COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

October 20, 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
Chief Probation Officer

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

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Pacific Lodge Boy's Home, operated by Pacific Lodge Youth Services, in May 2015. Pacific Lodge Boy's Home (Pacific Lodge) has one site located in Los Angeles County, Third Supervisorial District. Pacific Lodge provides services to Los Angeles County Probation, Alameda County Probation, Sacramento County Probation, San Francisco County Probation, San Bernardino County Probation, Ventura County Probation and San Luis Obispo County Probation foster children. According to Pacific Lodge's program statement, its purpose is to provide supervised care and housing for abused, neglected, and abandoned boys 13-18 years old, in a residential setting. They offer their services to boys, and their families, who are experiencing psychological, emotional or behavioral problems in a supportive therapeutic environment.

Currently, Pacific Lodge has one (1) 51-bed site, although they are licensed to serve a capacity of 68 boys. At the time of review, Pacific Lodge was serving 35 Los Angeles County Probation placed children; the other youth residing there were from the various counties. Based on the sample size, the placed children's overall average length of placement was three (3) months, and their average age was 17 years.

Seven (7) Los Angeles County Probation children were randomly selected for the interview sample. Two (2) children in the sample size were prescribed psychotropic medication, and those cases were reviewed to assess for timeliness of Psychotropic

Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess for 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 of care and supervision.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Pacific Lodge, and that they were provided with good care and appropriate services, were comfortable in their environment, and treated with respect and dignity. Pacific Lodge was in compliance with seven (7) of the 10 areas of our Contract Compliance Review: "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", and " Personnel Records ".

Although, PPQA/GHM noted deficiencies, in three (3) out of the 10 areas, there were no egregious findings in any of the areas. In the area of "Licensure/Contract Requirements", Pacific Lodge needed to ensure that comprehensive and accurate monetary and clothing allowance logs were maintained and that Pacific Lodge was free of substantiated Community Care Licensing allegations. The element of "Timely Notification for Child's Relocation" is Non-Applicable due to the fact that Pacific Lodge has only one site and no options for relocation. It was noted, in the area of "Facility and Environment" that Pacific Lodge needed to make minor repairs to ensure children's bedrooms were maintained in good repair. In the area of "Maintenance of Required Documentation and Service Delivery", Pacific Lodge failed to obtain the County Worker's signature to authorize implementation of two (2) Needs and Services Plans, and failed to provide comprehensive initial Needs and Services Plan, as well as a comprehensive updated Needs and Services Plan.

REVIEW OF REPORT

On June 18, 2015, Probation PPQA Monitor Lori Tchakerian held an Exit Conference with Pacific Lodge Administrators Shari Sakamoto and Amanda Larson. Administrators Sakamoto and Larson agreed with the review findings and recommendations and were 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).

Pacific Lodge 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.

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

c: Sachi A. Hamai, 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
Shari Sakamoto, Residential Program Director, Pacific Lodge
Community Care Licensing

PACIFIC LODGE BOY'S HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Pacific Lodge's compliance with the County contract and State regulations and include a review of the Pacific Lodge 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, seven (7) placed children were selected for the sample. Placement Permanency & Quality Assurance, Group Home Monitoring (GHM) interviewed seven (7) children and reviewed their case files to assess the care and services they received. Two (2) children in the sample size were prescribed psychotropic medication, and those cases were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged Probation children's files were reviewed to assess Pacific Lodge'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 three (3) areas were out of compliance.

Licensure/Contract Requirements

- The element of "Timely Notification for Child's Relocation" is Non-Applicable due to the fact that Pacific Lodge has only one site and no options for relocation.

- Weekly monetary and clothing allowance logs for seven (7) children were reviewed. During the interview process, all seven (7) children reported that they received their weekly monetary allowance and were aware of how much they were receiving. The children also reported that they received their clothing allowance and were aware of how much they were receiving. However, the

weekly monetary allowance logs were difficult to interpret, in that, there were two (2) different dates noted on the logs making it difficult to track exactly when the children received their monies. For one (1) child, the log noted a deduction for restitution but it was not clear if the restitution was taken from the weekly monetary allowance or from the child's earnings from work duties. Another child's log noted a deduction of $28 from the weekly monetary allowance for a birth certificate, which should be provided by Pacific Lodge and not deducted from the child's monies. Restitution was also noted on a log of one (1) other child, but again, it was not clear if the money was taken from weekly monetary allowance or from the child's earning from work duties.

- Regarding clothing allowance logs, two (2) of the seven (7) children's clothing allowance logs were missing staff and/or children's signatures from the initial withdrawal. Lastly, the Clothing Order Allowance Waiver Form is misleading, as it indicates that children will receive an initial clothing order from the campus clothing store "at no cost", when in actuality, the money is taken from the children's initial clothing allowance.

- According to Community Care Licensing (CCL), there was a substantiated Personal Rights violation, from December 24, 2014, related to an unsafe environment as the result of multiple incidents of substance use. The citation and the Corrective Action Plan submitted by Pacific Lodge detail that one child passed out and three were transported to the Emergency Room from the use of "Spice" while at Pacific Lodge. Pacific Lodge provided a Plan of Correction to CCL and the case was closed on March 12, 2015.

Recommendation

Pacific Lodge management shall ensure that:

1. Comprehensive and accurate allowance logs are consistently and permanently maintained and that children are given no less than the required minimum allowance amounts. Additionally, the youth charged for his birth certificate is reimbursed.

2. They exhibit proactive measures to be free of substantiated CCL complaints.

Facility and Environment

An inspection of the children's bedrooms at Pacific Lodge revealed some cosmetic deficiencies that require correction.

