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: **TRINITY YOUTH & FAMILY SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) Unit, conducted a review of Trinity Youth & Family Services (TYFS), operated by Trinity Youth Services, Inc., in April 2015. TYFS consists of four (4) Group Home sites: El Monte, Apple Valley, Yucaipa, and Norco. The Trinity-El Monte site is located in the First Supervisorial District of Los Angeles County; the Trinity-Apple Valley site is located in the First Supervisorial District of San Bernardino County; the Trinity-Yucaipa site is located in the Third Supervisorial District of San Bernardino and the Trinity-Norco site is located in the Second Supervisorial District of Riverside County. TYFS provides services to Los Angeles County Probation foster children and Probation foster children in outside counties. TYFS does not provide services to foster children with the Department of Children and Family Services (DCFS). According to TYFS's program statement, its purpose is to "treat boys and girls who exhibit behavior, social and emotional difficulties."

Trinity-El Monte is a 43-bed facility, Trinity-Apple Valley is a 44-bed facility, Trinity-Yucaipa is a 48-bed facility, and Trinity-Norco is 6-bed facility. TYFS is licensed to serve a capacity of 135 boys and six (6) girls ages 7-18 years old. At the time of review, TYFS served 84 Los Angeles County Probation foster children and 31 Probation foster children in outside counties. Based on the sample size, the placed children's overall average length of placement was 10 months, and their average age was 16 years old.

Seven (7) Probation children from all four (4) TYFS facilities were selected for child interviews. There were six (6) children in the sample who were prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, four (4) discharged 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 all four (4) TYFS facilities, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. TYFS was in compliance with seven (7) of the 10 areas of the 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) of the 10 areas, there were no egregious findings in any of the areas. In the area of "Licensure/Contract Requirements", Trinity-El Monte needed to ensure that their vehicles contain valid proof of registration from the Department of Motor Vehicle (DMV) and a First-Aid kit. In addition, Trinity-El Monte needed to ensure that its agency is in compliance with CCL, Title 22 Regulations, and remain free of citations. It was noted, in the area of "Facility and Environment" that Trinity-El Monte needed to make minor repairs. Trinity-Apple Valley needed to ensure that all current existing electrical reciprocal outlets in the bedrooms, bathrooms and community bathrooms are replaced with the GFCI safety electrical outlets. In addition, the damaged reciprocal outlet and cover plates need to be replaced, as well as the mirror trim molding. Trinity-Norco needed to ensure that the dry rotted eves on both sides of the house are repaired, the damaged rear exterior door kick plate is replaced, trash by the basketball court is removed, and a light switch plate cover is fastened.

Deficiencies were also noted in the area of "Maintenance of Required Documentation and Service Delivery", in that TYFS needed to develop comprehensive Needs and Services Plans (NSPs) by obtaining the Probation Case Workers and Parents' signatures on the NSPs, ensure that the Case Plan Goal boxes are properly checked off, explain the parental involvement, and provide information on the Group Home's Contact with the Deputy Probation Officer.

REVIEW OF REPORT

On June 18, 2015, Probation PPQA Monitor Leng Lim held an Exit Conference with TYFS Administrators Jim Adams, Gil Quinbar, and Anthony Bush. Administrators Adams, Quinbar, and Bush all 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).

TYFS 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
Jim Adams, Program Director, Trinity Youth & Family Services El Monte
Gil Quinbar, Program Director, Trinity Youth & Family Services Yucaipa and Norco
Anthony Bush, Program Director, Trinity Youth & Family Services Apple Valley
Community Care Licensing

TRINITY YOUTH & FAMILY SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Trinity Youth & Family Services (TYFS) compliance with the County contract and State regulations and include a review of the TYFS 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 (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of this review, six (6) children were prescribed psychotropic medications. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, four (4) discharged children's files were reviewed to assess TYFS 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

During the review, there were two areas of deficiency under this category as follows:

- During an inspection of the transportation vehicles at Trinity-El Monte, it was noted that one (1) van did not have a valid proof of registration from the DMV in the vehicle or on file, and another van did not have a First-Aid kit available. Therefore, Trinity-El Monte was not in compliance with the element, "Vehicle Maintained in Good Repair?"

- During the review, it was noted that Community Care Licensing (CCL) reported a substantiated complaint against Trinity-El Monte regarding a safety deficiency in December 2014, which resulted in a citation issued and a Corrective Action Plan (CAP) requested. A CAP was submitted to address an employee leaving children unsupervised for 20 minutes to go use the bathroom during an outing at the movies. Therefore, Trinity El-Monte was not in compliance with the element, "Is the Group Home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?"

