



## COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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**TERRI L. McDONALD**  
Chief Probation Officer

June 2, 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: **HAMBURGER HOME dba AVIVA FAMILY AND CHILDREN'S SERVICES  
GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) Unit conducted a review of Aviva Family and Children's Services Group Home, operated by Hamburger Home, in December 2016. Aviva Family and Children's Services has one (1) site and is located in the Third Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation children and Los Angeles County Department of Children and Family Services (DCFS) children. According to Aviva Family and Children's Services' program statement, its purpose is to provide a treatment-orientated residential facility for young women. It seeks to rehabilitate young women who are unable to function adequately in a family setting. The period of residence at Aviva Family and Children's Services is designed to provide an opportunity to change self-destructive lifestyles, learn to cope more adequately with the traumatic past and the difficult present, enhance self-esteem, develop appropriate social skills and complete high school.

Aviva Family and Children's Services is a 36-bed site and is licensed to serve a capacity of 36 girls, 12-18 years of age. At the time of review, Aviva Family and Children's Services served 20 Los Angeles County children, 15 Probation and five (5) DCFS. The overall length of placement was four (4) months, and their average age was 16 years old. For the sample size, the placed children's overall average length of placement was five (5) months, and their average age was 17 years old.

Seven (7) children were randomly selected for the interview sample, four (4) Probation and three (3) DCFS. There were three (3) children in the sample who were prescribed psychotropic medication, one (1) Probation and two (2) DCFS, and those cases were

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reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, two (2) Probation and one (1) DCFS, were reviewed to assess 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 Aviva Family and Children's Services. They indicated that they were provided with good care and appropriate and effective services of quality, were comfortable in their environment and treated with respect and dignity. Aviva Family and Children's Services was in compliance with six (6) of the 10 areas of the Contract Compliance Review: Licensure/Contract Requirements; Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; and Discharged Children.

PPQA/GHM noted deficiencies in four (4) of the 10 areas, with five (5) 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 one (1) of the 10 areas, Maintenance of Required Documentation and Service Delivery.

In the area of Maintenance of Required Documentation and Service Delivery, Aviva Family and Children's Services needed to ensure that all Initial and Updated Needs and Service Plans (NSPs) are accurately completed. It was noted in the area of Personal Rights and Social/Emotional Well-Being that Aviva Family and Children's Services needed to make certain that children are given the opportunity to participate in planning recreational activities with the staff.

Deficiencies were also noted in the area of Personal Needs/Survival and Economic Well-Being, in that Aviva Family and Children's Services need to ensure that children are encouraged and supported by staff in keeping a Life Book. Lastly, it was noted in the area of Personnel Records that Aviva Family and Children's Services needed to make certain that all staff have a current California driver's license on file.

### **REVIEW OF REPORT**

On January 18, 2017, Probation PPQA Monitor Kedra Bracken held an Exit Conference with the following Aviva Family and Children's Services Administrators: Susan Vartayan (Lead Case Manager); Amanda Smith (Director of Mental Health Services); Monse Alcantar (Administrative Assistant); Jeff Jamerson (Vice President of Programs and Services); Kim Peterson (Quality Improvement Specialist); Brenda Lopez (Quality Improvement Specialist); Gurudarshan Khalsa (Quality Improvement Coordinator); and Jennifer Hoit (Assistant Vice President of Residential Services). The Administrators

agreed with the review findings and recommendations and were 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).

Aviva Family and Children's Services 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.

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 (3)**

- c: Sachi A. Hamai, Chief Executive Officer  
John Naimo, Auditor-Controller  
Brandon T. Nichols, Director, Department of Children and Family Services  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Community Care Licensing  
Latasha Howard, Probation, Contracts  
Regina Bette, Aviva Family and Children's Services, President/ Chief Executive Officer  
Jeff Jamerson, Aviva Family and Children's Services, Vice President of Programs and Services  
Jenny Hoit, Aviva Family and Children's Services, Assistant Vice President Residential Services



**AVIVA FAMILY AND CHILDREN'S SERVICES GROUP HOME GROUP HOME  
CONTRACT COMPLIANCE REVIEW SUMMARY**

**Rate Classification Level 12**  
**License Number: 191800285**

	<b>Contract Compliance Review</b>	<b>Findings: December 2016</b>
<b>I</b>	<p><b><u>Licensure/Contract Requirements</u></b> (8 Elements)</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 ITrack system.</li> </ol>	Full Compliance (ALL)
<b>II</b>	<p><b><u>Facility and Environment</u></b> (5 Elements)</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>	Full Compliance (ALL)