- At Pacific Lodge, the children's bedrooms were in need of some minor repairs. In Neimeyer Cottage, bedroom #2 had a torn window curtain that needed to be replaced. In Bekins Cottage, bedroom #2 had tagging on the window that needed to be removed, and in Clark Cottage, the box springs needed covering. In discussing these issues with Pacific Lodge Administration, it was reported that

new three (3) bin organizers and bedding are being ordered and a quote to replace curtains was received.

Recommendation

Pacific Lodge management shall ensure that:

1. All of the aforementioned physical deficiencies cited to the children's bedroom are corrected and repaired in a timely fashion.

Maintenance of Required Documentation and Service Delivery

- Seven (7) children's Needs and Services Plans (NSPs) were reviewed; seven (7) initial and three (3) updated. Of the 10 NSPs reviewed, two (2) NSPs were missing signatures from the County Worker to authorize the implementation of the NSP. Documentation was not provided explaining the inability to obtain the County Worker's signature. Therefore, Pacific Lodge was deficient with the element "Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSPs?"

- Seven (7) initial NSPs were reviewed. The initial NSPs were timely and signed by the children. However, one (1) of seven (7) initial NSPs was not comprehensive, in that the initial NSP dated January 5, 2015, indicated that an initial dental examination was pending for January 7, 2015, due to a scheduling conflict around the holidays. According to dental records, the child received an initial dental examination on December 24, 2014, making the information on the initial NSP incorrect. Additionally, in the Reason for Goal section, the information documented was not a reason for a goal, but a plan and expectation for reunification.

- Three (3) updated NSPs were reviewed. The updated NSPs were timely and signed by the children. However, one (1) of three (3) updated NSPs was not comprehensive in that it indicated the same information in the Education section for Identified Educational Needs as in the initial NSP. The initial NSP dated January 5, 2015, indicated that the child will be referred for tutoring services and for an Individualized Education Plan (IEP) assessment. The issue is that the updated NSP dated March 5, 2015, indicated the same information without any updates for tutoring services or for an IEP assessment.

Recommendation

Pacific Lodge management shall ensure that:

1. County Worker's signatures are obtained for authorization to implement NSPs.

2. The aforementioned NSP deficiencies are corrected so that each child has comprehensive initial NSPs.

3. The aforementioned NSP deficiencies are corrected so that each child has comprehensive updated NSPs.

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

PPQA/GHM's last compliance report dated July 29, 2014, identified 11 recommendations.

Results

Based on the follow-up, Pacific Lodge fully implemented 10 of the 11 previous recommendations for which they were to ensure that:

- Physical deficiencies cited to the common areas are corrected and repaired in a timely fashion. There were no major deficiencies noted to the common areas of Pacific Lodge.

- The aforementioned NSP deficiencies are corrected so that each child has timely and comprehensive initial NSPs. Even though there were some deficiencies noted in this area, overall, there was improvement. The initial NSPs were timely, detailed, and descriptive, and appeared to be child specific.

- The aforementioned NSP deficiencies are corrected so that each child has timely and comprehensive updated NSPs. Even though there were some deficiencies, the updated NSPs were timely, detailed, and descriptive, and appeared to be child specific.

- NSPs are adjusted accordingly to properly document the progress children are making at Pacific Lodge.

- All children are enrolled in school within three (3) school days from the date of placement.

- Each child's file maintains accurate school records.

- All efforts made by the Pacific Lodge to assist the children in making educational progress are clearly documented in their NSPs.

- All children under Pacific Lodge's care are provided with adequate and timely follow-up medical exams.

- All children under Pacific Lodge's care are provided with adequate and timely initial dental exams.

- All children receive their weekly monetary allowance and that the base weekly allowances given are in compliance; that children over 14 years of age are given a minimum of seven (7) dollars per week.

Pacific Lodge failed to fully implement one (1) of the previous 11 recommendations for which they were to ensure that:

- All children's files maintain accurate and updated weekly allowance and clothing allowance records, which are to include each child's signature of receipt, and that they are given no less than the required minimum allowance amounts.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Pacific Lodge Group Home by the Auditor Controller was not scheduled for the 2014-2015, fiscal year.

PACIFIC LODGE BOY'S HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Pacific Lodge Boy's Home
4900 Serrania Avenue
Woodland Hills, CA 91364

License Number: #191201989
Rate Classification Level: #12

	Contract Compliance Monitoring Review	**Findings: May 2015**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. N/A
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 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	**Health and Medical Needs** (4 Elements) 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	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 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 Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 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	**Discharged Children** (3 Elements) 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	**Personnel Records** (7 Elements) 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. All Required Training	Full Compliance (ALL)

PACIFIC LODGE
YOUTH SERVICES

DATE: July 30, 2015

TO: Probation Department & DPO Tchakerian

FROM: Pacific Lodge Youth Services Group Home Management

RE: Corrective Action Plan

Attached is Pacific Lodge Youth Services Corrective Action Plan. If there are any questions, please feel free to contact Shari Sakamoto, Residential Director, at (818) 657-3152 or Jay Bechtol, President & CEO at (818) 657-3104.

Signature: _____ Date: 7/30/15

Residential Director

PACIFIC LODGE
YOUTH SERVICES

July 30, 2015

Dear DPO Tchakerian,

The following Corrective Action Plan is in response to your Site Visit and Exit Review document dated 6/18/15.

I. Licensure/Contract Requirements

Findings: Monetary logs were difficult to interpret; two different dates are noted in the log. It was not clear if restitution money was taken from two youths' monetary allowance or work duties. For one youth money was deducted from his personal account to pay for a birth certificate. For two youth, withdrawals from their accounts did not include staff/youth signatures. The Clothing Allowance Waiver Form is misleading in that it can be interpreted that Pacific Lodge is gifting an initial clothing order to youth although it is being deducted from the initial clothing order. There was a substantiated Community Care Licensing personal rights violation complaint from 12/24/14.

