



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501



JERRY E. POWERS
Chief Probation Officer

June 19, 2015

TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Jerry E. Powers *J.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 Monitor (GHM), conducted a review of The House of Bethesda Group Home, operated by The House of Bethesda Inc., in February 2015. The House of Bethesda Group Home Inc. has one (1) site, which is located in the Second Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children. According to The House of Bethesda Group Home's program statement, its purpose is to assist adolescent aged boys to actualize their innate potential and to acquire constructive and flexible skills that can be incorporated into their lives, thereby enabling them to meet the social and emotionally challenges of life.

The House of Bethesda Group Home is a six (6) bed site and is licensed to serve a capacity of six (6) boys, 13-17 years old. At the time of this review, The House of Bethesda Group Home served five (5) Los Angeles County Probation foster children. Based on the sample, the placed children's overall average length of placement was two (2) months, and their average age was 16 years.

All five (5) Probation children were selected for the sample size; however, one (1) child was on Absence Without Leave (AWOL) status and was unavailable to be interviewed. There was one (1) child in the sample who was prescribed psychotropic medication, and the case was reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged Probation children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at The House of Bethesda Group Home, 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 six (6) of the 10 areas of our Contract Compliance Review: "Licensure/Contract Requirements", "Facility and Environment", "Education and Workforce Readiness", "Health and Medical Needs", "Personal Needs/Survival and Economic Well-Being" and "Discharged Children".

PPQA/GHM noted deficiencies in the areas of "Maintenance of Required Documentation and Service Delivery", in that The House of Bethesda Group Home needs to ensure that the Initial and Updated Needs and Services Plans (NSPs) are comprehensive. It was noted in the area of "Psychotropic Medication" that The House of Bethesda Group Home needs to have current psychiatric evaluations/reviews for each child on psychotropic medication. In the area of "Personal Rights and Social/Emotional Well-Being, The House of Bethesda Group Home needs to ensure that children are given the opportunity to participate in age-appropriate, extra-circular, enrichment and social activities in which they have an interest.

Deficiencies were also noted in the area of "Personnel Records", in that, The House of Bethesda Group Home needs to ensure that all employees receive timely health screenings/Tuberculosis (TB) clearance and required training, and that employees who transport children have a valid California driver's license. In addition, The House of Bethesda Group Home needs to ensure that all employees have signed copies of the Group Home policies and procedures and employees have received all required training.

REVIEW OF REPORT

On February 4, 2015, Probation PPQA Monitor Kedra Frelix held an Exit Conference with The House of Bethesda Group Home Administrator Robert Smith. Administrator 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).

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

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

Each Supervisor
June 19, 2015
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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:ed

Attachments (3)

- c: Sachi A. Hamai, Interim Chief Executive Officer
- John Naimo, Auditor-Controller
- Phillip L. Browning, Director, Department of Children and Family Services
- Public Information Office
- Audit Committee
- Sybil Brand Commission
- Latasha Howard, Probation Contracts
- Robert Smith, Administrator
- Community Care Licensing

**THE HOUSE OF BETHESDA, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**The House of Bethesda
14614 Firmona Avenue
License # 191601689
Rate Classification Level: 10**

	Contract Compliance Monitoring Review	Findings: February 2015
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 	Full Compliance (ALL)
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 	Full Compliance (ALL)
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. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Improvement Needed

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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed
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) 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed

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

**THE HOUSE OF BETHESDA, INC., GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015**

SCOPE OF REVIEW

The purpose of this review was to assess The House of Bethesda Group Home's compliance with the County contract and State regulations and include a review of The House of Bethesda 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, five (5) placed Probation foster children were selected for the sample; however, one (1) child was unable to be interviewed due to his runaway status. Placement Permanency & Quality Assurance (PPQA), Group Home Monitor (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, one (1) placed child was prescribed psychotropic medication. Their case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files were reviewed, to assess The House of Bethesda's compliance with permanency efforts.

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

CONTRACTUAL COMPLIANCE

The following four (4) areas were out of compliance.

