



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 12, 2017

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Kathryn Barger

From: Brandon T. Nichols
Acting Director

ST. ANNE'S MATERNITY HOME GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment and Contract Compliance Review of the St. Anne's Maternity Home (the Group Home) in August 2016. The Group Home has one licensed site located in the First Supervisorial District. The Group Home provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents (NMDs). According to the Group Home's Program Statement, its stated purpose is "to provide services to at risk and pregnant or parenting young mothers and their children up to three years of age."

At the time of the review, the Group Home served 21 DCFS placed children and two Probation foster youth. The Group Home has one 32-bed site and is licensed to serve a total capacity of 32 female children, ages 11 through 17, and NMDs. The children's average length of placement was 10 months and their average age was 17.

SUMMARY

CAD conducted a Fiscal Compliance Assessment which included an agency-wide review of the Contractor's financial records: financial statements; bank statements; check register(s); and personnel files to determine their compliance with the Group Home Contract.

The Group Home was in full compliance with all applicable areas of the Fiscal Compliance Assessment.

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; and being comfortable in their placement environment.

The Group Home was in full compliance with 7 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Maintenance of Required Documentation and

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Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) that were not submitted timely and Community Care Licensing Division (CCLD) citations; Personal Rights and Social/Emotional Well-Being, related to the youth not being treated with respect by staff and not being provided with transportation to attend church services of their choice; and Personal Needs/Survival and Economic Well-Being, related to the youth not having a sufficient number of newer towels and not having a Life Book.

REVIEW OF REPORT

On October 11, 2016, Molly Sun, DCFS CAD Fiscal, held an exit conference with the Group Home representatives: Jennifer Rui, Director of Finance and Jenie Soriano-Francoso, Contract Analyst, Christopher Jarosz, DCFS CAD, and Maria Jimenez, DCFS Out-of-Home Care Management Division (OHCMD), held an exit conference with the Group Home representatives: Maryam Sesay, Residential Treatment Program Director; Amber Rivas, Senior Director, Quality Management; and Rezo Khosrowabadi, Quality Assurance Specialist. The Group Home representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

The next Fiscal Compliance Assessment of the Group Home will be conducted in County Fiscal Year 2017-2018.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager at (213) 351-5530.

BTN:KR
LTI:cj

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Terri L. McDonald, Chief Probation Officer
Sheila Mitchell, Assistant Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Tony Walker, Chief Executive Officer, St. Anne's Maternity Home
Lenora Scott, Regional Manager, Community Care Licensing Division

**ST. ANNE'S MATERNITY HOME
GROUP HOME CONTRACT COMPLIANCE REVIEW SUMMARY**

**Rate Classification Level 12
License Number: 191802087**

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

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<p>III</p>	<p><u>Maintenance of Required Documentation and Service Delivery</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. The Initial NSP was completed accurately and on time. 2. The Updated NSPs were completed accurately and on time. 3. The Group Home provided children with counseling and other services (based on current NSPs). 	<p>Full Compliance (All)</p>
<p>IV</p>	<p><u>Education and Workforce Readiness</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children are enrolled in school within three school days. 2. The Group Home ensured the children attend school as required. 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. 	<p>Full Compliance (All)</p>
<p>V</p>	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Initial medical exams are conducted timely. 2. Initial dental exams are conducted timely. 3. Required follow-up medical examinations are conducted timely. 4. Required follow-up dental examinations are conducted timely. 	<p>Full Compliance (All)</p>
<p>VI</p>	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court-Approved Authorizations are on file. (Including accurate dosage) 2. Psychiatric Evaluation/Review (561c) is current. 	<p>Full Compliance (All)</p>
<p>VII</p>	<p><u>Personal Rights and Social/Emotional Well-Being</u> (18 Elements)</p> <ol style="list-style-type: none"> 1. Children are informed of the Group Home's rules and consequences. 2. Children report the consequences for not following the rules are fair. 3. Children are informed of the Foster Youth Bill of Rights. 4. Children participate in the development of their NSPs. 5. Children are supervised by staff. 6. Children are treated with respect. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed

