



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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**TERRI L. MC DONALD**  
Chief Probation Officer

May 5, 2017

**TO:** Supervisor Mark Ridley-Thomas, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

**FROM:** Terri L. McDonald  
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 November 2016. The House of Bethesda Group Home has one (1) site located in the Second Supervisorial District of Los Angeles County. They 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 review, The House of Bethesda Group Home was serving five (5) Los Angeles County Probation foster children. For the sample size, the placed children's overall average length of placement was two (2) months, and their average age was 17 years old.

Five (5) Probation foster children were selected for the interview sample. There were no Probation foster children in the sample prescribed psychotropic medication. Additionally, three (3) discharged children's files were reviewed to access compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulation and County Contract Requirements.

## 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, appropriate and effective services of quality, were comfortable in their environment, and treated with respect and dignity. The House of Bethesda Group Home was in compliance with six (6) of the 10 areas of our Contract Compliance Review: "Facility and Environment", "Health and Medical Needs", "Psychotropic Medication", "Personal Rights & Social/Emotional Well-Being", "Personal Needs/Survival & Economic Well-Being", and "Discharged Children".

PPQA/GHM noted deficiencies in four (4) of the 10 areas; with seven (7) deficient elements out of 76 specific elements within the 10 areas. Although, there were no egregious findings or child safety issues in any of the areas, the same deficiencies from the last review period were in two (2) of the 10 areas. In the area of "Licensure/Contract Requirements", the House of Bethesda Group Home needed to ensure that their vehicle was maintained in good repair. It was noted, in the area of "Maintenance of Required Documentation and Service Delivery" that The House of Bethesda Group Home needed to ensure that Initial and Updated Needs and Services Plans (NSPs) were timely and comprehensive. In the area of "Education and Workforce Readiness", The House of Bethesda Group Home needed to ensure that children were enrolled in school in a timely manner. Deficiencies were also noted in the area of "Personnel Records", in that The House of Bethesda Group Home needed to ensure that staff received their medical screening and tuberculosis screening clearances in a timely manner.

## REVIEW OF REPORT

On December 08, 2016, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with The House of Bethesda Group Home Executive Director Robert Smith and Clinician Dr. Aline Smith. Administrator 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 and explained how they will ensure that the repeated deficiencies of the same nature will be avoided. 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, an additional check will be required to ensure that permanent changes were made. 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  
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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.

TLM:FC  
LCM:tj

**Attachments**

c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Terri L. McDonald, Chief Department of Probation  
Brandon T. Nichols, Interim Director, Department of Children and Family Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Community Care Licensing  
Latasha Howard, Probation Contracts  
Robert Smith, The House of Bethesda Group Home, Executive Director

**THE HOUSE OF BETHESDA GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW  
FISCAL YEAR 2016-2017**

**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, five (5) placed Los Angeles County Probation foster children were 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, no Probation foster children were prescribed psychotropic medication. Additionally, three (3) discharged children's files were reviewed, to assess The House of Bethesda Group Home's compliance with permanency efforts

Five (5) staff records 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 four (4) areas were out of compliance.

**Licensure/Contract Requirements**

During the inspection of the Group Home vehicle at The House of Bethesda Group Home, one (1) vehicle was missing three (3) headrests on the back row seat.

<p><b>III</b></p>	<p><b><u>Maintenance of Required Documentation and Service Delivery</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. The Initial NSP was completed accurately and on time.</li> <li>2. The Updated NSPs were completed accurately and on time.</li> <li>3. The Group Home provided children with counseling and other services (based on current NSPs).</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> </ol>
<p><b>IV</b></p>	<p><b><u>Education and Workforce Readiness</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children are enrolled in school within three school days.</li> <li>2. The Group Home ensured the children attend school as required.</li> <li>3. The Group Home ensures the children's report cards or progress reports, and if applicable, current copies of Individualized Education Programs (IEPs) are maintained in their files.</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> </ol>
<p><b>V</b></p>	<p><b><u>Health and Medical Needs</u></b> (4 Elements)</p> <ol style="list-style-type: none"> <li>1. Initial medical exams are conducted timely.</li> <li>2. Initial dental exams are conducted timely.</li> <li>3. Required follow-up medical examinations are conducted timely.</li> <li>4. Required follow-up dental examinations are conducted timely.</li> </ol>	<p>Full Compliance (ALL)</p>
<p><b>VI</b></p>	<p><b><u>Psychotropic Medication</u></b> (2 Elements)</p> <ol style="list-style-type: none"> <li>1. Current Court-Approved Authorizations are on file. (Including accurate dosage)</li> <li>2. Psychiatric Evaluation/Review (561c) is current.</li> </ol>	<p>N/A</p>
<p><b>VII</b></p>	<p><b><u>Personal Rights and Social/Emotional Well-Being</u></b> (18 Elements)</p> <ol style="list-style-type: none"> <li>1. Children are informed of the Group Home's rules and consequences.</li> <li>2. Children report the consequences for not following the rules are fair.</li> <li>3. Children are informed of the Foster Youth Bill of Rights.</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> </ol>