Recommendation

Trinity-El Monte's management shall ensure that:

1. All vehicles have proof of valid registration from the DMV and a First-Aid kit, in accordance with the Master County Contract, Statement of Work (SOW), which states that the Contractor shall "abide by all applicable federal and state laws and regulations in transporting Placed Children."

2. All proactive measures are taken to be in compliance with the CCL, Title 22 Regulations, and that all employees undergo routine refresher "Client Supervision" training to avoid reoccurrences.

Facility and Environment

An inspection of the interiors and exteriors of TYFS sites revealed some cosmetic deficiencies that required correction in the Exterior areas, the Common areas and the Children's Bedrooms:

- At Trinity-El Monte, the lower exterior wood door moldings were completely dry rotted out, in the Padre's Unit. In the Cub's Unit, there was a damaged door molding in Room #3 and a broken shower faucet handle in Room #4.

- At Trinity-Apple Valley, there was a damaged electrical outlet cover in the Dining Hall. In Units 1, 2, and 3, there were no GFCI safety electrical outlets or in any of the community and bedroom bathrooms. In Unit 1, there was a damaged electrical outlet located on the wall outside of

Bedroom #5 and a short mirror trim molding that does not cover up the sharp edges on the mirror in Bedroom #6. In Unit 3, there is a broken light switch cover in Bedroom #1.

- At Trinity-Norco, the eves on both sides of the house are completed dry rotted out and the kick plate on the rear exit door is damaged. There was also presence of empty plastic bottles and candy wrappers near the basketball court. In the Therapy Room, there was a loose light switch plate cover.

Recommendation

TYFS management shall ensure that:

1. All of the aforementioned physical plant deficiencies cited in the exterior area are corrected and repaired in accordance with the CCL, Title 22 Regulations, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times."

2. All of the aforementioned physical plant deficiencies cited in the common areas are corrected and repaired as stated above.

3. All of the aforementioned physical plant deficiencies cited in the children's bedrooms are corrected and repaired as stated above.

Maintenance of Required Documentation and Service Delivery

There were seven (7) children's files reviewed for assessment of services delivered. From those seven (7) files, there were seven (7) Initial Needs and Services Plans (NSPs) and seven (7) Updated NSPs reviewed.

- Of the seven (7) Initial NSPs reviewed, one (1) NSP from Trinity-El Monte lacked the DPO's signature to implement the child's NSP. In addition, there were no documented attempts made to obtain the DPO's signature. Therefore, Trinity-El Monte was not in compliance with the element "Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSP?"

- Of the seven (7) Initial NSPs reviewed, four (4) lacked comprehensive detail. One (1) of the four (4) Initial NSPs reviewed from the Trinity-El Monte site lacked parent's signature. On the second and third Initial NSPs reviewed from the Trinity-Apple Valley site, one NSP did not have the "Family Reunification" boxes checked off, and one of the two NSPs lacked the parent's signature on the signature page. Lastly, on the fourth Initial

NSP reviewed from the Trinity-Norco site, there were several sections that were incomplete in the areas of, "Reason for Placement", "Permanency Case Plan Goal", and "Parental Involvement with Child's NSP Treatment." Also noted, the "PPLA/Transitioning" box for the Case Plan Goal section was not checked off; the child's "Date of Admission" was incorrect; and the "Permanency Planning" goal for the Outcome Goals was missing. Therefore, Trinity El Monte, Apple Valley, and Norco were not in compliance with the element "Did the treatment team develop timely, comprehensive, Initial Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child?"

- Of the seven (7) Updated NSPs reviewed, five (5) NSPs lacked comprehensive detail. The first NSP reviewed from the Trinity-El Monte site lacked dates when the Probation Case Worker visited the child and the Parent's Signatures were missing from the signature page. On the second and third Updated NSPs reviewed from the Trinity-Apple Valley site, both NSPs lacked the Parent's Signatures on the signature page and the "Family Reunification" boxes were again not checked off. On the fourth NSP reviewed from the Trinity-Yucaipa site, the Group Home's Contact with the DPO was incomplete. On the fifth Updated NSP reviewed from the Trinity-Yucaipa site, it lacked dates when the grandparents visited the child. Lastly, on the sixth Updated NSP reviewed from Trinity-Norco, it did not have the Case Plan Goal "PPLA/Transitioning" box checked off; the "Permanency Case Plan Goal" section was incomplete; the "Parental Involvement with Child's NSP Treatment" section was incomplete; and the "Independent Living Program" Outcome Goals were missing. Therefore, Trinity El Monte, Apple Valley, Yucaipa, and Norco were not in compliance with the element, "Did the treatment team develop timely, comprehensive, Updated Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child?" .