Pacific Lodge uses the *CA Department of Health and Human Services Record of Client's/Resident's Safeguarded Cash Resources Form LIC 405* to log deposits and withdrawals. Two dates were being logged (the date Cottage Supervisors received cash from the finance department and the date money was given to the youth) on the form, reflecting our internal bookkeeping practices. Several transactions were being logged at once, making it difficult to distinguish the amount of money being withdrawn for restitution and personal money on the same date. The missing staff and youth signatures were an oversight on the staff's part.

Corrective Action Plan:
Pacific Lodge will take corrective action to ensure that appropriate and comprehensive monetary and clothing allowance logs are maintained:

- Pacific Lodge will continue to use the same form *LIC 405*, but will record only one date- the date a youth receives or deposits money- as the form indicates.
- To differentiate between money used toward restitution and money used toward personal spending, each restitution withdrawal will be recorded separately. Money withdrawn from a youth's account for restitution will not be taken from a youth's allowance of $7.00 weekly.
- The $28.00 deducted from the youth's account to pay for his birth certificate was returned to him on 5/29/15 ($30.00 was returned to him)(attached). Our policy (attached) was re-written to specify that Pacific Lodge Youth Services is responsible to pay for costs associated with obtaining resident personal documents.

- The policy of signing each transaction as well as the specific findings of the missing signatures during this review was reviewed with staff on 6/23/15.
- The Clothing Allowance Waiver Form (attached) was re-written to include that initial clothing orders from the campus clothing store are deducted from the clothing allowance and that youth may go shopping off-grounds quarterly and as needed. Cottage supervisors, who are responsible for oversight of monetary and clothing logs, have been re-trained on 6/23/15 regarding these practices.

A plan of correction, which included a policy for managing Major Campus Incidents (attached) was submitted to Community Care Licensing on 3/15/15, and the case was closed on 3/12/15.

A comprehensive review of this Corrective Action Plan took place with department managers at the Residential Leadership Team meeting on 7/21/15 (attached). The Residential Director will coordinate implementation of these corrections and ongoing compliance. Additionally, the Quality Assurance Residential Specialist will update her internal audit practices to monitor for compliance on a monthly basis.

II. Facility and Environment

Findings: Torn window curtain in Bedroom #2 in Neimeyer Cottage. Tagging on window of Bedroom #2 in Bekins Cottage. Box springs needed to be covered in Clark cottage.

Staff conduct daily visual inspections of the youths' bedrooms and repairs are reported via the agency's maintenance request log. Failure to note and report the torn curtain and tagging were the result of staff oversight. As a practice, Pacific Lodge does not remove the plastic covering from box springs. When the plastic covering was either removed by youth or through normal wear and tear, covering was not being adequately replaced.

Corrective Action Plan: Pacific Lodge will take corrective action to ensure that all bedrooms are well maintained:

- The torn window curtain in Bedroom #2 in Neimeyer Cottage was replaced the week of 6/8/15. A tour of the facility to obtain a quote for new window curtains for all three cottages was conducted on 7/8/15.
- The window pane of Bedroom #2 of Bekins Cottage was replaced the week of 6/8/15.
- All box springs have been covered in Clark Cottage as of 6/8/15. All cottages are covering box springs when plastic covering is removed as of 6/8/15.

Pacific Lodge has received a quote for 51 new beds each containing built in drawers for storage on 6/9/15. The agency has decided to move forward with the project as part of its Capital Campaign over the next year. In the meantime, to ensure that existing furnishings are in compliance with group home standards, three bin organizers were ordered and distributed to each resident on 6/26/15, and replacements will be ordered as needed.

A comprehensive review of this Corrective Action Plan took place with department managers at the Residential Leadership Team meeting on 7/21/15. The Residential Director will coordinate implementation of these corrections and ongoing compliance. Additionally, the Quality Assurance Residential Specialist will update her internal audit practices to monitor for compliance on a monthly basis.

III. Maintenance of Required Documentation and Service Delivery

Findings: Two of the seven Needs and Service Plans (NSP) reviewed did not include DPO signatures or efforts to obtain signatures. One of the youth's initial NSP contained incorrect information about the date of a dental appointment. One of the youth's initial NSP cites a reason for a goal that is not a reason. One of the youth's NSP contains the same goals and information in the initial and quarterly Education section.

Although it is our practice to obtain signatures from DPOs, our efforts were not sufficiently documented with the NSPs.

The youth whose NSP contains confusing information regarding dental appointments did see the dentist and orthodontist and have his brackets removed from his braces as recommended. However, it was incorrectly documented in the NSP that the youth's appointment was scheduled for 1/7/15 when this appointment had already taken place on 12/24/14. This information is reflected in our internal Medical Referral forms but inaccurately transcribed into the NSP.

One of the youth's NSP contains a referral for tutoring in the initial and quarterly Education section. The was on oversight on the Case Manager's part to document progress or efforts toward progress regarding the initial goals and information in the quarterly NSP.

For one NSP, "would benefit from a vocational skill" was listed as a reason for a vocational goal. This reflects a poor understanding of how to craft a specific and measurable goal.

PACIFIC LODGE YOUTH SERVICES

Corrective Action Plan: Pacific Lodge will take corrective action to ensure appropriate and comprehensive service delivery, as well as maintenance of required documentation of service delivery:

- Our policy and timelines for obtaining or documenting attempts to obtain signatures from the DPO on the NSP was reviewed with Case Managers and their supervisors on 6/23/15. It was reiterated that they will document these attempts via email or fax and include documentation with the signature page of the NSP when applicable.
- The error in documentation of the dental appointment was reviewed with the Nursing Department on 6/11/15 and the importance of accurately reporting this important health information in the NSP was reiterated.
- Regrettably, the youth whose NSP indicated the same information in the initial and quarterly Education section was discharged during the review process and those individual needs and services could not be adjusted. This finding will be reviewed with Case Managers and treatment teams on 8/18/15 nonetheless to ensure a more comprehensive plan for each youth is being reviewed quarterly.
- Goal writing will be reviewed with Case Managers on 8/18/15 to be specific and measurable, and to reflect the strengths and needs of the youth as discussed in the Exit Conference.