The House Of Bethesda Contract Compliance Review

	<p>4. Children participate in the development of their NSPs.</p> <p>5. Children are supervised by staff.</p> <p>6. Children are treated with respect.</p> <p>7. Children feel safe in the Group Home.</p> <p>8. Children have an adult they can talk with privately.</p> <p>9. Children are allowed to have private telephone calls and to send and receive unopened mail.</p> <p>10. Children have privacy during the visits with family or close friends.</p> <p>11. Children are offered the opportunity to participate in a mentorship program.</p> <p>12. Children are allowed to attend or not attend religious services of their choice.</p> <p>13. Children are given the opportunity to participate in planning recreational activities with the staff.</p> <p>14. Children are given the opportunity to participate in recreational activities at the Group Home.</p> <p>15. Children are given the opportunity to participate in extracurricular or community activities.</p> <p>16. Children's chores are reasonable.</p> <p>17. Children are informed about their rights to medical and dental treatment (right to refuse).</p> <p>18. Children are informed about their right to refuse psychotropic medication.</p>	<p>4. Full Compliance</p> <p>5. Full Compliance</p> <p>6. Full Compliance</p> <p>7. Full Compliance</p> <p>8. Full Compliance</p> <p>9. Full Compliance</p> <p>10. Full Compliance</p> <p>11. Full Compliance</p> <p>12. Full Compliance</p> <p>13. Full Compliance</p> <p>14. Full Compliance</p> <p>15. Full Compliance</p> <p>16. Full Compliance</p> <p>17. Full Compliance</p> <p>18. N/A</p>
<p><b>VIII</b></p>	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b> (16 Elements)</p> <p>1. Children are provided with medical care when needed.</p> <p>2. Children are provided with dental care when needed.</p> <p>3. Children are provided with transportation.</p> <p>4. Children are encouraged and supported by staff in keeping a Life Book.</p> <p>5. Children are assisted by adults in completing schoolwork when help is needed.</p> <p>6. Children are provided with youth development or daily living skills services.</p> <p>7. Children are provided with their own personal hygiene items.</p> <p>8. Children get enough food to eat.</p> <p>9. Children with special diet needs are provided with accommodations by the staff.</p>	<p>1. Full Compliance</p> <p>2. Full Compliance</p> <p>3. Full Compliance</p> <p>4. Full Compliance</p> <p>5. Full Compliance</p> <p>6. Full Compliance</p> <p>7. Full Compliance</p> <p>8. Full Compliance</p> <p>9. Full Compliance</p>



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	<p>10. Children receive at least the basic weekly allowance. 11. Children are free to spend their allowance, as long as they are appropriate purchases. 12. Children receive at least the basic clothing allowance. 13. Children are able to choose the clothes they buy, as long as they are appropriate. 14. Children have enough clothes to wear. 15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items.</p>	<p>10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. N/A 16. Full Compliance</p>
<p><b>IX</b></p>	<p><b><u>Discharged Children</u></b> (3 Elements)</p> <p>1. The Group Home placed the child in accordance with their Program Statement and population criteria. 2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care. 3. The Group Home attempted to stabilize the child's placement prior to requesting a removal.</p>	<p>Full Compliance (ALL)</p>
<p><b>X</b></p>	<p><b><u>Personnel Records</u></b> (14 Elements)</p> <p>1. Staff signed a criminal record statement (LIC 508) prior to or on hire date. 2. Staff received criminal clearance from CCLD prior to hire date. 3. Staff received medical clearance within one year prior to hire date or within seven days after hire date. 4. Staff received tuberculosis (TB) clearance within one year prior to hire date or within seven days after hire date. 5. Staff met educational and/or experience requirements in accordance with the agency's Program Statement and Title 22 Regulations. 6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgment. 7. Staff had current California driver's license on file. 8. Staff had current Cardiopulmonary Resuscitation (CPR) certification on file.</p>	<p>1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance</p>