Recommendation

TYFS management shall ensure that:

1. Each child's NSP has the County worker's signature/authorization to implement the NSP, in accordance with the CCL, Title 22 Regulations, and the Master County Contract, SOW.

2. The aforementioned Initial NSP deficiencies are corrected so that each child has a comprehensive NSP, in accordance with CCL, Title 22 Regulations, and the Master County Contract, SOW. TYFS Clinical Supervisor review all completed NSPs to ensure that the required

elements are completed in accordance with the NSP template prior to the distribution of the NSP reports.

3. The aforementioned Updated NSP deficiencies are corrected so that each child has a comprehensive NSP as stated above.

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

PPQA's GHMU completed a compliance report for TYFS for the fiscal year 2013-2014. The last compliance report dated May 1, 2014, identified seven (7) recommendations.

Results

Based on the follow-up, TYFS fully implemented all seven (7) previous recommendations for which they were to ensure that:

- At Trinity-El Monte, a chain link fence near the volleyball court needed to be secured down immediately.

- At Trinity-El Monte, the Cub's Unit recreation room bathroom has graffiti that needed to be removed.

- At Trinity-El Monte, the Cub's Unit bedrooms #7 and #9 have graffiti on the bed frames that needed to be removed. Also, bedroom #6 has graffiti in the closet that needed to be removed. In the Expo's Unit, bedroom #13 has graffiti on the corkboard near the desk that needed to be removed and bedroom #17 needed repairs on the curtains.

- At Trinity-Norco, an outlet cover for the water dispenser needed to be secured. Also, a long metal pole behind the BBQ grill needed to be removed.

- At Trinity-.Norco, the curtains in bedroom #3 needed to be secured back in placed or repaired.

- At Trinity-Yucaipa, the Raiders Dorm bedroom #2 needed grout repair on the sink. In bedroom #3, the blind was missing from the window.

- At Trinity-Apple Valley, Unit 1, the shower curtains are falling off in the "C" bathroom. In bedroom #5, the closet has graffiti that needed to be removed. In Unit #2, graffiti was etched on the closet that needed to be

removed. In Unit #3, graffiti was presence inside the closets of bedrooms #2, #4, #6, and the master bedroom, which all needed to be removed.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Trinity Youth and Family Services Group Home by the Auditor Controller was not scheduled for the 2014-2015, fiscal year.

TRINITY YOUTH & FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Trinity Apple Valley
10755 Apple Valley Road
Apple Valley, CA 92308
License Number: 366401747
Rate Classification Level: 12

Trinity Norco
2104 Alhambra Street
Norco, CA 91760
License Number: 336400274
Rate Classification Level: 12

Trinity El Monte
11057 Basye Street
El Monte, CA 91731
License Number: 191591941
Rate Classification Level: 12

Trinity Yucaipa
10776 Fremont Street
Yucaipa, CA 92399
License Number: 360900416
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: April 2015**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	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. Full Compliance
	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. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	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. Full Compliance
	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. Improvement Needed

	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	8. Full Compliance 9. Improvement Needed 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	Full Compliance (ALL)

	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)	
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)

TRINITY®
Youth Services

Residential Services

TRINITY EL MONTE

DATE: July 16, 2015

TO: Probation Department's Group Home Monitor Unit
Attention: Deputy Probation Officer Leng Lim

FROM: Trinity – El Monte

RE: Corrective Action Plan 2014/2015

Attached is Trinity – El Monte's Corrective Action Plan for fiscal year 2014/2015. If there are any questions, please feel free to contact Jim Adams at 626-444-0539.

TRINITY YOUTH SERVICES
El Monte Site
11057 Basye Street
El Monte, CA 91731
License Number: 191591941
Rate Classification Level: 12

I. Licensure/Contract Requirements

Findings:
One vehicle did not have a First – Aid kit and another vehicle did not have a proof of registration from the DMV in the vehicle or on file.

Cause:
AOD staff felt the binders issued to vehicle drivers should be replaced, as some of the binder covers were beginning to tear. While transferring documents to the new binders assigned to each of the vehicles, AOD staff misplaced the registration copy for one vehicle. When replacing 1st aid kits in the vehicles at the same time, one vehicle received two kits while one vehicle did not receive one, an oversight.

