



# COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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**JERRY E. POWERS**  
Chief Probation Officer

July 2, 2012

TO: Each Supervisor  
FROM: Jerry E. Powers *JEP*  
Chief Probation Officer

Board of Supervisors  
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**SUBJECT: PACIFIC LODGE BOY'S HOME CONTRACT COMPLIANCE  
MONITORING REVIEW**

We have completed a review of Pacific Lodge Boy's Home, operated by Pacific Lodge Youth Services, a contractor with the County of Los Angeles.

Pacific Lodge Boy's Home is a 63 bed facility, which provides care for boys ages 13-18 years from the Los Angeles County Probation Department who have been abused and exhibit behavioral, emotional and psychological difficulties that may require mental health needs. At the time of the monitoring review, Pacific Lodge Boy's Home was providing services for 36 Los Angeles County Probation children. The remaining youth are from other county Probation Departments.

Pacific Lodge Boy's Home Group Home is located in the Third District of Los Angeles County.

## **SCOPE OF REVIEW**

The purpose of our review is to determine whether the Agency is providing the services as outlined in their Program Statement. In addition, the review covers basic child safety and licensing issues and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection and interviews with children placed in the Group Home at the time of the review. Interviews with children are designed to obtain their perspectives on the program services provided by the Agency and to ensure adherence to the Foster Youth Bill of Rights. To date, a current Auditor Controller Fiscal Review has not been conducted.

## **SUMMARY**

Generally, the Agency is providing the services as outlined in their Program Statement. Although there are minor deficiencies under "Facility and Environment", and "Maintenance of Required Documentation and Service Delivery" that require action, there are no egregious deficiencies that would require an intensive corrective action plan. All of the children are safe living in the Group Home, and in general, all child and staff records appear to be in order.

## **NOTABLE FINDINGS**

The following are the notable findings of our review:

- There were several deficiencies with the Needs & Service Plans (NSP) of the child files that were reviewed that require correction as described in the Service Delivery section of the Monitoring Review Summary; such as, missing Probation Officer signatures and generic NSP's that were not specific to each child.
- There were several minor physical deficiencies cited in the four (4) cottages of the Group Home that required repair or correction as described in the Facility and Environment section of the Monitoring Review Summary; such as, graffiti on desks and walls and expired fire extinguishers in kitchen areas.

## **EXIT CONFERENCE**

### **In attendance:**

Philip Solomon, Associate Director  
Noah Warren, Residential Program Supervisor  
Noemi Watanabe, Human Resources Director

### **Highlights:**

The Exit Conference was conducted on March 9, 2012. The representatives present were in agreement with the majority of the findings of the review. They understood that children's Needs and Services Plans are to be thorough and comprehensive and tailored to meet the needs of the individual child being serviced. The Group Home also agreed to have the cited physical deficiencies in each of the cottages and throughout the facility corrected in a timely manner. However, the representatives did not agree with the findings of the Exit Conference Summary of item number 32 under Section IV, "Education & Workforce Readiness". The review findings indicate that one (1) out of the seven (7) children's files reviewed did not make sufficient progress in academic performance. The agency representatives stated that, although there is an on-grounds school, it is run by the County of Los Angeles. As a result, the Group Home does not

manage or supervise the curriculum used by the school and should not be held accountable for the insufficient progress noted in the child's file. Despite this, the representatives have also indicated that the agency will ensure that Pacific Lodge uses all available resources to provide the best available education to all children under their care.

A Corrective Action plan is due by April 9, 2012. The last day of review was completed on January 25, 2012. A follow-up visit was conducted on March 9, 2012, to ensure that all deficiencies have been corrected. The results for the follow-up visit can be found on the final page of the "Compliance Monitoring Review" section, are as follows: graffiti on desk and walls removed or painted over, light covers were replaced, expired fire extinguishers replaced, corrective action plan enforced regarding authorization signatures and child specific NSP's and staff files updated with current CPR, First-Aid certifications and on-going annual training.

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

JEP:REB:LCM:ed

Attachments (3)

- c: William T Fujioka, Chief Executive Officer
- Sachi A. Hamai, Executive Officer, Board of Supervisors
- Brence Culp, Chief Deputy Chief Executive Officer
- Wendy Watanabe, Auditor-Controller
- Philip L. Browning, Director, Department of Children and Family Services
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Philip Solomon, Pacific Lodge Associate Director
- Jean Chen, Regional Manager, Community Care Licensing
- Lenora Scott, Regional Manager, Community Care Licensing
- Georgia Mattera, Public Safety, Chief Executive Officer
- Chief Deputies
- Justice Deputies

**PACIFIC LODGE BOY'S HOME  
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY**

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: January 2012</b>
I	<b><u>Licensure/Contract Requirements</u></b> (9 Elements) <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Transportation</li> <li>3. SIRs</li> <li>4. Compliance with Licensed Capacity</li> <li>5. Disaster Drills Conducted/Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Allowance Logs</li> <li>8. CCL citations for safety/plant deficiencies</li> <li>9. Detailed sign in/out log for children</li> </ol>	Full Compliance (ALL)
II	<b><u>Facility and Environment</u></b> (6 Elements) <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Quarters Maintained</li> <li>3. Children's Bedrooms/Interior Maintained</li> <li>4. Sufficient Recreational Equipment</li> <li>5. Sufficient Educational Resources</li> <li>6. Adequate Perishable and Non Perishable Food</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Improvement Needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> </ol>
III	<b><u>Maintenance of Required Documentation and Service Delivery</u></b> (13 Elements) <ol style="list-style-type: none"> <li>1. Child Population Consistent with Program Statement</li> <li>2. Probation Caseworker Authorization to Implement NSPs</li> <li>3. Children's Participation in the Development of NSPs</li> <li>4. NSPs Implemented and Discussed with Staff/Parents</li> <li>5. Sampled children progressing towards meeting the NSP case goals</li> <li>6. Treatment team developed timely <b>initial</b> NSP with the child</li> <li>7. Treatment team develop comprehensive <b>initial</b> NSP with the child</li> <li>8. Therapeutic Services Received (individual, group, substance abuse, etc.)</li> <li>9. Recommendation Assessments/Evaluations Implemented (psychological, psychiatric, medical evaluations/assessments)</li> <li>10. Probation Caseworkers Monthly Contact Verified</li> <li>11. Agency assist the child in maintaining important relationships</li> <li>12. Treatment team develop timely <b>updated</b> NSP with the child</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Improvement Needed</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Improvement Needed</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> <li>10. Improvement Needed</li> <li>11. Full Compliance</li> <li>12. Full Compliance</li> </ol>

