



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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TERRI L. McDONALD
Chief Probation Officer

October 24, 2017

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

FROM: Terri L. McDonald *Felicia Cotton for*
Chief Probation Officer

SUBJECT: **EGGLESTON YOUTH CENTER GROUP HOME CONTRACT
COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Eggleston Youth Center Group Home, operated by Eggleston Youth Center Inc., in April 2017. Eggleston Youth Center has six (6) contracted Group Homes within Los Angeles County: Eggleston Youth Center I, Eggleston Youth Center II, Eggleston Transitional Group Home and Eggleston Youth Center V are located in the First Supervisorial District of Los Angeles; Eggleston West Covina Group Home and Eggleston Emancipation Group Home are located in the Fifth Supervisorial District of Los Angeles. They provide services to Los Angeles County Probation foster children and the Department of Children and Family Services (DCFS) foster children. According to the Eggleston Youth Center program statement, its purpose is to provide residential care and treatment to boys who have behavioral, social and emotional difficulties and who are delinquent, severely emotionally disturbed and with severe behavioral problems that require extensive social work and mental health treatment, behavioral interventions and intense supervision.

Eggleston Youth Center sites are six (6) bed Group Homes and are licensed to serve a capacity of six (6) boys in each Group Home, 13-18 years old. At the time of review, Eggleston Youth Center was serving 21 Los Angeles County Probation children and seven (7) DCFS children. The placed children's average length of stay was six (6) months and eight (8) days, and their average age was 16 years old. For the sample size, the placed children's overall average length of placement was 10 months, and their average age was 17 years old.

Rebuild Lives and Provide for Healthier and Safer Communities

Seven (7) children were randomly selected for the interview sample, three (3) Probation and four (4) DCFS. There were six (6) children in the sample who were prescribed psychotropic medication; three (3) Probation and three (3) DCFS. These cases were reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files, all Probation, 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 Eggleston Youth Center 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. Eggleston Youth Center was in compliance with seven (7) of the 10 areas of our Contract Compliance Review: "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".

PPQA/GHM noted deficiencies in three (3) 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 all three (3) of the 10 areas.

In the area of "Licensure/Contract Requirements", Eggleston Youth Center needed to ensure that vehicles used to transport children were maintained in good repair. In the area of "Facility and Environment", Eggleston Youth Center needed to make minor repairs to the exterior of the Group Home, as well as to the common quarters and children's bedrooms. Lastly, in the area of "Maintenance of Required Documentation and Service Delivery", Eggleston Youth Center failed to maintain comprehensive Needs and Services Plans (NSPs), as well as document on the NSPs, services provided to children.

REVIEW OF REPORT

On May 11, 2017, Probation PPQA Monitors Lori Tchakerian and Joseph Ninofranco held an Exit Conference with Eggleston Youth Center Administrator Clarence Brown. Administrator Brown 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).

Eggleston Youth Center 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:LD
ME:LCM:tj

Attachments (3)

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Bobby Cagle, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Community Care Licensing
Latasha Howard, Probation Contracts
Clarence Brown, Eggleston Youth Center Administrator

EGGLESTON YOUTH CENTER GROUP HOME CONTRACT COMPLIANCE REVIEW SUMMARY

Eggleston Youth Center I
License # 197806346
Rate Classification Level: 12

Eggleston Youth Center V
License # 197806347
Rate Classification Level: 12

Eggleston Youth Center II
License # 197806348
Rate Classification Level: 12

Eggleston Emancipation Group Home
License # 197806369
Rate Classification Level: 12

Eggleston West Covina
License # 197806374
Rate Classification Level: 12

Eggleston Transitional Group Home
License # 197806370
Rate Classification Level: 12

	Contract Compliance Review	Findings: April 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. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
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. 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Improvement Needed

	<ol style="list-style-type: none"> The Group Home maintains appropriate recreational equipment and educational resources (e.g. computer) in good repair and makes them readily available to children. The Group Home maintains adequate nutritious perishable and non-perishable food. 	<ol style="list-style-type: none"> Full Compliance Full Compliance
III	<u>Maintenance of Required Documentation and Service Delivery</u> (3 Elements) <ol style="list-style-type: none"> The Initial NSP was completed accurately and on time. The Updated NSPs were completed accurately and on time. The Group Home provided children with counseling and other services (based on current NSPs). 	<ol style="list-style-type: none"> Improvement Needed Improvement Needed Improvement Needed
IV	<u>Education and Workforce Readiness</u> (3 Elements) <ol style="list-style-type: none"> Children are enrolled in school within three school days. The Group Home ensured the children attend school as required. 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. 	Full Compliance (ALL)
V	<u>Health and Medical Needs</u> (4 Elements) <ol style="list-style-type: none"> Initial medical exams are conducted timely. Initial dental exams are conducted timely. Required follow-up medical examinations are conducted timely. Required follow-up dental examinations are conducted timely. 	Full Compliance (ALL)
VI	<u>Psychotropic Medication</u> (2 Elements) <ol style="list-style-type: none"> Current Court-Approved Authorizations are on file. (Including accurate dosage) Psychiatric Evaluation/Review (561c) is current. 	Full Compliance (ALL)

