



**CALVIN C. REMINGTON**  
Interim Chief Probation Officer

## COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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November 14, 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: **PACIFIC LODGE BOY'S HOME CONTRACT COMPLIANCE MONITORING  
REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Pacific Lodge Boy's Home, operated by Pacific Lodge Youth Services, in January 2016. Pacific Lodge Boy's Home (Pacific Lodge) has one (1) site located in the Third Supervisorial District of Los Angeles County. Pacific Lodge provides services to Los Angeles County Probation foster children. According to the Pacific Lodge Program Statement, its purpose is to provide supervised care and housing for abused, neglected, and abandoned boys 13-18 years old, in a residential setting. They offer their services to boys, and their families, who are experiencing psychological, emotional, or behavioral problems in a supportive therapeutic environment.

Pacific Lodge has one (1) 51-bed site, although they are licensed to serve a capacity of 68 boys. At the time of review, Pacific Lodge was serving nine (9) Los Angeles County Probation children. Based on the sample size, the placed children's overall average length of placement was four (4) months, and their average age was 17 years.

Seven (7) Los Angeles County Probation 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 Pacific Lodge, and that they were provided with good care and appropriate services and were comfortable in their environment. Of the sample, all but one youth reported that they were treated with respect and dignity. This youth's concerns were addressed in the Correction Action Plan (CAP). Pacific Lodge was in compliance with five (5) of the 10 areas of our Contract Compliance Review: "Educational and Workforce Readiness", "Health and Medical Needs", "Psychotropic Medication", "Personal Needs/Survival and Economic Well-Being", and "Discharged Children".

Although PPQA/GHM noted deficiencies in five (5) out of the 10 areas, there were no egregious findings or child safety issues; however, there were similar and increased findings in three (3) of the five (5) areas from last year's review. In the area of "Licensure/Contract Requirements", Pacific Lodge needed to ensure that vehicles were maintained in good repair and that comprehensive weekly monetary logs were maintained. In addition, Pacific Lodge needed to ensure that they were free from substantiated Community Care Licensing complaints. It was noted in the area of "Facility and Environment" that Pacific Lodge needed to make minor repairs to the common areas and children's bedrooms. In the area of "Maintenance of Required Documentation and Service Delivery", Pacific Lodge needed to ensure that the County Worker's authorization to implement the Needs and Services Plans (NSPs) were received, and that the NSPs were implemented and discussed with Pacific Lodge staff. In addition, Pacific Lodge needed to ensure that comprehensive Initial NSPs and comprehensive Updated NSPs were developed. In the area of "Personal Rights and Social/Emotional Well-Being", Pacific Lodge failed to ensure that staff treats children with respect and dignity. Deficiencies were also noted in the area of "Personnel Records", in that Pacific Lodge needed to ensure that a timely clearance was submitted and maintained in an employee file and that staff receives timely health screenings. Additionally, Pacific Lodge needed to ensure that a valid driver's license was maintained in an employee file and that all staff receives all required trainings.

## **REVIEW OF REPORT**

On February 23, 2016, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Pacific Lodge Program Administrator Sami Raboubi. Administrator Raboubi 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).

Pacific Lodge provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted on February 23, 2016 to ensure that all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, a quarterly follow up will be conducted for weekly monetary allowance logs and NSPs to ensure the agency's adherence to the 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.

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  
Sami Raboubi, Pacific Lodge Residential Director  
Community Care Licensing

**PACIFIC LODGE BOY'S HOME  
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

Pacific Lodge Boy's Home  
License Number: #191201989  
Rate Classification Level: #12

	Contract Compliance Monitoring Review	Findings: January 2016
I	<b><u>Licensure/Contract Requirements</u></b> (9 Elements) <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Transportation Needs Met</li> <li>3. Vehicle Maintained In Good Repair</li> <li>4. Timely, Cross-Reported SIRs</li> <li>5. Disaster Drills Conducted &amp; Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Comprehensive Monetary and Clothing Allowance Logs Maintained</li> <li>8. Detailed Sign In/Out Logs for Placed Children</li> <li>9. CCL Complaints on Safety/Plant Deficiencies</li> </ol>	<ol style="list-style-type: none"> <li>1. N/A</li> <li>2. Full Compliance</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> </ol>
II	<b><u>Facility and Environment</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Areas Maintained</li> <li>3. Children's Bedrooms</li> <li>4. Sufficient Recreational Equipment/Educational Resources</li> <li>5. Adequate Perishable and Non-Perishable Foods</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> </ol>
III	<b><u>Maintenance of Required Documentation and Service Delivery</u></b> (10 Elements) <ol style="list-style-type: none"> <li>1. Child Population Consistent with Capacity and Program Statement</li> <li>2. County Worker's Authorization to Implement NSPs</li> <li>3. NSPs Implemented and Discussed with Staff</li> <li>4. Children Progressing Toward Meeting NSP Case Goals</li> <li>5. Therapeutic Services Received</li> <li>6. Recommended Assessment/Evaluations Implemented</li> <li>7. County Workers Monthly Contacts Documented</li> <li>8. Children Assisted in Maintaining Important Relationships</li> <li>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> </ol>

