



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501



JERRY E. POWERS
Chief Probation Officer

July 8, 2014

TO: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Mark Ridley-Thomas,
Supervisor Michael D. Antonovich

FROM: Jerry E. Powers *J.E.P.*
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 December 2013. The House of Bethesda is located in the Second District of Los Angeles County. The House of Bethesda provides services to Los Angeles County Probation children only. According to The House of Bethesda's 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 boys 13 - 17 years of age. At the time of the review, The House of Bethesda was providing care for four (4) Probation children. The placed children's overall average length of stay was six (6) months and their average age, at the time of inspection, was 16.42 years old. The youngest child was 15.4 and the oldest child was 17.8.

Four (4) children were randomly selected for the interview sample, with no children who were prescribed psychotropic medication. 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 the PPQA/GHM 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 the Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children and Personnel Records.

Each Supervisor
July 8, 2014
Page 2 of 2

However, deficiencies were noted in the areas of Licensure/Contract Requirements, Facility and Environment, and Maintenance of Required Documentation Service Delivery. The House of Bethesda needs to put a copy of the Department of Motor Vehicle registration in the Group Home van. The House of Bethesda had minor repair issues inside the facility and agreed to correct the deficiencies noted. The House of Bethesda also needs to develop comprehensive Needs and Services Plans (NSPs). The House of Bethesda was also instructed to obtain caseworker signatures and dates when developing their NSP.

REVIEW OF REPORT

On January 23, 2014, Probation PPQA Monitor Raymond Ro held an Exit Conference with The House of Bethesda Administrator Robert Smith. Mr. Smith 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 and Community Care Licensing.

The House of Bethesda provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted, and all deficiencies cited in CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

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

JEP:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujjoka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Acting Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Robert Smith, Administrator, The House of Bethesda Group Home
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

**HOUSE OF BETHESDA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

14614 Firmona Avenue.
Lawndale, CA 90260
License # 191601689
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: December 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 Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	<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
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Needs Improvement 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	<p><u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation 	<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. Full Compliance

IV	<p><u>Educational and Workforce Readiness</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs 	Full Compliance (ALL)
V	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely 	Full Compliance (ALL)
VI	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	Full Compliance (ALL)
VII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 	Full Compliance (ALL)

VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book 	Full Compliance (ALL)
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement 	Full Compliance (ALL)
X	<p><u>Personnel Records</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. <u>All</u> Required Training 	Full Compliance (ALL)

**HOUSE OF BETHESDA
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014**

SCOPE OF REVIEW

The purpose of this review was to assess The House of Bethesda compliance with the County contract and State regulations and include 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 Children
- Personnel Records

For the purpose of this review, all four (4) placed children were selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged children's files were reviewed to assess The House of Bethesda's compliance with permanency efforts. At the time of this 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

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

Licensure/Contract Requirements

During the inspection, it was discovered that there was no copy of the Department of Motor Vehicles (DMV) registration in The House of Bethesda facility van. Although, The House of Bethesda was able to provide proof of payment for the registration of the facility van, there was no copy of the registration inside the van. Therefore, they were instructed to place the registration in the van immediately upon receipt.

Recommendation

1. Related to the element of Transportation, House of Bethesda shall provide a copy of the DMV registration of the van and a copy be placed inside the van.

Facility and Environment

During the facility inspection, one (1) of the six (6) areas of non-compliance was noted at the site, "Children's Bedrooms/Interior Maintained". In bedroom #1, there was gang graffiti in the shelf closet and gang graffiti inside the closet door. In bedroom #2, there was gang graffiti on the side of the door closet and gang graffiti inside of the left closet. In bedroom #3, the back screen door was old and needed to be replaced. The fire alarm in bedroom #3 was not in working condition, as it was hanging from the ceiling.

Recommendation

1. House of Bethesda shall ensure that the aforementioned deficiencies cited in the Children's Bedroom and Interior areas will be corrected and repaired in a timely fashion.

