COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

August 17, 2015

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

FROM: Jerry E. Powers J.P.
Chief Probation Officer

SUBJECT: **HUMANISTIC FOUNDATION GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) Unit, conducted a review of New Concept Group Home, operated by Humanistic Foundation, Inc., in March 2015. New Concept has one (1) site, located in the Second Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children and the Department of Children and Family Services (DCFS) foster children. According to New Concept's program statement, its purpose is to treat boys who exhibit behavior, social and emotional difficulties.

New Concept is an 8-bed site and is licensed to serve a capacity of eight (8) boys, 12-17 years old. At the time of review, New Concept was serving three (3) Probation children and three (3) DCFS children. Based on the sample, the placed children's overall average length of placement was seven (7) months, and their average age was 16 years old.

All six (6) children were selected for the interview sample. There were two (2) children in the sample who were prescribed psychotropic medication, which included one (1) Probation and one (1) DCFS child, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, one (1) Probation and two (2) DCFS discharged children's files were reviewed to assess compliance with permanency efforts, and four (4) 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 New Concept, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. New Concept was in

compliance with five (5) of the 10 areas of our Contract Compliance Review: "Health and Medical Needs"; "Psychotropic Medication"; "Personal Needs/Survival and Economic Well-Being"; "Discharged Children"; and "Personnel Records".

Although, PPQA/GHM noted deficiencies in five (5) of the 10 areas, there were no egregious findings; however, there were similar and increased findings in several areas from last year's review. In the area of "Licensure/Contract Requirements", New Concept needed to ensure that their vehicles contain a First-Aid kit; complete repairs for the front passenger door lock, rear taillight, hubcap and both rear tires replaced. In addition, New Concept needed comprehensive clothing and allowance logs to document that children were receiving their payments. It was noted in the area of "Facility and Environment" that New Concept needed to make various minor repairs, such as ensuring that the air conditioning register vent was replaced in the bedroom and install a GFCI electrical safety reciprocal outlet in the hallway bathroom. In addition, New Concept needed to maintain a two-day food supply of perishable foods, in accordance with Community Care Licensing (CCL), Title 22 Regulations.

In the area of "Maintenance of Required Documentation and Service Delivery", New Concept needed to ensure that the children are progressing towards meeting their Needs and Services Plan (NSP) case goals and develop comprehensive NSPs. In the area of "Educational and Workforce Readiness", New Concept needed to document the progress of the children's educational goals in the NSPs to determine whether the children's academics and school attendance have or have not increased. Deficiencies were also noted in the area of "Personal Rights and Social/Emotional Well Being", in that, New Concept needed to ensure that children's allowances are not withheld as a form of discipline for negative behavior.

REVIEW OF REPORT

On April 15, 2015, Probation PPQA Monitor Leng Lim held an Exit Conference with New Concept Administrator Sueretta Small. Administrator Small agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

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, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Sueretta Small, Assistant Executive Director, New Concept Group Home
Community Care Licensing

NEW CONCEPT GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

4240 WEST 62ND STREET
LOS ANGELES, CA 90043
LICENSE NUMBER: 191800491
RATE CLASSIFICATION LEVEL: 12

	Contract Compliance Monitoring Review	**Findings: March 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. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	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. Improvement Needed
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. Improvement Needed
	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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance
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)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance

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)

HUMANISTIC FOUNDATION (NEW CONCEPT) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The purpose of this review was to assess Humanistic Foundation (New Concept) Group Home compliance with the County contract and State regulations and include a review of the New Concept 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, six (6) placed children were selected for the sample that included three (3) Probation and three (3) DCFS children. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of this review, two children, one (1) Probation and one (1) DCFS, 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, three (3) discharged children's files, one (1) Probation and two (2) DCFS, were reviewed to assess New Concept's compliance with permanency efforts.

Four (4) 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 five (5) areas were out of compliance.

Licensure/Contract Requirements

- During an inspection of the vehicles at New Concept, it was noted that the Blue transportation van was missing the front passenger door lock, had a cracked left rear taillight cover and a damaged left rear hubcap cover. It was noted that the White transportation van had very low tire threads on both of the rear tires and the right rear tire had a nail embedded inside. It was also noted that both vehicles were missing a First-Aid kit. Therefore, New Concept was not in compliance with the element, "Vehicle Maintained in Good Repair?"