III	<b><u>Maintenance of Required Documentation and Service Delivery</u></b> (3 Elements) <ol style="list-style-type: none"> <li>1. The Initial NSPs were 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. Full Compliance</li> </ol>
IV	<b><u>Education and Workforce Readiness</u></b> (3 Elements) <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>	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 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>	Full Compliance (ALL)
VI	<b><u>Psychotropic Medication</u></b> (2 Elements) <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>	Full Compliance (ALL)
VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (18 Elements) <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</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> </ol>



	<p>Rights.</p> <ol style="list-style-type: none"> <li>4. Children participate in the development of their NSPs.</li> <li>5. Children are supervised by staff.</li> <li>6. Children are treated with respect.</li> <li>7. Children feel safe in the Group Home.</li> <li>8. Children have an adult they can talk with privately.</li> <li>9. Children are allowed to have private telephone calls and to send and receive unopened mail.</li> <li>10. Children have privacy during the visits with family or close friends.</li> <li>11. Children are offered the opportunity to participate in a mentorship program.</li> <li>12. Children are allowed to attend or not attend religious services of their choice.</li> <li>13. Children are given the opportunity to participate in planning recreational activities with the staff.</li> <li>14. Children are given the opportunity to participate in recreational activities at the Group Home.</li> <li>15. Children are given the opportunity to participate in extracurricular or community activities.</li> <li>16. Children's chores are reasonable.</li> <li>17. Children are informed about their rights to medical and dental treatment (right to refuse).</li> <li>18. Children are informed about their right to refuse psychotropic medication.</li> </ol>	<ol style="list-style-type: none"> <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. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> <li>12. Full Compliance</li> <li>13. Improvement Needed</li> <li>14. Full Compliance</li> <li>15. Full Compliance</li> <li>16. Full Compliance</li> <li>17. Full Compliance</li> <li>18. Full Compliance</li> </ol>
VIII	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b> (16 Elements)</p> <ol style="list-style-type: none"> <li>1. Children are provided with medical care when needed.</li> <li>2. Children are provided with dental care when needed.</li> <li>3. Children are provided with transportation.</li> <li>4. Children are encouraged and supported by staff in keeping a Life Book.</li> <li>5. Children are assisted by adults in completing schoolwork when help is needed.</li> <li>6. Children are provided with youth development or daily living skills services.</li> <li>7. Children are provided with their own personal hygiene items.</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. Improvement Needed</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> </ol>

	<ol style="list-style-type: none"> <li>8. Children get enough food to eat.</li> <li>9. Children with special diet needs are provided with accommodations by the staff.</li> <li>10. Children receive at least the basic weekly allowance.</li> <li>11. Children are free to spend their allowance, as long as they are appropriate purchases.</li> <li>12. Children receive at least the basic clothing allowance.</li> <li>13. Children are able to choose the clothes they buy, as long as they are appropriate.</li> <li>14. Children have enough clothes to wear.</li> <li>15. Children are supervised while in the pool area.</li> <li>16. Children report the home is free of unsecured dangerous items.</li> </ol>	<ol style="list-style-type: none"> <li>8. Full Compliance</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> <li>12. Full Compliance</li> <li>13. Full Compliance</li> <li>14. Full Compliance</li> <li>15. Full Compliance</li> <li>16. Full Compliance</li> </ol>
<b>IX</b>	<p><b><u>Discharged Children</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. The Group Home placed the child in accordance with their Program Statement and population criteria.</li> <li>2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care.</li> <li>3. The Group Home attempted to stabilize the child's placement prior to requesting a removal.</li> </ol>	<p>Full Compliance (ALL)</p>
<b>X</b>	<p><b><u>Personnel Records</u></b> (14 Elements)</p> <ol style="list-style-type: none"> <li>1. Staff signed a criminal record statement (LIC 508) prior to or on hire date.</li> <li>2. Staff received criminal clearance from CCLD prior to hire date.</li> <li>3. Staff received medical clearance within one year prior to hire date or within seven days after hire date.</li> <li>4. Staff received tuberculosis (TB) clearance within one year prior to hire date or within seven days after hire date.</li> <li>5. Staff met educational and/or experience requirements in accordance with the agency's Program Statement and Title 22 Regulations.</li> <li>6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter</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. Full Compliance</li> <li>6. Full Compliance</li> </ol>