Maintenance of Required Documentation and Service Delivery

- Of the five (5) files reviewed, four (4) files lacked comprehensive initial NSPs. None of the children's initial NSPs provided any information in the "Concurrent Case-Plan Goal" sections. Four (4) initial NSPs failed to implement concurrent plans (i.e. family finding efforts) simultaneously with the primary Case Plan Goal.

Four (4) initial NSPs contained information in the NSP treatment and Visitation section that was not individualized. Four (4) initial NSPs did not include information for the specific services the child had received in regards to Life Skills

Training/ Emancipation Preparation. Two (2) initial NSPs have missing information for date of birth. Two (2) initial NSPs have goals that are not child-specific, not individualized and are hard to comprehend. One (1) initial NSP did not have a parental signature. Two (2) initial NSPs have goals that were unattainable for the child to make progress or achieve. One (1) initial NSP did not have a child signature. One (1) initial NSP does not explain the lack of parental involvement in the child's treatment plan. One (1) initial NSP failed to contain any information in the education section for the child. One (1) initial NSP listed Not Applicable (N/A) in several sections that should have information. For example, the child attends a non-public school and has an Individualized Education Plan (IEP); however, his strengths and needs are not articulated in the education section. One (1) initial NSP had a conflicting primary Case-Plan Goal that indicated Planned Permanent Living Arrangement (PPLA); however, the comment section reports that the child will be reuniting with his parent.

- Of the five (5) files reviewed, one (1) file lacked a comprehensive updated NSP. The child's updated NSP did not provide any information in the "Concurrent Case-Plan Goal" element. The updated NSP failed to implement concurrent plans (i.e. family finding efforts) simultaneously with the primary Case-Plan Goal. The updated NSP failed to contain any information in the education section for the child. The updated NSP contained information in the treatment and Visitation section that is not individualized. The updated NSP did not include information for the specific services the child has received in regards to Life Skills Training/ Emancipation Preparation. Achieved goals are not recorded in the appropriate section and documented with the correct date. The updated NSP did not properly document why Outcome Goals were modified and failed to indicate what changes were made to the goals to make them achievable. The updated NSP goals are not measurable.

Recommendation

The House of Bethesda management shall ensure that:

1. The Group Home treatment team shall develop comprehensive, initial NSPs with the participation of the developmentally age-appropriate child.
2. The Group Home treatment team shall develop comprehensive, updated NSPs with the participation of the developmentally age-appropriate child.

Psychotropic Medication

- A review of one (1) child's file, who takes psychotropic medication, revealed that a current psychiatric evaluation or assessment was not present in their file.

Recommendation

The House of Bethesda management shall ensure that:

1. There is a current psychiatric evaluation/review for each child on psychotropic medication.

Personal Rights and Social/Emotional Well-Being

- During the interview process, one (1) of the five (5) children reported that he is not allowed to participate in extra-curricular activities due to the Group Home's regimented schedule. The child stated that he desires to participate on a football, basketball or baseball team.

Recommendation

The House of Bethesda management shall ensure that:

1. Children are given opportunities to participate in age-appropriate, extra-curricular, enrichment and social activities in which they have an interest.

Personnel Records

- Upon reviewing a sample of the Personnel Files, one (1) of the five (5) employees did not have Tuberculosis (TB) clearance or a health screening report in their personnel file. One (1) of the five (5) employees had proof of TB clearance that was two (2) years prior to employment at the Group Home.
- One (1) of the five (5) employees did not have a valid California driver's license in their personnel file.
- One (1) of the five (5) employees did not have a signed copy of the Group Home policies and procedures in their personnel file.
- Three (3) of the five (5) employees did not have proof of valid Cardiopulmonary Resuscitation (CPR) training in their personnel files. One (1) of the five (5) employees did not have any record of initial training in their personnel file.

Recommendation

The House of Bethesda management shall ensure that:

1. Group Home employees receive timely health screenings/ Tuberculosis (TB) clearance.

2. Group Home employees that transport children, have a valid California driver's license.
3. Group Home employees sign copies of the Group Home policies and procedures.
4. Group Home employees receive all required training (initial, minimum of one-hour child abuse reporting, CPR, First-Aid, required annual and emergency intervention).

