COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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TERRI L. McDONALD
Chief Probation Officer

May 15, 2018

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

FROM: Terri L. McDonald
Chief Probation Officer

SUBJECT: **DELILU ACHIEVEMENT HOME (DELIANN-LUCILE CORPORATION) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of DeliLu Achievement Home, operated by Deliann-Lucile Corporation, in February 2017. DeliLu has one (1) site located in the Second Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children. According to DeliLu's program statement, its purpose is to increase the likelihood for children to demonstrate an increase in academic and social skills and a decrease in maladaptive behaviors that will enable them to adjust successfully as adults.

DeliLu is an 8-bed site and is licensed to serve a capacity of eight (8) girls, 12-17 years of age, as well as Non-Minor Dependents. At the time of review, DeliLu served seven (7) children: four (4) Probation and three (3) DCFS. The average length of placement stay was two (2) months, and the children's average age was 17 years old.

All seven (7) children were selected for the sample; however, three (3) children were no longer placed at the time of the interviews, so only four (4) children were interviewed. Three (3) children in the sample were prescribed psychotropic medication, one (1) Probation and two (2) DCFS, and those cases were reviewed for timeliness of Psychotropic Medication Authorization 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. 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 DeliLu. 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. DeliLu was in compliance with five (5) of the 10 areas of the Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

PPQA/GHM noted deficiencies in five (5) of the 10 areas, with 14 deficient elements out of 76 specific elements within each of 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 five (5) of the 10 areas: Licensure/Contract Requirements; Facility and Environment; Maintenance of Required Documentation and Service Delivery; Personal Rights and Social/Emotional Well-Being; and Personnel Files.

In the area of "Licensure/Contract Requirements," DeliLu needed to make sure that all vehicles are maintained and in good repair. Although they implemented recommendations from last year, they still have findings in this same area related to vehicle lights not working properly. In the area of "Facility and Environment," DeliLu needed to make sure that all children's bedrooms are adequately maintained on a daily basis. There were also minor repairs needed to the facility's exterior and common areas. Deficiencies were again noted in the area of "Maintenance of Required Documentation and Service Delivery," in that DeliLu needed to ensure that all Initial and Updated Needs and Service Plans are accurately completed. In the area of "Personal Rights and Social/Emotional Well-Being," it was again noted that DeliLu needed to make certain that a fair reward and discipline system is enforced and maintained. Deficiencies were again observed in the area of "Personnel Files," in that DeliLu needed to ensure all employees have completed mandatory trainings and have mandatory documentation in their personnel files. Additionally, DeliLu needed to make certain that all personnel files contain documentation that employees have received criminal clearance from Community Care Licensing Division (CCLD) prior to hire date, have signed the agency's policies, and have a current California Driver's License on file.

REVIEW OF REPORT

On April 4, 2017, Probation PPQA Monitor Kedra Bracken held an Exit Conference with the DeliLu's Administrator, Lisa Seibel, and DCFS Contract Compliance's Anthony Curry. Ms. Seibel agreed with the review findings and recommendations. She was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as addressing the noted deficiencies in a Corrective Action Plan (CAP).

DeliLu 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 CCLD.

Should you have any questions or require additional information, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

TLM:SEM:FC
PV:tm

Attachments

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
Mary Davis, DeliLu Achievement Home, Executive Director
Lisa Seibel, DeliLu Achievement Home, Administrator