- During a review of the clothing and weekly allowance logs, it was revealed that New Concept had monetary logs that were not complete or comprehensive. The Monetary Allowance Log reviewed had children's remaining clothing balances of five dollars or less combined together that should have been kept separated. It was noted that the children's Monetary Allowance Logs did not reflect accurate accounting for the amount received, amount spent and the amount balance. It was noted that the dates for when the children received their monetary allowances ranged from nine (9) days to a month, instead of the required seven (7) days. Lastly, it was noted that the Clothing Allowance Logs were missing the children's signature of receipt. Therefore, New Concept was not in compliance with the element, "Comprehensive Monetary and Clothing Allowance Logs Maintained?"

Recommendation

New Concept's management shall ensure that:

1. All aforementioned deficiencies regarding the vehicles are repaired or replaced, in accordance with the Master County Contract, Statement of Work (SOW).

2. All children's files have accurate Monetary and Clothing allowance records, which are to include a comprehensive current ledger accounting, with additional columns for the "Balance Amount". All Monetary and Clothing Allowance Logs be recorded separately and not together. All Monetary Allowance Logs shall be recorded on a weekly basis when allowances are distributed, to reflect timely receipt of allowances. All Clothing Allowance Logs are to be signed by the children to indicate receipt of their clothing allowance. This is to be done in accordance with the Community Care Licensing (CCL), Title 22 Regulations and the Master County Contract, Statement of Work (SOW).

Facility and Environment

An inspection of the interiors and exteriors of New Concept revealed some cosmetic deficiencies that require correction in the common areas and children's bedrooms.

- The Hallway Bathroom lacked a GFCI safety electrical reciprocal outlet by the sink. In bedroom #2, there was a damaged air conditioning register vent.

- During an inspection of the refrigerator in the kitchen, it was revealed that the food supply was approximately 10 percent full, lacking juice, milk, eggs, vegetables, and meats. It was also revealed that the reserved refrigerator in the garage was approximately 40 percent full and lacked juice and milk. The Group Home failed to meet the two-day food supply for perishable foods, in accordance with CCL, Title 22 Regulations. The monitor consulted with the Group Home Facility Manager regarding the agency's low food amount. The Facility Manager reported that the Group Home makes food purchases every Monday of the week, but due to the monitor's visit, the Facility Manager was unable to make food

purchases at the time of the inspection. Therefore, New Concept was not in compliance with the element, "Adequate Perishable and Non-Perishable Foods?"

Recommendation

New Concept management shall ensure that:

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

3. All refrigerators, including reserves, shall be fully stocked at all times with the required food categories to meet the two-day food supply for perishable foods, in accordance with CCL, Title 22 Regulations.

Maintenance of Required Documentation and Service Delivery

Of the six (6) children's files reviewed, six (6) initial case plans and six (6) updated case plans were reviewed:

- Of the six (6) updated NSPs reviewed, two (2) showed children making progress; however, four (4) revealed that the children have not progressed towards meeting their case goals, due to their continuous negative behaviors. In one (1) Updated NSP, it stated that the child continues to struggle with appropriate self-awareness skills and sobriety, while two (2) other Updated NSPs stated that the child continues to struggle with willingness to change. In the last Updated NSP reviewed, it stated that the child continues to struggle with sobriety and appropriate peer relationships, where he consistently engages in negative conversations about drugs and gangs. Therefore, New Concept was not in compliance with the element, "Children Progressing Towards Meeting NSP Case Goals?"

- Of the six (6) initial NSPs reviewed, one (1) had two different Case Plan Goals (Family Reunification and PPLA/Transition) checked off. All six (6) initial NSPs reviewed listed the Concurrent Case-Plan Goals, but did not elaborate on the specifics of an alternative permanency option in the "Comments" section, should the original case plan goal not be feasible. One (1) initial NSP reviewed did not list the date when the PMA was authorized as required. Five (5) initial NSPs reviewed did not provide reasons why the child was not enrolled in school within the required three (3) school days. Three (3) Initial NSPs reviewed listed the same Educational Strengths for all three (3) children and were not child specific. One (1) Initial NSP reviewed listed the child's Educational Strengths as

"stubbornness", instead of a positive comment. One (1) Initial NSP reviewed listed "Family Therapy" as an Outcome Goal when the goal should have been "Permanency Planning". Two (2) Initial NSPs reviewed did not include an "Independent Living Program" as an Outcome Goal for children that were 17.5 years old. Therefore, New Concept was not in compliance with the element, "Development of Timely, Comprehensive Initial NSPs with Child's Participation".

