



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242
(562) 940-2501



CALVIN C. REMINGTON
Interim Chief Probation Officer

March 2, 2016

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

FROM: Calvin C. Remington 
Interim Chief Probation Officer

SUBJECT: **HAMBURGER HOME dba AVIVA FAMILY AND CHILDREN'S SERVICES
GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Aviva Family and Children's Services Group Home, in October 2015. Aviva Family and Children's Services has one (1) site, located in the Third Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children. According to Aviva Family and Children's Services program statement, its purpose is to provide a treatment-orientated residential facility for adolescent girls. It seeks to rehabilitate those who are unable to function adequately in a family setting. The period of residence at Aviva Family and Children's Services is designed to provide an opportunity to change self-destructive lifestyles, learn to cope more adequately with the traumatic past and the difficult present, enhance self-esteem, develop appropriate social skills and achieve their high school diploma.

Aviva Family and Children's Services is a 36 bed site and is licensed to serve a capacity of 36 girls, 12-18 years of age. At the time of this review, Aviva Family and Children's Services provided services to 17 Los Angeles County Probation foster children, 15 DCFS foster children and one (1) Monterey County Probation foster child. Based on the sample size, the placed children's overall average length of placement was six (6) months, and their average age was 16 years.

Seven (7) children were randomly selected for the interview sample, four (4) Los Angeles County Probation foster children and three (3) DCFS foster children. There were two (2) DCFS foster children in the sample who were prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations

Rebuild Lives and Provide for Healthier and Safer Communities

(PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files, one (1) Los Angeles County Probation foster child and two (2) DCFS foster children, 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 Aviva Family and Children's Services, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Aviva Family and Children's Services was in compliance with six (6) of the 10 areas of our Contract Compliance Review: Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

PPQA/GHM noted deficiencies in four (4) out of the 10 areas, and although there were no egregious findings or child safety issues in any of the areas, the same deficiencies from the last review period were found in three (3) of the four (4) areas. In the area of Licensure/Contract Requirements, Aviva Family and Children's Services needed to ensure that Clothing Allowances were comprehensive and accurate. It was noted, in the area of Facility and Environment, that Aviva Family and Children's Services needed to make minor repairs, and ensure that all children's bedrooms are adequately maintained.

Deficiencies were also noted in the area of Maintenance of Required Documentation and Service Delivery, in that, Aviva Family and Children's Services needed to ensure that all Initial and Updated Needs and Services Plans (NSP) are comprehensive. It was noted, in the area of Personal Rights and Social/Emotional Well-Being, that Aviva Family and Children's Services needed to ensure that the Group Home maintains and enforces an appropriate Reward and Discipline System, children are informed about their right to refuse medication and children are free to reject voluntary Medical, Dental and Psychiatric Care.

REVIEW OF REPORT

On October 26, 2015, Probation PPQA Monitor Kedra Frelix held an Exit Conference with Aviva Family and Children's Services Administrators Jenny Holt and Milton Brown, and DCFS Contract Compliance Administrator Anthony Curry. Administrators Holt and Brown 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).

Aviva Family and Children's Services Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report and explained how they will ensure that repeated deficiencies of the same nature will be avoided. A follow-up visit

Each Supervisor
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was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, a monthly check will be required to ensure permanent changes were made. Assessment for continued implementation of recommendations will be conducted throughout this fiscal review period.

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.

CCR:REB
LCM:ae

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
Community Care Licensing
Latasha Howard, Probation Contracts
Regina Bette, Aviva Family and Children's Services Group Home, President and Chief Executive Officer
Milton Brown, Aviva Child and Family Services Group Home, Director of Residential Services
Jenny Holt, Aviva Child and Family Services Group Home, Assistant Vice President of Residential Services

**AVIVA FAMILY AND CHILDREN'S SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**AVIVA GROUP HOME
LICENSE NUMBER: 191800285
RATE CLASSIFICATION LEVEL: 12**

	Contract Compliance Monitoring Review	Findings: October 2015
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	<p><u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance

	<p>Relationships</p> <p>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation</p> <p>10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation</p>	<p>9. Improvement Needed</p> <p>10. Improvement Needed</p>
IV	<p><u>Educational and Workforce Readiness</u> (5 Elements)</p> <p>1. Children Enrolled in School Within Three School Days</p> <p>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals</p> <p>3. Current Report Cards Maintained</p> <p>4. Children's Academic or Attendance Increased</p> <p>5. GH Encouraged Children's Participation in YDS/ Vocational Programs</p>	<p>Full Compliance (ALL)</p>
V	<p><u>Health and Medical Needs</u> (4 Elements)</p> <p>1. Initial Medical Exams Conducted Timely</p> <p>2. Follow-Up Medical Exams Conducted Timely</p> <p>3. Initial Dental Exams Conducted Timely</p> <p>4. Follow-Up Dental Exams Conducted Timely</p>	<p>Full Compliance (ALL)</p>
VI	<p><u>Psychotropic Medication</u> (2 Elements)</p> <p>1. Current Court Authorization for Administration of Psychotropic Medication</p> <p>2. Current Psychiatric Evaluation Review</p>	<p>Full Compliance (ALL)</p>
VII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements)</p> <p>1. Children Informed of Group Home's Policies and Procedures</p> <p>2. Children Feel Safe</p> <p>3. Appropriate Staffing and Supervision</p> <p>4. GH's efforts to provide Meals and Snacks</p> <p>5. Staff Treat Children with Respect and Dignity</p> <p>6. Appropriate Rewards and Discipline System</p> <p>7. Children Allowed Private Visits, Calls and Correspondence</p>	<p>1. Full Compliance</p> <p>2. Full Compliance</p> <p>3. Full Compliance</p> <p>4. Full Compliance</p> <p>5. Full Compliance</p> <p>6. Improvement Needed</p> <p>7. Full Compliance</p>

	<ol style="list-style-type: none"> 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 	<ol style="list-style-type: none"> 8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Improvement Needed 12. Full Compliance 13. Full Compliance
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book 	<p>Full Compliance (ALL)</p>
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement 	<p>Full Compliance (ALL)</p>

X	<u>Personnel Records</u> (7 Elements) <ol style="list-style-type: none">1. DOJ, FBI, and CACIs Submitted Timely2. Signed Criminal Background Statement Timely3. Education/Experience Requirement4. Employee Health Screening/TB Clearances Timely5. Valid Driver's License6. Signed Copies of Group Home Policies and Procedures7. <u>All</u> Required Training	Full Compliance (ALL)
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**AVIVA FAMILY AND CHILDREN'S SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016**

SCOPE OF REVIEW

The purpose of this review was to assess Aviva Family and Children's Services compliance with the County contract and State regulations and include a review of the Aviva Family and Children's Services 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, four (4) Los Angeles County Probation foster children and three (3) Department of Children and Family Services (DCFS) foster children, were randomly 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 the review, two (2) placed DCFS foster children were prescribed psychotropic medication. 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) Los Angeles County Probation foster child and two (2) DCFS foster children, were reviewed, to assess Aviva Family and Children's Services compliance with permanency efforts.

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

CONTRACTUAL COMPLIANCE

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

Licensure/Contract Requirements

During a review of the clothing logs, it was revealed that Aviva Family and Children's Services Group Home had inaccurate records. Various monthly clothing allowance balances were incorrect and did not match the clothing receipts. Of the seven (7) children's clothing records reviewed, three (3) of the children's records were unbalanced and did not match the provided clothing receipts. For example, one child's clothing balance was off by \$40.00 dollars, in that the Group Home failed to provide the child with \$40.00 dollars of the required \$50.00 dollar monthly clothing allowance. Another child's clothing balance was off by .60 cents, in that the Group Home overpaid the child by .60 cents of the required \$50.00 dollar monthly clothing allowance. The third child's clothing balance was off by \$1.20, in that the Group Home overpaid the child \$1.20 of the required \$50.00 dollar monthly clothing allowance. On September 30, 2015, the Group Home showed that the clothing records were corrected; however, they are deficient in this requirement and did not ensure the corrective action from the last review maintained a permanent change.

Recommendation

Aviva Family and Children's Services management shall ensure that:

1. All children's files have an accurate accounting of clothing allowance records that match the total amount of combined receipts and submit a Corrective Action Plan to address why the plan to maintain the clothing logs accurately last review period failed.

Facility and Environment

An inspection of the interiors and exteriors of Aviva Family and Children's Services revealed some cosmetic deficiencies that require correction as follows:

- In Unit 1: seven (7) bedrooms had discolored walls from wear and tear; two (2) bedrooms had dusty window sills.
- In Unit 2: four (4) bedrooms had dusty window sills; one (1) bathroom contained graffiti on the back of the stall.
- In Unit 3: two (2) bedrooms had discolored walls from wear and tear; two (2) bedrooms had dusty window sills.

