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DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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September 7, 2017

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

From: *for Cynthia McCoy Miller*
Brandon T. Nichols
Acting Director

**OLIVE CREST TREATMENT CENTERS DBA OLIVE CREST GROUP HOME
CONTRACT COMPLIANCE REVIEW**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Olive Crest Treatment Centers dba Olive Crest (the Group Home) in January 2017. The Group Home subsequently closed on February 10, 2017. Prior to closing the Group Home had one site located in the Fourth Supervisorial District. The site provided services to the County of Los Angeles DCFS placed children, Probation foster youth and children placed by other counties. According to the Group Home's Program Statement, its stated purpose was "to provide a long term, safe, structured and therapeutic environment for adolescents with a history of severe problems."

The Group Home temporarily closed while it was training a new qualified Administrator from July 15, 2016 to October 18, 2016, to be in compliance with Title 22 Regulations.

At the time of the review, the Group Home served three DCFS newly placed children. On February 10, 2017, they notified the County of the closure of this Rate Classification Level 14 Facility due to a lack of placements prior to the completion of the child interviews.

SUMMARY

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

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Personal Rights and Social/Emotional Well-Being and Personal Needs/Survival and Economic Well-being were not applicable.

CAD noted deficiencies in the area of Licensure/Contract Requirements, related to the Group Home's Community Care Licensing Division (CCLD) citations, the Group Home not maintaining detailed sign-in/out logs, and Special Incident Reports (SIRs) that were not submitted timely and/or cross-reported.

REVIEW OF REPORT

On February 16, 2017, Rosalind Arrington, DCFS CAD, and Sonya Noil, DCFS Out-of-Home Care Management Division (OHCMD) held an exit conference with the Group Home representatives: Rachel Ford, Project Independence/Residential Programs Director; and Dameon Gordon, Administrator. 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.

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

BTN:KR
LTI:ra

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
Donald A. Verleur II, Executive Director, Olive Crest
Lenora Scott, Regional Manager, Community Care Licensing Division

**OLIVE CREST GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY**

**License Number: 197804913
Rate Classification Level: 14**

	Contract Compliance Review	Findings: January 2017
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. Improvement Needed 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 style="text-align: center;">Full Compliance (All)</p>

<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. 	<p>Not Applicable</p>

	<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. 	
<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. 	<p>Not Applicable</p>

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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>	
IX	<p><u>Discharged Children</u> (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>
X	<p><u>Personnel Records</u> (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 (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>	<p>Full Compliance (All)</p>

**OLIVE CREST 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 January 2017 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, four previously placed DCFS children were selected for the sample. CAD did not interview any children for this review, as the four children's case files that were reviewed were already discharged from the Group Home. During the site visit, one newly placed child was observed to be comfortable and well cared for in the Group Home and the staff were observed to be responsive to the child'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, all of the children were prescribed psychotropic medication. These children's files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

CAD reviewed three 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 areas out of compliance:

Licensure/Contract Requirements

- CCLD citations.

CCLD cited the Group Home on January 27, 2016, during a follow up to a complaint inspection, for a Personal Rights violation. The Group Home staff at times used profanity

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in the presence of the placed children. CCLD requested a Plan of Correction (POC) that required the Clinical Case Manager to retrain the staff in protecting the personal rights of the children by February 19, 2016. The Group Home submitted the POC documents to CCLD and the POC was approved on February 11, 2016. The Out-of-Home Care Investigations Section (OHCIS) required no further action.

CCLD cited the Group Home on July 26, 2016, during a follow up of a complaint inspection for a Buildings and Grounds related violation. A placed child had access to Drano liquid clog remover. CCLD requested the Group Home submit a POC by August 1, 2016, affirming that all chemicals that could pose a threat to the placed children would be securely locked at all times when not in use by the staff. The POC was approved by CCLD on August 8, 2016. No further action was requested by the OHCIS.

- Detailed sign-in/out logs were not maintained.

CAD noted that the Group Home visitors are not completing the sign-in/out logs and many columns on the logs were blank.

- SIRs were not submitted timely and/or cross-reported.