- Of the six (6) Updated NSPs reviewed, one (1) continued to have two different Case Plan Goals (Family Reunification and PPLA/Transition) checked off. Five (5) reviewed also continued to list the Concurrent Case-Plan Goals, but did not elaborate on the specifics of an alternative permanency option in the "Comments" section, should the original case plan goal not be feasible. Five (5) reviewed failed to report Progress of the Child's Educational goals and Life Skills Training/Youth Development Preparation goals over the past three (3) months as a required element in the Updated NSPs. Five (5) reviewed also lacked complete information in the "Visitation/Involvement/Contact with Family of Origin/Guardian" section of the Updated NSPs. Two (2) reviewed continued to not list an "Independent Living Program" as an Outcome Goal for children that were 17.5 years old. One (1) reviewed had the "Initial Plan" box checked off instead of the "Quarterly Report" box in the Updated NSP. Lastly, four (4) reviewed had no changes or modifications made to the children's case goals when the child was not progressing towards meeting his goals. Therefore, New Concept was not in compliance with the element, "Development of Timely, Comprehensive Updated NSPs with Child's Participation".

Recommendation

New Concept management shall ensure that:

1. All children placed have the opportunity to progress towards meeting their Case Plan Goals. New Concept shall modify or make necessary changes to the child's Case Plan Goals to make them more achievable when the child is not progressing towards meeting their goals, in accordance with the CCL, Title 22 Regulations and the Master County Contract.

2. The aforementioned NSP deficiencies are corrected so that each child has comprehensive Initial NSPs, in accordance with the CCL, Title 22 Regulations, and the Master County Contract. New Concept's Administration shall review all Initial NSPs prior to final distribution.

3. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Updated NSP, in accordance with the CCL, Title 22 Regulations and the Master County Contract. New Concept's Administration shall review all Updated NSPs prior to final distribution.

Education and Workforce Readiness

- A review of the files indicated that five (5) children's Updated NSP's did not report the progress of the children's educational goals over the past three (3) months, as a required element in the NSP template. The monitor could not determine whether the children's academics or school attendances had increased or decreased. Therefore, New Concept was not in compliance with the element, "Children's Academic or Attendance Increased".

Recommendation

New Concept management shall ensure that:

1. All efforts made by the Group Home to assist the children in making educational progress are clearly documented in their NSPs, in accordance with the CCL, Title 22 Regulations and the Master County Contract.

Personal Rights and Social/Emotional Well Being:

- Interviews conducted with all six (6) children reported that the Group Home withholds their weekly monetary allowances as a form of discipline, when the children are directly or indirectly involved in negative behavior. The monitor consulted with the Group Home's Facility Manager regarding the agency's discipline practice. The Facility Manager confirmed that weekly monetary allowances were withheld from the children due to on-going behavior issues. Therefore, New Concept was not in compliance with the element, "Appropriate Rewards and Discipline System".

Recommendation

New Concept management shall ensure that:

1. All children are free from monetary allowances being used as a form of discipline. The Group Home complies with Master County Contract SOW, which states that "Residents allowances may not be withheld unless regulatory criteria are met. Any amount of a resident's allowance that is withheld as a form of discipline must meet the requirements of 84026(a-c), including the requirements that the fines shall be used for the benefits of the individual residents or all residents in placement, separate accounting, etc."

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

PPQA/GHM last compliance report dated July 29, 2014, identified eight (8) recommendations.

Results

Based on the follow-up, New Concept fully implemented five (5) of the six (6) previous recommendations for which they were to ensure that:

- The vehicle's torn upholstery is repaired in a timely fashion in order to ensure the safety and security of all residents and that all vehicles shall remain in good repair.
- The Group Home secures the wiring by the television cited in the common area.
- The Group Home removes graffiti on the dresser in bedroom #1 and #4; and replaces the torn curtain on the window in bedroom #1.
- The County Worker's Authorization to Implement NSPs is secured by ensuring that the Probation Officer/Social Worker signatures are obtained for all NSPs.
- All employees' files are updated and that all driver licenses are current and valid.