A comprehensive review of this Corrective Action Plan took place with department managers at the Residential Leadership Team meeting on 7/21/15. The Residential Director will coordinate implementation of these corrections and ongoing compliance. Additionally, the Quality Assurance Residential Specialist will update her internal audit practices to monitor for compliance on a regular basis. The Quality Assurance Residential Specialist conducts quarterly refresher trainings with staff responsible for NSP completion and will include these areas for review in that training. The next refresher training will take place on 9/24/15.

Thank you for your on-going support and partnership in ensuring quality care of our residents. If you should require more information, please contact me directly at 818-657-3152 or via email at shari.sakamoto@plys.org.

Regards,

Shari Sakamoto
Residential Director

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

RECORD OF CLIENT'S/RESIDENT'S SAFEGUARDED CASH RESOURCES

ient/resident: Your signature below indicates you have eceived the following amount of money from the facility on the date indicated.

Facilities that handle client's/resident's cash resources must maintain accurate records of all money received and disbursed.

INSTRUCTIONS:

1) *The date of the transaction shall be noted under Date.*
2) *Use a separate line for each transaction.*
3) *Supporting receipts for purchases shall be filed in order of dates of purchases.*
4) *The client's/resident's (or client's/resident's representative) signature on this form may serve as a receipt for cash distribution to the client/resident. (Sec. 80026(h)(1)(A) and 87227(g)(1)(A).*
5) *The facility representative's signature is necessary to be able to verify a cash transaction.*

NAME OF CLIENT/RESIDENT: EDWARD R

FACILITY NUMBER:

YEAR: MAY 2015

DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT SPENT OR WITHDRAWN	BALANCE	SIGNATURE FOR CASH TRANSACTIONS: FACILITY REPRESENTATIVE	SIGNATURE FOR CASH TRANSACTIONS: CLIENT/RESIDENT OR REPRESENTATIVE
	4/27					
S/1	allowance	11.00		38.00		
	4/27					
S/1	details	2.00		40.00		
S/8	weekend		$20	~~30~~ 20.00		
S/12	church	20		40.00		
S/15	5/12 allowance	11.00		51.00		
S/15	5/12 details	2.00		53.00		
S/15	5/12 allowance	11.00		64.00		
S/15	5/12 details	1.00		65.00		
S/26	allowance 5/18	11.00		76.00		
S/26	details 5/18	1.00		77.00		
S/26	allowance 5/25	11.00		88.00		
S/26	details 5/25	2.00		92.00		
S/26	loans 5/25 (BIRTHDAY)	5.00		97.00		
S/29	REIMBURSEMENT	30.00		127.00		UNABLE TO OBTAIN

LIC 405 (8/01)

PACIFIC LODGE YOUTH SERVICES

POLICY NAME: TIME FRAMES FOR ENTRIES INTO CLIENT RECORDS		POLICY NO: MH-009	
DEPARTMENT:	Mental Health	REFERENCE PROCEDURE:	MH-009
EFFECTIVE DATE:	7/15/15	REPLACES POLICY DATED:	4/27/2015
ORIGINAL ISSUE DATE:	6/25/2014	RETIRED:	
APPROVED ON:		APPROVED BY:	

Policy: Pacific Lodge Youth Services (PLYS) is committed to providing comprehensive and efficient service provision through clearly defined time frames for entries into client records (including electronic health records). PLYS believes that the timely entry of documentation regarding services provided allows for the continuity of care for the persons served. Thus, each program has established time frames for specific type of entries. Mental Health records comply with the expectations mandated by the Los Angeles County Department of Mental Health (DMH). Outpatient Substance Abuse records comply with the expectations mandated by Drug Medi-Cal (DMC), California Department of Alcohol and Drug Programs (ADP), and the Los Angeles County Department of Public Health--Substance Abuse Prevention and Control program (SAPC). Residential files and medical records comply with the expectations mandated by the Probation Departments, Los Angeles County Department of Child and Family Services (DCFS) Group Home Contract, and the California Department of Social Services--Community Care Licensing Division (CCLD).

Purpose of Policy: To ensure there are clearly defined time frames for entries into client records.

Scope: All service provider staff responsible for making entries into client records.

Assignment of Responsibilities: It is the responsibility of the service provider staff making entry to the client records to adhere to all defined time frames.

Definitions:

Tarasoff 4/27/2015- when a service provider determines that a client presents a serious danger of violence to another, they incur an obligation to use reasonable care to protect the intended victim against such danger. It may call for the service provider to warn the intended victim or others likely to appraise the victims of that danger, to notify the police, or take whatever steps are reasonably necessary under the circumstances.

PROCEDURE NAME: TIME FRAMES FOR ENTRIES INTO CLIENT RECORDS		PROCEDURE NO: MH-009	
DEPARTMENT:	Mental Health	REFERENCE POLICY:	MH-009
EFFECTIVE DATE:	4/27/2015	REPLACES PROCEDURE DATED:	7/21/2014
ORIGINAL ISSUE DATE:	6/25/2014	RETIRED:	
APPROVED ON:	3/16/2015	APPROVED BY:	Director of Quality

Procedure:

☐ SIPOC Attached

Therapist Time Frames:

1.0 Initial Contact

1.1 Contact will be made by assigned Therapist with client and/or family within 24 hours after referral has been accepted.