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	<b><u>Educational and Workforce Readiness</u></b> (5 Elements) <ol style="list-style-type: none"> <li>1. Children Enrolled in School Within Three School Days</li> <li>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals</li> <li>3. Current Report Cards Maintained</li> <li>4. Children's Academic or Attendance Increased</li> <li>5. GH Encouraged Children's Participation in YDS/ Vocational Programs</li> </ol>	Full Compliance (ALL)
V	<b><u>Health and Medical Needs</u></b> (4 Elements) <ol style="list-style-type: none"> <li>1. Initial Medical Exams Conducted Timely</li> <li>2. Follow-Up Medical Exams Conducted Timely</li> <li>3. Initial Dental Exams Conducted Timely</li> <li>4. Follow-Up Dental Exams Conducted Timely</li> </ol>	Full Compliance (ALL)
VI	<b><u>Psychotropic Medication</u></b> (2 Elements) <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> </ol>	Full Compliance (ALL)
VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (13 Elements) <ol style="list-style-type: none"> <li>1. Children Informed of Group Home's Policies and Procedures</li> <li>2. Children Feel Safe</li> <li>3. Appropriate Staffing and Supervision</li> <li>4. GH's efforts to provide Meals and Snacks</li> <li>5. Staff Treat Children with Respect and Dignity</li> <li>6. Appropriate Rewards and Discipline System</li> <li>7. Children Allowed Private Visits, Calls and Correspondence</li> <li>8. Children Free to Attend or not Attend Religious Services/Activities</li> <li>9. Reasonable Chores</li> <li>10. Children Informed About Their Medication and Right to Refuse Medication</li> <li>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Improvement Needed</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> </ol>

	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)	12.Full Compliance  13.Full Compliance
VIII	<b><u>Personal Needs/Survival and Economic Well-Being</u></b> (7 Elements) <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity and Quality of Clothing Inventory</li> <li>3. Children's Involved in Selection of Their Clothing</li> <li>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items</li> <li>5. Minimum Monetary Allowances</li> <li>6. Management of Allowance/Earnings</li> <li>7. Encouragement and Assistance with Life Book</li> </ol>	Full Compliance (ALL)
IX	<b><u>Discharged Children</u></b> (3 Elements) <ol style="list-style-type: none"> <li>1. Children Discharged According to Permanency Plan</li> <li>2. Children Made Progress Toward NSP Goals</li> <li>3. Attempts to Stabilize Children's Placement</li> </ol>	Full Compliance (ALL)
X	<b><u>Personnel Records</u></b> (7 Elements) <ol style="list-style-type: none"> <li>1. DOJ, FBI, and CACIs Submitted Timely</li> <li>2. Signed Criminal Background Statement Timely</li> <li>3. Education/Experience Requirement</li> <li>4. Employee Health Screening/TB Clearances Timely</li> <li>5. Valid Driver's License</li> <li>6. Signed Copies of Group Home Policies and Procedures</li> <li>7. <u>All</u> Required Training</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Improvement Needed</li> <li>5. Improvement Needed</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> </ol>

**PACIFIC LODGE BOY'S HOME  
CONTRACT COMPLIANCE MONITORING REVIEW  
FISCAL YEAR 2015-2016**

**SCOPE OF REVIEW**

The purpose of this review was to assess Pacific Lodge's compliance with the County contract and State regulations and include a review of the Pacific Lodge 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 the 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 Pacific Lodge's compliance with permanency efforts

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

**CONTRACTUAL COMPLIANCE**

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

**Licensure/Contract Requirements**

During this review period, there were no children relocated so this area was non-applicable. An inspection of eight (8) Pacific Lodge vehicles that transport

children was conducted. Of the eight (8) vehicles inspected, one (1) was not maintained in good repair, in that there were two missing seatbelt buckles.

Additionally, the weekly monetary allowance logs and clothing allowance logs for seven (7) children were reviewed. During the interview process, all children reported that they receive their weekly monetary allowances, as well as their clothing allowances. However, the weekly monetary allowance log was not comprehensive, in that a few logs included two (2) separate dates, making it difficult to determine exactly when the children received their monies. It should be noted that this was an issue the previous year. In addition, two (2) weekly monetary allowance logs for two (2) separate children showed that they were not provided with their weekly monetary allowance, and several weekly monetary allowance logs were missing staff and/or children's signatures.

According to Community Care Licensing (CCL), there was a violation from October 29, 2015, regarding staff failing to monitor and supervise children at night due to sleeping during their shift. Pacific Lodge staff failed to provide care and supervision; therefore, the violation was substantiated. Pacific Lodge provided a Plan of Correction to CCL and the case was closed on January 26, 2016.