CAD noted 13 of 43 SIRs reviewed were not submitted timely into the ITrack system and/or properly cross-reported. Two incidents that occurred on February 7, 2016, were submitted on February 9, 2016; two incidents that occurred on February 12, 2016, were submitted on February 18, 2016 and one was also not cross-reported to the Deputy Probation Officer (DPO); an incident that occurred on February 14, 2016, was submitted on February 18, 2016; three incidents that occurred on February 15, 2016, were submitted on February 18, 2016; an incident on March 7, 2016, was not cross-reported to the DPO; an incident that occurred on April 21, 2016, was submitted on April 25, 2016; an incident that occurred on April 22, 2016, was not cross-reported to CCLD and OHCMD; an incident that occurred on May 27, 2016, was submitted on May 31, 2016; and an incident that occurred on May 29, 2016, was submitted on May 31, 2016.

Recommendations:

The Group Home's management shall ensure that:

1. The Group Home is in full compliance with Title 22 Regulations and free of CCLD citations.
2. Detailed sign-in/out logs are maintained.
3. SIRs are submitted timely and properly cross-reported.

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

The CAD's last compliance report dated November 21, 2016 (review conducted in November 2015), identified two recommendations.

Results:

Based on CAD's follow-up, the Group Home implemented all of the prior recommendations for which the Group Home was to ensure:

- Nutritious meals are provided.
- All required training is provided.

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 OHCMD for additional support and technical assistance and CAD will assess contract compliance during the next review.

March 14, 2017

Rosalind Arrington, CSA I
Department of Children and Family Services
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: Group Home Monitoring Review Exit

Dear Ms. Arrington:

This letter is to serve as a response to the findings made during the most recent audit of Cornuta Group Home and the exit summary completed on February 16, 2017. The three deficiencies were in the area of Licensure/Contract Requirements.

- 1) #1 - The group home had received two Type B citations from Community Care Licensing Division (CCLD) since the last review:
 - a) On January 17, 2016, there was a Personal Rights citation for use of profanity in the presence of clients (section 80072 (a) (3)). On February 12, 2016, Olive Crest submitted a plan of correction to CCLD indicating that all direct care staff were retrained on increasing therapeutic communication on February 11, 2016, sign-in sheet was provided, and CCL was informed that three staff members were no longer employed by Olive Crest. On February 22, 2016, Olive Crest received a letter from CCL indicating that the deficiency had been cleared. Please see attached documents related to this deficiency.
 - b) On July 26, 2016, there was a Building and Grounds citation due to chemicals that could pose a danger to clients not being locked securely (section 80087 (g)). On July 27, 2016, Olive Crest submitted a plan of correction to CCLD indicating that the all chemicals that could pose a danger to clients are securely locked at all times in the supply cabinet. That the supply cabinet door was replaced with a solid core door and that the prior lock had been replaced with a new key entry lock. In addition, all direct care staff will receive in-service training on this issue. On August 8, 2016, Olive Crest

received a letter from CCLD indicating that the deficiency had been cleared. Please see attached documents related to this deficiency.

2) #5 - The group home did not maintain detailed sign in/out logs.

In preparation for the reopening of the Cornuta Group Home on November 1, 2016, Regional Programs Director and Residential Manager identified that the visitors' log had not been completed appropriately by all staff. Therefore, all direct care staff were retrained on several documentation issues prior to the reopening of the group home. Please see attached training agenda and sign-in sheet dated October 18, 2016 indicating that staff received training regarding the Visitor's Log documentation.

3) #8 – SIRS were not reported timely and/or not cross reported to mandated county agencies.

In preparation for Olive Crest's reopening on November 1, 2016, Regional Programs Director and Residential Manager had identified that all direct care staff needed re-training on appropriate and timely completion and submission of SIRS. Therefore, on October 18, 2016, Residential Manager trained all of the staff on appropriate documentation and timely submission of SIRS. Please see attached training agenda and sign-in sheet for this date. In addition, Olive Crest is scheduled to offer a refresher class on SIRS/Report Writing to all direct care staff on April 27, 2017 and September 21, 2017.

I would like to once again thank you for your collaborative spirit during the reopening of Cornuta Group Home, the audit, and in resolving these audit issues. If you have any additional questions or need any additional information, please contact me at (562) 977-6925 or shawn-prokopec@olivecrest.org.

Sincerely,



Shawn R. Prokopec
Regional Programs Director