1.2 Assigned Therapist will introduce themselves, their role and schedule the intake session.

2.0 Intake Session

2.1 To be completed within 48 hours of client's arrival for Residential staff.

2.2 To be completed within 2 weeks for Outpatient staff

3.0 Treatment History

3.1 Upon confirmation of a new client, the Quality Assurance (QA) Department will provide treatment history to assigned Therapist.

3.2 If no episodes are on file for the client a full assessment must be completed by the assigned Therapist.

3.3 If client has previous treatment history on file:

3.3.1 Authorization to release/receive information is signed by the client during intake session.

3.3.2 Community Based Services Manager and/or assigned Therapist will contact previous Agency to request assessment if completed in the past 3 years.

3.3.3 Assess the client utilizing the Re-Assessment document.

3.3.4 For Outpatient clients the assigned Therapist must make 4 attempts to schedule initial appointment. After 4th attempt, letter of referrals are sent to the client and/or family and referral source is contacted.

4.0 Initial Intake Session

4.1 Upon initial intake session with the client, assigned Therapist will obtain client signatures for the following:

4.1.1 Consent for Services, Authorization to Release Information (if

applicable), Signed Child Abuse Reporting Policy, Payor Financial Information, Advanced Health Care Directive (if over 18 years of age), the Informing Beneficiary Materials, as well as Privacy Practices.

4.1.2 These signed documents will be submitted to the Clinical Supervisor within 5 working days as part of the Intake/Opening Packet, which also includes:

4.1.2.1 Client Face Sheet, Open Outpatient Episode, Substance Abuse Assessment (if applicable), Substance Abuse Questionnaires (if applicable) and a copy of the client's Minute Order (Juvenile Conditions of Probation).

4.1.3 For Outpatient clients attempts must be made and documented for the receipt of client's social security card, Medi-Cal (health insurance) card and identification of parent/caregiver.

4.2 During this initial intake session, Therapist will review the above documents with the client and provide them with the Beneficiary and Grievance materials, Provider Directory, and the Privacy Practices. In addition, Therapist will review Tarasoff, process for change of provider, and limits of confidentiality.

4.3 Outpatient Therapist will email QA Specialist date of intake session. Upon completion of assessment sessions Outpatient Therapist will notify QA Specialist of effective date of evidenced practice.

5.0 Residential Therapists

5.1 After the first evidence based practice (EBP) session is provided, the pre-outcome measures associated with that EBP must be submitted within 14 days to QA.

5.2 Assigned Therapist will have completed assessment sessions within 3 weeks of client's initial intake session. Assigned Therapist will meet with client's parent/guardian for initial assessment session.

5.3 Assigned Therapist must document all attempts to meet with client's parents/guardians for assessment. If assigned Therapist is unable to make contact with client's parent/guardians during this time, the assigned Therapist is to complete the Full or Re-Assessment without parent/guardian input within the same time frame and document that they were unable to contact client's parents/guardians. Assigned Therapist will complete an Assessment Addendum upon gathering information from parent/guardian when they are able to contact them, if applicable.

6.0 Intake/Opening Packet

6.1 Due to the Clinical Supervisor within 5 days of the intake session.

6.2 The documents will be reviewed, approved, and submitted to QA within 2 working days.

6.3 If corrections are needed, the Clinical Supervisor will contact the Therapist within 1 working day for corrections.

6.4 Therapist will return documents with corrections to the Clinical Supervisor within 1 working day.

6.5 Upon the submission of Intake/Opening Packet to QA, this department will create a Medical Record for the client.

7.0 Treatment Plan

7.1 The assigned Therapist meets with client by the third week from intake to create treatment objectives and the Treatment Plan. The assigned Therapist must obtain client's signatures during this time.

8.0 Assessment and Treatment Plan

8.1 For the Mental Health Record, Full, Re- Assessment or Assessment Addendum as well as Treatment Plan are due via EXYM to clinical supervisor within 21 days.

8.2 Clinical Supervisor will review and approve the assessment and Treatment Plan within 4 days of receipt.

8.3 Assessment and Treatment Plan hardcopies must be submitted to QA/QI within 30 days of first contact.

9.0 Residential Clients Discharge

9.1 One month prior to client's discharge therapist will request and audit client's mental health chart in clinical supervision.

9.2 Residential Therapist will notify treatment team and Nursing department of client's planned date of departure in order to prepare final medication.

9.3 For clients that AWOL from facility, once bed is closed Therapist must complete discharge documentation.

10.0 Outpatient Clients Discharge

10.1 If outpatient client falls out of treatment, assigned Therapist must make attempts to re-engage client and/or family.

10.2 If no billable contact can be made in 30 days of last billable session the assigned Therapist will send letter with referrals and complete discharge documentation.

11.0 All Client Discharges

11.1 Assigned Therapist must submit a progress note that includes:

11.1.1 Treatment summary, update progress towards treatment plan objectives, referrals (if applicable), reason for termination, follow up plans (if applicable) and other pertinent information (such as medications provided at termination).

11.2 Other documents to be included in discharge packet include:

11.2.1 Close Outpatient Episode, Assessment addendum (if applicable), Diagnosis Information Form (if applicable), and EBP outcome

measures.

11.3 Discharge packet must be submitted to supervisor within 5 days of discharge.

11.4 The supervisor has 2 days to review and approve discharge packet.

11.5 Approved discharge packets will be submitted to QA department.

12.0 Progress Notes

12.1 Throughout client's treatment, service providers are required to submit progress notes through the electronic health record system within 24 hours of services rendered.