	13. Treatment team develop comprehensive <b>updated</b> NSP with the child	13. Improvement Needed
IV	<b><u>Education and Workforce Readiness</u></b> (8 Elements) <ol style="list-style-type: none"> <li>1. Child enrolled in school within three (3) days after placement or efforts documented</li> <li>2. Child attends school as required</li> <li>3. Agency facilitates in meeting the child's educational goals (IEP conference, tutoring, parent/teacher conference, homework, etc.)</li> <li>4. Based on services provided, has the child's academic performance and/or attendance increased (improved grades, test scores, promotion to the next level, High School graduated, IEP goals?)</li> <li>5. Current IEPs maintained</li> <li>6. Current copies of the child's report cards or progress cards maintained</li> <li>7. Group Home provides children with opportunities to participate in age appropriate youth development services (YDS) and vocational training programs</li> <li>8. Group Home encourages children's participation in YDS or equivalent programs.</li> </ol>	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
V	<b><u>Health and Medical Needs</u></b> (6 Elements) <ol style="list-style-type: none"> <li>1. Initial medical examinations conducted</li> <li>2. Initial medical examinations timely</li> <li>3. Required follow-up medical examinations conducted timely</li> <li>4. Initial dental examinations conducted</li> <li>5. Initial dental examinations timely</li> <li>6. Required follow-up dental examinations conducted timely</li> </ol>	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed
VI	<b><u>Psychotropic Medications</u></b> (2 Elements) <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication or document effort to obtain</li> <li>2. Current Psychiatric Evaluation/Review for each child on psychotropic medication</li> </ol>	Full Compliance (ALL)
VII	<b><u>Personal Rights and Social/Emotional Well-Being</u></b> (17 Elements) <ol style="list-style-type: none"> <li>1. Children informed of Group Home's policies and procedures</li> <li>2. Children feel safe at Group Home</li> <li>3. Children supervised by staff</li> </ol>	Full Compliance (ALL)

	<ol style="list-style-type: none"> <li>4. Group Home provides appropriate staffing and supervision</li> <li>5. Children report satisfaction with meals and snacks</li> <li>6. Staff treats children with respect and dignity</li> <li>7. Appropriate rewards and discipline system in place</li> <li>8. Consequences fair</li> <li>9. Children allowed private visits, make and receive telephone calls and to send and receive unopened correspondence/mail</li> <li>10. Children free to attend religious services and activities of their choice</li> <li>11. Children's chores easy or hard (reasonable)</li> <li>12. Children informed about their medication</li> <li>13. Children aware of their right to refuse medication</li> <li>14. Children free to received or reject voluntary medical, dental and psychiatric care</li> <li>15. Children given opportunities to participate in planning activities</li> <li>16. Children participate in activities, including at the Group Home, in the community or school</li> <li>17. Children given opportunities to participate age-appropriate extra-curricular, enrichment and social activities in which they have an interest</li> </ol>	
VIII	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b> (8 Elements)</p> <ol style="list-style-type: none"> <li>1. \$50.00 Clothing Allowance</li> <li>2. Adequate Quantity Clothing Inventory</li> <li>3. Adequate Quality Clothing Inventory</li> <li>4. Involvement in Selection of Clothing</li> <li>5. Provision of Personal Care Items</li> <li>6. Minimum Monetary Allowances</li> <li>7. Management of Allowance</li> <li>8. Encouragement and Assistance with Life Book</li> </ol>	Full Compliance (ALL)
IX	<p><b><u>Discharge Plan</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children placed at least 30 days, was the child discharged according to the permanency plan</li> <li>2. Children placed at least 30 days, did the child make progress toward meeting their NSP goals</li> <li>3. Group Home using available resources to attempt to stabilize the placement prior to requesting the removal of the child</li> </ol>	Full Compliance (ALL)
X	<p><b><u>Personnel Records</u></b> (14 Elements)</p> <ol style="list-style-type: none"> <li>1. DOJ submitted timely</li> <li>2. If applicable, FBI submitted timely</li> <li>3. Child Abuse Clearance Index (CACI) submitted timely</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> </ol>

	<ul style="list-style-type: none"> <li>4. Appropriate employees sign a criminal background statement timely</li> <li>5. Group Home staff who have direct contact with children meet the educational/experience requirements</li> <li>6. Employees received timely health screenings</li> <li>7. Required employees have a valid CA drivers license</li> <li>8. Appropriate Group Home employees signed copies of the Group Home policies and procedures</li> <li>9. Appropriate employees received the required initial training</li> <li>10. Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting</li> <li>11. Appropriate employees received CPR training</li> <li>12. Appropriate employees received First-Aid training</li> <li>13. Appropriate employees received the required annual on-going training</li> <li>14. Appropriate employees received emergency intervention training per the Group Home's program statement</li> </ul>	<ul style="list-style-type: none"> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> <li>10. Full Compliance</li> <li>11. Improvement Needed</li> <li>12. Improvement Needed</li> <li>13. Improvement Needed</li> <li>14. Full Compliance</li> </ul>
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**PACIFIC LODGE BOY'S HOME  
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW**

**Pacific Lodge Boy's Home  
4900 Serrania Avenue  
Woodland Hills, CA 91364  
License Number: 191201989  
Rate Classification Level: 12**

**LICENSURE/CONTRACT REQUIREMENTS**

Based on our review of seven (7) current children's case files, seven child interviews, documentation provided by Pacific Lodge and a review of the Probation Department's records, Pacific Lodge was in compliance with all nine (9) elements in the area of "Licensure/Contract Requirements".

Pacific Lodge ensured that whenever a child was relocated or removed from the Group Home, the Probation Department was notified accordingly and that all notification protocols were followed. If a Probation child was placed on a "7-day notice" of removal, the Group Home ensured that the Probation Officer of Record and Placement Administrative Services (PAS) were notified in a timely manner. The Group Home also ensured that in emergency removal situations, the Regional Based Services (RBS) Director was immediately notified to obtain approval for the removal. The Group Home also ensured that all of the children's transportation needs were met. A review of the facility demonstrated that the Group Home had eight (8) facility vans in good working condition with proper documentation, which the agency uses for all transportation needs. In addition, based on interviews conducted with children, it was apparent that the Group Home provided transportation for the children to such events as community outings, home passes, medical and dental appointments, therapeutic meetings and school sessions.

A review of the I-Track Special Incident Reporting system was also conducted as part of this review. Based on the review, Pacific Lodge properly reported any such special incidents. The Group Home ensured that all incidents were reported in a timely manner and included the vital and necessary information, which the Probation Department requires for assessing the incident to be reported, and that incidents were cross-reported to the appropriate agencies.

At the time of the review, the Group Home was licensed for 63 beds, and had 36 Los Angeles County Probation children and eight (8) children from other counties, for a total population of 44 children, with 19 vacancies. As a result, the Group Home was in compliance with licensing capacity standards.

A review of the Group Home logs indicated that the Group Home conducted disaster/fire drills on a monthly basis for each of the three (3) cottages of the Group Home. The most recent drill, at the time of this review, was conducted on January 5, 2012. A review of the Group Home's Program Statement indicated that the Group Home maintains a runaway procedure in accordance with Title 22 standards. The Group Home has clearly defined what is considered a runaway and has outlined the proper procedures for all notifications to ensure that a child is located as soon as possible. A review of children's files indicates that the Group Home maintained an accurate log of allowances paid to



each child and that they were paid accordingly and no less than the required minimum, as per the Title 22 licensing standards. Child interviews also verified that the allowance logs were accurate and in accordance. There were no citations issued or deficiencies recorded within the last year regarding safety or the physical plant. The Group Home maintained a sign-in/sign-out log book which had to be signed by the responsible party any time a child was visited or taken off grounds from the Group Home, as required by Title 22 standards.