DELILU ACHIEVEMENT HOME GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

Rate Classification Level 12
License Number: 198208930

	Contract Compliance Review	Findings: February 2017
I	**Licensure/Contract Requirements** (8 Elements)	
	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.	1. Full Compliance
	2. Vehicles used to transport children are maintained in good repair.	2. Improvement Needed
	3. Disaster drills are conducted at least every six months and documented.	3. Full Compliance
	4. The runaway policy is documented and properly maintained.	4. Full Compliance
	5. Detailed sign-in/out logs are maintained.	5. Full Compliance
	6. Weekly allowance logs are accurately maintained.	6. Full Compliance
	7. Monthly clothing allowance logs are accurately maintained.	7. Full Compliance
	8. Special Incident Reports (SIRs) documented in the Needs and Services Plans (NSPs) and case files and are properly reported via the ITrack system.	8. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. The exterior and the grounds of the Group Home are well maintained.	1. Improvement Needed
	2. Common quarters are well maintained.	2. Improvement Needed
	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.	3. Improvement Needed 4. Full Compliance
	5. The Group Home maintains adequate nutritious perishable and non-perishable food.	5. Full Compliance

III	**Maintenance of Required Documentation and Service Delivery** (3 Elements) 1. The Initial NSPs were 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).	1. Improvement Needed 2. Improvement Needed 3. Full Compliance
IV	**Education and Workforce Readiness** (3 Elements) 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.	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 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.	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court-Approved Authorizations are on file. (Including accurate dosage) 2. Psychiatric Evaluation/Review (561c) is current.	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (18 Elements) 1. Children are informed of the Group Home's rules and consequences. 2. Children report the consequences for not following the rules are fair.	1. Full Compliance 2. Improvement Needed 3. Full Compliance

	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.	4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance 16. Full Compliance 17. Full Compliance 18. Full Compliance
VIII	**<u>Personal Needs/Survival and Economic Well-Being</u>** (16 Elements) 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.	Full Compliance (ALL)

	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	**Discharged Children** (3 Elements) 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	**Personnel Records** (14 Elements) 1. Staff signed a criminal record statement (LIC 508) prior to or on hire date. 2. Staff received criminal clearance from Community Care Licensing Division (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.	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed

	7. Staff had current California driver's license on file.	7. Improvement Needed
	8. Staff had current Cardiopulmonary Resuscitation (CPR) certification on file.	8. Improvement Needed
	9. Staff had current First Aid certification on file.	9. Improvement Needed
	10. Staff received initial emergency intervention training [e.g. Professional Assault Crisis Training (Pro--ACT)].	10. Improvement Needed
	11. Staff received initial 24 hour training (eight hours prior to supervision and 16 hours within 90 days of hire).	11. Full Compliance
	12. Staff has current emergency intervention training on file (e.g. Pro-ACT).	12. Improvement Needed
	13. Staff received 20 hours of on-going training.	13. Full Compliance
	14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.	14. Full Compliance

DELILU ACHIEVEMENT HOME
GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2016-2017

SCOPE OF REVIEW

The purpose of this review was to assess DeliLu Achievement Home's compliance with the County contract and State regulations and include a review of the DeliLu Achievement Home'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, all seven (7) placed children, four (4) Probation and three (3) DCFS, were selected for the sample; however, three (3) children were not able to be interviewed due to no longer being placed at the home when the interviews took place. 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 DeliLu Achievement Home'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 five (5) areas were out of compliance.

Licensure/ Contract Requirements

During the inspection of the two (2) facility vehicles at DeliLu Achievement Home, the following deficiency was noted: one (1) vehicle's left rear blinker and emergency flashers were not working properly.

Recommendation

DeliLu Achievement Home's management shall ensure that:

1. All vehicles used to transport children are maintained in good repair and all vehicle lights are working properly.

Facility and Environment

An inspection of the interior and exterior areas of DeliLu Achievement Home revealed some cosmetic deficiencies that require correction.

The following deficiency was noted on the exterior area of the facility: one (1) bedroom window screen was torn.

The following deficiencies were noted in the common areas: one (1) bathroom had a loose faucet and graffiti on the mirror; one (1) bathroom had a rusty sink with a slow water stream; and the television room was missing an overhead light cover.

The following deficiencies were noted in the children's bedrooms: one (1) bedroom had peeling paint on the wall; one (1) bedroom had a small hole in the wall and exposed nails on the windowsill; one (1) bedroom had graffiti in the closet, dresser and windowsill; and one (1) bedroom had dusty and cracked paint on the windowsills.