13.0 Other Entries

13.1 There are certain entries that will depend upon client's length of stay and/or appropriateness of services.

13.2 For clients receiving medication support services, the Nursing Department is required to upload into the electronic health record the Psychotropic Medication Authorization within 7 days of receiving response from the Court.

13.3 Given the length of stay a progress note must be completed within one year of intake to justify medical necessity and the need for ongoing treatment.

14.0 Not Filed Within Mental Health Record

14.1 There are other documents which while they may relate to client, are not filed within their mental health record. These items include:

14.1.1 Suspected Child Abuse Reports, Medical Request and Chart Audit Tools

14.1.2 They are housed separately within the QA Department.

Case Manager Time Frames:

1.0 Upon Residential client arrival (day one):

1.1 Case Managers are expected to review client's Personal Rights and Policies, and to obtain client signature acknowledging that these documents were reviewed.

1.2 Case Manager will complete, copy, and submit school enrollment form upon intake and no later than three days after intake; a copy of the enrollment verification form will be obtained the day after enrollment and both copies will be filed in the Health and Education Passport (HEP) packet within the Residential file. For Los Angeles (LA) County residents, Case Manager will scan and send (via encrypted email) copies of the school enrollment form and enrollment verification form to Placement Administrative Services (PAS) at HEPEDU@probation.lacounty.gov with the subject line "Education" within 10 days of school enrollment. It is also expected that the assigned Case Manager will obtain the intake packet (court documents, General Medical Consent, Juvenile Hall Medical Discharge Summary, and Group Home Agreement, and HEP, as applicable by county) and prepare it for filing.

1.3 Case Managers are responsible for obtaining the Residential file created by QA. The file contains intake documents and court documents. Documents are added by the Case Managers that are obtained from the Juvenile Hall pick up.

2.0 Within 30 days of entry:

2.1 The Case Manager must complete the Initial Needs and Services Plan (NSP) (to be completed quarterly thereafter), obtain Social Security Card and Birth Certificate, or begin the process for requesting these vital documents. Vital records are to be filed in the HEP Packet within the Residential file.

2.2 Documents to be filed at 30 days and on a monthly basis thereafter include:

2.2.1 Height and Weight Records

2.2.2 Initial Clothing Order

2.2.3 School transcripts and grade reports, which are filed in the HEP Packet

2.2.4 Parental Consents

2.2.5 Probation Case Plan

2.2.6 Transition Independent Living Plan Form

4.2 Documents to be filed at 30 days and on a monthly basis after that include:

4.2.1 Resident Accounting Logs (including clothing allowance logs)

4.2.2 Incident Reports

4.2.3 School Transcripts and grade reports as well as

3.0 Within 90 days of entry:

3.1 The client will obtain a California Identification Card with the assistance of the Case Manager; a copy of this is to be filed in the Residential file.

3.2 Case Manager will complete the quarterly NSP and maintain in Residential file. This document must be completed every 90 days thereafter.

4.0 LA County HEP Packet Requirements

4.1 As required by LA County Probation, HEP must be updated on an ongoing basis. Four times per year, Case Manager must submit copies of transcripts, attendance records, and progress reports for all LA County youth. Case Managers are responsible for obtaining these records from the school and sending to PAS via encrypted email on the following dates or the next business day: March 31, June 30, September 30, and December 3.

4.2 Similarly, the Nursing Department must submit medical appointment outcomes with doctors' signatures to the Public Health Nurse (PHN) at HEP@probation.lacounty.gov via encrypted email with the subject line "Medical", "Dental", "Vision", or "Specialist" within 10 days of each medical appointment.

5.0 Upon client discharge:

5.1 *LA County Only*: Within three (3) days of planned discharge, case managers

must complete and submit the Provider Discharge Information form to the assigned county placement worker. However, the placement workers prefer to receive them the same day as planned discharge.

5.2 The Clothing Allowance log, which is managed by the Cottage Supervisor while the client is in treatment, is added to the Residential file once closed after discharge.

5.3 A signed inventory of resident's personal property and valuables, which is maintained in the Staff Rep Folder for the duration of treatment, becomes transferred to the resident's file at discharge.

5.4 Urinalysis results (UA's) are added to the Residential file.

5.5 Case Managers are to complete a Residential Discharge Summary and obtain necessary signatures. This must be submitted to the DPO of record within 7 days of discharge.

5.6 Case Manager must obtain the full medical chart and a copy of the Medical Discharge Summary from the Nursing Department.

5.6.1 These two documents are to be filed within the Residential file. This is to be completed within 30 days of discharge, and the files must be submitted to QA.

5.7 HEP Packet Requirements

5.7.1 As required by LA County probation, Case Manager will make a copy of the HEP packet contents, which includes an updated HEP (requested from PAS at least 2 weeks in advance of planned discharge), vital records, selective service registration, TAP card, bank account information, pertinent medical records, patient height/weight history, Tarzana Treatment Center registration, Regional Services Center records, hospitalization outcomes, school enrollment form, school enrollment verification form, school transcripts/attendance records/progress reports, individualized education plan reports, school awards, GED documentation, adult school/vocational/college documentation, community service certificates, and/or treatment certificates, as applicable to the youth. The copy is filed in the closed Residential file.

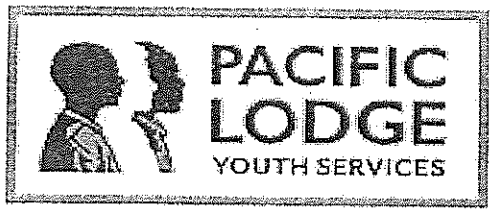
5.7.2 For unplanned discharges (i.e. termination, detention, and/or AWOL), the original HEP packet must be delivered to PAS via courier at 3965 S Vermont Ave, 3rd Floor, Los Angeles, CA 90037 within 10 days of discharge. If there are no original vital records in the HEP packet, a copy may sent via encrypted email to PAS.