Maintenance of Required Documentation and Service Delivery

Based on our review of The House of Bethesda and interviews conducted with four (4) Probation placed children, The House of Bethesda was not in compliance in one (1) of the 13 areas, "County Worker's Authorization to Implement Needs and Service Plans (NSPs)". One (1) of the children's NSPs was missing the Probations Caseworker's signature to authorize implementation of their NSPs. There was no documentation found showing efforts made to obtain the Probations Officer's signature in order to authorize the child's NSP. In addition, the three (3) Probation placed children's NSPs that did have signatures did not have dates next to the signatures of the Probation Officer. Out of the four (4) NSP's reviewed, three (3) did not have dates next to the Probation Caseworkers signatures, and one (1) of them was missing a signature.

Recommendation

1. House of Bethesda management shall ensure that all NSP's have the Probation Caseworker's authorization to implement the NSPs by having documented appropriate signature and dates.

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

PPQA/GHM's last compliance report dated June 9, 2014, identified the following recommendations in the following three (3) areas: "Facility and Environment", "Maintenance of Required Documentation and Service Delivery" and "Discharge Plan".

Results

Based on the completed follow-up, The House of Bethesda fully implemented two (2) of the previous three (3) recommendations "Facility and Environment" and "Discharge Plans" and for they were to ensure that:

- The exterior and interior deficiencies were corrected in a timely manner. All deficiencies were in compliance for this year's review.
- All Discharge Plans were completed in a timely manner, as according to the permanency plan during the monitoring inspection. The House of Bethesda was in full compliance this year.

Based on the follow-up, The House of Bethesda did not implement the previous recommendation in the area of "Maintenance of Required Documentation and Service Delivery", for they were to ensure that:

- All initial NSPs must have the signatures of the Probation Officer. Although progress was made, The House of Bethesda was able to only provide signatures for three (3) out of the four (4) Probation placed children's NSPs.

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 HOME FOR BOYS, INC.
14614 Firmona Avenue
Lawndale, CA 90260
(310)675-1444; fax (310)675-1333

February 10, 2014

Raymond Ro, DPO.II
Department of Probation

CORRECTIVE ACTION PLAN

Dear Mr. Ro:

The following is the written requested Correction Action Plan in response to your report dated 1/23/14.

I. Licensure/Contract Requirements

Citation

The new registration for the van was paid and dated 1-19-14; however, there is no copy of the DMV registration in the Group Home Vehicle.

Corrective Action:

Within three days of the date of this report, a copy of the DMV registration will be placed in the glove compartment of the Group Home Van.

II. Facility and Environment

Citation

Back bedroom #3-screen door old; needs to be replaced

Bedroom#3- Fire alarm left hanging and not connected properly.

Bedroom#1- Shelf closet -there is graffiti inside closet door.

Bedroom #2 Door of closet on side there is graffiti/closet opening. Inside closet left side graffiti.

Corrective Action:

Within thirty days of the date of this report the following Corrective Action Plan will be in place:

Back Bedroom #3- screen will be replaced.
Bedroom #3 Fire alarm will be properly connected.

Bedroom#1- All graffiti on shelf closet and inside closet door will be removed.

Bedroom #2 All graffiti on the side of the closet, as well as the inside closet opening and left side of the inside of closet will be removed.

III. Maintenance of Required Documentation and Service Delivery

Citation

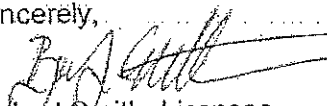
Regarding NSP/Quarterly Report

Youth signed but it was not dated by DPO of record.
Efforts to make contact with DPO of record for youth #2 was not recorded.
Youth #3 signed name, but it was not dated by DPO of record.

Corrective Action:

Effective immediately, all NSP/Quarterly reports will be signed and dated by residents' DPO. In addition, attempts to make contact with DPOs will be documented and dated.

Sincerely,


Robert Smith, Licensee