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

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	<p>15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items.</p>	<p>15. Full Compliance 16. Full Compliance</p>
<p>IX</p>	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 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>Full Compliance (All)</p>
<p>X</p>	<p><u>Personnel Records</u> (14 Elements)</p> <ol style="list-style-type: none"> 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 (CDL) on file. 8. Staff had current Cardiopulmonary Resuscitation (CPR) certification on file. 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-hours of training (eight hours prior to supervision of children 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>Full Compliance (All)</p>

**ST. ANNE'S MATERNITY HOME
GROUP HOME CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the August 2016 review. The purpose of this review was to assess the Group Home's compliance with its County contract. The review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, five DCFS placed children and two Probation foster youth were selected for the sample. CAD interviewed each child and reviewed their files to assess the level of care and services they received. During the site visits, the children were observed to be comfortable and well-cared for in the Group Home and the staff were observed to be responsive to the children's needs. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, one placed youth was prescribed psychotropic medication; however, the youth was 18 years of age at the time the prescription was written, which did not necessitate a Psychotropic Medication Authorization and documentation of psychiatric monitoring that would be required for minor children.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance:

Licensure/Contract Requirements

- SIRs were not submitted timely.

CAD noted that 3 of 46 SIRs reviewed were not submitted timely into the ITrack system. An incident that occurred on May 14, 2016, was submitted on May 16, 2016. A second incident on June 23, 2016, was submitted on June 26, 2016. A third incident on July 1, 2016, was submitted on July 4, 2016.

The Group Home representatives acknowledged the oversight in the timeliness of their SIR submissions and stated that the Division Director of Housing Programs will review and submit all SIRs on a daily basis to ensure that SIRs are submitted timely and appropriately cross-reported.

- CCLD citations.

CCLD cited the Group Home on February 19, 2016, as a result of a complaint received by CCLD on February 10, 2016. CCLD issued the citation for a violation of Lack of Care regarding an injury when a staff member lost grip of an infant while reaching for a pacifier while holding the infant. The infant was taken by the agency for medical treatment, and the diagnosis was subarachnoid hemorrhage, which was treated accordingly. A Plan of Correction (POC) was requested that required the Group Home to submit verification that its staff received training in caring for infants. CCLD cleared the required POC on February 26, 2016. An investigation was completed by an Emergency Response Children's Social Worker (ER CSW) which concluded that the child being dropped was an accident. The Out-of-Home Care Investigations Section (OHCIS) did not require any further action.

CCLD cited the Group Home on June 3, 2016, as a result of a complaint received by CCLD on February 25, 2016. CCLD issued the citation for a violation of Personal Rights regarding a staff member engaging in an inappropriate relationship with a child at the Group Home. A POC was requested that included confirmation of the termination of this staff and required the Group Home to ensure that such incidents do not reoccur in the future, and that a safety plan be approved by DCFS OHCMD. The plan approved by the OHCMD, stated that the OHCIS would increase the staffing ratio from one staff per six children to two staff per six children, and the Program Assistants would receive four hours of additional training on Red Flags and the reporting of inappropriate staff behavior. According to CCLD's duty line on March 21, 2017, CCLD cleared this POC on February 26, 2016. An investigation was completed by an ER CSW which concluded that the allegations were substantiated.

Recommendations:

The Group Home's management shall ensure that:

1. SIRs are submitted timely.
2. The Group Home is in full compliance with Title 22 Regulations and free of CCLD citations.

Personal Rights and Social/Emotional Well-Being

- Children were not treated with respect.