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	<p>9. Staff had current First Aid certification on file.  10. Staff received initial emergency intervention training [e.g. Professional Assault Crisis Training (Pro--ACT)].  11. Staff received initial 24 hour training (eight hours prior to supervision and 16 hours within 90 days of hire).  12. Staff has current emergency intervention training on file (e.g. Pro-ACT).  13. Staff received 20 hours of on-going training.  14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.</p>	<p>9. Full Compliance  10. Full Compliance  11. Full Compliance  12. Full Compliance  13. Full Compliance  14. N/A</p>
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**THE HOUSE OF BETHESDA GROUP HOME  
CONTRACT COMPLIANCE REVIEW SUMMARY**

Rate Classification Level 12  
License Number: 191601689

	<b>Contract Compliance Review</b>	<b>Findings: November 2016</b>
<b>I</b>	<p><b><u>Licensure/Contract Requirements (8 Elements)</u></b></p> <ol style="list-style-type: none"> <li>1. The Group Home was free of any substantiated Community Care Licensing Division (CCLD) citations on child abuse/safety and/or physical deficiencies since the last review.</li> <li>2. Vehicles used to transport children are maintained in good repair.</li> <li>3. Disaster drills are conducted at least every six months and documented.</li> <li>4. The runaway policy is documented and properly maintained.</li> <li>5. Detailed sign-in/out logs are maintained.</li> <li>6. Weekly allowance logs are accurately maintained.</li> <li>7. Monthly clothing allowance logs are accurately maintained.</li> <li>8. Special Incident Reports (SIRs) documented in the Needs and Services Plans (NSPs) and case files and are properly reported via the i-Track system.</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</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> </ol>
<b>II</b>	<p><b><u>Facility and Environment (5 Elements)</u></b></p> <ol style="list-style-type: none"> <li>1. The exterior and the grounds of the Group Home are well maintained.</li> <li>2. Common quarters are well maintained.</li> <li>3. Children's bedrooms are well maintained.</li> <li>4. The Group Home maintains appropriate recreational equipment and educational resources (e.g. computer) in good repair and makes them readily available to children.</li> <li>5. The Group Home maintains adequate nutritious perishable and non-perishable food.</li> </ol>	<p align="center">Full Compliance (ALL)</p>

### **Recommendation**

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

1. Vehicles used to transport children are maintained in good repair by having headrests placed on seats for children's safety.

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

Five (5) children's files were reviewed, and of those, only one (1) child was not placed long enough to have an Initial NSP in their file, and only (1) child was placed long enough to have an Updated NSP in their file. Therefore, four (4) Initial NSPs and one (1) Updated NSP were reviewed.

Of the four (4) Initial NSPs reviewed, one (1) was completed accurately and on time; however, three (3) were not comprehensive with documentation that the children were receiving services. On one Initial NSP, the Concurrent Case-Plan Goal was checked for Adoption, yet at the same time, it was noted that Adoption was not an option. This same Initial NSP was not comprehensive in that it was difficult to determine timeliness since the Date of Admission was documented incorrectly. On another Initial NSP, the Deputy Probation Officer's signature was included; however, the signature was received more than five (5) days after the report due date.

All three Initial NSPs did not include Outcome Goals that were Specific, Measurable, Attainable, Results Oriented, Time Limited (SMART). The Outcome Goals were not specific to each child in that they were the same or similar for several children. For example, all children's Initial NSPs noted that they would earn five (5) school credits even though they have different educational needs. Additionally, the Outcome Goals were not measurable since there was no documented means of measuring the children's behaviors. For example, a Specific Goal on one NSP was the child's reunification with his mother; however, there was no documentation of what behaviors or activities would improve or take place to achieve this goal. Lastly, one Initial NSP was missing a Projected Completion Date, and another Initial NSP had an incorrect Projected Completion Date. This initial NSP also included a Modified Date without a Reason for Modification.

The one (1) Updated NSP reviewed was untimely since the child was admitted on June 21, 2016, and the Updated NSP was completed on October 21, 2016, a month after the due date in September 2016. As mentioned above, the Concurrent Case-Plan Goal remained the same in the Updated NSP and was not corrected in that Adoption was still checked, yet, it was noted that Adoption was not an option. Life Skills Training progress noted that there was improvement in

this area for completing chores; however, progress in regards to the child attending an Independent Living Program class was not noted. Lastly, Achieved Outcome Goals were noted in the Updated NSP; however, the Outcome Goals on the updated NSP were the same as in the initial NSP without Reasons for Modification.

While reviewing the Updated NSP, it was discovered that drug counseling was not provided to this child. Even though substance use was not noted as an Outcome Goal for this child, the NSP Treatment section of the Updated NSP noted that this child would participate in in-house Drug and Anger Management program twice a week. There was no further documentation of participation or progress related to this service.