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

PPQA/GHM's last compliance report dated July 8, 2014, identified three (3) recommendations.

Results

Based on the follow-up, The House of Bethesda Group Home fully implemented three (3) of the three (3) previous recommendations for which they were to ensure that:

- The House of Bethesda Group Home ensured that the Group Home vehicle contains a valid copy of the Department of Motor Vehicle (DMV) registration.
- The House of Bethesda Group Home has acquired or documented efforts to obtain the County worker's (Probation Officer's) authorization to implement the NSP.
- The House of Bethesda Group Home has ensured that the children's bedrooms are well maintained.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A recent fiscal review of The House of Bethesda has not been conducted by the Auditor Controller.



The House of Bethesda
Group Home, Inc.

A NON PROFIT ORGANIZATION

14614 Firmona Avenue
Lawndale, CA 90260

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

June 2, 2015

Kedra Frelix, Deputy Probation Officer II
Los Angeles County Probation Department
Placement Permanency & Quality Assurance
Group Home Monitoring and Investigation Unit
Lynwood Regional Justice Center
11701 South Alameda St 2nd Floor
Lynwood, CA 90262

Dear Ms. Frelix:

The following is the Corrective Action Plan requested in response to the visit at our facility on February 4, 2015.

CORRECTIVE ACTION PLAN

I. Maintenance of Required Documentation and Service Delivery

Deficiency: The Initial and Quarterly Needs and Service Plans (NSPs) were not deemed comprehensive.

Correction: On April 27, 2015, the House of Bethesda Administration completed Needs and Service Plan (NSP) training with PPQA Monitor Kedra Frelix. The training topics included the following:

- Implementation of Concurrent Case Plan Goals. This section will not be left blank and will include detailed information about the child's concurrent plan in the event that their primary case plan goal is not achieved.
- Individualized and detailed information will be included in all sections of the NSPs.
- The Life Skills Training/Emancipation Preparation section will include information for specific services the child has received while at the Group Home.

- The child's accurate identifying information will be included in all NSPs.
- The child's Case Plan Goals will be child-specific, easy to comprehend, measurable, and obtainable for the child to achieve.
- The parent's signature will be included on all NSPs, and when applicable, a detailed explanation of the lack of parental involvement in the child's program.
- The child's signature will be included on all NSPs.
- The Education Section will include complete and detailed information.
- All achieved goals will be noted in the Achieved Goal Section, along with the correct date the goal was achieved.
- A detailed explanation of why the Outcome Goals were modified and what the Group Home is doing differently to assist the child in achieving their goals.

In addition to the above training, the House of Bethesda Administration enacted an oversight policy to ensure that all future NSPs will be comprehensive. Henceforth, on a monthly basis, the Facility Manager will be in charge of reviewing the NSPs, in addition to the NSP writer, to make sure they contain accurate and detailed information as required. The House of Bethesda Facility Manager will send one (1) initial NSP and one (1) updated NSP to PPQA Monitor Kedra Frelix every 60 days until the next annual review to ensure continuous quality improvement.

II. Psychotropic Medication

Deficiency: Psychiatric Evaluation/Assessment was not in the youth's file.

Correction: After thorough review of why the assessment was missing, it was discovered that the Psychiatrist failed to provide the Group Home with the child's Psychiatric Evaluation/Assessment. Due to the fact that the Facility Manager failed to review the child's file; the Group Home did not contact the Psychiatrist and obtain a copy of the child's Psychiatric Evaluation/ Assessment.

From this point forward, the Facility Manager will ensure that all children who are prescribed psychotropic medication will have a Psychiatric Evaluation Assessment in their file. The Facility Manager will perform a review of all files every month to ensure that the current Psychiatric Evaluation/Assessment is placed in their respective file.

Upon review, documentation will be placed in the child's file with the manager's signature and the date the review was completed.

The Psychiatric Evaluation/ Assessment was placed in the above child's file on February 5, 2015.

III. Personal Rights and Social/Emotional Well-Being

Deficiency: During the child interview, a child stated that he could not participate in his high school's baseball and football teams because they interfered with the Group Home's therapy sessions.