	<p>acknowledgment.</p> <p>7. Staff had current California driver's license on file.</p> <p>8. Staff had current Cardiopulmonary Resuscitation (CPR) certification on file.</p> <p>9. Staff had current First Aid certification on file.</p> <p>10. Staff received initial emergency intervention training [e.g. Professional Assault Crisis Training (Pro--ACT)].</p> <p>11. Staff received initial 24 hour training (eight hours prior to supervision and 16 hours within 90 days of hire).</p> <p>12. Staff has current emergency intervention training on file (e.g. Pro-ACT).</p> <p>13. Staff received 20 hours of on-going training.</p> <p>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>7. Improvement Needed</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>
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**AVIVA FAMILY AND CHILDREN'S SERVICES GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW  
FISCAL YEAR 2016-2017**

**SCOPE OF REVIEW**

The purpose of this review was to assess Aviva Family and Children's Services Group Home compliance with the County contract and State regulations and include a review of the Aviva Family and Children's Services 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, seven (7) placed children, four (4) Probation and three (3) DCFS, 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, three (3) placed children were prescribed psychotropic medication, one (1) Probation and two (2) DCFS. 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, two (2) Probation and one (1) DCFS, were reviewed to assess Aviva Family and Children's Services Group Home compliance with permanency efforts.

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

**CONTRACTUAL COMPLIANCE**

The following four (4) areas were out of compliance.

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

Only six (6) of the seven (7) children's files were reviewed due to one (1) child who was not placed long enough to have a Needs and Service Plan (NSP) completed. Of the six (6) files, only five (5) children were placed long enough to have Updated NSPs in their file. Therefore, all six (6) children had Initial NSPs reviewed and five (5) children had Updated NSPs reviewed.

Of the six (6) Initial NSPs reviewed, five (5) lacked complete accuracy. The first Initial NSP reviewed was deemed inaccurate due to the following: The Case Plan Goal section did not address why Family Reunification with the child's parent is not an option for the child's future placement; the Goal section did not contain a child specific goal. The second Initial NSP reviewed was considered inaccurate due to the following: The date of the report, the date of the child's admission, the date of the medical appointment, the date of the dental appointment, and the school enrollment date were incorrect; and the signatures were not dated. The third Initial NSP reviewed was deemed inaccurate due to the following: The dental examination date was incorrect. The fourth Initial NSP reviewed was considered inaccurate due to the following: The NSP does not mention why the child does not have contact with her biological mother. The fifth Initial NSP reviewed was deemed inaccurate due to the following: the Goal section did not contain an achievable goal; and there was no parent signature. All five (5) Initial NSPs were deficient in that the Concurrent Case Plan Goal section did not address why adoption or legal guardianship are not an acceptable option for the child's future placement.

Of the five (5) Updated NSPs reviewed, four (4) lacked full accuracy. The first Updated NSP reviewed was considered inaccurate due to the following: The NSP did not document the specific dates the Group Home had contact with the Deputy Probation Officer (DPO); and the DPO signature was not dated. The second Updated NSP reviewed was deemed inaccurate due to the following: the Concurrent Case Plan Goal section did not address why adoption or legal guardianship are not an acceptable option for the child's future placement; the Goal section did not contain updated information; the signatures were typed; and there was no parent signature. The third Updated NSP reviewed was considered inaccurate due to the following: The Visitation section was not updated; and the NSP did not document the specific dates the Group Home had contact with the County Social Worker (CSW). The fourth Updated NSP was deemed inaccurate due to the following: the Concurrent Case Plan Goal section did not address why adoption or legal guardianship are not an acceptable option for the child's future placement.



### **Recommendation**

Aviva Family and Children's Services management shall ensure that:

1. The Group Home treatment team will develop accurate, Initial NSPs with the participation of the developmentally age-appropriate child.
2. The Group Home treatment team will develop accurate, Updated NSPs with the participation of the developmentally age-appropriate child.