### **Recommendation**

Pacific Lodge management shall ensure that:

1. All vehicles in which the children are transported are maintained in good repair and include seatbelt buckles.
2. Comprehensive and accurate weekly monetary allowance logs are consistently and permanently maintained and that children are given no less than the required minimum allowance amounts. Allowance logs are reviewed, each child is identified who did not receive the appropriate allowance monies and return the allowance monies owed to them.
3. They exhibit proactive measures to be free of substantiated CCL complaints.

### **Facility and Environment**

An inspection of the interiors of Pacific Lodge revealed some cosmetic deficiencies that require correction in the common areas and the children's bedrooms. At the time of the Pacific Lodge facility inspection and review, children were only living in Bekins Cottage. All other cottages were in the process of being renovated.

- The common areas of Bekins cottage were inspected. The refrigerator had dents on the front door and there were stains inside the refrigerator. The staff area bookshelf cabinet door was loose and graffiti was found. It also needed to be organized, in order for the children to have easy access to the books provided. The bathroom wall had stains and the bathroom doorknob was in the process of being repaired at the time of the inspection and review. It should be noted that all these deficiencies were corrected as of February 23, 2016.
- The children's bedrooms in Bekins Cottage were inspected. Bedroom #3 had a broken wood curtain rod and bedrooms #6 and #7 had torn window curtains. Graffiti was found on several desks in the children's bedrooms. It should be noted that all these deficiencies were corrected as of February 23, 2016.

### **Recommendation**

Pacific Lodge management shall ensure that:

1. All of the aforementioned physical deficiencies cited to the common areas are corrected and repaired in a timely fashion.
2. All of the aforementioned physical deficiencies cited to the children's bedroom are corrected and repaired in a timely fashion.

### **Maintenance of Required Documentation and Service Delivery**

Seven (7) children's files were reviewed, and of those, five (5) children were placed long enough to have Updated NSPs in their file. Therefore, only five (5) of seven (7) children had Updated NSPs reviewed, and all seven (7) children had Initial NSPs reviewed.

- Of the seven (7) children's Initial NSPs reviewed, one (1) Initial NSP did not include the County Worker's authorization to implement the NSP. In addition, of the six (6) children's Updated NSPs reviewed, one (1) NSP did not include the County Worker's authorization to implement the NSP.
- Of the seven (7) children's Initial and Updated NSPs reviewed, only one (1) did not include a signature from the therapist to ensure that the NSP was implemented and discussed with Pacific Lodge staff.
- Of the seven (7) children's Initial NSPs reviewed, all seven (7) were not comprehensive. One (1) Initial NSP was late, as evidenced by the child being admitted on November 24, 2015, and the Initial NSP was completed on December 30, 2015. Two (2) Initial NSPs indicated Case Plan Goals as Planned Permanent Living Arrangements (PPLA) but did not document

the reason why Family Reunification was not an option for the children. In addition, there was an Initial NSP that noted a child was a Regional Center client; however, there was no information explaining Regional Center services or contacts. After a review of all initial NSPs, several Outcome Goals appeared to be similar demonstrating that the initial NSPs were not child specific. Lastly, several Outcome Goals were not behavioral, making it difficult to show behaviors being targeted for change, and were not measurable, making it difficult to show progress towards attaining their goals.

- Of the six (6) children's Updated NSPs reviewed, six (6) were not comprehensive. One (1) Updated NSP had an incorrect date showing the same date as the previous Updated NSP. On another NSP, the Education section did not reflect any type of new extra-curricular activities but only reflected the same information that was in the Initial NSP. Another NSP did not document modification dates in the Outcome Goals. There were three (3) updated NSPs that were missing parent's signatures, even though the parents were involved in the treatment program. In addition, there was an Updated NSP that had two (2) incomplete pages regarding Medical, Physical, Dental Health, as well as Medical, Physical, and Dental Health Clinical Visits. It should be noted once more, that several goals were not behavioral related or measurable.

### **Recommendation**

Pacific Lodge management shall ensure that:

1. County Worker's signatures are obtained for authorization to implement NSPs.
2. NSPs are implemented and discussed with staff.
3. The aforementioned NSP deficiencies are corrected so that each child has comprehensive Initial NSPs.
4. The aforementioned NSP deficiencies are corrected so that each child has comprehensive Updated NSPs.

### **Personal Rights and Social/Emotional Well-Being**

All seven (7) children were available and were interviewed at the Group Home and the issues were stated as follows:

- One (1) of seven (7) children interviewed reported that they were not treated with dignity and respect. During the interview process, the child reported that one (1) staff in particular did not respect him and that he felt

uncomfortable, in that he was not spoken to in a kind manner. He reported that he felt that staff expected more of him than of the other youth.

### **Recommendation**

Pacific Lodge management shall ensure that:

1. All children are treated with respect and dignity and that staff receive appropriate training to ensure children are treated appropriately.