**Recommendations:**

None

**FACILITY AND ENVIRONMENT**

Based on a physical inspection of the facility and child interviews, Pacific Lodge was in compliance with four (4) out of six (6) elements in the area of "Facility and Environment". The areas of non-compliance were: "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained".

A walk-through inspection of the Group Home was conducted during this review. The facility is located in a residential community. The Group Home has two (2) administrative buildings, one (1) medical building, three (3) cottages (Neimeyer Cottage, Clark Cottage and Bekins Cottage), a dining hall with kitchen, an on-grounds school with an attached gymnasium and a chapel. There is a large sporting field with a track, as well as a swimming pool. The Group Home recently converted their fourth cottage (Sauble Cottage) into an administrative building.

During the walk-through inspection, the exterior parts of the facility appeared to be clean and well landscaped and are maintained by a full-time landscaping crew. There were various palm trees and bushes around the buildings, as well as several paved walkways cutting through grassy areas, leading to and from the various buildings. The exteriors of all of the buildings themselves were very clean as the Group Home recently painted all of the buildings in November 2011. Behind the on-grounds school, there was a small wooden deck with a large piece of abstract art donated by a local school that was dedicated to the Group Home. There were several donated park benches and tables placed throughout the facility. Each of the three (3) cottages had a covered patio area with gaming tables. The Neimeyer Cottage had a wooden table tennis that was actually built by former residents. The Clark cottage had a small stadium seating bench area for about six (6) people that was also built by residents, as well as a pool table, table tennis, and a foosball table. The Bekins Cottage had a pool table, and the Neimeyer Cottage and the Clark Cottage both had small garden areas in which the residents were growing vegetables such as bell peppers, zucchini, chili peppers, and tomatoes, which are used for meals.

The Pacific Lodge sporting field was recently remodeled in August 2011. The remodel included new grass sodding and a completely new irrigation system with further remodeling still in progress. The additional remodeling is to include re-graveling of the entire track area surrounding the playing field, the installation of a fence backstop with two (2) dugouts, a batting cage, bleachers and workout stations spread out along the outside of the track. The workout stations are to include a pull-up bar area, push up area and a sit-up area. The complete remodeling is anticipated to be completed by

summer 2012. The Group Home also had an outdoor pool which was converted into a heated pool in 2011, allowing use of the pool to go into the fall season. The pool was properly fenced in and had a lifeguard station with buoys, CPR kit, and a life preserver. The parking lot area and the driveways were well paved and in good working condition.

A walk-through inspection of the interior of the cottages and other related buildings was conducted as part of the review. During the inspection, each of the cottages had the fire escape/evacuation routes, personal rights, and Ombudsman telephone number posted in highly visible areas where children could easily see them. In general, there was adequate furniture and lighting in the common areas, and the Group Home provided a home-like environment. Children's bedrooms were clean, orderly and had age-appropriate personalized decorations. Several of the bedrooms had personal picture frames of their relatives and friends on their desk or taped on their wall. Some of the bedrooms still had Christmas decorations such as a small six (6) inch Christmas tree on one room's desk, and another room had wrapping paper decorating the closet door with a stocking hanging from it. The room also had desk decors that said "Believe" and "Peace". Many of the rooms also had posters on their walls and a few rooms had "Puss 'N Boots" movie posters up, while another room had a few car posters up. Other rooms had their softball/basketball jerseys posted on their wall from their participation in a tournament. Another room had a Salvadoran flag on the wall and another room had an American flag posted. A couple of rooms also had art drawings they had done, while other rooms had "Honor Roll" school certificates on their wall that they had earned. Some of the rooms had Spiderman kites they were given during a community outing. One room had a bicycle that was won at a raffle during a job fair outing. Another room had a telescope on the child's desk, and another had dinosaur replicas made out of Popsicle sticks.

There was adequate furniture, lighting and storage space as each child is afforded with their own closet with a shelf, a desk, and a storage container with two (2) drawers. Window coverings and window screens were in good condition. The mattresses were comfortable, the beds all had a full complement of linens, and the children's sleeping arrangements were appropriate. Several of the children's rooms had their own personal comforters with their own designs, and one of the beds had a "UCLA Bruins" blanket as a comforter.

The Group Home also has a gymnasium that is connected to the on-site school. The gym is similar to that of a high school gym with a full size basketball court, retractable bleachers, and an electronic scoreboard with hardwood floors that were re-waxed in November 2011. The gym also had a small theatre stage available for use. At the front entrance of the gym there was a trophy case with several trophies won by former residents. There were trophies earned for flag football, basketball, and track & field. There is also a recording studio in the gym that was in the process of being fully completed within the next two (2) months. It consisted of a vocal room and a control room with capabilities to record live music.

The gym's storage room had sufficient recreational sporting equipment such as footballs, basketballs, softballs, bats, baseball gloves, soccer balls, Frisbees, and cones. There was also a small weight room and a cardiovascular station room. The weight room had several free weights, a bench press and two (2) multi-purpose weight machines. The cardiovascular room had an elliptical machine, two (2) treadmills, and four (4) bicycle machines. As aforementioned, the cottages also had gaming tables such as pool tables

and tennis tables for use by the children. However, each of the cottages also had non-physical recreational equipment as well. The individual cottages had various board games such as "Pictionary", "Cranium", "Monopoly", "Risk", "Connect Four", and "Battleship" for recreational use by the children while in the cottages. The cottages also had televisions with video game consoles and DVD players. The Group Home had sufficient educational resources for the children as well. Each of the cottages had a large bookshelf with an encyclopedia set, "National Geographic" magazines, and various fiction and non-fiction books and novels for free reading. They each also had a computer in the therapist office with internet connection that could be used by the children upon request. The on-site school also had a computer lab with 16 computers that have internet access, eight (8) of which were purchased by the Group Home. These computers are available to the children upon request or for special projects or as needed.

The Group Home had a large industrial kitchen and dining room with a Public Health Operating Permit at the time of the review. The dining room consisted of a food serving line with an open salad bar. At the time of the review, the kitchen staff was in the process of preparing for the lunch meal period, and the salad bar had been set out. It had a spring mix salad with a variety of dressings and toppings. The dressings consisted of Italian dressing, Ranch dressing and Thousand Island dressing, and the toppings consisted of chopped tomatoes, chick peas, cottage cheese, shredded carrots, shredded red onions, sliced cucumbers, croutons, shredded American cheese, and raisins. The dining hall was a cafeteria setting with several rectangular tables covered with table cloths set for six (6) children per table.