However, the follow-up discovered that New Concept failed to fully implement one (1) of the previous six (6) recommendations for which they were to ensure that:

- All NSP reports are comprehensive and child specific to each child's individual needs, with no "cutting or pasting" from previous reports.

Recommendation

New Concept management shall ensure that:

1. The outstanding recommendation from the 2014 monitoring report dated July 29, 2014, which is noted in the previous report, is fully implemented in accordance with the Master County Contract, SOW and CCL, Title 22 Regulations.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

NC

HUMANISTIC FOUNDATION, INC.

New Concept Group Home

RESIDENTIAL TREATMENT PROGRAM

AGES 11 - 17

May 15, 2015

Los Angeles County Probation
DPO Leng Lim

Los Angeles County Probation, Monitoring Department conducted a review of New Concept Group Home on March 16, 2015. The Facility was inspected by DPO Leng Lim.

The New Concept Deficiency Report for 2014-2015 Monitoring Review has been reviewed and a Corrective Action Plan has been implemented to address and correct all deficiencies.

It is important to New Concept to always provide a high level of quality service to our minors at all times. We strive to offer a safe environment to enhance the wellbeing of the minors, age appropriate activities, and educational plans to ensure a positive future. We are very sincere, passionate and vested in the lives of the minors entrusted to New Concept Group Home.

We will adhere to the recommendation listed in the deficiency report.

Regards,

Sueretta Small

Sueretta Small, Administrator
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New Concept Deficiency Report for 2014-15 Monitoring Review

I. Licensure/Contract Requirements:

Vehicle Maintained in Good Repair: The Blue transportation van is missing the front passenger door lock; has a cracked/broken left rear taillight and a damaged left rear hubcap cover. The White transportation van has very low tire threads on both rear tires and has a nail embedded inside of the right tire. Both vehicles were also missing a First-Aid kit.

Recommendation: Repair the missing door lock, cracked taillight, and replace the damaged hubcap and missing First-Aid kit on the Blue Van. Replace both rear tires and missing First-Aid kit.

CORRECTIVE ACTION PLAN:

The deficiencies on the Blue Van noted by probation during the vehicle inspection were not completed due to New Concept replacing the Blue Van with a newly purchased van on March 30, 2015. The two rear tires on the White Van that have very low thread wear were replaced with brand new tires on March 18, 2015. In addition, both missing First-Aid Kits noted were immediately placed inside of both vans to ensure compliance.

In order to ensure that both transportation vans are maintained in good repair, New Concept has updated the Vehicle Inspection form to include the First-Aid Kit as part of the check list. This form will be reviewed and inspected by the Facility Supervisor on a weekly basis to ensure that the vehicles are safe for transporting clients. The Facility Supervisor or Administrator will immediately make all necessary repairs or replacements if and when any deficiencies are noted.

Vehicle Inspection form attached.

Comprehensive Monetary and Clothing Allowance Logs Maintained: Both the Monetary and Clothing Allowance logs were not comprehensive and in disarray. The Monetary Allowance logs combined balances left over from clothing purchases that were less than $5.00 should have been listed separately on a Clothing Allowance

Log. The dates listed when the children received their Monetary Allowances were not all within the weekly compliance timeframe. The timeframe when the children receive their monetary allowances ranges from nine days to a month, instead of seven days. The Monetary Allowance Logs does not reflect the accurate accounting for the amount received, amount spent or withdrawn, and remaining balance. The Clothing Allowance Logs were also missing the child's signature of receipt.

Recommendation: Create a Comprehensive Clothing Allowance Log to include a current ledger accounting, with columns for Amount Balance. Ensure that all Clothing and Monetary Allowance Logs shall be recorded separately and not mixed up together. Ensure that all Monetary Allowance Logs shall be recorded on a weekly basis when allowances are distributed to reflect receipt of allowances. Ensure that all Clothing Allowance Log are to be signed by the children to indicate receipt of the clothing allowance.