VII	<u>Personal Rights and Social/Emotional Well-Being</u> (18 Elements) <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. 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. 	Full Compliance (ALL)
VIII	<u>Personal Needs/Survival and Economic Well-Being</u> (16 Elements) <ol style="list-style-type: none"> 1. Children are provided with medical care when needed. 2. Children are provided with dental care when needed. 	Full Compliance (ALL)

	<ol style="list-style-type: none"> 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. 15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items. 	
IX	<u>Discharged Children</u> (3 Elements) <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. 	Full Compliance (ALL)

X	<u>Personnel Records</u> (14 Elements) <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 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 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. 	Full Compliance (ALL)
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**EGGLESTON YOUTH CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The purpose of this review was to assess Eggleston Youth Center's compliance with the County contract and State regulations and include a review of the Eggleston Youth Center's 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, three (3) Probation and four (4) 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, six (6) placed children were prescribed psychotropic medication, three (3) Probation and three (3) 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, five (5) discharged children's files, all Probation, were reviewed to assess Eggleston Youth Center's compliance with permanency efforts.

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

CONTRACTUAL COMPLIANCE

The following three (3) areas were out of compliance.

Licensure/Contract Requirements

An inspection of six (6) Eggleston Youth Center vehicles that transport children was conducted. Of the six (6) vehicles inspected, one (1) was not maintained in

good repair, in that it had a broken door handle and torn upholstery in the back seat.

Recommendation

Eggleston Youth Center management shall ensure that:

1. Vehicles used to transport children are maintained in good repair.

Facility and Environment

An inspection of the interiors and exteriors of Eggleston Youth Center revealed some cosmetic deficiencies that require correction to the Exterior, Common Quarters and Children's Bedrooms.

The exteriors of Eggleston Youth Centers were inspected. Eggleston Youth Center II needed a new window screen in Bedroom #2, since it was bent and torn. Eggleston Youth Center V had a torn window screen in the upstairs Bedroom #1 and Eggleston West Covina had a torn window screen in Bedroom #3.

The Common Quarters of Eggleston Youth Centers were inspected. Eggleston Youth Center V had a torn screen on the back door to the garage.

The Children's Bedrooms of Eggleston Youth Centers were inspected, as well. Eggleston Youth Center I had the closet door off tracks in Bedroom #3. Eggleston Youth Center II had graffiti in the closet of Bedroom #2 and the Transitional Group Home had the closet door off tracks in Bedroom #2.

Recommendation

Eggleston Youth Center management shall ensure that:

1. The Exterior of the Group Homes are well maintained. This shall be in accordance with the Community Care Licensing, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."
2. The Common Quarters of the Group Homes are well maintained. This shall be in accordance with the Community Care Licensing, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."

3. The Children's Bedrooms of the Group Homes are well maintained. This shall be in accordance with the Community Care Licensing, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary, and in good repair at all times."

Maintenance of Required Documentation and Service Delivery

Seven (7) children's files were reviewed. All seven (7) children had Initial NSPs reviewed. Of those, only six (6) children were placed long enough to have Updated NSPs in their file. Therefore, only six (6) of seven (7) children had Updated NSPs reviewed.

Of the seven (7) Initial NSPs reviewed, five (5) were not comprehensive, in that the Case-Plan Goal and/or Concurrent Case-Plan Goal was not documented correctly. For example, one (1) Initial NSP specified Family Reunification to an uncle, and there was no documentation that he is the adopted parent or legal guardian. There was another Initial NSP that indicated Family Finding Efforts only if the Case-Plan Goal failed and three (3) Initial NSPs indicated Permanent Placement Living Arrangements (PPLA) without addressing why Family Reunification, Adoption, or Legal Guardianship were not options for the children.