Correction: Although the child who was the focus of this review no longer resides at the Group Home, all children have been assessed for the desire to participate in extracurricular activities. Subsequently, the Group Home admitted three residents, and the residents that were present during the monitoring period are no longer at the Group Home.

On April 30, 2015, and May 11, 2015, all three residents were interviewed and asked if they have a desire to be involved in any extracurricular activities. One resident stated that he would like to get involved in baseball and football. One resident stated he is not interested in participating in extracurricular activities. The third resident is involved in the Reserve Officers' Training Corps (ROTC) program and he is satisfied with this extracurricular activity.

The in-house Social Worker has contacted some local community agencies to gather information regarding summer programs and camps. The plan is to enroll residents in extracurricular activities that are suited to their interests.

On May 29, 2015, two residents were enrolled in the afterschool football program at Leuzinger High School. They began this program on June 1, 2015. On May 29, 2015, staff gathered information from Coast Fitness in Hawthorne, CA regarding its summer program for adolescents. The minors will register in this summer program by June 15, 2015, and participate in a variety of programs from 6-7:30 pm, two days per week, and, once on Saturdays (open schedule).

Thus, from this point forward, all children upon entry to the Group Home will be asked about participation in extracurricular activities and their school or local park will be contacted to find out what opportunities are available. This information will be documented in each child's NSP.

IV. Personnel Records

Deficiency: Two employees did not have timely health screenings or Tuberculosis (TB) clearances in their files.

Correction: After review, it was determined that the Facility Manager failed to ensure that the medical clearances and health screenings were completed and failed to notify the Director.

A new procedure is now in place where the Director will review personnel files immediately upon hire to ensure that all medical appointments/clearances are documented in the personnel files. In addition, all employees will receive timely health screening and TB clearance within 24 hours of the date of hire. The Group Home Administrator will ensure that the appropriate verification is documented in the Personnel File of each employee. The Facility/Project Manager will perform a monthly review of all personnel files and will document this on a check-off list that will be placed in each file.

The two employees whose personnel files were reviewed have subsequently had their health screening and TB tests placed in their files on February 6, 2015. However, one of these employees is no longer employed at the Group Home.

Deficiency: One employee did not have a valid California Driver's License in their file.

Correction: The employee whose file did not have a current California Driver's License, does not and will not transport children. The Administrator documented this information in his file on February 6, 2015.

The Administrator will ensure that the appropriate verification is documented in the Personnel File of each employee as to whether they do or do not transport children on a monthly basis and the information will be documented via a check-off list.

Deficiency: One employee did not have a signed copy of the House of Bethesda's Policies and Procedures.

Correction: After review, it was determined that the Administrator failed to ensure that the employees reviewed and signed the Group Home's policies and procedures and failed to notify the Director.

A new procedure is now in place where the Director will review personnel files immediately upon hire to ensure that all employees will have a signed copy of the House of Bethesda's Policies and Procedures in their file. The Administrator will ensure that the appropriate verification is documented in the Personnel file of each employee. The Administrator will review each Personnel file on a monthly basis to ensure that each file has a copy of the House of Bethesda Policies and Procedures. This review will be documented on check-off list.

As of February 6, 2015, a signed copy of the House of Bethesda's Policies and Procedures was placed in the above employee's file.

Deficiency: Three employees did not have one or more of the following in their file: valid certification of Cardio Pulmonary Resuscitation (CPR) training, First Aid Training and Initial Training.

Correction: After review, it was determined that the Facility Manager failed to ensure that the trainings were completed and failed to notify the Director. A new policy is in place where the Director will immediately review personnel files upon hire to ensure that initial training are scheduled, completed and documented in the each employee's file. The House of Bethesda's policy states that each new hire will undergo initial training (orientation) within the first month (30-days) of hire.

The three employees whose files did not contain a valid CPR and/or First Aid documentation, were updated and placed in their respective files on February 12, 2015.

The Administrator will ensure that the appropriate verification is documented in the Personnel file of each employee. Furthermore, the Administrator will review all Personnel files on a monthly basis and the information will be documented via a check-off list.

Robert Smith

Robert Smith
Group Home Licensee

Aline Smith, Ph.D.

Administrator