At the time of the review, the kitchen was managed by three (3) kitchen staff contracted by the Group Home with a local culinary school. There was a sufficient supply of perishable and non-perishable foods stored in two large industrial refrigerators and two large industrial freezers. The refrigerators and freezers had bulk items like large blocks of sliced American cheese, single serving milk cartons, gallons of milk, green beans, carrots, celery, romaine lettuce, iceberg lettuce, spring mix salad, tomatoes, cottage cheese, watermelons, various salad dressings, pineapples, pears, oranges, cucumbers, various flavored yogurt, orange juice, ground beef, whole poultry, large cuts of beef round steak and frozen pies of various flavors. The kitchen also had a large pantry with entire shelves containing canned vegetables such as sweet corn, green beans, chick peas, and mixed vegetables. The shelves had canned fruits such as pineapples, pears, and fruit mixes. There were also large 10 lb. bags of russet potatoes, an entire shelf of sliced wheat and white bread loafs, a large industrial size bucket of rice, a shelf of dried pasta bags such as elbow macaroni, spaghetti, fettuccini, lasagna, and bow tie pasta. There were several large containers of oatmeal, as well as a dispensary tray of single serving size cereals, which is rolled out for breakfast meals. The dispensary tray contained a variety of cereal choices such as "Cinnamon Toast Crunch", "Cheerios", "Trix", and "Golden Grahams". The kitchen also had a supply closet, which had entire shelves full of disposable plates, utensils, cups and napkins.

However, there were also some minor deficiencies noted during the physical inspection of the facility that did not meet the standards under the elements of "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained". Following are the itemized deficiencies found in the Group Home:

#### Bekins Cottage

- Bedroom #1-Closet door was worn and required replacement.
- Bedroom #2-Desk was worn and had graffiti.
- Bedroom #3-Dirty wall
- Bedroom #4-Desk was worn.
- Bedroom #7-Window had graffiti, desk was worn, closet door required painting.
- Bedroom #8-Light cover was cracked/broken.
- Bedroom #9-Desk was worn, door was dirty.
- Living Room-Window had chipped paint and the curtain rod was bent.
- Kitchen-Wall near staff desk was scuffed and was damaged.
- In general, several of the walls throughout the common areas of the cottage were scuffed and dirty.

#### Neimeyer Cottage

- Bedroom #1-Drawer was damaged.
- Bedroom #2-Window was dirty.
- Bedroom #6-Window curtains were dirty.
- Bedroom #9-Window was dirty.
- Living Room-Walls were dirty and required painting. Back door was dirty. Wall outlet had graffiti.
- Restroom-Skylight had graffiti, and stall #1 had graffiti.
- Kitchen/staff area-Post needs repair. Fire extinguisher was expired.
- Hallway-Ceiling light fixture was loose with exposed wiring.
- In general-Carpet in the common areas and hallways required replacing, and the doors and walls in common areas were dirty.

#### Clark Cottage

- Bedroom #2-Closet had holes, and closet door handle was loose.
- Bedroom #3-Light was broken.
- Bedroom #7-Closet rod was loose. Desk was broken.
- Living Room-Couch was missing backrest pillow.
- Kitchen-Staff area post needed repair.

#### Gymnasium

- Weight Room-flickering light.
- Loose floor mat covers that were sticking out.

#### Dining Hall/Kitchen

- Menu was not posted.
- Kitchen-Three (3) fire extinguishers were expired.

#### Recommendations:

1. Pacific Lodge shall ensure that the aforementioned physical deficiencies cited will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children placed at the Group Home.

## **MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY**

Based on our review of seven (7) current children's case files, documentation provided by Pacific Lodge, a review of Probation Department records and child interviews, Pacific Lodge was in compliance with eight (8) out of the 13 elements in the area of "Maintenance of Required Documentation and Service Delivery". The areas of non-compliance were: "Probation Caseworker Authorization to Implement Needs and Service Plans (NSPs)", "Sampled children progressing towards meeting the NSP case goals", "Treatment team develop comprehensive initial NSP with the child", "Probation Caseworkers Monthly Contact Verified" and "Treatment team develop comprehensive updated NSP with the child".

A review of the Group Home's Program Statement indicates that Pacific Lodge provides services for boys' ages 13-18 years who exhibit behavioral, emotional and psychological difficulties and may have been abused and/or have had a drug and alcohol addiction and may have mental health needs. The files reviewed indicated that the children in the sample size had substance abuse issues, anger management issues, and exhibited delinquent behavior, which is consistent with the population that Pacific Lodge services.

However, the review revealed that the Group Home failed to comply with the element of "Probation Caseworker Authorization to Implement NSP's". In one (1) of the seven (7) files reviewed, the Group Home failed to acquire the Probation Officer's signature of approval for the NSP. As a result, the Group Home was out of compliance with this element.

Based on the child interviews and reviews of their files, the Group Home was in compliance with ensuring that the children are included in the implementation of their NSP's. All seven (7) children interviewed stated that they participated in their NSP, and all of their NSP's had their signatures. The NSP's also had the required approval of staff, and parents were involved in the implementation of the NSP's for each of the children files reviewed.

However, the Group Home did not meet the standards in the element of "Sample children progressing towards meeting the NSP case goals". Based on the reviews of the NSP's of the files in the sample size, the Group Home did not show progress towards meeting the NSP goals in two (2) of the seven (7) children's files. According to one of the children's most recent NSP, he only made progress in four (4) out of (10) goals established in his NSP, despite having been placed at the Group Home for eight (8) months. Of the four (4) goals that he did achieve, the child's progress was not measurable, and the NSP did not indicate how the child was able to meet each particular goal. In the second child's file reviewed, he made progress in four (4) out of seven (7) goals in the nine (9) months that he was at Pacific Lodge. In three (3) of the four (4) goals in which he achieved progress, the Group Home failed to make the goal measurable and did not indicate in the NSP how the child was able to achieve this goal. In both cases, the Group Home simply noted that the goal was achieved on a certain date without any further details. The other five (5) children were placed at the Group Home for less than 90 days and only had an initial 30 day NSP on file at the time of the review. As a result, they were not placed at the Group Home long enough to determine if any progress had been made, and were therefore not eligible for review under this element.

In the seven (7) files reviewed, the initial NSP's were completed in a timely manner as they were completed within 30 days of the child's placement at the Group Home. However, under the element of "Treatment team develops comprehensive initial NSP with the child", the Group Home failed to comply with this element in two (2) of the seven (7) child case files reviewed. In both of these cases, the Group Home did not compose individual NSP plans with case-specific goals. Both of the initial NSP's were compared and appeared to be generic case plans completed by the same Case Worker. Both initial NSP's were extremely similar in their case plan as they had eight (8) out of the nine (9) Outcome Goals exactly identical. Additionally, they had the same exact plan under Educational Goals and the same Treatment & Visitation Goals. As a result, the Group Home failed to comply with this element by not individualizing the initial NSP goals for these two (2) specific children.

Based on the child file reviews and child interviews the Group Home was providing therapeutic services for all seven (7) children. All of the children were receiving individual, group and family services as well as drug treatment for those that required it. In four (4) of the seven (7) files reviewed, the child required psychiatric services. All were receiving regular assessments and evaluations for psychotropic needs, as required.

In the element of "Probation Caseworkers Monthly Contact Verified", the Group Home failed to be in full compliance. The Group Home Case Managers failed to document the dates of contacts with the Probation Officer in four (4) of the seven (7) Child NSPs and/or files reviewed. As a result, the Group Home was out of compliance with this element.