Recommendation

DeliLu Achievement Home's management shall ensure that:

1. The aforementioned physical deficiency cited for the exterior area is repaired in a timely manner. In addition, the exterior areas are to be maintained daily.

2. The aforementioned physical deficiencies cited in the common quarters are repaired in a timely manner. In addition, the common quarters are to be maintained daily.

3. All of the aforementioned physical deficiencies cited in the children's bedrooms are repaired in a timely manner. In addition, the children's bedrooms are to be maintained daily.

Maintenance of Required Documentation and Service Delivery

Six (6) of the seven (7) placed children's files were reviewed; however, one (1) child was not placed long enough to develop a Needs and Service Plan (NSP), and only two (2) children were placed long enough to have Updated NSPs in their file. Therefore, two (2) children had Updated NSPs reviewed, and six (6) children had Initial NSPs reviewed.

Of the six (6) Initial NSPs reviewed, three (3) Initial NSPs lacked complete accuracy. The first Initial NSP reviewed was deemed inaccurate due to the following: the Concurrent Case Plan Goal section did not address why adoption or legal guardianship were not options for the child's future placement; and the Goal section did not address the child's substance abuse problem. The second Initial NSP reviewed was considered inaccurate due to the following: the Case Plan Goal section did not address why family reunification, adoption or legal guardianship were not options for the child's future placement; the Treatment section did not explain why there was a lack of parental involvement; and the Deputy Probation Officer (DPO) did not sign the NSP within five (5) days after the report due date. The third Initial NSP reviewed was deemed inaccurate due to the following: the Concurrent Case Plan Goal section did not address why adoption or legal guardianship were not options for the child's future placement.

Of the two (2) Updated NSPs reviewed, both Updated NSPs lacked full accuracy. The first Updated NSP reviewed was considered inaccurate due to the following: the date of the child's admission to the Group Home was incorrect; the Visitation section was incomplete and sections were left blank; and the NSP did not document the specific dates the Group Home had contact with the Deputy Probation Officer (DPO). The second Updated NSP reviewed was deemed inaccurate due to the following: the Education section and Life Skills section were left blank; the Goal section was not consistent with the information provided on the Initial NSP, in that it was not listed in the achievable goal section; and the signature dates were typed as opposed to written on the same date as the signature.

Recommendation

DeliLu Achievement Home's management shall ensure that:

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

2. The 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, two (2) of the four (4) children stated that the consequences for not following the rules are not fair. One (1) child reported the consequences for not following rules are unfair because one (1) child does not get consequences for violating rules, whereas the other children receive consequences for violating the same rules. One (1) child indicated that there are different consequences for different children, even when they violate the same rules. She further reported that there is special treatment for one (1) child. The two (2) children were unable to provide any specific examples of the unfair treatment.

Recommendation

DeliLu Achievement Home's management shall ensure that:

1. All staff abide by and enforce an appropriate reward and discipline system, so that they are fair towards all children.

Personnel Records

Upon review of a sample of five (5) employees at DeliLu Achievement Home, there were several deficiencies noted.

Two (2) employees did not have documentation of criminal clearance from Community Care Licensing Division (CCLD) prior to their hire date, in their personnel file.

One (1) employee did not have signed agency policies, including the confidentiality agreement and mandated reporter acknowledgment, in their personnel file.

One (1) employee did not have a copy of a valid California driver's license, in their personnel file.

Three (3) employees did not have documentation of current Cardiopulmonary Resuscitation (CPR) training, in their personnel file.

Three (3) employees did not have documentation of current First Aid training, in their personnel file.

Two (2) employees did not have documentation of initial emergency intervention training, in their personnel file.

One (1) employee did not have documentation of current emergency training, in their personnel file.