CORRECTIVE ACTION PLAN:

To adhere to this recommendation and ensure that the Monetary and Clothing Allowance Logs are comprehensive, New Concept has revised our Monthly Clothing Allowance & Shopping Record form. Effective immediately, New Concept will no longer combine the Clothing Allowance balances of $5.00 or less to the Monetary Allowance log. The Monetary and Clothing Allowances logs will remain separate. Effective immediately, the Facility Manager will now recorded the children's weekly allowances in the Monetary Allowance log upon weekly distribution to ensure compliance within the weekly timeframe. Effective immediately, New Concept has implemented a revised Clothing Allowance log with additional columns to reflect accurate accounting of the balances for each child. Effective immediately, New Concept required that all children provide signatures on the Monthly Clothing Allowance log as proof of receipt when allowances are disbursed to them.

In order to ensure that the noted deficiencies do not reoccur moving forward, New Concept Administrator conducted training with the Facility Manager on March 17, 2015, to address the deficiencies in detail. The Administrator will review both Monetary and Clothing Allowance logs on a weekly basis as part of the Quality Assurance process to ensure that the Facility Manager is incompliance with the probation department's recommendations.

Monthly Clothing Allowance & Shopping form attached.

II. Facility and Environment:

1. Common Areas Maintained: There is no GFCI safety electrical reciprocal outlet by the sink in the Hallway Bathroom.

Recommendation: Replace the existing electrical reciprocal with a safety GFCI outlet.

CORRECTIVE ACTION PLAN:

The GFCI safety electrical reciprocal outlets were installed in both upstairs bathrooms that are used by the children on March 17, 2015.

2. Children's Bedroom Room #2: The air conditioning register vent is bent and damaged.

Recommendation: Replace a/c register vent.

CORRECTIVE ACTION PLAN:

The air conditioning register vent was replaced on March 17, 2015.

In order to ensure that the facility is free from any physical plant deficiency moving forward, New Concept's maintenance worker will conduct a weekly physical inspection of the interior and exterior of the facility. Any noted deficiencies by the maintenance worker will be immediately addressed, replaced or repaired.

3. Adequate Perishable and Non-Perishable Foods: Facility inspection of the refrigerator conducted on March 16, 2015, revealed that the refrigerator was only 10% stocked with foods. There was no juice, milk, eggs, vegetable, or meats available. The reserved refrigerator in the garage was approximately 40% stocked. There was no milk or juice present and the Group Home failed to meet the food inventory of two-day food supply for perishable foods in accordance with CCL, Title 22 Regulations.

Recommendation: New Concept Group Home shall take all necessary efforts to comply with the CCL, Title 22 Regulations regarding meeting the two day food inventory for perishable foods.

CORRECTIVE ACTION PLAN:

New Concept has always conducts weekly food and grocery purchases on Monday. On the day of the probation department's inspection, March 16, 2015, the Facility Manager did not have the opportunity to conduct grocery shopping due to the probation monitor's visit. The groceries were purchased by the Facility Manager in the late afternoon and both refrigerators were fully stocked after the probation monitor's departure. New Concept has always been in compliance with the food requirements noted from all previous CCL's unannounced visits. Effective immediately, New Concept will meet the two-day food inventory for perishable foods standards required by CCL Regulations. In addition to the weekly grocery shopping conducted on Mondays, the Facility Manager will conduct frequent grocery shopping to ensure that both the kitchen and reserved refrigerators remain fully stocked at all times.

In order to ensure that both refrigerators meet the two-day food inventory for perishable foods at all times, the Facility Manager will monitor the food supply daily and replenish whenever necessary. The Administrator will also conduct routine checks of both refrigerators to ensure full compliance as part of the Quality Assurance process.

III. Maintenance of Required Documentation and Service Delivery:

1. Children Progressing Toward Meeting NSP Case Goals: Four of the six Quarterly NSP reports reviewed indicated that the children were not progressing towards meeting their case goals as evident that their negative behaviors continued or increased.

Recommendation: New Concept Group Home shall take all necessary efforts to ensure that the child is progressing towards meeting their NSP case goals by decreasing negative behaviors. New Concept shall make any necessary adjustments to the child's case plan goals by increasing therapeutic services when determined that the child's behavior has not decreased or stabilized during the quarterly reporting period.