The Group Home complied with ensuring that residents maintain important relationships. In the seven (7) children files reviewed, the Group Home documented important contact with family members. They documented the dates of telephone calls, visits, community day passes and therapeutic sessions with family members in their NSP's. File reviews also indicated that in two (2) cases the child's plan did not include reunification with the biological parents. As a result, the Group Home assisted one child in maintaining contact with an uncle for possible placement/reunification with the relative. In the other case, the Group Home ensured that the child was able to maintain contact with an older sister, even though she was not his primary caretaker. This indicates that the Group Home has made significant efforts in assisting children in maintaining important relationships. The Group Home was also able to ensure that all updated NSP's were completed in a timely manner. In all seven (7) of the children files reviewed, the Group Home ensured that all subsequent NSP's were generated within 90 days of the child's admission into the program, and on a quarterly basis, thereafter.

However, the Group Home did not comply with the element of "Treatment team develops comprehensive updated NSP with child". In three (3) of the seven (7) children files reviewed, there was insufficient updated information in the quarterly NSP's. One of the child's files did not have updated psychotropic medication information. According to his medical file, a specific psychotropic medication had been discontinued, but the NSP failed to indicate the change. It also failed to document the child's psychotropic/medical progress and did not have an update on the child's educational goals. A second child file had a lack of documentation in which the mental health status was not updated from the initial NSP, and did not indicate the contacts with the psychiatrist. In a third child file, there was a lack of medical/psychological updated information, as well as educational

information. It also had modifications to his Outcome Goals, but did not indicate why the modifications were made.

**Recommendations:**

1. Pacific Lodge shall ensure that the Group Home makes substantial efforts in collaborating with every Probation Officer Caseworker to implement an NSP for each child placed at the Group Home. Substantial efforts are also to be made and documented to obtain the Probation Officer's signature of authorization for each NSP generated.
2. Pacific Lodge shall ensure that substantial efforts are made to provide each child with all available resources to make progress towards their NSP goals and that all efforts made by Pacific Lodge and progress made by the child is documented.
3. Pacific Lodge shall ensure that all initial NSP's are comprehensive by making each NSP case-specific for each child with measurable goals and that all necessary information is included in all sections of the NSP.
4. Pacific Lodge shall ensure that all contact made by the Probation Officer Caseworker is documented in the NSP by including the specific dates of contact in the NSP.
5. Pacific Lodge shall ensure that all updated NSP's are comprehensive by including updated information and documenting the progress of each child towards meeting their goals, or lack thereof, and by documenting all goal modifications with detailed explanations for the changes made.

**EDUCATIONAL AND WORKFORCE READINESS**

Based on seven (7) current children file reviews and child interviews, Pacific Lodge was in compliance with seven (7) out of the eight (8) elements in the area of "Educational and Workforce Readiness". The one area of non-compliance was: "Based on services provided, has the child's academic performance and/or attendance increased".

All of the children were enrolled in school within three (3) days of placement at the Group Home and were attending school as required. The Group Home ensured that all homework assignments were completed by the child whenever required. They also maintained open communication with the on-grounds school staff regarding progress and services needed.

The Group Home was out of compliance with the element of "Based on services provided, has the child's academic performance and/or attendance increased". One (1) of the seven (7) children's files reviewed did not show improvement in his academic performance while placed at the Group Home. There was no clarification in the child's NSP to indicate why the child was not progressing or the services that were being offered by the Group Home in an attempt to assist the child in his academic performance.

None of the seven (7) children's files reviewed indicated that they required an IEP plan and were therefore not eligible for review for Individualized Education Plan (IEP)

standards. The Group Home maintained copies of report cards in children's files for those placed at the Group Home long enough to receive grades. All of the children received age appropriate Youth Development Services (YDS) and vocational training. Children had opened bank savings accounts or were in the process of having bank accounts opened and received basic living skills training such as doing laundry, daily chores such as cleaning their room and making their beds. The Group Home also manages several vocational programs on-site such as the on-grounds work experience program with job opportunities like working in the facility kitchen and working as part of the maintenance crew. However, the Group Home also has off-grounds YDS programs that it used as community resources such as the Independent Living Program (ILP) program available at the local Pierce Community College. All of the children interviewed indicated that they were taught some type of YDS related skills such as basic chores and stated that they are constantly encouraged to participate in learning YDS skills and that ILP services were offered for eligible children.

#### **Recommendations:**

1. Pacific Lodge shall ensure that significant efforts are made to provide each child with the services needed to increase their academic performance and/or attendance and should document all efforts made by the Group Home to assist the child with such improvement in the child's NSP.

#### **HEALTH AND MEDICAL NEEDS**

Based on seven (7) current children files and medical documentation provided by the Group Home, Pacific Lodge was in compliance with five (5) of the six (6) elements in the area of "Health and Medical Needs". The one area of non-compliance was: "Required follow-up dental examinations conducted timely".

Initial medical and dental examinations were conducted within 30 days for all of the children's files reviewed, as required by Title 22 standards. For those children that required follow-up medical appointments, the Group Home ensured that appointments were attended as scheduled and that all medical visits were properly documented in each child's files and NSP.

However, in the element of "Required follow-up dental examinations conducted timely", the Group Home failed to provide timely dental services for one (1) child out of the seven (7) children's files reviewed. According to the child's file, he was required to attend a follow-up dental examination within six (6) months of the initial dental exam. However, the child's file did not have any documentation to indicate that the follow-up dental appointment was attended by the child in need, and it was not documented in the child's NSP. As a result, the Group Home was out of compliance with this element.

#### **Recommendations:**

1. Pacific Lodge shall ensure that each child is provided with adequate dental care services and that all dental visits are maintained and documented in the each child's medical file and NSP.



## **PSYCHOTROPIC MEDICATION**

Based on children file reviews and child interviews, Pacific Lodge was in compliance with both elements in the area of "Psychotropic Medication". Of the children files reviewed, there were four (4) children that required psychotropic medication. All four (4) of the children's files had current court-ordered authorizations for the dispensation of psychotropic medication. Each of the applicable children also had current psychiatric evaluations/reviews documented in their files. All four (4) of the children confirmed during the interviews that they understood the purpose of the medication they were taking and were aware of their right to refuse the medication. Additionally, they indicated that they felt comfortable with the medication they were taking. One of the children stated that the medication he was taking helped him sleep, while another child stated that the medication "keeps me on the right track".

### **Recommendations:**

None

## **PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING**

Based on seven (7) current children file reviews, child interviews and the physical plant inspection of the Group Home, Pacific Lodge was in compliance with all 17 elements in the area of "Personal Rights and Social/Emotional Well-Being".

All of the children interviewed reported that they were informed of the Group Home's policies and procedures upon intake to the Group Home. File reviews indicated that each child had signed documentation indicating that they received an orientation packet with all of the Group Home rules. They all reported that they felt safe in the Group Home and that staff provide adequate supervision during day hours as well as night hours, in accordance with Title 22 standards. They also reported satisfaction with the quality and quantity of meals and snacks provided. They indicated that they are given such snacks as apple chips, yogurts and fruits. They stated that they feel that staff members treat them with respect and dignity and that many of the staff genuinely cares for their well-being and success. Some of the children made statements such as, "I like it here" and felt that the staff "treat me good" and that, "staff helps when [I'm] stressed out".