One youth stated during her interview that she wanted to be treated as an adult by the staff since she has a baby of her own. She reported that some staff members have called her little girl and little child. Another youth stated that the Group Home staff can be inattentive and unresponsive to requests at times, in regard to having their housekeeping needs met, especially in the evenings and on weekends. CAD sampled 24-hour records of staffing levels in the Group Home for two weekends in July 2016, which were found to be consistent with the program statement.

- Children were not allowed to attend religious services of their choice.

One youth stated during her interview that she is only taken to religious services that are in Spanish, although she only speaks English. In addition, she reported that transportation to religious services of her faith is only offered twice a month.

The Group Home representatives acknowledged that transportations to religious services are on a two-week rotation basis due to the staffing levels on weekends.

Recommendations:

The Group Home's management shall ensure that:

3. Children are treated with respect.
4. Children are free to attend religious services of their choice.

Personal Needs/Survival and Economic Well-Being

- Children are not encouraged and supported by staff in keeping a Life Book.

One youth stated during her interview that she did not have a Life Book. The Group Home staff acknowledged that they had not issued a memory book to the youth based on a review of their records.

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- Children are not provided with their own personal hygiene items; specifically, children reported not having a sufficient number of towels or towels that were in newer condition.

Three youth reported during their interviews that they requested newer towels since the towels they had were becoming frayed, but their requests were denied. In addition, they stated that they wanted more towels since one towel per child was insufficient, but those requests were also denied by staff.

Recommendations:

The Group Home's management shall ensure that:

5. Children are encouraged and supported by staff in keeping a Life Book.
6. Children are provided with their own personal hygiene items, including a sufficient supply of clean towels in good repair and other personal care items.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT COMPLIANCE REVIEW

CAD's last compliance report dated October 21, 2016 (review conducted in August 2015), identified 15 recommendations.

Results:

Based on the results of the current review, the Group Home fully implemented 11 of 15 recommendations for which the Group Home was to ensure that:

- Appropriate monetary allowance logs are maintained.
- The Group Home assists children in maintaining important relationships.
- Initial Needs and Services Plan (NSPs) are comprehensive.
- Updated NSPs are comprehensive.
- Children are informed of the Group Home's policies and procedures.
- Children feel safe in the Group Home.
- The rewards and discipline system is fair.
- Children are allowed private telephone calls.
- Children are free to receive or reject voluntary, medical, dental, and psychiatric care.
- Children are involved in the selection of their clothing.
- Employees receive timely health screenings.

Based on the results of the current review, the Group Home did not implement 4 of 15 recommendations for which the Group Home was to ensure that:

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- SIRs are submitted timely and appropriately cross-reported in accordance with the SIR reporting guidelines.
- Children are treated with respect.
- Children are free to attend religious services of their choice.
- Children are provided with a sufficient supply of personal care items.

Recommendation:

The Group Home's management shall ensure that:

7. The outstanding recommendations from the prior report noted in this report as recommendation numbers 1, 3, 4 and 6 are fully implemented.

At the exit conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and contract requirements. The Group Home will consult with the OHCMD for additional support and technical assistance, and CAD will assess contract compliance during the next review.

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St Anne's

Brighter futures for at-risk
pregnant young women, mothers and children

December 05, 2016

Christopher Jarosz
Children's Services Administrator I
County of Los Angeles
Department of Children and Family Services
Contract Compliance Section
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: Corrective Action Plan for Group Home Monitoring Review
Site Visit Date: August 16, 2016
CAP Due Date: November 28, 2016
Amended: December 05, 2016

Dear Mr. Jarosz,

The St. Anne's Residential Treatment Program is dedicated to providing the best services available to our residents. Your collaboration and input is helpful in making this possible for our residents. The following items were recommended and will be rectified through the plans related below.