Corrective Action Plan:
Trinity Administration made a copy of the registration which was placed in the proper vehicle the same day of the monitoring visit, 4/29/15. The extra 1st aid kit was transferred to where it belonged, in the vehicle missing its kit. A meeting was held between the AOD Supervisor and the Campus Director on 4/29/15 to address the non-compliance. Trinity will implement a weekly spot check column to the existing monthly mileage log cover, which will require the AOD Supervisor to conduct a weekly physical inspection of each file to ensure that a valid registration, insurance, and 1st aid kit are present. The mileage cover log will allow the AOD Supervisor to immediately view and determined whether any of the required items were missing.

Quality Assurance Plan:
To prevent the cited deficiencies from occurring again, the AOD Supervisor will be responsible for the weekly spot checks as documented on the new mileage log cover sheet. The AOD Supervisor will submit the spot check log to the Campus Director weekly for review to ensure compliance. The Campus Director will conduct routine and surprise audits of the monthly mileage log to ensure that the AOD Supervisor is in compliance. Any non-compliance noted by the AOD Supervisor will be subject to employee disciplinary actions.

Findings:
Community Care Licensing (CCL) reported a Substantiated Complaint in December of 2014, which resulted in a citation being issued and a Plan of Correction (POC) submitted regarding an employee leaving children unsupervised for 20 minutes during an outing to the movies.

Cause:
Despite having received training from Trinity addressing proper supervision just three months prior to the violation, staff elected to violated Trinity policy and ignore her training addressing proper supervision when she took a client outside the movie theater and left other clients unattended. This is an issue isolated to this former staff's poor judgment.

Corrective Action:
Corrective action was taken immediately by Trinity El Monte administration. Other alert staff became aware of the supervision lapse and brought it to the attention of administration. The staff was immediately suspended for the next week pending internal investigation, which was concluded in that week following the incident. The staff was terminated without returning to duty supervising Trinity clients. This action took place before CCL arrived to initiate their investigation. Further, Trinity cooperated with LA Probation's investigator who wanted an opportunity to speak with the staff prior to their termination meeting, so the termination was scheduled immediately following the final visit by the LA County Probation monitor, DPO Ro. In this case, Trinity's checks and balances worked well, as the deficiency was immediately identified by Team Leader staff and immediate corrective action was taken. Recreation and line staff will continue to spot check outings and monitor behaviors through observation and discussion with staff and clients. They will immediately report any behaviors which violate Trinity or Probation requirements, or put clients at risk in any way. This process worked well in this case in identifying the violation immediately and allowing Trinity to take immediate action to correct the situation.

Quality Assurance Plan:
To prevent the cited deficiencies from occurring again, a refresher training addressing effective supervision was provided to service delivery staff on 3/13/15, 3/18/15, 3/19/15, and 3/20/15. All new staff will continue to receive effective supervision training in the initial orientation phase of employment and have ongoing training on supervision through interaction with their supervisors and additional trainings throughout the year as a reminder. Trinity El Monte will continue with the checks and balances system, as the deficiency was immediately identified and actions were taken. Recreation and line staff will also continue to spot check outings and monitor behaviors through observation and discussion with staff and clients.

II. Facility & Environment

1. **Findings:**
   Padre Unit lower exterior wood door molding showed dry rot.

   Cause:
   This damage was at the lower few inches of the doorframe and was missed during maintenance inspections.

   Corrective Action:
   The doorframe repair was completed on 7/7/15.

2 **Findings:**
Cubs unit had a broken shower faucet handle in room #4 and the door molding was damaged in the restroom of room #3

Cause:
The shower faucet was functioning, but had a small piece of plastic chipped off on the underside. This was either new damage or it was missed during room inspections. The molding damage present at the base of the restroom door for room #3 was missed during unit inspections.

Corrective Action:
The shower faucet handle was replaced at the time of the monitoring visit on 4/29/15. The doorframe was not standard and immediately repairable. A new one was special ordered on 7/7/15 and will be installed when it arrives.

Quality Assurance Plan:
To ensure that the noted physical plant deficiencies cited by the Probation Monitor do not reoccur, Trinity El Monte has implemented a quality assurance system with the Team Supervisors responsible for each dormitory. A meeting was held with the Program Coordinator and Team Supervisors to discuss the physical plant deficiencies cited. Effective immediately, the Team Supervisors assigned to each dormitory will utilize a "Facility Maintenance Checklist" and conduct a weekly facility walk through. The Team Supervisors will document any physical plant deficiencies observed through the check list and work order requests, allowing the maintenance workers to effect timely repairs. In addition, the Team Supervisors will switch off inspecting each other's units as a different person may see different/additional things requiring attention. Team Supervisors will continue to submit weekly maintenance checklists as well as work requests to the Campus Director. The Program Coordinator will assume responsibility by overseeing and reviewing the weekly "Facility Maintenance Checklist" from the Team Supervisors to ensure compliance. The Program Coordinator is subject to Trinity's Constructive Confrontation process if this requirement is not met as part of the "Quality Assurance" process.