### **Personnel Records**

Five (5) staff files were reviewed, and the following deficiencies were found:

- One (1) file did not have any documentation maintained in the file to show that the Department of Justice (DOJ), Federal Bureau of Investigations (FBI), and Child Abuse Clearance Index (CACI) clearances were submitted in a timely fashion, prior to the hire date.
- One (1) file had a late health screening, and another file did not have any documentation maintained in the file to show that staff received a timely health screening.
- One (1) file did not have a copy of a driver's license.
- Five (5) files were missing documentation maintained in the file to show initial training was received. In addition, one (1) staff file showed an emergency intervention training certificate that had recently expired. Lastly, none of the staff files included training on Developmentally Disabled children or Commercially Sexually Exploited Children.

### **Recommendation**

Pacific Lodge management shall ensure that:

1. Documentation for DOJ, FBI, and CACI clearances are maintained in staff files.
2. All staff receives timely health screenings and that the documentation is maintained in their files.
3. Copies of driver's licenses are maintained in staff files.
4. All staff receives timely required trainings and that the trainings are documented and maintained appropriately.

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

PPQA/GHM's last compliance report dated May 2015 identified six (6) recommendations.

**Results**

Based on the follow-up, Pacific Lodge failed to fully implement the six (6) previous recommendations for which they were to ensure that:

- Comprehensive and accurate allowance logs are consistently and permanently maintained and that children are given no less than the required minimum allowance amounts. Additionally, the youth charged for his birth certificate is reimbursed.
- They exhibit proactive measures to be free of substantiated CCL complaints.
- All of the aforementioned physical deficiencies cited to the children's bedroom are corrected and repaired in a timely fashion.
- County Worker's signatures are obtained for authorization to implement NSPs.
- The aforementioned NSP deficiencies are corrected so that each child has comprehensive initial NSPs.
- The aforementioned NSP deficiencies are corrected so that each child has comprehensive updated NSPs.

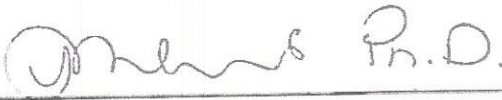
**MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-  
CONTROLLER**

A current fiscal review of Pacific Lodge Youth Services, Inc. has not been scheduled for this fiscal period by the Department of Auditor Controller.

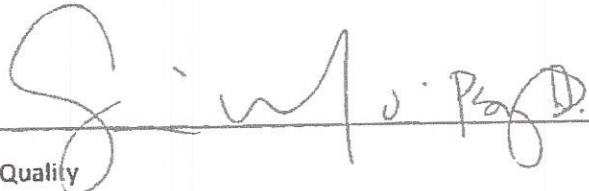


DATE: March 17, 2016  
TO: LA County Probation Department & DPO II Lori Tchakerian  
FROM: Pacific Lodge Youth Services Group Home Management  
RE: Corrective Action Plan

Attached is Pacific Lodge Youth Services Corrective Action Plan. If there are any questions, please feel free to contact Dr. Sami Raboubi, Residential Director, at (818) 657-3109 or Dr. Genevieve Morgan, Director of Quality at (818) 657-3123,

Signature:  P.R.D.  
Residential Director

Date: 3.23.16

Signature:  P.Q.D.  
Director of Quality

Date: 3/23/16



4900 Serrania Avenue  
Woodland Hills, CA 91364  
License #191201989  
RCL Level 12

Dear Ms. Tchakerian,

The following Corrective Action Plan is in response to your onsite Group Home Monitoring Review Field Exit Summary dated February 23, 2016 with Dr. Sami Raboubi, Residential Director.

I. Licensure/Contract Requirements

Finding #3: Does the group home maintain vehicle in which children are transported in good repair? (Safety)

Corrective Action Plan: One seatbelt buckle for vehicle #8 was purchased to replace the broken middle seat belt buckle. The backseat belt buckle was hidden under the seat during the inspection due to the seat being removed prior to the inspection and the seat belt fell below the seat. The seatbelt was taken out and is now visible. Proof of purchase dated 2/16/16 for the middle row seat belt buckle, and a copy of the pictures of both the back and middle seats are attached for your review. In an effort to maintain consistent compliance, the vehicle inspection will be a part of our internal audit review process on a weekly basis and as needed. Due to lack of facility manager oversight and this issue not being addressed, the vehicles are now also under the supervision of the Operations Department, where they will regularly be checked and monitored on a weekly basis. Staff will also have a training on safety and supervision to discuss the importance of reporting things promptly to avoid safety issues. An in-house training on vehicles and inspection was conducted on 1/13/16 and another training will be provided on 3/23/16 to address vehicle inspection, safety and compliance.