2. Development of Timely, Comprehensive Initial NSPs with Child's Participation: Of the six (6) files reviewed, two (2) files had two different Case Plan Goals (Family Reunification and PPLA/Transition) checked off in the Initial NSPs. All six (6) files reviewed listed the Concurrent Case-Plan Goals, but did not elaborate on the specifics of an alternative permanency options on the "Comments" section should the originally case plan goal is not

feasible. One (1) file reviewed did not list the date when the PMA was authorized as required. Five (5) files reviewed did not provide reasons why the child was not enrolled in school within the required three school days. Three (3) files reviewed listed the same Educational Strengths for all three (3) children and were not child specific. One (1) file reviewed listed the child's Educational Strengths as "stubbornness", instead of a positive comment. One (1) file reviewed listed "Family Therapy" as an Outcome Goal when the goal should have been "Permanency Planning". Two (2) files reviewed did not include an "Independent Living Program" as an Outcome Goal for children that were 17.5 years old.

Recommendation: New Concept Group Home clinician(s) completing the Initial NSP reports shall only check off one box with the original permanency case plan goal and follow with a Concurrent Case Plan Goal. Clinicians shall ensure that all sections, areas, or boxes in the Initial NSP reports are comprehensive and complete. Clinician must list the Permanency Planning, Educational Goal, and ILP Goal as part of the child's Outcome Goals in the Initial NSP reports. Clinical Supervisor shall provide quality assurance to ensure that all Initial NSP reports completed by the clinicians are comprehensive and child specific.

3. Development of Timely, Comprehensive Updated NSPs with Child's Participation: Of the six (6) files reviewed, two (2) files continued to have two different Case Plan Goals (Family Reunification and PPLA/Transition) checked off in the Updated NSPs. Five (5) files reviewed also continued to list the Concurrent Case-Plan Goals, but did not elaborate on the specifics of an alternative permanency options on the "Comments" section should the originally case plan goal is not feasible. Five (5) files reviewed failed to report Progress of the Child's Educational goals and Child's Life Skills Training/Youth Development Preparation goals over the past three (3) months as a required element in the Updated NSPs. Five (5) files reviewed also lacked complete information in the "Visitation/Involvement/Contact with Family of Origin/Guardian" section of the Updated NSPs. Two (2) files reviewed continued to not list an "Independent Living Program" as an Outcome Goal for children that were 17.5 years old. One (1) file reviewed had the "Initial Plan" box checked off instead of the "Quarterly Report" box in the Updated NSP. Lastly, four (4) files reviewed had no changes or modifications made to the children's case goals when the child was not progressing towards meeting his goals.

Recommendation: New Concept Group Home clinician(s) completing the Initial NSP reports shall only check off one box with the original permanency case plan goal and follow with a Concurrent Case Plan Goal. Clinicians shall ensure that all sections, areas, or boxes in the Initial NSP reports are comprehensive and complete. Clinician must list the Permanency Planning, Educational Goal, and ILP Goal as part of the child's Outcome Goals in the Initial NSP reports. Clinical Supervisor shall provide quality assurance to ensure that all Initial NSP reports completed by the clinicians are comprehensive and child specific.

CORRECTIVE ACTION PLAN for #1, #2, and #3:

On March 23, 2015, New Concept Administrator, Facility Supervisor, and the Clinical Team met to extensively review the probation monitor's findings for the Initial NSPs and Quarterly reports noted. New Concept Administration conducted training with the Clinician by using the sampled NSP reports provided by DCFS and probation from the NSP Training. Effective immediately, to ensure that all NSP reports are comprehensive and thoroughly completed without lacking pertinent case plan information, the clinician completing the report will first meet with the Facility Supervisor, Assistant Administrator, Administrator and other clinicians to gather all pertinent information and input on the child's case plan prior to completing the NSP report. Information such as visitation dates, phone calls, doctor and dentist appointments, school enrollment date, life skill training, and sessions such as anger management, substance abuse, sessions with the clinicians, school meetings and SIRs. In addition, the Clinician will ensure that each child's case plan goals are child specific by reviewing the child's case file thoroughly prior to preparing the Case Plan Goals.

Clinician will now note that if the child is not progressing towards meeting his NSP case goals, the clinician will make the necessary adjustments to the case plan to stabilize the child up to and including increasing therapeutic services if necessary.