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

During the interview process, four (4) of the six (6) children stated that the Group Home does not give them the opportunity to participate in planning recreational activities with the staff. Two (2) children stated that the activities are always pre-planned and that the children try to give suggestions about what they would like to do, but the staff does not implement their ideas. One (1) child indicated that the staff only provides the same, uninteresting activities. One (1) child reported that the staff provide a weekly activity sign-up sheet and do not ask for the children's input.

### **Recommendation**

Aviva Family and Children's Services management shall ensure that:

1. Children are given the opportunity to participate in planning recreational activities with the staff.

### **Personal Needs/Survival and Economic Well-Being**

During the interview process, three (3) of the six (6) children stated the Group Home did not provide them with a Life Book or photo album.

### **Recommendation**

Aviva Family and Children's Services management shall ensure that:

1. All children shall be encouraged or assisted in creating and maintaining Life Books or photo albums upon arrival in the Group Home.

### **Personnel Records**

Upon review of a sample of Aviva Family and Children's Services Personnel files, one (1) of the five (5) employees did not have a valid California driver's license on file.

### **Recommendation**

Aviva Family and Children's Services Group Home's management shall ensure that:

1. All staff has a current California driver's license on file.

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

PPQA/GHM's last compliance report dated March 2, 2016, identified seven (7) recommendations.

### **Results**

Based on the follow-up, Aviva Family and Children's Services fully implemented five (5) of the seven (7) previous recommendations for which they were to ensure that:

- All children's files have an accurate accounting of clothing allowance records and a substantial plan to maintain the clothing logs.
- All of the physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion. In addition, the children's bedrooms are to be maintained daily.
- All staff abides by and enforces the Group Home rewards and discipline system so that they are fair towards all children.
- All children are informed about their medication and right to refuse medication without being subject to consequences by staff.
- All children are free to receive or reject voluntary medical, dental and psychiatric care without being subject to consequences by staff.

However, the follow-up discovered that Aviva Family and Children's Services failed to fully implement two (2) of the previous seven (7) recommendations for which they were to ensure that:



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

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

A current fiscal review of Hamburger Home dba Aviva Family and Children's Services was conducted during the last fiscal year; however, it has not been posted by the Auditor Controller.



**AVIVA FAMILY AND CHILDREN'S SERVICES**

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President & CEO  
Regina Bette, LMFT

February 16, 2017

Kedra Frelix Deputy Probation Officer II

Group Home Monitoring and Investigations Unit

Placement Services Bureau, Los Angeles County Probation

Lynwood Regional Justice Center

Re: Corrective Action Plan (CAP) – Group Home Monitoring Review – Field Exit  
Summary, 1-18-17

**CAP:**

**Section III: Maintenance of Required Documentation and Service Delivery:**  
**Maintenance of Required Documentation & Service Delivery: #14 & #15** Did the  
treatment team develop initial and updated Needs & Service Plans (NSP) that were  
accurate and on time?

**Findings:** Areas of deficiency in both initial and quarterly NSPs include:

- Case plans & concurrent case plans did not include rationale for why biological parents were not part of the case plan (initial & quarterly)
- Primary case plan was not family reunification; NSP case plans jumped to PPLA instead of family reunification/extended family members (initial & quarterly)
- Caregiver signatures were missing from signature page (initial & quarterly)
- Updated NSPs were missing the specific dates that group home staff communicated with county worker (several NSP stated "weekly contact")
- Goal section had elimination goals (initial & quarterly)
- Goals that are not met were extended without a change of service or method

**Corrective Action Plan:**

Deficiencies in the areas of missed caregiver signatures and inclusion of specific dates of county worker contact is an oversight error. Case managers that prepare the reports have been trained (in January 2017) on expectation for including caregiver signature (when caregiver is participating in treatment) and that specific dates of county worker contact be included.





The deficiencies in case planning and goal writing (both for initial and quarterly) reflects a need for training in both case conceptualization and documentation clarification. Aviva staff preparing NSPs must always explain biological parent involvement and rationale if there is not any involvement. Case plan & concurrent case plans will have family reunification as a primary goal, as supported by the court report. Treatment teams will work on identifying extended family members as permanency options prior to foster care. In order to prepare for Continuum of Care Reform and the focus on finding permanency for youth, Aviva has transitioned the responsibility of NSP writing to Residential Case Managers (instead of therapists). Case managers have been oriented to the expectations of writing initial goals (avoiding eliminating goals) and goal updates. Oversight and review of the NSPs are now being conducted by the Lead Case Manager. All case managers and lead case manager have been oriented and trained to these expectations.