Finding #7: Are appropriate and comprehensive monetary and clothing allowance logs maintained? (Well-being)

Corrective Action Plan: Pacific Lodge continues to use the standard LIC 405 form; however in an effort to alleviate confusion and be clear regarding the date, Pacific Lodge will now be requesting and recording weekly allowance every beginning Monday of the week. Pacific Lodge will assure that the money is requested by cottage supervisors, then sent to the Business Department. Once received on that day, the Cottage Supervisor will log the information and have the client sign for their weekly allowance. Managers were trained to follow this new protocol and new procedure on 2/8/16 with all expectations discussed and outlined. Two residents were compensated for their missed allowance in September and December of 2015. Pacific Lodge will continue to have ongoing manager training to assure

that the monetary compensation expectations are followed accordingly, and will continue to work with our Quality Assurance Department with internal audits to ensure we are in compliance at all times. Furthermore, all youth signatures will be received when they are given their allowance every Monday of each week. This process will continue to occur and the Residential Director will randomly audit the process for verification.

Finding #9: Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review? (Safety)  
Corrective Action Plan: Community Care Licensing conducted a review at Pacific Lodge Youth Services on 1/26/16 due to an 11/15/15 allegation of staff sleeping during a shift under previous leadership. The previous Residential Director reorganized the supervision and oversight structure within the Residential program. As a result, the supervisors were removed from their duties of supervising the night staff. This particular incident occurred as a result of no oversight and no accountability. This staff person was counseled on his performance and closely monitored as a result. A corrective action plan was submitted on 1/28/16 to address incident. Attached please find the response from that plan: Pacific Lodge is aware of Licensing's concern as it relates to staff on duty providing care and supervision to residents during all shifts, including night shifts. This is also an important concern for our agency to ensure the provision of care and supervision to meet our resident's needs. A complete reorganization of oversight and supervision has taken place under the newly appointed Residential Director, Sami Raboubi, Ph.D. Under Dr. Raboubi's direction, this staff's supervisor has addressed this as an issue and established a performance plan. In addition, in-service trainings have been provided to both day and night staff. Training and supervision are being utilized to reinforce the appropriate care and supervision required for residents within a group home setting. Discussions around self-care have also occurred with staff as part of the preparation for their shifts and roles. Furthermore, Pacific Lodge will continue to set expectations of staff including but not limited to the following: staff will not use resident rooms under any circumstances; staff will set and contribute to a safe atmosphere for the residents; staff will conduct regular rounds of the facility during all shifts, including bed checks; staff will respond to resident needs, or in the event of an emergency, as appropriate, while being available to the residents at all times, on the premises and awake.

## **II. Facility and Environment**

Finding #11: Are common quarters well maintained? (Clean/sanitary; neat; adequate furniture and lighting; home-like environment, no safety hazards) (Safety)

Corrective Action Plan: On 1/16/16, the refrigerator with tagging was removed from the Bekins kitchen immediately, and a replacement refrigerator was provided to the cottage. On 1/16/16, the stain on the restroom wall was removed and cleaned. On 1/16/16, the bookshelf in the staff area with tagging was cleaned and books with tagging were removed. This was due to a lack of oversight and intervention by the milieu staff to the residents. Residents need to be taught and modeled about how to value their environment, respect property and belongings, among several other things. This is being emphasized now. As you are aware, there was a complete overhaul of our program and a change in staffing and leadership due to many deficiencies. Since then, staff have been instructed to continue calling in maintenance requests upon finding any safety hazards such as holes, tagging, etc. so that issue can be corrected immediately. A training within the common areas regarding

details and cottage grading was conducted with all staff and managers on 2/3/16 (Room and detail grading training), and 2/10/16 to review room and details, as well as cottage expectations with cleanliness and repairs. The Quality Assurance department conducts monthly audits within each cottage, focusing on corrections that need to be made and working on those with the Maintenance team to ensure it is resolved in a timely manner. Turnover in the Quality Assurance department also contributed to the decline in frequency of review. PLYS has compensated for that in the interim by training up other program staff to assist in constant oversight of the cottages. A culture shift has occurred at PLYS since the change in leadership and we share our Quality Assurance motto: "Quality is everyone's responsibility." Please find the cottage tool attached.

Finding #12: Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age appropriate decorations; and appropriate sleeping arrangements) (Safety)

Corrective Action Plan: Pacific Lodge desires to keep the bedrooms well maintained. Due to a lack of oversight by staff within the cottage over time, damages occurred within bedrooms. On 1/16/16, the curtain rod in bedroom number 3 was replaced in Bekins cottage. On the same date, torn curtains in room numbers 6 and 7 were replaced. On 1/16/16, Bekins cottage desks in room numbers 3,6,7,8 were replaced with desks that have no tagging. The old desks were sent to Maintenance to be disposed as they were not repairable. The restroom door (for the youth) was repaired on 1/16/16 and a tour was taken on 2/23/16 with DPO Lori Tchakerian to review the corrections/repairs. Since the change in leadership, a focus has been placed on making lasting improvements not only to the physical state of cottages, but the legacy of PLYS. A focus on ethics and value and culture has been emphasized as that is the underlying reason for the "lack" that has materialized into an unsightly environment. We are focusing on the work we are doing now and the impact that will have on our future. Trainings on ethics and culture and value and of course cottage expectations will continue to occur. Regular maintenance will continue to be required due to the population we serve, but our focus as an organization has shifted into one of value - value the space, the people, and the environment we are in together.