III. Maintenance of Required Documentation and Service Delivery:

1. **Findings:**
One file lacked signature from the Deputy Probation Officer of Record on the Initial 30-Day NSP

Cause:
This was due to incorrect protocol. In this case, the DPO had attended the Multi-Disciplinary Team meeting to discuss the goals and behavior to be documented in the Initial NSP. He signed that he attended, and this was provided to the monitor. Trinity El Monte staff incorrectly understood that the signature for the MDT meeting would provide documentation toward the acknowledgement of NSP contents, as the MDT meeting was where the treatment team finalized the information to be included in the NSP.

Corrective Action:
Trinity El Monte's protocol was modified. Campus Director met with the Social Worker responsible for NSP meetings and for compiling the NSP reports, along with the Clinical Coordinator who reviews the reports for completeness and accuracy. Campus Director shared the Probation Monitor's findings and changed the protocol to ensure that a DPO signature is obtained for BOTH the Initial MDT paperwork, and on the final NSP document. The Social Worker will work with the Team Supervisors and AODs to coordinate signatures with planned DPO visits, and will continue to make direct contact with the DPOs as needed. In the case where a DPO has/will not sign after reasonable attempts to obtain a signature, the DPOs supervisor will be contacted for assistance and the process will be documented at each step. Clinical Coordinator will be responsible for QA review of the documents to ensure the signature is present.

2. **Findings:**
One file lacked the parent's signature.

Cause:
The cause in this case was incomplete protocol. The parent was invited to the NSP meeting where a signature could be obtained. The parent did not attend and was difficult to reach. Additional steps needed to be taken to obtain a signature and/or thoroughly document why the signature was not possible.

Correction Action:
Trinity El Monte's protocol was modified. Campus Director met with the Social Worker responsible for NSP meetings and for compiling the NSP reports, along with the Clinical Coordinator who reviews the reports for completeness and accuracy. Campus Director shared the Probation Monitor's findings and modified the protocol to ensure that the parental signatures are obtained on the final NSP document. When a parent does not come for the scheduled NSP quarterly meetings, Trinity El Monte's Social Worker will work with the Team Supervisors and AODs to coordinate the gathering of signatures at other opportunities when parents come for visits, community passes, and therapy. When the parental signature cannot be obtained, Trinity El Monte's Social Worker will ensure there is thorough documentation of all attempts to obtain the signature, and any barriers. Clinical Coordinator will be responsible for QA review of the documents to ensure the parental signature is present, or that thorough documentation is present describing the attempts made, and why obtaining the signature was not possible. The Campus Director will assume responsibility of the Clinical Coordinator to ensure compliance by randomly reviewing approved NSP reports that were reviewed by the Clinical Coordinator on a weekly basis. The Clinical Coordinator is subject to Trinity's Constructive Confrontation process if this requirement is not met as part of the "Quality Assurance" process.

3. **Findings:**
One file lacked dates when the Probation Case Worker visited the child.

Cause:
The report documented vague information rather than providing specific dates.

Corrective Action:
Probation monitor explained there were changes to this section of the NSP and indicated that the changes actually asked for different information than providers were providing. Based on this discussion, Campus Director met with the Program Coordinator, Team Supevisors, Social Worker, and Clinical Coordinator. New protocol discussed requiring Team Supervisor's to track Trinity's contacts with DPOs for each client. Team Supervisors will document their contacts with the DPOs (calls and in person) in the NSP document. Monitor indicated that specific dates and descriptions were required unless the contacts exceeded 25 for the quarter, in which case the report would reflect the specific number of contacts and a summary of the topics discussed. Social Worker will ensure this information is documented in the NSPs and Clinical Coordinator will review finalized reports. The Clinical Coordinator is subject to Trinity's Constructive Confrontation process if this requirement is not met as part of the "Quality Assurance" process.

Quality Assurance Plan:
To ensure that the NSP deficiencies cited by the Probation Monitor do not reocur, all NSP reports completed by the Social Worker will be reviewed by the Clinical Coordinator who is responsible to ensure that all required fields are being completed prior to the distribution of the NSP reports. The Campus Director will assume responsibility of the Clinical Coordinator to ensure compliance by randomly reviewing NSP reports that were reviewed by the Clinical Coordinator. The Clinical Coordinator is subject to Trinity's Constructive Confrontation process if this requirement is not met as part of the "Quality Assurance" process.