Quality Assurance Plan: The Lead Case Manager will review NSPs, checking specifically for improvements in these areas. There will be booster trainings provided quarterly to the Case Managers to assure that they're receiving updates and are well-trained/oriented to expectations for producing quality NSPs.

Section VII: Personal Rights and Social/Emotional Well-Being: #38 Children are given the opportunity to participate in planning recreational activities with the staff

Finding: Based on interview, four residents reported that they did not get to participate in activity planning. One resident said that ideas are brought to Resident Council but not necessarily implemented.

Corrective Action Plan:

All residents are encouraged to participate in recreation planning. This finding is a result of lack of compliance to program procedures due to changes in the supervisory staff and change in program structure. Historically, Day Rehabilitation staff completed the recreation schedules with the residents. Due to shifts in the residential program structure (in anticipation of Continuum of Care Reform), Residential Supervisors are responsible for recreation and outing planning. They have been oriented to the expectation to include residents by offering discussions in Unit Meetings and in Resident Council. In order to ensure that residents have the opportunity to participate in planning recreational activities, residents will continue to be encouraged to participate in Resident Council. A standing agenda item in Resident Council will be a discussion of activity ideas. Also staff will hold Unit Meetings with the residents and specifically request resident ideas for activities.

Quality Assurance Plan: In order to ensure adherence to resident inclusion in activity planning, the facilitator of Unit Meetings will report out suggestions made by residents to the Unit Supervisors, who are overseeing activity planning/schedules. Since a resident reported that suggested activities were not being implemented, Resident Council feedback suggestions will be reviewed in Residential Leadership and reported out on the residential monthly report to assure that appropriate resident suggestions are considered and implemented when possible.

Section VIII: Personal Needs/Survival and Economic Well-Being: #47 Children are encouraged and supported by staff in keeping a life-book.

Finding: Three youth reported during interviews that they did not have a life-book. However, all of the residents had photos of themselves posted in their rooms and other memorabilia from their activities and lives.

Corrective Action Plan:

All residents are encouraged to make and maintain a life-book. This finding is a result of lack of compliance to program procedures due to changes in the supervisory staff and change in program structure. Historically, Day Rehabilitation staff held life-book activities with the residents and maintained oversight of offering life-book ideas to residents. Due to shifts in the residential program structure (in anticipation of Continuum of Care Reform), Residential Supervisors are newly responsible for assuring life-book activities are offered to residents. Supervisors and staff have been oriented to this expectation. In order to ensure that residents are encouraged and supported in keeping a life-book, staff will have a standing, weekly activity time block to work on life-books. Staff will engage the residents in reflective exercises that can be added to the life-book.

Quality Assurance Plan: In order to adhere to weekly life-book activity time-blocks, Unit Supervisors will oversee the development and implementation of the weekly activity schedule. Unit Supervisor will make sure that life-book page activities were offered to residents and that staff attempted to engage residents in reflective exercises. The Director of Residential Services will oversee the weekly schedule (will review the schedule and discuss scheduling/activities during supervision with Supervisors) and assure that life-book activities are offered on a weekly basis.

X. Personnel Files: #69: Staff had current California Driver's license on file.

Finding: One of the staff files reviewed had an expired driver's license on file.

Corrective Action Plan:

All staff are required at time of hire to provide a copy of their driver's license. This finding was as result of lack of compliance to agency procedures which is to regularly update personnel files. In order to assure that updated driver's license are maintained in the personnel files, administrative support staff track expiration dates of driver's licenses through Paycom. Employees are notified when their driver's license is about to expire and they are reminded to submit an updated copy of the new license to Human Resources once received.

Quality Assurance Plan: All employees are responsible for providing updated records for their personnel files. In the event that the employee does not update their license, the administrative staff in Human Resources will follow up with the employee and continue prompting the employee until the new driver license is received and a copy placed in the personnel file.

*Jenny Hoit*



Jenny Hoit, LMFT, ATR

Assistant Vice President Residential Services

Cc: Pamela Pease