Quality Assurance Director.

Corrective Action Plan:

Effective immediately, all subsequent Needs and Service Plans/ Quarterly Reports will be comprehensive by providing clear and detailed information. The Quality Assurance Director will review the Needs and Service Plans and Quarterly Reports to ensure that they are comprehensive before submission.

Quarterly Needs and Service Plan #2

Finding#1

Reason for Placement Incomplete

Cause

In this Needs and Service Plan, this section gave a generic or basic reason for being placed at this facility rather than address why the child was actually placed on Probation.

Corrective Action Plan:

The Quality Assurance Director will review this section of the Needs and Service Plan and Quarterly Report to ensure that the reason for being placed on probation is definitive and clear prior to submission.

Finding#2

Initial Case Goal Section has conflicting information

Cause

This section attempted to document all the pertinent elements in the Case Goal Section, but the writer did not present the content in a clear manner. In addition, this section did not adequately follow the protocols of Quality Assurance to ensure clarity.

Corrective Action Plan:

The Quality Assurance Director will review this section prior to its submission to ensure that the information is clear prior to submission.

Finding#3

Concurrent Case Plan Goal does not address why adoption or legal guardianship are not options for the child's future placement.

Cause

Even though child and parent did not agree to adoption or legal guardianship for the child's future, the reason was not documented on the Quarterly Report.

Corrective Action Plan:

Henceforth, all Concurrent Case Plan Goal Sections will contain the reason why adoption and legal guardianship are not options for the child's future. The Quality Assurance Director will review for accuracy prior to submission.

#24 Did the treatment time develop timely, comprehensive, updated Needs and Services Plans with the participation of the developmentally age-appropriate child?**Finding#1**

The Treatment Section did not contain updated information

Cause

Due to an oversight by the writer, as well as, a failure to follow Quality Assurance protocol, the Treatment Section did not contain updated information.

Corrective Action Plan:

Subsequent to this finding, the Quality Assurance Director will review this section and ensure its accuracy prior to its submission.

Finding#2

The Education Section does not contain updated information.

Cause

After review of the Education Section, it was deemed that the Administrative Team did not ensure that it contained all updated information.

Due to an oversight by the writer, as well as, a failure to follow Quality Assurance protocol, the Treatment Section did not contain updated information.

Corrective Action Plan:

The Quality Assurance Director will review information on all Quarterly Reports to ensure the information is updated prior to submitting. Once the Quality Assurance Director receives the quarterly report, the Education Section will be reviewed to ensure it contains updated information including, the number of credits, dates of attendance, suspensions, etc., if applicable.

Finding#3

The Goal Section contained incorrect projected completion dates

Cause

This was due to not following Quality Assurance protocols.

Corrective Action Plan:

When the child did not reach the projected completion date, both a new modification date, as well as a new projected completion date should have been made.

Henceforth, the Quality Assurance Director will review this section and verify all projected completion dates are correct prior to submission.

Finding#4

The Signature Dates are typed

Cause

Initially, the Administrative Team believed that typed Signature Dates were satisfactory.

Corrective Action Plan:

After reviewing this finding, the Administrative Team agreed not to type the dates on the Signature Page. This page will be reviewed by the Quality Assurance Director prior to submission to ensure that the dates are not typed.