Six (6) of seven (7) Initial NSPs did not document Outcome Goals correctly. Several goals were not child specific in that the goals for the children were either the same or quite similar to one another. In addition, several goals were not measureable. The Reason for Goal was missing on one (1) of the Initial NSPs, and on another, the Reason for Goal did not relate to the Specific Goal. One (1) of seven (7) Initial NSPs was not comprehensive, in that even though it was signed by the County Worker, there was no date noted to determine if it was signed in a timely manner.

Of the six (6) Updated NSPs reviewed, three (3) were not comprehensive in that the Case-Plan Goal and/or Concurrent Case-Plan Goal was not documented correctly. For example, updates or changes to the plans were not noted or there was no explanation for why Family Reunification, Adoption, and Legal Guardianship were not options for the children. One (1) Updated NSP did not have any information on Mental Health Clinical Visits. In addition, all six (6) Updated NSPs did not include specific and detailed information regarding Group Home contact with the County Worker. Lastly, all six (6) Updated NSPs were not comprehensive in that Outcome Goals were the same throughout each child's Updated NSPs. There were modifications noted; however, the Reason for Modification was not used or documented correctly.

Even though Eggleston Youth Center provided additional documentation during the review to show that children are receiving counseling services, the

information was not clearly and precisely documented on the Updated NSPs. Two (2) Updated NSPs did not show documentation for Family Counseling even though the children's Case-Plan Goals were Family Reunification and Legal Guardianship. The Updated NSPs of all six (6) children were missing information on anger management classes even though the goals clearly indicated a need for this service. There was one (1) Updated NSP that did not have any documentation regarding tutoring services for a child.

Recommendation

Eggleston Youth Center management shall ensure that:

1. Initial NSPs are child specific, comprehensive, and completed accurately.
2. Updated NSPs are child specific, comprehensive, and completed accurately.
3. Counseling services and other services (based on current NSPs) provided to children are documented on the NSP.

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

PPQA/GHM's last compliance report dated September 8, 2016, identified eight (8) recommendations.

Results

Based on the follow-up, Eggleston Youth Center fully implemented two (2) of the eight (8) previous recommendations for which they were to ensure that:

- All children are transported to religious services when requested, regardless of Probation status.
- Group Home employees have all appropriate educational and experience requirement documentation in their Personnel Files.

However, the follow-up discovered that Eggleston Youth Center failed to fully implement six (6) of the previous eight (8) recommendations for which they were to ensure that:

- All vehicles shall be in good repair for the safety of the Eggleston Youth Center Group Home children. Even though Eggleston Youth Center repaired the deficiencies of graffiti, the dent, and tear on the driver's seat,

from the previous year, there were still issues with a broken door handle and torn upholstery this monitoring year.

- All of the aforementioned physical deficiencies cited to the exterior areas are corrected and repaired in a timely fashion. The deficiencies from the previous year were corrected; however, there were additional deficiencies revealed this monitoring year.
- All of the aforementioned physical deficiencies cited in the common areas are corrected and repaired in a timely fashion. The deficiencies from the previous year were corrected; however, there were additional deficiencies revealed this monitoring year.
- All of the aforementioned physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion. The deficiencies from the previous year were corrected; however, there were additional deficiencies revealed this monitoring year.
- The treatment team shall develop comprehensive Initial NSPs with two (2) different Permanency Goals in the event that the first Case Plan Goal is not achieved. Furthermore, all children's NSPs are thoroughly reviewed from error and that all appropriate boxes are checked correctly.
- The treatment team shall develop comprehensive Updated NSPs that are child specific for each individual child.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Eggleston Youth Center was not scheduled for this fiscal period by the Department of Auditor Controller.



Eggleston Youth Centers, Inc.

Administrative Office
13001 Ramona Blvd. Suite E
Irwindale, CA 91706
Phone (626) 480-8107 Fax (626) 480-7688

I. LICENSURE/CONTRACT REQUIREMENT

2. Vehicles used to transport children are maintained in good repair.

Deficiency Cited: Vehicle #6 has a broken door handle and ripped upholstery in back seat.

Status: (Implemented) The broken door handle and ripped upholstery in the back seat of vehicle #6 were both repaired on 6/1/17.

Plan to prevent reoccurrence: Administrators will ensure that the Group Home vehicles in which children are transported in are in good repair by conducting weekly inspections of the van; graffiti will be removed with graffiti cleaner immediately and any non-hazardous repairs will be taken to the repair shop within 72 hours; hazardous repairs will be taken to the repair shop immediately or within 24 hours. The Senior Group Home Administrator will ensure that this plan remains in effect and that these inspections are being conducted. In addition, the weekly checklist that deficiencies are discovered with, to include the date and method of correction, will be sent to Probation PPQA GHM on a monthly basis beginning October 1, 2017 for the month of September 2017.