The children interviewed also reported that they felt that the rewards and consequences system used by the Group Home was fair and appropriate. Some of the children reported that they receive write-ups for delinquent behavior such as smoking or "horse playing". If there are repeated acts of delinquent behavior, then the staff members will "tell my PO", meaning that the child's assigned Probation Caseworker will be notified and would then report the delinquent behavior to the child's adjudicating court. For more serious incidents such as fighting or exhibiting defiant behavior, the result can lead to the revocation of their day passes, if they are eligible, or level drops in their program, in addition to notifying the Probation Caseworker. A level drop means that the placed child is on a more restrictive status, in which they are not allowed to go out into the community on day passes and/or participate in outings or activities reserved for children who have been making efforts towards progressing in their program treatment.

The children have also indicated that they feel they are given sufficient privacy during telephone calls with family and friends, as well as during family visits on-grounds. The

children interviewed indicated that they often are allowed to have visits outside at one of the many park benches spread throughout the facility, which allows for a more comfortable setting for visits. They also indicated that they are allowed to receive and send out unopened mail. The children added that they are allowed to possess religious material and attend religious services of their faith upon request and that they are transported to church, if necessary. Additionally, the Group Home also has an accessible chapel located on facility grounds. During the walk-through inspection of the cottages, several of the rooms had religious crosses and catholic rosaries. As aforementioned under the "Facility and Environment" section of this report, some of the bedrooms still had Christmas decorations such as a small six (6) inch Christmas tree in one room, and wrapping paper decorating the closet door with a stocking hanging from it in another. All children interviewed also reported that their chores are reasonable such as sweeping and cleaning their rooms and common areas, and making their beds. They all indicated that they were aware of their right to receive and refuse medical attention, including psychotropic medication, without receiving negative consequences from the Group Home.

The children also reported that they are given several opportunities to participate in the planning of activities on-grounds and in the community. They have indicated that they have participated in on-grounds activities such as sporting events like basketball, soccer, weight lifting, and handball, as well as other non-physical events like cooking classes, drawing courses, and gardening. As aforementioned, there was also a recording studio in the gym that was in the process of being fully completed. A new Art Therapy program was also scheduled to be implemented in the upcoming months following the date of the review. Both of these new programs will be used as tools to allow children to explore their musical and artistic interests and talents. The children also reported that they have gone on outings in the community such as hiking, going to the beach, the local movie theatre, and the Los Angeles County Museum of Art. The Group Home also has an Activities Coordinator responsible for creating and managing various activities for the children. The Activities Coordinator's duties included coordinating sporting events with other local Group Homes as part of the Southern California Boy's Athletic League (SCBAL). Other Group Homes involved in this sporting program included Rancho San Antonio, Eggleston Group Homes, Optimist Youth Services, and Vista Del Mar. These Group Homes regularly compete with each other in soccer, softball, basketball, flag football and track & field tournaments and competitions.

During the physical plant inspections, it was observed that each of the three (3) cottages had a large activities board posted in the hallway area with various activities for the children to sign up for. Some of the activities noted were events such as a Movie Club, a soccer tournament, charades, Pizza Party, Jeopardy Night, Garden Crew, Barbeque Lunch and Short Story & Snack group. All of the children interviewed stated that they are allowed to participate in as many of these activities as they wished, provided that they have been making efforts to maintain a positive program.

#### **Recommendations:**

None

## **PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING**

Based on child interviews, a walk-through inspection of the physical plant and Group Home logs, Pacific Lodge was in compliance with all eight (8) elements in the area of "Personal Needs/Survival and Economic Well-Being".

All of the children interviewed confirmed that they receive a minimum of \$150.00 on a quarterly basis. File reviews indicate that they have signed clothing waiver forms in which they have authorized the Group Home to provide their clothing allowance on a quarterly basis in lieu of a monthly basis. During the walk-through of the children's rooms, it was apparent that children have a sufficient amount of clothing and that it is of acceptable quality. Many of their closets had several shirts and at least one (1) pair of shoes, as well as belts and jean pants. During the interviews, the children also indicated that they have sufficient clothing and that they are allowed to wear personal items brought from family members, as long as they are appropriate to wear. They have stated that they also are allowed to purchase clothing of their choosing, as long as it is within Group Home and Probation regulations. The walk-through of the rooms indicated that children were allowed to have personal hygiene care items such as combs, toothbrushes, toothpaste, body wash, deodorant, hair products, and lotions.

In addition, the Group Home also has a storage room/store on-grounds that was inspected. The store was run by a full-time staff member who ensures that each child had sufficient and adequate clothing during their stay at the Group Home. The staff on duty indicated that each child is provided with an initial clothing inventory consisting of three (3) pants and four (4) polo shirts, which are used as part of the school uniform. The child is also given three (3) t-shirts, 12 pair of underwear, 12 pairs of socks, one (1) pair of gym shorts, one (1) pair of Converse sneakers, one (1) sweater, one (1) towel, one (1) pair of shower shoes, one (1) bathrobe, and personal hygiene products, as needed. Each child is also given a clean set of bed sheets, comforter and blanket, and a pillow with pillow case. The store was available for residents to purchase items upon request, and all items are sold at-cost by the Group Home.

The children interviewed also indicated that they receive weekly allowances and that they are never given any less than the required \$7.00 per week. A review of their files confirmed that each child received, at least, the minimum weekly allowance and that they signed for it each time. As previously stated under the "Educational and Workforce Readiness" section of this report, all of the children's files that were reviewed noted that they either had opened a bank account or that they were in the process of opening one as part of their allowance management.

Each of the children also confirmed that they were issued a "Life Book" upon entry into the program as part of their orientation and that staff encourage them to maintain their "Life Books" and incorporate them into their program. The staff encourages the children to place pictures, awards, and/or souvenirs of activities and accomplishments in which they participated in on their walls and in their rooms. The children reported that this is to engage them in positive memories that reinforce a positive change in the child's transition into becoming a responsible and productive adult.

### **Recommendations:**

None

## **DISCHARGE PLAN**

Based on the file reviews of three (3) discharged children and their NSP's, Pacific Lodge was in compliance with all three (3) elements in the area of "Discharge Plan".

All of the children were discharged in accordance with their permanency plan as indicated in their NSP's according to their permanency goal. One (1) was discharged to his mother, and his permanency goal was Family Reunification. Two (2) were discharged to their legal guardians with the permanency goal of Family Reunification. All three (3) of the children were placed at the Group Home for at least 30 days. One was placed for eight (8) months, one (1) was placed for seven (7) months, and one (1) was placed for six (6) months. All three (3) of the discharged children's NSP's indicated that they made progress towards their goals and were discharged home by their respective adjudicating court.

One (1) child made moderate progress in that he was able to learn to take responsibility for his actions and showed remorse when he made bad decisions; however, he struggled to make significant school improvements, had difficulty in making good decisions and was unable to maintain a consistently positive program. One (1) child made significant progress in that he was able to reach the Group Home's highest level of privileges and became an exemplary role model for other children and made significant academic progress. One (1) child made satisfactory progress in that he was able to make strides in his anger management, and in family therapy sessions, he was able to strengthen his relationship with his parents and maintain his sobriety throughout the program. He made some progress towards his school attendance; however, he did not achieve the highest level of privileges in the program for having a few incidents of angry outbursts. There were no discharged files reviewed in which the Group Home requested the removal of a child, and therefore, this element was not eligible for review.