James R. Adams
Jim Adams, Campus Director

TRINITY™
Youth Services

Residential Services

TRINITY YUCAIPA

DATE: July 17, 2015

TO: Probation Department's Group Home Monitor Unit
ATTENTION: Deputy Probation Officer Leng Lim

FROM: Trinity-Yucaipa

RE: Corrective Action Plan 2014/15

Attached is Trinity-Yucaipa's Corrective Action Plan for fiscal year 2014/2015. If there are any questions, please feel free to contact Gil Quinbar at (909) 797-0114 or cell (951) 258-6177.

Trinity Youth Services
Trinity-Yucaipa Site
10776 Fremont St.
Yucaipa, Ca. 92399
License Number: 360900416
Rate Classification Level: 12

III. Maintenance of Required Documentation and Services Delivery

Findings:

1. Development of Timely, Comprehensive Initial NSPs with Child's Participation

One file reviewed lack dates when the Grandparents visited the child on the 1st and 2nd. Updated NSPs.

The 2nd Updated NSP was also missing the parent's signature.

Another file reviewed was missing the Group Home's Contact with the DPO

Cause:

The clinician did not follow the NSP protocol of inputting all required information in the child's visitation sections.

The clinician did not obtain parent's signature during family therapy sessions/monthly Family Education classes held at the campus.

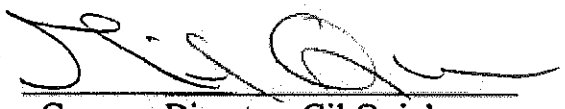
The clinician failed to follow the NSP protocol of inputting the Group Home's contact with the DPO.

Corrective Action Plan and Implementation:

All clinicians underwent trainings in both a group and individual setting. Effective immediately, all clinicians completing the NSP reports were informed of the mandatory requirements of following the NSP protocol of inputting all required information in the NSP sections. Specifically, inputting all family visitations, and the requirement that all parent's signatures must

be obtained or document detailed efforts as to why the parent's signatures was not obtained. All clinicians were informed of documenting and inputting all contact made with the DPO.

To ensure that the NSP deficiencies cited by the Probation Monitor from future reoccurrences, all NSP reports completed by the clinicians will be reviewed by the campus Clinical Coordinator to ensure that all required fields are being completed prior to the distribution of the NSP reports. The Campus Director will assume responsibility of the Clinical Coordinator to ensure compliance by randomly reviewing approved NSP reports on a weekly basis. The Clinical Coordinator is subject to employment disciplinary actions if compliance are not met as part of the "Quality Assurance" process.



Campus Director: Gil Quinbar

TRINITY™
Youth Services

Residential Services

TRINITY YUCAIPA

DATE: July 17, 2015

TO: Probation Department's Group Home Monitor Unit
ATTENTION: Deputy Probation Officer Leng Lim

FROM: Trinity-Norco

RE: Corrective Action Plan 2014/15

Attached is Trinity-Norco's Corrective Action Plan for fiscal year 2014/2015. If there are any questions, please feel free to contact Gil Quinbar at (909) 797-0114 or cell (951) 258-6177.

Trinity Youth Services
Trinity-Norco Site
2104 Alhambra St.
Norco, Ca. 92860
License Number: 336400274
Rate Classification Level: 12

II. Facility and Environment:

Findings:

1. **Exterior Well Maintained**

   The rear exterior door kick plate is damaged.

   Cause: Program Coordinator failed to recognize and document the damaged plate cover on the Weekly Facility Maintenance Checklist.

   Corrective Action Plan: The door kick plate has been replaced.

   The eves on both sides of the house are dry rotted out.

   Cause: Program Coordinator failed to recognize and document the dry rot on the Weekly Facility Maintenance Checklist.

   Corrective Action Plan:

   The dry rotted eves have been replaced and painted.

   There is presence of trash (soda bottles and candy wrappers) near the basketball court.

   Cause: Program Coordinator failed to do an exterior check of the grounds for trash.

   Corrective Action Plan:

   All trash has been picked up and an additional trash bin has been placed near the basketball court.

2. Common Areas Maintained

Therapy Room:

There is a loose light switch plate cover.

Cause: Program Coordinator failed to recognize and document the loose light switch plate cover on the Weekly Facility Maintenance Checklist.

Corrective Action Plan:

The loose plate cover has been replaced.