### **Recommendation**

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

1. The initial NSPs are completed accurately and on time.
2. The updated NSPs are completed accurately and on time.
3. Children are provided with drug counseling if needed.

### **Education and Workforce Readiness**

A review of the children's files revealed that one (1) of the five (5) children was not enrolled in school within three (3) days of placement by The House of Bethesda Group Home. The child was placed on September 13, 2016; however, was not enrolled in school until October 12, 2016.

### **Recommendation**

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

1. Children are enrolled in school within three (3) days of placement.

### **Personnel Records**

Five (5) staff records were reviewed, and of those, two (2) were missing timely medical screening clearances and timely tuberculosis screening clearances. One (1) staff was hired on September 12, 2011; however, the medical and tuberculosis screening clearances were received on October 04, 2011. The other staff was hired on May 26, 2010; however, the medical and tuberculosis screening clearances were received on August 12, 2010.

**Recommendation**

The House of Bethesda Group Home management shall ensure that:

1. Staff receives their medical screening clearance within one year prior to hire date or within seven (7) days after hire date.
2. Staff receives their tuberculosis screening clearance within one year prior to hire date or within seven (7) days after their hire date.

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

PPQA/GHM's last compliance report dated June 22, 2016, identified five (5) recommendations.

**Results**

Based on the follow-up, The House of Bethesda Group Home fully implemented three (3) of the five (5) previous recommendations, for which they were to ensure that:

- The Group Home vehicle must contain a First-Aid kit.
- The Group Home is free of any substantiated CCL complaints on safety.
- The Group Home treatment team will ensure that all County Worker's contact with the Group Home is documented on the Needs and Services Plan.

However, the follow-up discovered that The House of Bethesda Group Home failed to fully implement two (2) of the previous five (5) recommendations for which they were to ensure that:

- The Group Home treatment team will develop comprehensive Initial NSPs.
- The Group Home treatment team will develop comprehensive Updated NSPs.

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

The most recent fiscal review of The House of Bethesda Group Home by the Auditor Controller was conducted during the 2014-2015, fiscal year; however the 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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January 4, 2017

Los Angeles County Probation Department  
Placement Permanency & Quality Assurance  
Group Home Monitoring and Investigation Unit  
Lynwood Regional Justice Center  
11701 South Alameda St 2<sup>nd</sup> Floor  
Lynwood, CA 90262

CORRECTIVE ACTION PLAN

Please find attached the Corrective Action Plan to the most recent monitoring review Exit Summary. The Administrative Team reviewed the summary together and collaborated in responding to its content. Hence, the Administrative Team will utilize our quality assurance process and system to support the efforts to improve our system for compliance in all required areas. We thank you for your input and guidance in helping us achieve the highest quality of care to the youth we serve.

**I. LICENSURE/CONTRACT REQUIREMENTS**

Vehicles used to transport children are maintained in good repair

**Non-compliance:** Three headrests were missing from the back row the Facility vehicle.

**Cause of non-compliance:** During the last visit to the carwash, it was later discovered that the headrests had been placed in the trunk of the Facility vehicle.

**Corrective action:** All three headrests were replaced in the back row of the facility vehicle and checked during the Exit Conference by the Group Home Monitor.

**Quality assurance to maintain compliance:** All drivers must complete the Safety Checklist (Attachment) in its entirety. It must be signed and dated prior to transporting children. This checklist will be turned in to the Supervisor on all respective shifts for review. No child will be transported in any Facility vehicle without completing this protocol.

## II. FACILITY AND ENVIRONMENT

Full Compliance

## III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

The initial NSPs were completed accurately and on time

**Non-compliance:** A Concurrent Case-Plan Goal was checked for Adoption but this was not an option. There was an incorrect admission date and the signature of the Deputy Probation Officer was received late. The initial NSPs were missing some SMART goals.

**Cause of non-compliance:** These deficiencies occurred due to a lapse in quality assurance review.

**Corrective action:** During the Exit Conference, the Group Home Monitor reviewed all issues with the in-house Social Worker and provided specific guidelines on how to complete these sections. This clarification has been noted and explained to the Facility Manager and Quality Assurance Director.

**Quality assurance to maintain compliance:** The Administrative Staff will review the NSPs at the weekly meetings. The Facility Manager and Quality Assurance Director will review all NSPs to insure the appropriateness of the issues. In addition, the Facility Manager and Quality Assurance Director and will insure that all NSPs contain accurate and comprehensive information in the NSPs.