Recommendation

DeliLu Achievement Home's management shall ensure that:

1. All employees have documentation of CCLD criminal clearance prior to their hire date, in their personnel file.

2. All employees have signed agency policies, including the confidentiality agreement and mandated reporter acknowledgment, in their personnel file.

3. All employees have a copy of a current California driver's license, in their personnel file.

4. All employees have documentation of current Cardiopulmonary Resuscitation (CPR) training, in their personnel file.

5. All employees have documentation of current First Aid training, in their personnel file.

6. All employees have documentation of initial emergency intervention training, in their personnel file.

7. All employees have documentation of current emergency intervention training, in their personnel file.

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

PPQA/GHM's last compliance report dated July 7, 2016, identified nine (9) recommendations.

Results

Based on the follow-up, DeliLu Achievement Group Home implemented three (3) of the nine (9) previous recommendations for which they were to ensure that:

- All children are provided weekly allowances, regardless of the time placed at the Group Home.

- All County Worker's signatures authorizing implementation of the NSP are documented on the NSP.

- All County Worker's contact with the Group Home is documented on the NSP.

However, the follow-up revealed that DeliLu Achievement Home failed to fully implement six (6) of the previous nine (9) recommendations for which they were to ensure that:

- All vehicles are to be maintained in good repair; although, they did ensure that the vehicles have proof of valid registration from the Department of Motor Vehicles (DMV), they had new findings in this same area.

- The children's bedrooms are maintained on a daily basis.

- The treatment team will develop accurate Initial NSPs with the participation of the developmentally age-appropriate child.

- The treatment team will develop accurate Updated NSPs with the participation of the developmentally age-appropriate child.

- All staff abide by and enforce an appropriate reward and discipline system, so that they are fair towards all children.

- All necessary paperwork and documents to verify each employee's mandatory training are valid and included in their personnel file.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of DeliLu Achievement Group Home by the Auditor Controller is in the process of review for the 2016-2017, fiscal year.

Deliann-Lucile Corporation
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DeliLu Achievement Home ESP
License # 198208930

DPO Bracken
Placement Service Bureau
Los Angeles County, Probation Department
Lynwood Regional Justice Center
11701 South Alameda St., Second Floor
Lynwood, CA 90262

May 26, 2017

Corrective Action Plan

I. LICENSURE/CONTRACT REQUIREMENTS

Finding:

- Vehicle 1: Left rear blinker and emergency flashers were not working properly.

Plan of Correction:

- The vehicle was taken to the Ford dealership for maintenance on February 10, 2017. There were no reports made by the dealership about the blinker not working, nor did staff observe that the taillight was out. Due to the recent vehicle inspection by the Ford dealership, the Administrator assumed there were no issues with the vehicle.
- Beginning May 11, 2017, every Saturday morning an assigned staff will check the vehicles, including the lights, blinkers, and hazard lights to make sure they are in good working order.
- In addition, vehicles will be taken for maintenance repair every 6 months or when mileage reaches every 7,500 miles, and the Administrator and Office Manager will ensure that they inspect all vehicle lights. The Shift change reports

that are emailed to the Executive Director, Administrator and Program Coordinator after every shift will now include vehicle inspection checklists.

- A vehicle checklist and a spread sheet were created to maintain compliance. All staff were trained about the new policies on May 11, 2017.
- If new policies are not followed, consequences will be given which include the following: verbal warnings, write ups, suspension and termination.

II. FACILITY AND ENVIRONMENT

Finding:

- Bathroom 1: Loose faucet and graffiti on the mirror.
- Bathroom 3: Rusty sink and slow water stream.
- Bedroom 1: Peeling paint on the wall.
- Bedroom 2: Small hole in the wall, exposed nails on the windowsill and torn window screen.
- Bedroom 3: Graffiti in closet, dresser and windowsill.
- Bedroom 5: Dusty and cracked paint on the windowsills.
- TV Room: Missing overhead light cover.