5.7.3 When an LA County youth reunifies with his parent/guardian, the original HEP packet is given to the parent/guardian. When an LA County youth discharges to a transitional housing or independent

living program, the original HEP packet is given to the youth.

6.0 Costs of obtaining personal documents shall not be charged to residents

Monitoring and Compliance: The QA Department will collaborate with Clinical Supervisors to monitor timely entry into client records. Leadership and management will ensure that the expectations for timely entries into client records are met.



Clothing Order Allowance
Waiver Form

At Pacific Lodge Youth Services, I will receive an initial clothing allowance of $256.00 and a monthly clothing allowance of $50.00. Upon intake, a portion of my initial clothing order may be purchased at the campus clothing store. I understand that it is Pacific Lodge's practice to take me shopping off-grounds to spend my clothing order allowance on a quarterly basis ($150.00), or as needed, and that I am waiving my right to go shopping each month.

I understand I must be in good standing and not presenting safety issues in order for me to go off-grounds, at the discretion of the cottage treatment team. I further understand that prior to going shopping off-grounds, I have the right to purchase clothing at cost from Pacific Lodge's clothing room, as outlined in the mid-monthly purchase policy.

Mid-Monthly Purchases:
At any time from date of entry until the date of the resident's quarterly clothing order, residents may choose to spend their monthly clothing order allowance of $50.00 at the on-campus clothing store (at cost). The process is as follows:

1. Client will make official written request to cottage staff (Mid-Monthly clothing form).

2. Staff will check the client's most recent clothing inventory to determine if the request is necessary.

3. Staff will turn the request over to their Asst. Supervisor/Supervisor and he/she will approve/disapprove the request.

4. The Mid-Monthly's are due on Wednesdays of every week. The Facility Coordinators will then fill the order within 24 hours of request.

The amount spent in the clothing store is logged and deducted from the resident's clothing order allowance. This amount may not exceed $50.00 on a monthly basis.

My signature indicates that I understand the above statements, and I am in agreement with this policy.

_____ _____ _____

Name Cottage Date

_____

Signature

Dec 22nd, Monday resident Shawn P. was taken to Providence Tarzana ER due to being passed out because of "spice" consumption. Shawn was admitted to ICU Dec 23 and discharged Dec 24 2014. Please see attached documentation for SIR & hospital information.

Dec 23rd, Tuesday morning at approximately 8 am, while the residents were at school, the cottages were searched for smoking paraphernalia and drugs by Kelly W. Campus manager, Patricia A. Clinical director & Todd W. ILP coordinator. At approximately 9:45 am, resident Riley U. was taken to Kaiser ER due to vomiting and nausea because of "spice" consumption. Please see attached documents for SIR and hospital information.

When the residents returned to the cottages, the residents were searched and given UA's (urine analyst). GTM was held in individual cottages where cottage supervisors warned residents to stay away from spice. Very little contraband was found during the searches conducted Tuesday morning.

Dec 23rd, Tuesday night resident Hercules B. was taken to Northridge Hospital ER due to accelerated heart beat from "spice" consumption. Hercules returned to campus later Tuesday night. Please see attached documents for SIR and hospital information.

Dec 24th, Wednesday after lunch this Residential Program Manager Bernial J III., requested for an assembly to be held in the dining hall with all residents and staff. There were a few topics discussed – the meeting ended at approximately 12:45 pm

- Residents were encouraged to turn in any drugs or paraphernalia
- I/cottage supervisors Iliana H., Jorge R., and Dorian P., will be conducting an investigation in regards to spice
- As a result of dirty UAs some home trips will be reduced
- All minors testing positive for spice will be placed on a behavior contract
- Any minor out of staffs supervision will receive an IR (internal incident report) stating you went to sell, buy or consume illegal substances
- DPO's and parents will be notified
- All cottages will close the front porches until further notice
- Residents with clean UAs will be rewarded

Immediately after the assembly staff overheard David G say "I have to get at my brother and his homies because they gave me some shit that almost killed me" – child abuse report was submitted Ref#1655-0073-1685-000-2203

Dec 24th, at approximately 1:09 pm, resident David G was observed discombobulated and regurgitating as a result of "spice" consumption.

Dec 24th, Shawn P returned to P.L campus where he discloses "spice was brought on campus by David G's family during the Sundays Holiday Dinner."

Dec 26th, David G was taken to Woodland Hills Kaiser ER due to unsteady gait, slurred speech and eyes blood shot red. Please see attached documents for SIR and hospital information.

As a result of the spice investigation authorizing personnel agreed Saturday to terminate David G placement from P.L. However David G ran away from P.L on Saturday Dec 27th and his bed was closed the next business day. All minors who left campus and or who tested positive for spice was placed on

administration hold until they talked to the Campus Manager (Kel) or Residential Program Manager (Bernial).

Actions Taken:

- Dec 22nd - Investigations/discussions for who had spice and who brought it on campus started immediately after Shawn P went to the ER
- Dec 23rd - All cottages were searched
  - GTM (group with cottage staff and residents) held to discuss spice
  - Campus was placed on a movement restrictions (Front porches closed, no cottage mixing at the field or gym
- Dec 24th - Campus Assembly (all cottages and staff in one location) RPM and Campus Manager addressed spice and expectations
  - Received information regarding who brought in the spice
  - Questioning residents more intensely
  - Child abuse report generated
- Dec 25th - Emails about terminating responsible parties
- Dec 26th – Decision made to terminate David G
- Dec 27th – David G ran away

Future Actions in Crisis Situations:

- Day 1 - GTMs will be held with therapist and substance abuse counselors involved
- Formal investigations will began
  - Rooms, grounds and residents will be searched
- Day 2 – Nursing, clinical, Administration (CEO, RPM, Campus Manager) will conduct an assembly to discuss the effects of the substances to your body & mind, program consequences
  - All cottages will be restricted to their cottage – until the issue is resolved

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Pacific Lodge Youth Services

PROCEDURE NAME: MAJOR CAMPUS INCIDENT		PROCEDURE NO: TBD	
DEPARTMENT:	Residential	REFERENCE POLICY:	TBD
EFFECTIVE DATE:	01/13/2015	REPLACES PROCEDURE DATED:	n/a
ORIGINAL ISSUE DATE:	12/17/14	RETIRED:	n/a
APPROVED ON:	01/13/2015	APPROVED BY:	Senior Leadership

Purpose of Procedure: To activate a plan for all departments to ensure the safety of the residents in case of a campus wide crisis.