The updated NSPs were completed accurately and on time

**Non-compliance:** An updated NSP was untimely. A Concurrent Case-Plan Goal was checked for Adoption but this was not an option. Life Skills Training progress section was not completely documented. The updated NSPs were missing some SMART goals.

**Cause of non-compliance:** These deficiencies occurred due to a lapse in quality assurance review.

**Corrective action:** During the Exit Conference, the Group Home Monitor reviewed all issues with the in-house Social Worker and provided specific guidelines on how to complete these sections. This clarification has been noted and explained to the Facility Manager and Quality Assurance Director.

**Quality Assurance to maintain compliance:** The Administrative Staff will review the NSPs at the weekly meetings. The Facility Manager and Quality Assurance Director will review all NSPs to insure the appropriateness of the issues. The Quality Assurance Director will insure that all NSPs contain accurate and comprehensive information in the NSPs.

The Group Home provided children with counseling and other services

**Non-compliance:** There was no documentation to support that a child received Alcohol and Drug Counseling.

**Cause of non-compliance:** The services rendered were included in the general Treatment Notes; however, without specific detail.



**Corrective action:** The Group Home Monitor clarified the importance of documenting Alcohol and Drug Counseling on its distinct clinical notes and specifically on the NSP, if the child is working on an alcohol/drug related goal. Therefore, in-house Social Worker immediately created a clinical template specifically for Alcohol and Drug Counseling (Attachment).

**Quality Assurance to maintain compliance:** In-house Social Worker will insure that each child, following Alcohol and Drug Counseling, will document each session on its specific form. Additionally, this information will be documented on the NSPs and reviewed by the Facility Manager and Quality Assurance Director.

#### **IV. EDUCATION AND WORKFORCE READINESS**

Children are enrolled in school within three school days

**Non-compliance:** A child was not enrolled in school within three days of admission.

**Cause of non-compliance:** On September 14, 2016, a day after the child was placed, transcripts and the Individual Education Plan were requested from the Los Angeles County Office of Education (LACOE). This information was sent by fax to the Centinela Valley Unified School District and an appointment for school enrollment was given for September 23, 2016. On September 28, 2016, staff attempted to enroll the child in school; however, he engaged in a heated confrontation with his roommate. Due to his behaviors, he was not enrolled in school at that time. It is well documented by The House of Bethesda and the Director of the Centinela Valley Union School District that this child has behavioral issues that prevented him from being enrolled in school in a timely manner.

**Corrective action:** On October 17, 2016, a CAP was submitted to Probation Department's Group Home Monitoring Unit (Attachment). The following parties will be contacted upon a child's admission to The House of Bethesda to insure school enrollment in a timely manner: The child's parents, Centinela Valley Unified School District, and LACOE counselors located at Placement Administrative Services.

**Quality Assurance to maintain compliance:** The Administrator and Quality Assurance Director will complete a review of the day with the Facility Manager to insure all incidents and school related issues are reported accurately.

#### **V. HEALTH AND MEDICAL NEEDS**

Full compliance

#### **VI. PSYCHOTROPIC MEDICATION**

Full compliance

#### **VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL BEING**

Full compliance

#### **VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL BEING**

Full compliance

#### **IX. DISCHARGED CHILDREN**

Full compliance

## X. PERSONNEL FILES

Staff received medical clearance within one year prior to hire date or within seven days of hire.

**Non-compliance:** Staff #2 and Staff #3 did not receive medical clearance within seven days after their hired date.

**Cause of non-compliance:** This was due to administrative oversight.

**Corrective action:** With all new hires, medical clearance will be obtained within seven days of hire. If newly hired staff does not receive medical clearance within seven days, they will not be allowed to work until the clearance is obtained. This will be explained to all prospective staff prior to hire and included in the New Hire Packet.

**Quality Assurance to maintain compliance:** The Administrator and Quality Assurance Director will review all information in the New Hire Packet prior to staff working with the children.

Staff received TB clearance within one year prior to hire date or within seven days of hire.

**Non-compliance:** Staff #2 and Staff #3 did not receive TB clearance within seven days after their hired date

**Cause of non-compliance:** This was due to administrative oversight.

**Corrective action:** With all new hires, TB clearance will be obtained within seven days of hire. If newly hired staff does not receive clearance within seven days, they will not be allowed to work until the clearance is obtained. This will be explained to all prospective staff prior to hire and included in the New Hire Packet.

**Quality assurance to maintain compliance:** The Administrator and Quality Assurance Director will review all information in the New Hire Packet prior to staff working with the children.

  
Robert Smith, Licensee/Director

  
Aline Smith, Ph.D., Administrator

  
Dorothy Irving, Quality Assurance Director

  
Keshia Marshall, Facility Director