Recommendation

Aviva Family and Children's Services management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion. In addition, the children's bedrooms are to be maintained daily.

Maintenance of Required Documentation and Service Delivery

Seven (7) of the children's Needs and Services Plans (NSPs) were reviewed, and of those, only five (5) children were placed long enough to have an Updated NSP in their file. Therefore, only five (5) children had Updated NSPs reviewed, and seven (7) children had Initial NSPs reviewed.

- Of the seven (7) Initial NSPs reviewed, five (5) were not comprehensive. The first Initial NSP reviewed was deemed non-comprehensive due to the following: Case Plan Goal and Concurrent Case Plan Goal sections contained the same information; the child's extended family is mentioned in the visitation section of the Initial NSP, but it does not address why the child's extended family is not a viable option for future placement. The second Initial NSP reviewed was considered non-comprehensive due to the following: lack of detailed and specific information in the Concurrent Case Plan Goal and Education sections. The third Initial NSP reviewed was deemed non-comprehensive due to the following: Case Plan Goal and Concurrent Case Plan Goal sections detailed the same information, the Initial NSP did not address why adoption or legal guardianship was not an acceptable option for the child's future placement. The fourth Initial NSP reviewed was considered non-comprehensive due to the following: date of admission to the Group Home was incorrect; lack of education goals for the child, since documentation was included that the child had inadequate school attendance and credits. The fifth Initial NSP reviewed was deemed non-comprehensive due to the following: Case Plan Goal and Concurrent Case Plan Goal sections contained the same information; the Initial NSP did not address why adoption or legal guardianship was not a viable option for the child's future placement.
- Of the five (5) Updated NSPs reviewed, two (2) were not comprehensive. The first Updated NSP reviewed was deemed non-comprehensive due to the following: lack of updated information in the Concurrent Case Plan Goal section; absence of detailed and specific information in the Education and Life Skills sections. The second Updated NSP reviewed was considered non-comprehensive due to the following: lack of detailed information in the Case Plan Goal and Concurrent Case Plan Goal

sections for all three (3) of the child's subsequent NSPs; Outcome Goal #3 documented the same information in all three (3) succeeding NSPs.

Recommendation

Aviva Family and Children's Services management shall ensure that:

1. The Group Home treatment team will develop comprehensive, Initial NSP with the participation of the developmentally age-appropriate child.
2. The Group Home treatment team will develop comprehensive, Updated NSP with the participation of the developmentally age-appropriate child.

Personal Rights and Social/Emotional Well-being

All seven children were available and were interviewed at the Group Home and the issues were stated as follows:

- Two (2) of the seven (7) children stated that the Group Home does not have an appropriate rewards and discipline system. One (1) child reported that staff are quick to consequence the youth for negative behavior but are slow to reward positive behavior. A different child stated that all children get punished for one child's negative behavior. She indicated that staff closes the community recreation lounge for all children, when one child does not behave. This lounge is where the children watch television, read and play games.
- One (1) of the seven (7) children stated that consequences are given to the children if they do not take their prescribed medication. The child reported that she has been placed on a lower status level as a result of refusing her medication.
- Three (3) of the seven (7) children stated that consequences are given to the children if they refuse to attend medical appointments. One (1) child reported that she wanted to attend a beach activity instead of a scheduled dentist appointment. As a result of not attending the dentist appointment, she was not allowed to attend the next day's activity. One (1) child indicated that staff will give consequences, such as, an earlier bed time or additional chores, for refusing to attend medical appointments. One (1) child stated, "If you refuse to attend a medical appointment, staff will not let you attend an activity."

Recommendation

Aviva Family and Children's Services management shall ensure that:

1. All staff abides by and enforces the Group Home rewards and discipline system so that they are fair towards all children.
2. All children are informed about their medication and right to refuse medication without being subject to consequences by staff.
3. All children are free to receive or reject voluntary medical, dental and psychiatric care without being subject to consequences by staff.

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

PPQA/GHM's last compliance report dated May 12, 2015, identified seven (7) recommendations.