### III. Maintenance of Required Documentation and Service Delivery

Finding #16: Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Service Plan? (Well-being) Two county officer signatures were not obtained why?

Corrective Action Plan: Pacific Lodge is now aware of the requirement to denote specific language as opposed to a redundant statement like "attempted". Previous leadership did not enforce the obtainment of a DPO signature as an immediate requirement or effort. Case managers are directly responsible for obtaining the signature of the DPO on the NSPs. They will seek assistance from their immediate supervisor for additional support and contact with the county if needed. Residential program staff have been trained on the importance, in particular our case manager staff, to detail out their attempts in obtaining the probation officer's signature using dates, specific attempt methods and explanations. The specific process after not being able to obtain a signature after the first request will be to email the probation officer. Upon the second request the supervisor of the probation officer will be

notified via email. If the signature is not finally obtained, the third request will include an email to the director.

**Finding #17:** Are NSP's implemented and discussed with the group home staff ? (Well-being)

**Corrective Action Plan:** Pacific Lodge Youth Services is committed to developing Needs and Service Plans (NSP) which document individualized services and progress toward goals for all residents as required by the Department of Health and Human Services Community Care Licensing Division, and county departments of juvenile probation. Unfortunately, the previous program director demonstrated little oversight and guidance towards the NSP process. As such, when signatures went missing, no effort was placed on the treatment team to correct this. Under this current leadership, and as our population is growing, not only is the treatment team including the case manager responsible for signatures and implementation, but Cottage Supervisors, the Residential Director and the Quality Assurance Department will be ensuring signatures are in place as well as consistency throughout the document. Team meetings and case conferences will be utilized to discuss not only the implementation of the NSP, but to use it as a live document throughout treatment and as a training opportunity for group home staff to discuss and gain skills and techniques to use with the residents. This process is being implemented now to ensure that it continues going forward. Trainings will reinforce this procedure as well.

**Finding #23:** Did the treatment team develop timely, comprehensive, initial Needs and Service Plans (NSP) with the participation of the developmentally age-appropriate child? (Well-being)

**Corrective Action Plan:** Pacific Lodge acknowledges the importance of the Needs and Service Plan (NSP) being a comprehensive tool which outlines individualized services provided to each and every resident, as well as progress towards goals. Pacific Lodge believes that the timely entry of documentation regarding services provided allows for the continuity of care for the residents. Training around the NSP will continue to emphasize comprehensive and thorough documentation. Cottage Supervisors will work with the Case Manager(s) to review and guide the implementation of the initial plan. Under the previous leadership, the Cottage Supervisors were removed from direct oversight of the NSP review process. It was established that all NSP's would be reviewed by the Residential Director, although that failed to occur in a timely manner, and eventually the review failed to occur by the Residential Director. The case managers and leadership team were trained on 2/23/16 focusing on NSP's including thorough case planning, concurrent case planning, signatures, smart goals, thorough documentation and being child specific. This training will be occurring quarterly by the Quality Assurance department to assure consistency with proper monitoring. Cottage Supervisors will ensure that Case Managers are completing their responsibility of timely, comprehensive NSP's.

**Finding #24:** Did the treatment team develop timely, comprehensive, updated Needs and Service Plans (NSP) with the participation of the developmentally age appropriate child? (Well-being)

**Corrective Action Plan:** Under the previous leadership, the Cottage Supervisors were removed from direct oversight of the NSP review process. It was established that all NSP's would be reviewed by the Residential Director, although that failed to occur in a timely manner, and eventually the review failed to occur by the Residential Director. Pacific Lodge

worked with DPO Lori Tchakerian in detail how to appropriately update the NSP across various sections throughout the plan. These findings will be incorporated into the existing NSP training we have on file and trained out to the appropriate program staff before 4/1/16. The Director of Quality also participated in the NSP review process of the exit summary to provide support and monitor compliance regarding the implementation, development and updating of the NSP. The case managers and leadership team were trained on 2/23/16 focusing on NSP's including thorough case planning, concurrent case planning, signatures, smart goals, thorough documentation and being child specific. This training will be occurring quarterly by the Quality Assurance department to assure consistency with proper monitoring. Cottage Supervisors will ensure that Case Managers are completing their responsibility of timely, comprehensive NSP's.

**VII. Personal Rights and Social/Emotional Well-Being**

**Finding #40:** Do children report being treated with respect and dignity? (Well-being)

**Corrective Action Plan:** Pacific Lodge Youth Services complies with all applicable laws and regulations and expects its employees to perform their duties in accordance with the letter, spirit, and intent of all relevant laws and regulations and to refrain from any illegal, dishonest, or unethical conduct. The successful operation and reputation of Pacific Lodge is built upon the principle of ethical conduct of our employees. In this particular incident that was cited, this staff person was counseled based on her lack of professional and respectful conduct towards the resident in question who reported about his well-being. The codes of conduct were reviewed with this staff. The Residential staff as a whole were trained on 2/3/16 and 2/17/16 on Professional Boundaries and Communication with Residents. In cottage meetings, professional boundaries were also discussed. On 3/16/16, during the All Staff Meeting, Ethical Code of Conduct was addressed as part of the Corporate Compliance Training.