Implementation:

To ensure the noted physical plant deficiencies cited by the Probation Monitor from future reoccurrences, a new "Quality Assurance" process has been implemented. Trinity Norco will add an additional staff to walk through the interior and exterior of the home. Effective immediately, every Monday morning, a Trinity Maintenance man will conduct a facility and environment check. On that day he will make immediate repairs or corrections he noted during his walk through. A copy of his Facility Maintenance Checklist will be forwarded to Trinity Yucaipa. The Program Coordinator will assume responsibility by overseeing and reviewing the weekly Facility Maintenance Checklist to ensure compliance.

III. Maintenance of Required Documentation and Services Delivery Findings:

2. Development of Timely, Comprehensive Initial NSPs with Child's Participation

One file reviewed lacked the following:

"Reason for Placement" section was not completed,

The "PPLA/Transitioning" box on the Case Plan Goal was not checked off.

"Date of Admission" was incorrect.

The Clinician completing the NSP did not explain why there was not parental involvement with Child's NSP Treatment.

The NSP lacked a Permanency Case Plan Goal and a Concurrent Case Plan Goal.

Cause:

The deficiencies noted in this sections were a result of diminished continuity of NSP training and oversight of the clinician.

Corrective Action Plan and Implementation:

Trinity Norco was utilizing a contract therapist to develop and complete the NSP. Trinity Norco has since hired a permanent clinician that can attend on-going trainings. The Norco clinician has been trained on the mandatory requirements of properly completing the NSP's. Specific training was given in the area of deficiencies noted above by the LA Probation Monitor. The Yucaipa Clinical Coordinator will go to the Norco Home once every two weeks or more if needed to review and ensure that all required fields in the NSP are being completed with accurate information prior to the distribution of the NSP. Additionally, the Norco clinician will come to the Yucaipa Campus once every two weeks or more if needed and attend trainings with other clinicians from Yucaipa.

To ensure that the NSP deficiencies cited by the Probation Monitor from future reoccurrences, all NSP reports completed by the clinician will be reviewed by the campus Clinical Coordinator to ensure that all required fields are being completed prior to the distribution of the NSP reports. The

Campus Director will assume responsibility of the Clinical Coordinator to ensure compliance by randomly reviewing approved NSP reports on a weekly basis. The Clinical Coordinator is subject to employment disciplinary actions if compliance are not met as part of the "Quality Assurance" process.

2. Development of Timely, Comprehensive Updated NSPs with Child's Participation.

One file reviewed lacked the following:

The "PPLA Transitioning" box on the Case Plan Goal was not checked off, the Clinician completing the NSP did not explain why there was not parental involvement with Child's NSP Treatment, and lacked an ILP and Permanency Case Plan Goals.

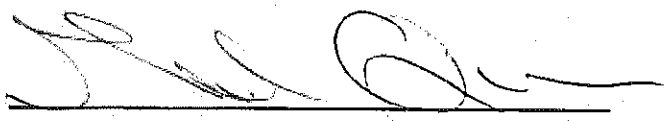
Cause: The deficiencies noted in this sections were a result of diminished continuity of NSP training and oversight of the clinician.

Corrective Action Plan and Implementation:

As noted in the above Corrective Action Plan and Implementation, Trinity Norco has hired a permanent clinician that can attend on-going trainings. The Norco clinician has been trained on the mandatory requirements of properly completing the NSP's. Specific training was given to the area of deficiencies noted above by the LA Probation Monitor.

The Yucaipa Clinical Coordinator will go to the Norco Home once every two weeks or more if needed to review and ensure that all required fields in the NSP are being completed with accurate information prior to the distribution of the NSP. Additionally, the Norco clinician will come to the Yucaipa Campus once every two weeks or more if needed and attend trainings with other clinicians from Yucaipa

To ensure that the NSP deficiencies cited by the Probation Monitor from future reoccurrences, all NSP reports completed by the clinician will be reviewed by the campus Clinical Coordinator to ensure that all required fields are being completed prior to the distribution of the NSP reports. The Campus Director will assume responsibility of the Clinical Coordinator to ensure compliance by randomly reviewing approved NSP reports on a weekly basis. The Clinical Coordinator is subject to employment disciplinary actions if compliance are not met as part of the "Quality Assurance" process.