### **Recommendations:**

None

## **PERSONNEL RECORDS**

Based on a review of five (5) current staff files, Pacific Lodge was in compliance with 10 of the 14 elements in the area of "Personnel Records". The areas of non-compliance were: "Appropriate employees received the required initial training", "Appropriate employees received CPR training", "Appropriate employees received First-Aid training", and "Appropriate employees received the required annual on-going training".

All five (5) staff files had their DOJ criminal background check submitted in a timely manner prior to employment at the Group Home. They also had their FBI request conducted, as well as the Child Abuse Clearance Index (CACI) prior to employment at the Group Home. All of the files reviewed had the criminal background statement submitted in a timely manner; prior to employment at the Group Home. All of the staff files reviewed met the educational/experience requirements. Three (3) of the five (5) staff files had a minimum of a college degree, one (1) holding the position of Group Home Administrator, one (1) holding the position of Case Manager, and one (1) holding the position of Recreation Liaison. The other two (2) staff members had a minimum of a high school diploma, one (1) as a Cottage Supervisor, and one (1) as a School Liaison.

All five (5) of the staff files had their health screenings on file in a timely manner, within seven (7) days of hire. They also had valid California driver's licenses on file. They all had signed copies of the Group Home's policies and procedures, including child abuse reporting requirements forms, sexual harassment forms, child privacy notification forms and code of conduct forms.

However, one (1) of the five (5) staff files did not have the required initial training documented in their file. All the other four (4) files had the initial 24 hours of required training completed and an additional 20 hours completed within their first year of hire, as required by Title 22 standards.

All of the staff files reviewed had at least one (1) hour of child abuse reporting training documented in their respective files.

One (1) of the five (5) files did not have the required CPR and First-Aid training or the required annual 20 hours of on-going training documented in their staff file. The other four (4) had current and valid CPR and First-Aid training certifications placed in their files, as well as the required on-going annual training.

All five (5) of the staff files had current emergency intervention training documented in their files in the form of Professional Assault Crisis Training (Pro-ACT) certification, authorizing them for physical restraint and containment, if necessary.

**Recommendations:**

1. Pacific Lodge shall ensure that all current staff members employed by the Group Home are to have their initial 24 hours of training properly and clearly documented and placed in their staff file, and shall have them available for review.
2. Pacific Lodge shall ensure that all current staff members employed by the Group Home that are responsible for the direct care and supervision of placed children are to have their CPR and First-Aid training certification valid and current and placed in their staff file, and shall have them available for review.
3. Pacific Lodge shall ensure that all current staff members employed by the Group Home are to have their required annual on-going training of 20 hours properly and clearly documented and placed in their staff file, and shall have them available for review.

**AUDITOR CONTROLLER FISCAL REVIEW**

As of the date of this review, there has not been a Fiscal Review completed by the Auditor Controller's Office.

**Recommendations:**

N/A

## **FOLLOW-UP VISIT**

On March 8, 2012, a follow-up visit was conducted at the Group Home to verify that all recommendations were completed by Pacific Lodge Boy's Home.

A walk through of the Group Home was conducted. All of the deficiencies cited in the area of "Facility and Environment" were corrected as requested under the recommendations section of this report. An inspection of the common quarters of all three (3) cottages and the children's rooms revealed that the Group Home repaired all of the deficiencies recorded. All of the broken or worn desks were replaced with new ones, and dirty, damaged, or scuffed walls and doors were fixed and repainted and/or cleaned. All windows that were dirty, damaged or had graffiti were also cleaned or repainted as well, and any dirty curtains or damaged curtain rods were cleaned or replaced. The wall outlet cover in the Neimeyer Cottage that had graffiti and the cracked light switch cover in bedroom #8 of the Bekins Cottage were both replaced. The graffiti in the stall and in the skylight of the restroom in the Neimeyer Cottage was painted over. The light fixture in the hallway of the Neimeyer Cottage was also re-installed and the exposed wiring was covered. Any other lights or light covers that were damaged or required being replaced were taken care of as well. The loose door handle to the closet in bedroom #2 and the loose clothes rod in bedroom #7 of the Clark Cottage were both fixed, and the living room couch with the missing backrest pillow was removed and replaced with a new couch that had attached backrest pillows. The loose floor cushion mats in the weight room were completely removed and carpet was installed instead.

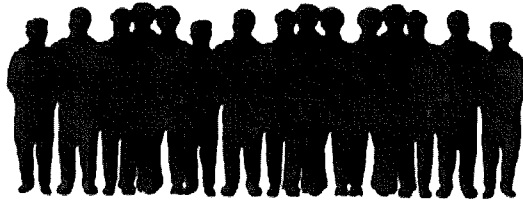
The expired extinguisher in the Neimeyer kitchen and the three (3) expired fire extinguishers in the dinning hall kitchen were all replaced the same day of the initial inspection on January 11, 2012. During the second inspection on March 8, 2012, the same fire extinguishers were checked and were all up to date. The dining hall menu was checked and was properly posted on the announcement board where it was clearly visible for children to see. The only recommendation that was not adhered to was the finding that the carpet in the common areas and the hallway of the Neimeyer Cottage was severely damaged with bleach and other stains and was not replaced. However, Associate Director, Philip Solomon, stated that the Group Home was in the process of obtaining estimates to have the carpet in these areas completely removed and to have wood laminate flooring installed. Mr. Solomon indicated that the Group Home would address this issue in the Corrective Action Plan and would provide the anticipated date of completion for the remodeling.

During the exit interview with Associate Director, Philip Solomon, the aforementioned deficiencies cited under the areas of "Maintenance of Required Documentation, and Services Delivered", "Education and Workforce Readiness", and "Health and Medical Needs" were addressed regarding the children's NSP's. During the exit interview, Mr. Solomon indicated that more concerted efforts will be made by the Group Home to generate more comprehensive NSP's in all aspects of each child's case plan by including sufficiently detailed and case-specific NSP reports that have measurable goals, henceforth. Mr. Solomon also indicated that the Corrective Action Plan will reflect the changes indicated.

During the exit interview the aforementioned deficiencies cited under the areas of "Personnel Records", were also addressed with Mr. Solomon. Employee files were verified and the missing documents were now present in their respective files. Mr.

Solomon indicated that the Group Home will ensure that all staff files will include all of the necessary documentation for their employment. He added that the Group Home will ensure that all trainings attended will be documented in each staff member's file and that each staff member has current certifications such as CPR and First-Aid placed in their files. He indicated that these corrections will also be included in the Corrective Action Plan as well.

As of the date of this report, there are no further major deficiencies in the home that required immediate attention. All other pending deficiencies are to be corrected and addressed in the Corrective Action Plan.



## Pacific Lodge Youth Services

4/9/12

PLAN OF CORRECTIONS

### **FACILITY AND ENVIRONMENT**

#### **Recommendations:**

1. Pacific Lodge shall ensure that the aforementioned physical deficiencies cited will be corrected and repaired in a timely fashion in order to ensure the safety and security of all children placed at the Group Home.