**X. Personnel Records**

**Finding #59:** Were DOJ, FBI, and Child Abuse Clearance Indexes (CACI) submitted prior to employees hired date? (Safety)

**Corrective Action Plan:** It is the policy of Pacific Lodge to clear an employee prior to their hire date through the DOJ, FBI and CACI. Due to the unfortunate turnover in leadership and the lack of oversight of the previous leadership, documents were not filed in a timely fashion, although all files were gathered and maintained in the Human Resources Department. One staff was missing their clearance verification that was later requested from CCL on 3/6/16 and placed in the personnel file. Per our policy, and working closely with Human Resources, all appropriate personnel documentation has been and will continue to be filed accordingly. At the present time, policy has been made clear to the Human Resources department that all personnel documents require immediate placement into the files. All contractual obligations and regulations as it pertains to Human Resources and personnel files will be trained. Prior to an employee reporting to New Hire Orientation, the following checks are conducted by the Human Resources Department: Criminal History check, Educational and Employment Verification, License Verification, and Sex and Violent Offender Registry Check. The Quality Assurance Department conducts Sanction Screenings for all new hires and on a monthly basis for all employees. All information will be entered

into our electronic system, Stafftrak. Hardcopy verification will be placed in the personnel file.

**Finding #62:** Have employees received timely health screening/TB clearance? (Safety)

**Corrective Action Plan:** It is Human Resource policy that employees maintain routine and timely health screenings and TB clearances for the protection of other staff including our residents. Delayed filing of personnel records revealed the loss of the Human Resources Manager which was experienced during the last quarter of 2015. PLYS is currently seeking a full-time Human Resources Manager. In the meantime, we are utilizing a contracted employee with several years of Human Resources experience who is managing the personnel files, new hires, as well as reviewing the tracking system to avoid sending staff out timely for their health screenings and TB clearances using Stafftrak- our tracking system. Oversight has increased surrounding timely health screening appointments as well.

**Finding #63:** Do required employees who transport children have a valid CA driver's license? (Safety)

**Corrective Action Plan:** All employees are required to have valid CA driver's licenses. It is the requirement of Pacific Lodge to maintain a current copy of the driver's license within their personnel file. Due to previously mentioned circumstances within the Human Resources Department, electronic files maintained were not printed and placed within the hardcopy personnel file. All electronic copies have been printed and placed within the personnel file. Staff who transport residents are required to have their driver's license and Pacific Lodge identification on their person. In this situation, Human Resources failed to ensure that a hardcopy of the driver's license was placed in the personnel file. All current employee files are in the process of being reviewed by the Human Resources Manager for consistency. A copy of the drive license of staff which was missing was placed in the file on 2/23/16. The Human Resources department will assure that the files are in good standing and no other licenses will be missing.

**Finding #65:** Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, First-Aid, required annual, and emergency intervention)? (Safety)

**Corrective Action Plan:** Pacific Lodge Youth Services follows the guidelines of its regulatory bodies including Community Care Licensing, Department of Probation, Department of Children and Family Services (DCFS), and Commission on Accreditation of Rehabilitation Facilities (CARF). Due to changes and turnover in agency leadership, some trainings were not filed appropriately within the personnel files. Also due to the loss of the Human Resources Manager, who was responsible for ensuring that the appropriate staff met their required trainings, this requirement was not met. In 2016, with the new leadership in place, all current trainings are now kept in a master training folder. The Residential Director manages this folder and is responsible for the ensuring that all staff receive all required training. The Quality Assurance Department will audit this process against the expected training guidelines on a yearly basis. One staff completed the Emergency Intervention Training on 3/3/16 and the certificate was placed in the personnel file. This training information is communicated to Human Resources where systems are in place to save trainings electronically and in the hardcopy personnel file. For all current staff, Developmental Disabilities and Commercial Sexual Exploitation of Children (CSEC) has been trained for

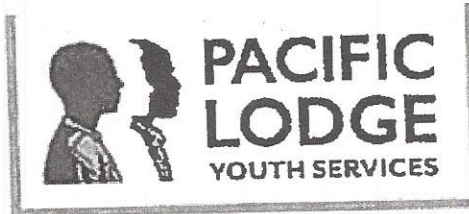
2016. Upon entrance, all new staff will receive initial training to the program and services as appropriate.

Thank you for your on-going support and partnership in ensuring the safety and well-being of our residents. If you should require more information, please contact me directly at (818) 657-3109 or via email at [sami.raboubi@plys.org](mailto:sami.raboubi@plys.org).

Best Regards,

A handwritten signature in black ink, appearing to read 'Sami Raboubi, Ph.D.', with a stylized, cursive script.