Gil Quinbar, Campus Director

TRINITY
YOUTH SERVICES

Date: July 20, 2015

To: Probation Officer Leng Lim

Content: Corrective Action Plan

Mr. Lim,

Please find attached the Apple Valley Corrective Action Plan regarding your findings during the annual audit of the Trinity Apple Valley Campus. Trinity has taken all necessary steps to adequately address the issues identified in the deficiency report. Trinity has taken the necessary step to ensure that adequate policies and procedures are in place to make certain that these deficiency do not reoccur. If you have any question, please feel free to contact me at (909) 957-3633 (cell) or (760) 247-9840 (work)

Sincerely,

Anthony R. Bush

Anthony Bush
Campus Director
Trinity Apple Valley

Trinity-Apple Valley Site
License Number: 366401747
Rate Classification Level: 12

II. Facility and Environment:

Findings:

2. Common Areas Maintained

Dining Hall:

There is one damaged electrical reciprocal cover.

Cause: Maintenance worker failed to recognize damaged reciprocal cover and document the damage on the Facility Maintenance Checklist.

Corrective Action Plan:

The damaged electrical reciprocal cover has been replaced.

Unit 1, 2, 3:

There are no GFCI safety electrical outlets in the community bathrooms for units, 1, 2, and 3.

Cause: Building was built prior to GFCI outlets were required. Fire Marshal inspections did not reveal this as an issue.

Corrective Action Plan:

All outlets that require GFCI outlets have been replaced with GFCI outlets. The Fire Marshal will specifically be made aware of this to ensure that the Trinity Apple Valley Campus meets all requirements.

Unit 3:

Broken light switch cover plate in common area

Cause: Maintenance worker failed to recognize damaged reciprocal cover and document the damage on the Facility Maintenance Checklist.

Corrective Action Plan:

The damaged light switch cover plate has been replaced and replacement covers have been purchased and are stored at the campus.

3. Children's Bedrooms:

Unit 1:

There is one damaged electrical outlet located on the wall outside of bedroom #5.

There is a short mirror trim molding that does not cover the sharp edges on the mirror in bedroom #6

Cause: Maintenance worker failed to recognize damaged electrical outlet, mirror molding, and document the damage on the Facility Maintenance Checklist.

Corrective Action Plan:

The damaged outlet has been replaced.

The mirror and/or mirror trim has been replaced to ensure that there are no sharp edges exposed.

Implementation:

To ensure that the noted physical plant deficiencies cited by the Probation Monitor from future reoccurrences, Trinity Apple Valley has implemented a new "Quality Assurance" system with our maintenance department. A meeting was held with the maintenance department supervisor and staff to discuss the physical plant deficiencies cited. Effective immediately, the maintenance department staff will utilize a "Facility Maintenance Checklist" and conduct weekly facility walk through. The maintenance staff will document any physical plant deficiency observed and make immediate repairs or corrections. The Program Director will assume responsibility by overseeing and reviewing the weekly "Facility Maintenance Checklist" from the maintenance department to ensure compliance.

III. Maintenance of Required Documentation and Services Delivery

Findings:

1. Development of Timely, Comprehensive Initial NSPs with Child's Participation

One file on the "Family Reunification" box was not checked off and lacked the parent's signature.

Another file reviewed also did not have the "Family Reunification" box checked off.

2. Development of Timely, Comprehensive Updated NSPs with Child's Participation.

One file reviewed lacked the parent's signatures on all updated NSPs and the boxes on the "Family Reunification" box were not checked off. Another file reviewed did not have the "Family Reunification" box checked off and parent's signatures on all updated NSPs.

Cause:

The "Family Reunification" boxes were not checked off due to human error.

Clinical staff did not obtain parent signatures during family therapy sessions/monthly Family Education classes held at the campus.

Corrective Action Plan and Implementation:

Effective immediately, all clinical staff completing the NSP reports was informed of the mandatory requirements that the parent's signatures must be obtained or document detailed efforts as to why the parent's signatures were not obtained on the NSP report and the boxes for the client's Permanency Case Plan Goal be checked off. All Clinical staff underwent trainings in both a group and individual setting regarding the importance of obtaining parents' signatures and checking off the box that corresponds with the client's Permanency Case Plan Goal in the NSP reports. NSPs will be presented to the parents during family therapy or at the monthly meetings held for all parents on the third Saturday of each month. This will enable the parents to review and sign their child's NSPs.

To ensure that the NSP deficiencies cited by the Probation Monitor from future reoccurrences, all NSP reports completed by the clinicians will be reviewed by the campus Clinical Coordinator to ensure that all required fields are being completed prior to the distribution of the NSP reports. The Clinical Coordinator will assume responsibility of the clinicians to ensure compliance by reviewing all NSP reports on a weekly basis. The clinicians are subject to employment disciplinary actions if compliance is not met as part of the "Quality Assurance" process.

Anthony Bush
Campus Director: Anthony Bush

7/20/15
Date