Person responsible for implementing corrective action plan:

Administrators will be responsible for ensuring that these procedures are followed.

Person responsible for monitoring to ensure corrective action plan

remains implemented and is working as intended: The Group Home Administrator will be responsible for ensuring that this procedure takes place on a weekly basis and that we remain in compliance; vehicle inspection will be a running agenda item in the weekly Administrators Meeting and weekly vehicle inspection checklist will be submitted during meetings for review. (See Attachments #1, #2 & #3)

II. FACILITY AND ENVIRONMENT

9. The exterior and grounds of the Group Home are well maintained.

Deficiency Cited:

- a) EYC II: Bedroom #2 needs new window screen
- b) EYC V: Upstairs bedroom has ripped screen
- c) West Covina: Bedroom #3 has ripped window screen

Executive Director, Mr. Clarence Brown Clarence Brown Date 6/12/17

Status: (Implemented)

- a) EYC II: A new bedroom screen was placed on window in bedroom #2 on 6/1/17.
- b) EYC V: The screen was repaired and placed on window in upstairs bedroom on 6/8/17.
- c) West Covina: The window screen was repaired placed on window in bedroom #3 on 5/16/17.

Plan to prevent reoccurrence: Facility Managers will conduct daily morning inspections to ensure that the exterior and the grounds are well maintained. All needed repairs will be forwarded to maintenance personnel. Maintenance staff follows a set weekly schedule to visit each site to complete all repairs. All non-emergency repairs will be repaired within 72 hours and all emergency repairs will be repaired immediately. Daily facility inspection sheet will be completed. In addition, the weekly checklist that deficiencies are discovered with, to include the date and method of correction, will be sent to Probation PPQA GHM on a monthly basis beginning October 1, 2017 for the month of September 2017.

Person responsible for implementing corrective action plan:

Administrators will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan

remains implemented and is working as intended: The Group Home Administrator will be responsible for ensuring that this procedure takes place on a weekly basis and that we remain in compliance by; monitoring the Maintenance Staff's schedule, keeping a folder of all daily facility inspection sheets and a work order is submitted to maintenance personal by Group Home Administrator; upon completion of the repairs, maintenance staff will forward the completed work order to be kept on file. (See Attachments #4, #5, #6, #7, #8, #9, #10 & #11)

10. Common quarters are well maintained.

Deficiency Cited: EYC V: Ripped screen on backdoor to garage

Status: (Implemented) The ripped screen on backdoor to garage was repaired on 6/8/17.

Plan to prevent reoccurrence: Facility Managers will conduct daily morning inspections to ensure that common quarters are well maintained. All needed repairs will be forwarded to maintenance personnel. Maintenance Staff follows a set weekly schedule to visit each site to complete all repairs. All non-emergency repairs will be repaired within 72 hours and all emergency repairs will be repaired immediately. Daily facility inspection sheet will be completed. In addition, the weekly checklist that deficiencies are discovered with, to include the date and method of correction, will be sent to Probation PPQA GHM on a monthly basis beginning October 1, 2017 for the month of September 2017.

Person responsible for implementing corrective action plan:

Administrators will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: The Group Home Administrator

Executive Director, Mr. Clarence Brown Clarence Brown Date 6/12/17

will be responsible for ensuring that this plan remains in effect and is being conducted as indicated and that we remain in compliance by; monitoring the Maintenance Staff's schedule, keeping a folder of all daily facility inspection sheets and a work order is submitted to maintenance personal by Group Home Administrator; upon completion of the repairs, maintenance staff will forward the completed work order to be kept on file.

11. Children's bedrooms well maintained.

Deficiency Cited:

- a.) EYC I: Bedroom #3 has closet door off slide
- b.) EYC II: Bedroom #2 has graffiti in closet
- c.) Transitional: Bedroom #2 has closet door off tracks

Status: (Implemented)

- a.) EYC I: The closet door was placed back on the slide on 6/1/17.
- b.) EYC II: The graffiti in bedroom #2 was removed and cleaned with graffiti cleanser on 6/1/17.
- c.) Transitional: The closet door in bedroom #2 was put back on the track on 5/16/17.

Plan to prevent reoccurrence: Facility Managers will conduct daily morning inspections to ensure that the children's bedrooms are well maintained. All needed repairs will be forwarded to maintenance personnel. In addition, the weekly checklist that deficiencies are discovered with, to include the date and method of correction, will be sent to Probation PPQA GHM on a monthly basis beginning October 1, 2017 for the month of September 2017.