*Sami Raboubi, Ph.D.*  
*Residential Director*



Pacific Lodge Youth Services

**DATE:** January 26, 2016  
**TO:** Community Care Licensing & LPA Kathy Landry  
**FROM:** Pacific Lodge Youth Services Group Home Management  
**RE:** Corrective Action Plan

Attached is Pacific Lodge Youth Services Corrective Action Plan. If there are any questions, please feel free to contact Dr. Sami Raboubi, Residential Director, at (818) 657-3109 or Dr. Genevieve Morgan, Director of Quality at (818) 657-3123.

Signature: \_\_\_\_\_

Residential Director

Date: \_\_\_\_\_

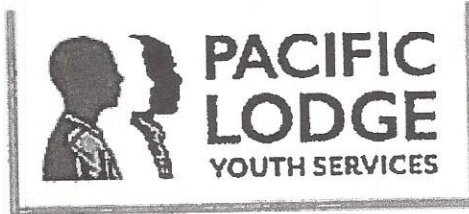
1/27/16

Signature: \_\_\_\_\_

Director of Quality

Date: \_\_\_\_\_

1/27/16



Pacific Lodge Youth Services

4900 Serrania Avenue  
Woodland Hills, CA 91364  
License #191201989  
RCL Level 12

Dear Ms. Landry,

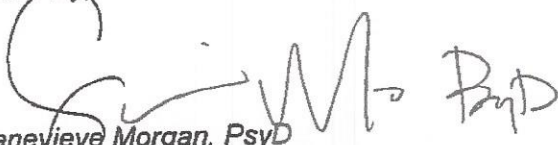
The following Corrective Action Plan is in response to your visit dated January 26, 2016 with Mr. Kelly Watrin, Campus Supervisor.

- I. **Finding #1:** (Complaint Control #:34-CR-20151029122108) Allegations include "Staff fails to monitor and supervise children at night (due to sleeping during his shift); and "Staff uses resident's room to sleep." Deficiencies: 80078(a) "Responsibility for providing care and supervision. The licensee shall provide care and supervision as necessary to meet the client's needs. Exact current date unknown but staff #3 was observed sleeping while on duty in 2015 and he was also written up for the same behavior in 2010."

**Response:** Pacific Lodge is aware of Licensing's concern as it relates to staff on duty providing care and supervision to residents during all shifts, including night shifts. This is also an important concern for our agency to ensure the provision of care and supervision to meet our resident's needs. A complete reorganization of oversight and supervision has taken place under the newly appointed Residential Director, Sami Raboubi, Ph.D. Under Dr. Raboubi's direction, this staff's supervisor has addressed this as an issue and established a performance plan. In addition, in-service trainings have been provided to both day and night staff. Training and supervision are being utilized to reinforce the appropriate care and supervision required for residents within a group home setting. Discussions around self-care have also occurred with staff as part of the preparation for their shifts and roles. Furthermore, Pacific Lodge will continue to set expectations of staff including but not limited to the following: staff will not use resident rooms under any circumstances; staff will set and contribute to a safe atmosphere for the residents; staff will conduct regular rounds of the facility during all shifts, including bed checks; staff will respond to resident needs, or in the event of an emergency, as appropriate, while being available to the residents at all times, on the premises and awake.

Thank you for your on-going support and partnership in ensuring the care and supervision of our residents. If you should require more information, please contact me directly at 818-657-3123 or via email at [genevieve.morgan@plys.org](mailto:genevieve.morgan@plys.org).

Sincerely,

  
Genevieve Morgan, PsyD  
Director of Quality

### **Life Skills**

The agency worker and the certified parent will work with the youth to develop their life skills in an effort to meet his/her independent living goals. This involves the following:

- Completion of ILP
- Seek and secure documents; SS Card, Birth Certificate and California ID.
- Enrollment in a community college, university, vocational program, all in an effort to secure a certificate or degree.
- Shopping, preparing meals, budget money and performing household chores.
- How to obtain a job.
- Open a bank account, writing checks, and balancing a check book
- How to save.
- Credit card debt, and identity theft

The CSW/DPO and any member of the independent living team will coordinate their efforts in preparation of developing self-- sufficiency skills that the youth can use upon their discharge, termination and independent living. These life skills will be taught to the foster parent and the youth on an ongoing basis during mandatory training for the foster parents. Topics such as proper use of medication, nutrition, education, child care, automobile maintenance, jury work, safe sex, and much more will always be on the table for discussion.

The certified parent will assist the Non-minor Dependents with skill necessary for self-sufficiency.

- A NMD shall have access to medication they use. Opportunity to plan meal, prepare meals, shop, use of utensils for meal preparation, but are not required to cook for others.
- Not required to be a babysitter in the house for other children.
- Develop their own goals.
- Certified parents should continue to assist them in making the right choices for doctors, schools.
- NMD shall be permitted to make their own arrangement for transportation.