POC

- a) All physical deficiencies were corrected within 30 days of the initial audit. On 3/7/12, Group Home Monitor A. Juarez observed all corrected physical deficiencies.
- b) Daily cottage inspections are conducted and completed by the program staff as well as weekly cottage inspections completed by the Facility Managers to ensure that the physical environment is safe and secure for the children placed in the home.
- c) Any items requiring maintenance attention are submitted via electronically to the Maintenance Supervisor.

### **MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY**

#### **Recommendations:**

1. Pacific Lodge shall ensure that the Group Home makes substantial efforts in collaborating with every Probation Officer Caseworker to implement an NSP for each child placed at the Group Home. Substantial efforts are also to be made and documented to obtain the Probation Officer's signature of authorization for each NSP generated.

POC

- a) Case Managers currently inform case carrying DPO's of NSP meetings to involve them in the process and to obtain signatures at the conclusion of each NSP meeting. If however, a DPO is unable to attend; multiple efforts are currently



made by the Case Manager to obtain the DPO signature. These attempts will now be documented in the child's file with the NSP. Up to 3 attempts will be made to obtain the DPO signature.

2. Pacific Lodge shall ensure that substantial efforts are made and documented to provide each child with all available resources to make progress towards their NSP goals.

POC

- a) On April 5, 2012 a training conducted by this agency's Quality Improvement and Assurances Manager occurred with the clinical team on the following subjects:
    - o Developing the Child's Care Case Plan (CCCP)
    - o Reviewing Goals
    - o Clinical Diagnosis and Goal Development
    - o Identifying medical necessity
  - b) On April 19, 2012 training is scheduled on developing S.M.A.R.T. Goals, progress towards goals, documenting outcomes and documenting comprehensive Needs and Services Plans. The training will be provided for both case managers and clinical staff. The training will be conducted by the agency's Quality Improvement and Assurances Manager and Case Manager.
3. Pacific Lodge shall ensure that all initial NSP's are comprehensive by making each NSP case-specific for each child with measurable goals and that all necessary information is included in all sections of the NSP.

POC

- a) See notation 2. a & b) under the MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY section.
4. Pacific Lodge shall ensure that all contact made by the Probation Officer Caseworker is documented in the NSP by including the specific dates of contact in the NSP.

POC

- a) A DPO contact sheet has been developed and will be recorded electronically by both the case manager and therapist on an on-going basis. A monthly record will be maintained in the child's case file.
5. Pacific Lodge shall ensure that all updated NSP's are comprehensive by including updated information and documenting the progress of each child towards meeting

their goals, or lack thereof, and by documenting all goal modifications with detailed explanations for the changes made.

POC

- a) See notation 2. a & b) under the MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY section.

### **EDUCATIONAL AND WORKFORCE READINESS**

#### **Recommendations:**

1. Pacific Lodge shall ensure that significant efforts are made to provide each child with the services needed to increase their academic performance and/or attendance, and should document all efforts made by the Group Home to assist the child with such improvement in the child's NSP.

POC

- a) All educational services are provided by the Los Angeles County Office of Education (LACOE). In addition to the required courses towards high school graduation, additional education support services are provided which include:
  - o Special Day Class
  - o Speech and Language Therapist
  - o Psychological testing
  - o Reading Program
  - o G.E.D. and CAHSEE preparatory courses
- b) This agency supports a child's academic needs by providing the following:
  - o 6 full time staff to provide behavioral support to all LACOE classrooms
  - o A Book Club supported by PLYS volunteers
  - o A Poetry Writing workshop supported by PLYS volunteers
  - o Academic Tutoring supported by PLYS volunteers
  - o Enrollment in: Adult Classes for credit deficient older students, West Valley Occupation, Pierce Community College for students deemed appropriate by the child's treatment team.
- c) See notation 2. a & b)

## **HEALTH AND MEDICAL NEEDS**

### **Recommendations:**

1. Pacific Lodge shall ensure that each child is provided with adequate dental care services and that all dental visits are maintained and documented in the each child's medical file and NSP.

### **POC**

- a) This agency currently uses the dental office of Dr. James Kodama, located on 19231 Victory Blvd., Suite 253A, in the city of Reseda. All dental appointments are arranged within the appropriate time period as stated in the county and state regulations.
- b) All follow up appointments are also maintained as recommended by the Dentist.
- c) If a child refuses an appointment, appropriate documentation will be made and follow up will occur with the child's treatment team to discuss the non-compliance for dental care. If necessary, the involvement of the child's DPO will also occur.
- d) All health information will be documented in the child's NSP by the agency nurse. The Nursing Coordinator will ensure all health information is documented accurately.
- e) It was noted, during the resident chart reviews, that a minor was seen by Dr. Kodama on 5/24/11 and was to have a 6-month follow up for a routine check. However, this agency failed to ensure that the 6-month follow up occurred as recommended. This agency scheduled the recommended 6-month routine follow up on 3/1/12. In the past, this agency would be notified by the Dental Office of the upcoming 6-month follow up appointment. This agency now utilizes Outlook Calendar to enter 6-month routine follow up appointments to minimize another occurrence.

## **PERSONNEL RECORDS**

### **Recommendations:**

1. Pacific Lodge shall ensure that all current staff members employed by the Group Home are to have their initial 20 hours of training properly and clearly documented and placed in their staff file, and shall have them available for review.

#### **POC**

- a) This agency provides an initial 2 weeks of new staff orientation training, prior to the employee beginning their work schedule and being responsible for their job duties. During the exit interview with GH Monitor A. Juarez, the staff in question that did not have the training documents filed was resubmitted with the necessary training documents in file. This agency stated that the training documents were in the file during the initial audit.
  - b) All new staff training records are submitted to Human Resources at the successful conclusion of the training, to be filed in each employees personnel file. In addition, an annual training report is printed for each employee and filed in the appropriate personnel file.
2. Pacific Lodge shall ensure that all current staff members employed by the Group Home that are responsible for the direct care and supervision of placed children are to have their CPR and First-Aid training certification valid and current and placed in their staff file, and shall have them available for review.

#### **POC**

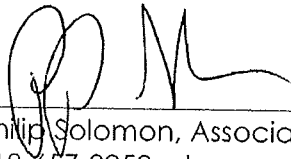
- a) This agency employs three (3) certified 1<sup>st</sup> Aid and CPR Instructors (certified by EMS Safety) to provide all certification training to employees. The training is offered approximately 6 times a year, scheduled every other month. Employees who have never been trained or their certification is expiring will be scheduled to attend the next available 1<sup>st</sup> Aid and/or CPR class.
- b) During the audit of the staff files, one staff member was noted as not having proof of completing the required First Aid and CPR training. This staff was trained in First Aid & CPR on 1/11/12 by this agency's certified EMS Instructor. A copy of this employee's training certificates has been placed in the employee file.

3. Pacific Lodge shall ensure that all current staff members employed by the Group Home are to have their required annual on-going training of 40 hours properly and clearly documented and placed in their staff file, and shall have them available for review.

POC

- a) See item 1. a) under PERSONNEL RECORDS

Submitted by:



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4-9-12

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Date