In order to ensure that the Initial and Quarterly NSP reports are comprehensive and child specific moving forward, New Concept has implemented a three (3) step "Quality Assurance" process which requires the Clinician completing the NSPs to extensively review and proofread the report to ensure that all the required elements of the NSP template are completed and not left blank. The Clinician will then send the NSP report to the Assistant Administrator and Facility Supervisor for review to ensure that all the required elements of the NSP template was comprehensively completed. Lastly, after the

Assistant Administrator and Facility Supervisor reviews and approves the NSP report, the report will be last reviewed by the Administrator prior to the NSP report being signed and distributed.

IV. Educational and Workforce Readiness:

1. Children's Academics or Attendance Increased: All six (6) Updated NSPs reviewed did not report progress of the child's educational goals over the past three (3) months. This is required element in accordance with the NSP template. Therefore, the monitor could not determine whether the child's academics or school attendance have increased or decreased.

Recommendation: New Concept Group Home shall take all necessary efforts to ensure that all Initial NSPs are comprehensive and complete to include all the required elements in accordance with the NSP template.

CORRECTIVE ACTION PLAN:

Effective immediately, Clinician will complete and report the child's educational goals on the Quarterly NSP reports as a required element of the NSP template.

In order to ensure that the Initial and Quarterly NSP reports are comprehensive and child specific moving forward, New Concept has implemented a three (3) step "Quality Assurance" process which requires the Clinician completing the NSPs to extensively review and proofread the report to ensure that all the required elements of the NSP template are completed and not left blank. The Clinician will then send the NSP report to the Assistant Administrator and Facility Supervisor for review to ensure that all the required elements of the NSP template was comprehensively completed. Lastly, after the Assistant Administrator and Facility Supervisor reviews and approves the NSP report, the report will be last reviewed by the Administrator prior to the NSP report being signed and distributed.

VII. Personal Rights and Social/Emotional Well Being:

1. Appropriate Rewards and Discipline System: All six (6) children interviewed reported that the Group Home withholds their weekly monetary allowances as a form of discipline when they are involved

in negative behavior. The Group Home facility manager was interviewed by the monitor and confirmed that weekly monetary allowances were withheld from the children due to their negative behavior.

Recommendation: New Concept Group Home shall comply with the Master County Contract, Statement of Works (SOW) which states that "Residents' allowances may not be withheld unless regulatory criteria are met. Any amount of a resident's allowances that is withheld as a form of discipline must meet the requirements of 84026(a-c), including the requirements that the fines shall be used for the benefits of the individual resident or all residents in placement, separate accounting, etc."

CORRECTIVE ACTION PLAN:

New Concept acknowledges the violation of personal rights, and takes full accountability for our actions. Effective immediately, New Concept will no longer withhold the children's monetary allowances as a form of discipline. The Administrator has met with the Facility Manager to address the deficiency noted the probation monitor. The Facility Manager released all monetary allowances that were withheld to the children on March 18,-25, 2015. The weekly monetary allowance was only held to assure the safety and wellbeing of the children placed New Concept was not aware that withholding the children's monetary allowances was a direct violation of the children's personal rights. The Administrator and Facility Manager explained to the probation monitor that the monetary allowance was withheld due to the children having drug problems and purchasing drugs with their allowances. The Clinician reported that only one of the child's NSP report reflect that he could not handle his own money. The probation monitor advised that the Clinician would have to document on the child's NSP or Quarterly Reports and explain why the monetary allowance is being held, and spending would have to be supervised by the employee.

In order to ensure that New Concept will no longer withhold the children's monetary allowances moving forward, the Facility Manager will continue to provide the children with weekly monetary allowances regardless of their behavior unless otherwise stated in their NSPs. The children were encouraged to open banks accounts, but they all declined. The children were taken by the staff to spend their allowance. The monetary allowance is being issued to the minors weekly, after it is documented on the log and then signed by the children and the Facility Manager. If the Clinician documents in the NSP or Quarterly to hold the monetary allowance, the minor will have one of the following options,

1. Open a bank account to deposit the funds, 2. Have the funds held until the minor leaves the program, at which time the funds will be given to the minor. 3. The staff will take the minor to spend their allowance and monitor the spending. The Administrator will conduct routine monetary allowance reviews to ensure that the Facility Manager is in compliance as part of the Quality Assurance process.