Plan of Correction:

- In the bathrooms: On May 26, 2017, DeliLu maintenance staff will repair the loose faucet, remove the graffiti on the mirror, re-glaze the rusty sink and repair the slow water stream.
- In the bedrooms: On May 26, 2017, DeliLu maintenance staff will remove peeling paint, repair hole in the wall, remove nails on the windowsill, replace window screen, remove all graffiti, and clean and repaint windowsills.
- In the TV room: On May 11, 2017, DeliLu maintenance replaced the overhead light fixture.
- Due to repairs being an ongoing issue, The Facility Manager will now be responsible to complete a weekly inspection checklist to ensure the facility is in compliance. The Facility Manager was trained on May 11, 2017. Administrator will ensure the Facility Manager is in compliance by reviewing the checklists on a monthly basis.
- A maintenance log was also developed for the DeliLu maintenance staff to sign when the work is completed and to keep a record of all repairs. Administrator will check the work and sign the log when the work is finished.
- Daily shift change reports, which include the weekly inspection checklist, will be emailed to Executive Director and Administrator.
- Administrator will be responsible for checking the staff's work.
- If new policies are not followed, consequences will be given which include the following: verbal warnings, write ups, suspension and possible termination.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Findings:

- Child 1 – Updated Needs and Service Plan (NSP): Date of Admission was incorrect; Visitation section was incomplete due to sections left blank; the NSP did not address specific contact dates with the County Worker. Updated NSP #2 – Visitation section was not updated.
- Child 2 – Initial NSP: Concurrent Case Plan Goal did not address why adoption or legal guardianship were not viable options for the child's future placement; The Goal section did not address the youth's behavior of using drugs. Updated NSP: Education progress section and Life Skills section were left blank; In the Goal section - Goal #1 - The goal was changed from the Initial NSP, without any information in regards to the child's progress. The goal is not mentioned in the Achieved Goal section; and dates should not be typed on the signature page.
- Child 3 – Initial NSP: Case Plan Goal did not address why Family Reunification, Legal Guardianship or Adoption were not options for the child's future placement; Treatment section did not address why there is a lack of parental involvement; Deputy Probation Officer (DPO) signature is late (over the 5 day grace period).
- Child 6 – Initial NSP: Concurrent Case Plan Goal did not address why Legal Guardianship or Adoption were not options for the child's future placement.

Plan of Correction:

- The above errors found in the NSPs were due to a lack of proof reading. In order to help minimize these errors, the Administrator and the Assistant will now review all NSPs prepared by the Mental Health Director and/or Clinical Interns, prior to submission. This newly implemented process will provide detailed oversight for each report and will make sure to correctly document the following: admission dates, no blank sections, detail specific contact dates with the County Worker, update all sections as appropriate, address all viable options for the youth's future placement, adequately address and update all individual goals, not type dates on the signature page, adequately document if there is a lack of parental involvement, and obtain the County Worker's signature within five days of the report.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL BEING

Finding:

- Two children reported that the consequences for not following rules are unfair. The children reported that a certain child receives special treatment and does not receive consequences for not following the rules.

Plan of Correction:

- Complaint 1. Client, DG felt her consequences where unfair. The treatment team decided that it was a safety issue for her to have a cell phone. She gave a boy at school her password to her social media page and he was posting inappropriate things about her on Instagram. The boy also changed the password so she could not get access to her page. Subsequently, she got into a fight with the boy and was suspended from school or two days. The Administrator and Case Manager went to the school site to resolve the issue and met with school officials to have the boy give her access back to her page so she could delete the page. On 3/29/17 The CSW, Casa Worker, Administrator and Case Manager confiscated her cell phone for two weeks due to the seriousness of the incident and community passes where taken for two weeks. The other resident, MJ, was completely different issue. She AWOLED but her phone was also taken for two weeks and she did not have community passes at the time. We do not go into details with her due to confidentiality but we met with her and explained to her why she had consequence and also that during the time we had just paid for her dance classes to perform at the Success is our future banquet and we did not take her off the dance team for the stake holders event. She also was on the track team and we allowed her to still participate. We did not take both of them out of the events and felt that the cellphones was the issue and community passes. Compliant number 2 on 2/13/17 6:40am was that staff, AY locks up the food if we don't come down on time. This came to attention of the Administrator and Administrator met with staff on issue. It appears that the client miss understood the intentions of the staff. Staff clearly was trying to reserve her food in the office so that others would not take food and would be safe in the office. On 2/23/17 the Administrator met with clients at the monthly resident Committee group meeting about this matter and discussed issue. All residents where informed that food maybe put up or placed in a safe area to insure all residents receive a meal.
- During orientation residence will be informed and aware of rules and regulations and will sign and placed in their file. Residence consequences are written up in individual behavior logs, write ups, SIR reports. Consequences are not discussed with all residents because they have a right to confidentiality.
- Each resident will be aware that each resident has different needs and at times, some resident's need more than others. However, all residents needs are addressed based on their goals and individual case plans and are determined by their CSW or DPO of record, and treatment team and identified in their needs and service plan.
- In order to ensure that all residents feel that they are treated fairly, there will be a monthly individual and group resident meeting with Administrator on the last

Thursday of every month. Resident Committee meeting dates 1/26, 2/23, 3/31, 4/12, 5/25, 6/29, 7/27, 8/31, 9/22, 10/26, 11/14, 11/21, 11/28 and the last scheduled date for the year will be 12/28/17. We also now have a client survey for form.

- Residents also have the right to request house meetings to discuss any grievances. However, if they do not feel comfortable expressing their concerns in a group setting, the residents have been encouraged to meet with staff or file a grievance with Administrator. They also can write grievances anonymously and place in lock box located on office door.
- On 5/11/17, Staff were instructed to check in with each youth on a daily basis to ensure that they feel they are treated fairly and will document any concerns in their behavior logs and shift change reports. We also now have a form called 15-minute check in log. Also, Administrator brings concerns if difficult to resolve to the Administrative Management team meeting held every Tuesday.

X. PERSONNEL RECORDS

Finding:

- Two staff did not have proof of criminal clearance prior to their hire date in their files.
- One staff did not have signed agency policies, including the confidentiality agreement and the mandated reporter acknowledgement in their file.
- One staff did not have a current California driver's license in their file.
- Three staff did not have a current CPR/First Aid certification in their file.
- Two staff did not have initial emergency intervention training.
- One staff did not have current emergency intervention training.

Plan of Correction:

- In December 2016, all staff files were transferred to the corporate office and the former office manager lost some of the essential personnel paper work, including criminal clearances and signed staff policies. Subsequently, after numerous complaints about the office manager's work, she abruptly quit. The criminal clearances and signed agency policies are now in the staff's files.
- Staff did not have a current driver's license on file, due to it expiring on her birthday, which was a couple days prior to the audit. The staff provided a new copy of her license. The office manager will be in charge of keeping up with this task on a spreadsheet. The staff was given a verbal reminder about keeping a valid license on file.
- Due to staff turnover and the former office manager, who abruptly left, there were deficiencies noted regarding the staff's lack of trainings. As a result of the deficiencies, training was immediately scheduled and all staff is up to date with all mandatory trainings, or scheduled to attend within the next three months.

- The newly hired office manager has been trained and has a list of items that need to be in each staff's file. In addition, expiration dates of trainings and driver's licenses are on a spreadsheet and calendar alerts have been added. The Program Coordinator is responsible for reviewing the office manager's work on a monthly basis. In addition, the Program Coordinator is responsible for notifying the staff of upcoming trainings/ expired driver's licenses.
- The Administrator will work with Dr. Finkelstein, who is contracted by DeliLu Achievement Home, to schedule and conduct trainings more frequently for new employees.
- Theses personnel issues were addressed with all staff on May 11, 2017.

Signature_____ Date 12/5/17

Title Administrator