Person responsible for implementing corrective action plan: Administrators will be responsible for implementing this plan.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: The Group Home Administrator will be responsible for ensuring that this plan remains in effect and is being conducted as indicated and that we remain in compliance by; monitoring the Maintenance Staff's schedule, keeping a folder of all daily facility inspection sheets and a work order is submitted to maintenance personal by Group Home Administrator; upon completion of the repairs, maintenance staff will forward the completed work order to be kept on file.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

14. The initial NSP was completed accurately and on time.

Deficiency cited: Initial NSPs were not comprehensive, in that, the Case-Plan Goals and/or Concurrent Case- Plan Goals were not documented correctly. Goals were not child specific or measurable. There was no date noted on an initial NSP to determine that it was signed in a timely manner by the Deputy Probation Officer.

Status: Eggleston is currently in the process of arranging an NSP Training with the Group Home Monitor for all facility staff beginning in July 2017 and to be completed no later than 10/30/2017.

Executive Director, Mr. Clarence Brown Clarence Brown Date 6/12/17

Plan to prevent reoccurrence: All NSP Training will be completed by the end of October 2017 with the Clinical Team and all NSPs will be reviewed by Administrators and Clinical Supervisor.

Person responsible for implementing corrective action plan: Clinical Supervisor will be responsible for ensuring that all clinical staff attend NSP Training.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Clinical Supervisor will be responsible for monitoring plan and ensure that all clinical staff attend NSP Training. Upon completion of the training of NSPs, staff sign in sheet will be forwarded indicating what staff has received NSP Training with the Group Home Monitor. Clinical Supervisor will ensure that this plan remains in effect by; having weekly discussions regarding NSPs and Clinical Supervisor will meet one on one with staff completing NSPs prior to NSP due date.

15. The updated NSPs were completed accurately and on time.

Deficiency cited: Updated NSPs were not comprehensive, in that, the Case-Plan Goals and/or Concurrent Case-Plan Goals were not documented correctly. An updated NSP did not have any information on Mental Health Clinical Visits and the Group Home contact with the County Worker was not noted. Updated NSPs were not child specific.

Status: Eggleston is currently in the process of arranging an NSP Training with the Group Home Monitor to be completed by the end of October 2017.

Plan to prevent reoccurrence: All NSP Training will be completed by the end of October 2017 with the Clinical Team and all NSPs will be reviewed by Administrators and Clinical Supervisor.

Person responsible for implementing corrective action plan: Clinical Supervisor will be responsible for ensuring that all clinical staff attend NSP Training.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: Clinical Supervisor will be responsible for ensuring that all clinical staff attend NSP Training. Upon completion of the training of NSPs, staff sign in sheet will be forwarded indicating what staff has received NSP Training with the Group Home Monitor. After NSP Training is conducted, Clinical Supervisor will ensure that NSPs are accurate by meeting to discuss NSPs weekly and Clinical Supervisor will meet one on one with staff completing NSPs prior to NSP due date.

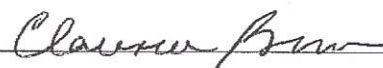
16. The Group Home provide children with counseling and other services.

Deficiency Cited: Family Counseling, anger management, and tutoring services were not noted on several NSPs.

Status: Eggleston is currently in the process of arranging an NSP Training with the Group Home Monitor to be completed by the end of October 2017.

Plan to prevent reoccurrence: An NSP Training will be completed by the end of October 2017 with the Clinical Team and all the NSPs will be reviewed by Administrators

Executive Director, Mr. Clarence Brown



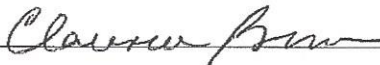
Date 6/12/17

and Clinical Supervisor.

Person responsible for implementing corrective action plan: The Clinical Supervisor will be responsible for ensuring that all clinical staff attend NSP Training.

Person responsible for monitoring to ensure corrective action plan remains implemented and is working as intended: The Clinical Supervisor will be responsible for ensuring that all clinical staff attend NSP Training. Upon completion of the training of NSPs, staff sign in sheet will be forwarded indicating that staff has received NSP Training with the Group Home Monitor. Once NSP Training has been completed, Clinical Supervisor will ensure that this plan remains implemented by; maintaining a Tutoring Services Log that will be placed in each child's file to be completed by tutor verifying tutoring services that are being provided and mental health concerns such as anger management and counseling will be discussed in the weekly Clinical Team Meeting and documented in each NSP.

Executive Director, Mr. Clarence Brown



Date 6/12/17