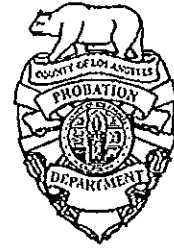




COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242
(662) 940-2501



JERRY E. POWERS
Chief Probation Officer

January 3, 2014

TO: Each Supervisor

FROM: Jerry E. Powers *Felicia Cotton for*
Chief Probation Officer

SUBJECT: **THE HOUSE OF BETHESDA, INC GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of The House of Bethesda in March 2013. The House of Bethesda is located in the Second Supervisorial District of Los Angeles County. The House of Bethesda provides services to Los Angeles County Probation children. According to The House of Bethesda program statement, its purpose is "To treat boys who have behavioral, social and emotional difficulties." The House of Bethesda Group Home is a six (6) bed home, which provides care for boy's ages 13-17 years of age. At the time of the review, The House of Bethesda was providing care for five (5) Probation children. The placed children's overall average length of stay was six months, and their average age at the time of inspection was 16 year old. The interview sample size was five (5) youth, with no children who were on psychotropic medication at the time of this review. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During PPQA/GHM's review, the interviewed children reported feeling safe at The House of Bethesda, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. The House of Bethesda was in compliance with seven (7) of the 10 areas of our Contract Compliance Review: Licensure/Contract Requirements; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Records.

However, deficiencies were noted in the areas of Facility and Environment, Maintenance of Required Documentation Service Delivery, and Discharge Plan. The House of Bethesda had minor repair issues and agreed to correct the deficiencies noted at each site. The House of Bethesda also needs to develop comprehensive Needs and Services Plans (NSPs) and was instructed to obtain signatures when developing their Needs and Services Plan.

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Lastly, The House of Bethesda needed to complete the Discharge Plan in a timely manner according to the permanency plan. Attached are the details of the completed review.

REVIEW OF REPORT

On March 20, 2013, Probation PPQA Monitor, Raymond Ro, held an Exit Conference with The House of Bethesda Administrator, Robert Smith. The House of Bethesda representative agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

The House of Bethesda provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

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

JEP:FC:LCM

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
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Jean Chen, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing
Georgla Mattera, Public Safety, Deputy Chief Executive Officer
Chief Deputies
Justice Deputies

**THE HOUSE OF BETHESDA
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013**

SCOPE OF REVIEW

The purpose of this review was to assess The House of Bethesda compliance with its County contract and State regulations and included a review of the Group 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 Plan
- Personnel Records

For the purpose of this review, five (5) placed children were selected for the sample; all five (5) were Probation children. 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. Additionally, three (3) discharged children's files were reviewed to assess The House of Bethesda compliance with permanency efforts. At the time of the review, there were no placed children who were prescribed psychotropic medication. Additionally, 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 of care and supervision.

CONTRACTUAL COMPLIANCE

PPQA/GHM found the following three (3) areas out of compliance.

Facility and Environment

During the facility inspection, there were three (3) of the six (6) areas of non-compliance noted at the site; "Exterior Well Maintained", "Common Quarters Maintained" and "Children's Bedrooms/Interior Maintained". At the exterior of the Group Home, there was a wooden board next to the garage. The wooden board was approximately 4ft x 6ft leaning towards a wall. This appeared to be a safety issue as someone could potentially injure themselves by tripping on it. In Bedroom #1, there was gang graffiti in the first and second dresser drawer and graffiti inside the closet. In Bedroom #2, there was gang graffiti on the bulletin board and closet. In Bathroom #1, there was graffiti on the paper towel holder.

Recommendation

1. The House of Bethesda shall ensure that the aforementioned deficiencies cited will be corrected and repaired in a timely fashion.

Maintenance of Required Documentation and Service Delivery

Based on the review of The House of Bethesda and interviews conducted with five (5) Probation placed children, The House of Bethesda was out of compliance in three (3) of the 13 areas, "Probation Caseworker Authorization to Implement Needs and Service Plans," "Probation Caseworkers Monthly Contact Verified," "Treatment team develop comprehensive updated Needs and Service Plans (NSPs) with the child." The children's NSPs were missing the Probation Caseworker's signature to authorize implementation of their NSPs. There was no documentation found showing efforts made to obtain the Probation Officer's signature to authorize the children's NSPs. There was no documentation verifying that the Probation Officer's made monthly contact with the children as nothing was recorded in the children's files. There was no effort to show that the treatment team developed a comprehensive updated NSP. There were no NSPs in certain child files, as well as, missing signatures from staff and child.

Recommendation

2. The House of Bethesda management shall ensure that all NSP's are comprehensive and timely and that all appropriate signatures are documented.

Discharge Plan

Based on the review of The House of Bethesda charts, The House of Bethesda was not in compliance with, "Children placed at least 30 days, was the child discharged according to the permanency plan." There were no documented efforts made to ensure that the discharge plan was completed in a timely manner.

Recommendation

3. The House of Bethesda management will ensure that all Discharged Plans will be completed in a timely manner according to the permanency plan.

PRIOR YEAR FOLLOW-UP FROM PROBATION'S PPQA GHMU'S GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated March, 2012, identified recommendations in the five (5) following areas: "Facility of Environment"; "Maintenance of Required Documentation and Service Delivery"; "Educational and Workforce Readiness"; "Personal Rights and Social/Emotional Well-Being; and Personnel Records".

Results

Based on the completed follow-up, The House of Bethesda fully implemented all seven (7) previous recommendations in the area of "Facility of Environment", for they were to ensure that:

- Fix the baseboard in bedroom #2.
- Closet #2 was fixed.
- Dresser drawers in bedroom #3 were fixed.
- Closet rod in bedroom #3 was painted.
- Graffiti in closet in bedroom #3 was removed.
- Protruding wire from couch in living room was secured.
- Loose wood from side of garage was removed.