Definitions and Roles:

Major Campus Incident (M.C.I) – M.C.I is any event that can impact all residents on campus e.g. drugs, race and/or gang tension.

Residential Director – The Residential Director (RD) is responsible for assembling the necessary parties (Residential Program Manager, Campus Manager, Cottage Supervisors, Clinical Director, Probation, L.A.C.O.E Principal & Substance Abuse Supervisor) as needed when there is a M.C.I.

Cottage Supervisor – The Cottage supervisor is responsible for the welfare of the residents assigned to his or her cottage.

Treatment Team: The treatment team is the team that is assigned to a resident's case. The treatment team is cottage specific and the following staff are on the treatment team for each cottage – Cottage Supervisor, Therapist, Case Manager, M.H.R.S and T.B.S.

Procedure:

When a M.C.I. occurs, the RD will contact the appropriate parties to inform them of the situation and an assembly date and time.

1.0 The Cottage Supervisors will conduct a GTM addressing the issue
1.1 – The formal investigation will begin – this will include interviews and searches as needed
1.2 - The cottage treatment team (therapist, TBS & substance abuse counselors) will be present in the meeting
1.3 - Administration can be invited the GTM for support.

1.4 – Residents persons, bedrooms, cottages and facility grounds will be searched as needed

2.0 If the M.C.I. is still an issue, a campus assembly will be held in the chapel or dining hall, mandatory for residents and cottage counselors

2.1- Nursing, Administration, Clinical, Probation and L.A.C.O.E will address the M.C.I. with all residents as applicable

2.2 – Residents will be educated on the issue and given alternate options

2.3 - Until the issue is resolved the campus will be on freeze. Cottages will be restricted to their cottage, front porches closed and activities will be cottage specific

3.0 A meeting will be held with the RD, Residential Program Manager, Cottage Supervisor and Campus Manager will determine if the M.C.I. has been resolved and to evaluate if the freeze needs to continue

3.1 – Meetings will take place daily with the appropriate parties until the M.C.I. is resolved

3.2 – If M.C.I. occurs on the weekend the Facility Manager and Assistant Supervisors will initiate M.C.I. plan starting at 1.0

PACIFIC LODGE YOUTH SERVICES

Meeting Notes

Team: Residential Leadership Team

Process/Project: Tuesdays

Date: 7/21/15
Time: 1 pm-2 pm
Location: Sauble Conference Room

Team Leader: Shari Sakamoto	Coach: n/a
Sponsor: Jay Bechtol	Historian: Amanda Larson

Team Members: Shari, Bernial (vacation), Kel, Dorian, Iliana, Jorge, Jackie, Ed (absent), Aarely (vacation), Tracy (vacation), Princess, Amanda

AGENDA: KEY DISCUSSION POINTS

Significant News/Major Risks

Amanda off next Tuesday; Shari to cover historian.
Gas will be shut off on Saturday to fix leaks. Dining hall will provide food that does not require cooking.

Topic 1: Staffing/Population Changes	Decisions
New resident today, one discharge today. Eric W. leaving tomorrow. Chris T. leaving 7/24 Robin resigned. Last day 7/30. Joey's last day 7/31. Jorge & Jose transferred to overnight positions; Jimmy and Omar no longer employed; Diana and Lorenzo on-call.	

Topic 2: LA Probation Site Review CAP	Decisions
CAP was submitted and awaiting acceptance. William G's NSP needs corrections, using new Clothing Order Allowance Waiver form, effective for new residents. Accounting for allowance dates differently and not taking restitution from allowance. Covering box spring with fitted mattress. Facility is covering cost of birth certificates and cost of IDs. Submit request out of Residential. Long term: make more improvements (replace furniture, curtains, linens).	Continue to obtain BC within 30 days, ID within 90 days.

Topic 3: Maintenance	Decisions
Ed unable to attend; will come next week. He submitted resititution. Shari and Ed will meet to discuss revisions. Gas leaks on campus requiring repair.	

Topic 4: Open Discussion	Decisions
Review schedule: YC III makes cottages short either at lunch or at night. Next week will be the first week the schedule runs as outlined. Meeting with YC III tomorrow. Cottage Sups welcome to attend. Jobs should be the same as it was before, not adding duties. Evening nurses reported that staff are radioing for nurse to meet halfway. Nurses cannot meet residents in office alone. Neimeyer res. court ordered for gang intervention. Need insurance coverage to begin here. Princess suggests resources through JH or through police department.	Keep schedule as is and revisit in a month. Use FCs to assist with walking with residents to nursing office. Jackie will follow up to ensure that nurses are available when they say they are.

New Action Items	Assigned To	To Be Completed
Inform Gabi that CSs can sign off on $ req. for res. Pers. Docs.	Shari	7/28/15
Update nurses about discussion about sending unaccompanied res. To office	Jackie	7/28/15

Parking Lot Review

Next Agenda

Residential Dashboards
Restitution