I. LICENSURE/CONTRACT REQUIREMENT

Element #4

Finding: SIRs were not submitted timely

Corrective Action Plan:

- a) During the weekdays, Serious Incident Reports (SIRs) will be inputted on I-track by the Lead Program Assistant. The Lead Program Assistant will notify Residential Treatment Program Director and Division Director of Housing Programs once I-track has been saved for review and submittal.
- b) Residential Treatment Program Director will review all SIRs on a daily basis and notify Division Director of Housing Programs of completion. The Residential Treatment Program Director will ensure that SIRs are appropriately cross-reported.
- c) Division Director of Housing Programs will review and submit all SIRs on a daily basis.
- d) In the event that the Division Director of Housing Programs is not able to submit SIRs, the Division Director of Community Based Programs will review and submit SIRs.

For immediate SIR I-track submittal (such as: runaways, hospitalization, etc.):

- e) Managers will immediately submit all runaway and hospitalization I-tracks



and will addendum runaway I-tracks when necessary. Residential Treatment Program Assistant Directors will review submitted I-track to ensure accuracy and ensure that SIRs are appropriately cross reported. Managers will be trained on appropriately completing and submitting immediate SIR I-tracks.

- f) Medical SIRs will be completed by the Health Services Manager. The Health Services Manager will notify the Assistant Directors and the Residential Program Director once I-track has been saved for review and submittal.
- g) SIRs that are not appropriately cross reported by Managers will be faxed to the missing reporting party by Assistant Directors and an addendum will be updated on I-track.
- h) Assistant Directors will input SIRs on I-track on weekends and will I-track all SIRs involving physical restraints and police involvement. Assistant Directors will notify Residential Treatment Program Director and Division Director of Housing Programs once I-track has been saved for review and submittal.
- i) In the event that the Division Director of Housing Programs is not able to submit SIRs, the Division Director of Community Based Programs will review and submit SIRs.

Implementation Date: 11/28/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

Element #9

Finding: CCL Complaint Investigation Reports that a client's baby sustained an accidental injury (subarachnoid hemorrhage) in care of a staff member (34-CR-20151007090953).

Corrective Action Plan:

Issue was addressed internally after appropriate follow up regarding the incident was completed. One staff received performance counseling and training and a second staff was terminated. Community Care Licensing accepted actions taken as means of Corrective Action Plan. All staff completes Parenting Training at New Hire Orientation.

Implementation Date: Pending Clearance Date from CCL and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

II. FACILITY AND ENVIRONMENT

No findings noted in this area during this review

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

No findings noted in this area during this review

IV. EDUCATION AND WORKFORCE READINESS

No findings noted in this area during this review.

V. HEALTH AND MEDICAL NEEDS

No findings noted in this area during this review.

VI. PSYCHOTROPIC MEDICATION

No findings noted in this area during this review.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Element #40

Finding: Concerns regarding well-being of residents- specially pertaining to residents interviewed expressing concerns of not being treated with respect and dignity. A resident reported that she has been called "little girl" and "little child" and another resident reported that staff can be inattentive and unresponsive to the needs of the clients.

Corrective Action Plan:

- a) At New Hire, staff will be trained on how to effectively communicate with residents. Staff will also be trained on Empathy versus Sympathy and understanding the background and trauma experienced by residents placed at St. Anne's.
- b) Staff will also receive on-going training through in-service and staff meetings on understanding and working with youth in the foster care system, counter transference, and transference. Additionally, self-care and self-awareness will be discussed in individual supervisions.
- c) Primary staff members and Managers will receive clinical supervision to discuss resident's treatment and be provided with tools that will promote appropriate interventions.
- d) Assistant Directors will complete monthly check-in's with residents to inquire about residents' well-being and overall safety. Memo will be completed and emailed to Quality Assurance for record keeping.
- e) Concerns brought up during the monthly check-in's will be immediately and appropriately addressed.

Implementation Date: 11/28/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

Element# 43

Finding: Residents interviewed reported that church services were in Spanish-only and that church services of preferred faith is only offered every other week.