Based on the completed follow-up, The House of Bethesda fully implemented the one (1) previous recommendation in the area of "Educational and Workforce Readiness", for they were to ensure that:

- The House of Bethesda shall maintain and update all IEP's for all children placed in the house. House of Bethesda is in compliance with maintaining and updating all IEP's.

Based on the completed follow-up, The House of Bethesda fully implemented the two (2) previous recommendations in the area of "Personal Rights and Social/Emotional Well-Being", for they were to ensure that:

- House of Bethesda provided the children the opportunity to participate in planning their own activities. In addition, children were aware that they were free to attend religious services and activities of their own choice.

Based on the completed follow-up, The House of Bethesda fully implemented the one (1) previous recommendation in the area of "Personnel Records", for they were to ensure that:

- House of Bethesda is up to date on all necessary documents, educational requirements, and all other on-going trainings. All employee drivers' licenses are current.

The one (1) recommendation that remains out of compliance for the 2013-2013 fiscal year is in the area of "Maintenance of Required Documentation and Service Delivery".

- The House of Bethesda shall obtain all Probation Officer Signatures for Needs and Service plans.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for House of Bethesda from the Department of Auditor-Controller is dated March 10, 2010, for the fiscal period of January 1, 2008, to December 31, 2008. The report dated March 10, 2010, indicated that House of Bethesda had questioned/disallowed cost. House of Bethesda submitted a timely, approved fiscal Corrective Action Plan, which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

**THE HOUSE OF BETHESDA PROGRAM CONTRACT COMPLIANCE
MONITORING REVIEW- SUMMARY**

| | Contract Compliance Monitoring Review | Findings: Feb. 2013 |
|-----|--|---|
| I | <p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted/Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL citations for safety/plant deficiencies 9. Detailed sign in/out log for children | Full Compliance (All) |
| II | <p><u>Facility and Environment</u> (6 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Quarters Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food | <ol style="list-style-type: none"> 1. Needs Improvement 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance |
| III | <p><u>Maintenance of Required Documentation and Service Delivery</u> (13 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Program Statement 2. Probation Caseworker Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff/Parents 5. Sampled children progressing towards meeting the NSP case goals 6. Treatment team developed timely initial NSP with the child 7. Treatment team develop comprehensive initial NSP with the child 8. Therapeutic Services Received (individual, group, substance abuse, etc.) 9. Recommendation Assessments/Evaluations Implemented (psychological, psychiatric, medical evaluations/assessments) 10. Probation Caseworkers Monthly Contact Verified 11. Agency assist the child in maintaining important relationships 12. Treatment team develop timely updated NSP with the child | <ol style="list-style-type: none"> 1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Needs Improvement 11. Full Compliance 12. Full Compliance |

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

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

| | | |
|--|---|--|
| | <ol style="list-style-type: none">3. Child Abuse Clearance Index (CACI) submitted timely4. Appropriate employees sign a criminal background statement timely5. Group Home staff who have direct contact with children meet the educational/experience requirements6. Employees received timely health screenings7. Required employees have a valid CA drivers license8. Appropriate Group Home employees signed copies of the Group Home policies and procedures9. Appropriate employees received the required initial training10. Appropriate employees received minimum one-hour training in the area of child abuse identification and reporting11. Appropriate employees received CPR training12. Appropriate employees received First-Aid training13. Appropriate employees received the required annual on-going training14. Appropriate employees received emergency intervention training per the Group Home's program statement | |
|--|---|--|



The House of Bethesda
Group Home, Inc.

A NON PROFIT ORGANIZATION

14614 Firmona Avenue
Lawndale, CA 90260

(310)675-1444; fax (310)675-1333

April 20, 2013

Raymond Ro, DPO-II
LOS ANGELES COUNTY DEPARTMENT OF PROBATION

CORRECTIVE ACTION PLAN

Dear Mr. Ro:

The following is the Corrective Action Plan requested in response to the visit at our facility on March 20, 2013:

FACILITY AND ENVIRONMENT

Deficiency:

Graffiti on wall of Bedroom #1
Graffiti on first drawer of Bedroom #1
Graffiti on second drawer of Bedroom #1

Graffiti from closet in Bedroom #1
Graffiti from bulletin board in Bedroom #2
Graffiti from closet in Bedroom #2
Graffiti from paper towel holder in Bathroom #
Wooden board next to back garage

Re: Corrective Action

Recommendation

2. For the interiors of the Group Home site, the Group Home needs to remove the various graffiti in the house.

CORRECTIVE ACTION:

As per the recommendation, all graffiti from all the interiors of the Group Home will be removed within 30 days of the this report.

3. Remove the wooden board next to back garage.

As per the recommendation, the wooden board next to the garage will be removed within 24-hours of the date of this report.

4. Maintenance of Required Documentation and Service Delivery

All initial 30-Day Reports and NSP Quarterly Reports were missing probation officer signatures and the Group Home could not provide the monitor with documented efforts on obtaining the required signatures.

Recommendation

All sections of the Quarterly NSPs must be provided with the Probation Officer's signature.

CORRECTIVE ACTION:

As per the recommendation, all sections of the Quarterly/NSP reports will have the signature of the probation officer.

5. Discharged Children

The discharged case plan was not completed in a timely manner as according to the Permanency Plan.

Recommendation

Review and complete discharge plan according to permanency plan.

CORRECTIVE ACTION:

Per recommendation, all Discharge Case Plans will be completed in a timely manner according to the Permanency Plan effective immediately.

Re: Corrective Action

Robert Smith

Robert Smith
Group Home Licensee

Aline Smith, Ph.D.

Administrator

Date: April 20, 2013