Corrective Action Plan:

- a) Case Managers will establish the religion of preference of residents placed in program at day one of intake.
- b) Residents will be allowed to attend any religious services of their choice. Resident will be encouraged to notify staff ahead of time in order to coordinate trips and/or assist with obtaining authorized community passes accordingly. St. Anne's serves 32 teens in-house that may have different religion preferences, which requires advance planning and coordinating.
- c) In order to ensure that staff obtains appropriate authorization from the Children's Social Workers/Probation Officers, St. Anne's Activities Coordinator will work with each resident to identify interest in attending services. Once the resident confirms attendance on the

Religious Services Participation form the form will be forwarded to the youth's placement worker by case managers to obtain pass authorization. Residents will be able to state they are not interested in services on the form which will be kept in their records.

- d) Staff will exercise prudent parent rights to transport residents to/from a church/religious institution of residents' choice within a 5 mile radius of St. Anne's in the event that Children's Social Workers/Probation Officer is not available to approve passes.
- e) Residents will be provided with information about available religious services within the area.
- f) Resident's participation in Religious Services will be documented in Needs and Services Plan under the Independent Living Program Section.

Implementation Date: 11/28/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Element #52

Finding: One resident expressed concern of requesting a new towel and being denied that request and three other residents interviewed wanted more towels.

Corrective Action Plan:

- a) Residents are provided with supplies at intake, on a monthly basis, and as needed upon request. When a resident asks for additional supplies, staff will assess the need of the supply and will inform resident of a timeline regarding when the supply will be provided.
- b) Residents will complete the Monthly Supply Request Form with their primary staff. The primary staff will confirm that residents are in need of the items requested to avoid duplicates or excess of supplies provided to residents. The completed form will be signed by residents and primary staff.
- c) Assistant Directors will review the form and provide the form to the assigned Program Assistant responsible for the distributing of supplies.
- d) The assigned Program Assistant will provide the requested supplies to the residents and allow for residents to confirm the receipt of the supplies by signing off on the monthly supply request form.
- e) Excess unused supplies found in resident's room are considered unsafe, and will be returned to the supply cage. Residents will be informed of this at intake, and this will also be indicated in the Resident's Handbook.
- f) Residents will be provided with two sets of towels at intake instead of one as previously provided. If a resident requests for new towels, staff will confirm the need for new towels and resident will be provided with the towel on an as needed basis.

Implementation Date: 11/28/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

Element #55

Finding: One resident was provided with a Life Book/Photo Album four months after placement.

Corrective Action Plan:

- a) Residents will be provided with a Life Book/Photo Album within the first three business days of placement.
- b) Activity Coordinator will ensure that each resident placed at St. Anne's receives a Life Book/Photo Album on a yearly basis and/or on an as needed basis.
- c) Residents will be asked to sign the Receipt Form acknowledging that she received a Life Book/Photo Album which will be kept in her file for records.
- d) Residential Program Assistant Director supervising the Activity Coordinator will review the forms signed by residents on a monthly basis to ensure that Life Book/Photo Album are distributed on a timely manner.
- e) Residents will be encouraged to participate in creating and updating their Life Book/Photo Album regularly. Scrapbooking is scheduled by assigned circles on a weekly basis. Residential Counselors will remind residents of assigned days for scrapbooking.

Implementation Date: 11/28/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

IX. DISCHARGED CHILDREN

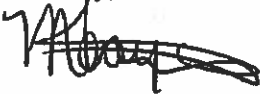
No Finding noted in this area during this review.

X. PERSONNEL RECORDS

No Finding noted in this area during this review.

If you have any questions, please don't hesitate to contact me directly at (213) 381-2931 ext. 264 or Carlos Tobar, Quality Assurance Director at ext. 500.

Sincerely,



Maryam Sesay, MSHA
Residential Treatment Program Director

cc: Tony Walker, President and Chief Executive Officer
Correnda Perkins, Division Director of Community-Based Programs
Amber Rivas, Senior Director of Quality Management
Carlos Tobar, Quality Assurance Director