Results

Based on the follow-up, Aviva Family and Children's Services fully implemented three (3) of the seven (7) previous recommendations for which they were to ensure that:

- All children are allowed private phone calls that are not placed on speaker phone.
- All children have an adequate amount of clothing, which fits properly.
- All of the physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion

However, the follow-up revealed that Aviva Family and Children's Services failed to fully implement four (4) of the previous seven (7) recommendations for which they were to ensure that:

- All children's files have accurate accounting of allowance and clothing allowance records.
- All staff abides by and enforces the Group Home rewards and discipline system so that they are fair towards all children.

- All children are informed about their medication and right to refuse medication without being subject to consequences by staff.
- All children are free to receive or reject voluntary medical, dental and psychiatric care without being subject to consequences by staff.

The failure to implement permanent changes in three (3) of the same areas as last year's review has been addressed in the current CAP and will require monthly quality assurance checks to ensure compliance.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Hamburger Home dba Aviva Family and Children's Services was conducted during the last fiscal year; however, it has not been posted by the Auditor Controller.

❑ ADMINISTRATION

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November 23, 2015

❑ WALLIS ANNINGBERG
RESIDENTIAL CENTER

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tel 323.876.0550
fax 323.876.0439

Kedra Frelix Deputy Probation Officer II

Group Home Monitoring and Investigations Unit

Placement Services Bureau, Los Angeles County Probation

Lynwood Regional Justice Center

❑ AVIVA HIGH SCHOOL

7120 Franklin Avenue
Los Angeles, CA 90046
tel 323.876.0550
fax 323.436.7045

Re: Corrective Action Plan (CAP) – Group Home Monitoring Review – Field
Exit Summary, 10-26-15

❑ FOSTER FAMILY AND
ADOPTION AGENCY

7120 Franklin Avenue
Los Angeles, CA 90046
tel 323.876.0550
fax 323.436.7041

CAP:

Section I: Licensure/Contract Requirements: #7 Are appropriate & comprehensive
monetary and clothing allowance logs maintained.

❑ SAFE

at Gardner Elementary School
Administrative Office
7120 Franklin Avenue
Los Angeles, CA 90046
tel 323.876.0550
fax 323.436.7044

Finding: Balances are off on 3 of the 7 youth reviewed (the accounting for money
spent and receipts did not always match). The discrepancies were as follows: one
youth was missing \$40 and was repaid from the clothing allowance, additionally
two youth were overpaid by the Group Home (amounts were \$.60 and \$1.20).

❑ COMMUNITY MENTAL
HEALTH SERVICES

3580 Wilshire Boulevard
Suite 800
Los Angeles, CA 90010
tel 213.637.5000
fax 213.637.5001

Corrective Action Plan: Balances for resident clothing allowance and expenditures
were not well calculated due to having an ineffective protocol in place to
document spending/balances that left room for human error.

❑ *Satellite Office*
Community Mental
Health Services
5200 Lankershim Boulevard
Suite 170
North Hollywood, CA 91606
tel 818.980.3200
fax 818.980.3203

In order to assure that resident clothing balances, expenditures and shopping trips
are accurately documented, the system and protocols will be altered. Last year the
corrective action plan for a similar finding was ineffective because it relied on one
staff checking all of balances, which left room for human error. This year, rather
than having one staff complete records for all residents, each living unit (three in
total) will have a separate log to account for clothing needs & shopping
expenditures. Each living unit supervisor (two per living unit) will be responsible
for oversight of these logs for the residents in their living unit. Twice a month, the
Residential Administrative Assistant, or designee, will review the logs for each of
the living units. Additionally, quarterly audits by the Accounting Department will
continue as a third level of checking for error. These three level checks will ensure
that Aviva is in compliance maintaining appropriate and comprehensive monetary
clothing logs.

President & CEO
Regina Bette, LMFT



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President & CEO
Regina Bette, LMFT



This CAP will be implemented by developing and writing agency policy, providing training to all Residential Supervisors, Administrative Assistant, and Accounting. The policy and practices have been developed and re-written. Training will be held on 12/2/15 for the staff (Residential Supervisors and Residential Administrative Assistant) that will manage the clothing logs. Residential Supervisors will be responsible for the clothing logs/shopping expenditure tracking (projected date 12/7/15).

In order to maintain compliance, the Residential Administrative Assistant will be checking the logs every other week for the three living units. Additionally, the Director of Residential Services will check in during weekly supervision regarding any challenges that may arise and assure that Residential Supervisors are regularly updating the logs. Finally, the Accounting Department will continue doing quarterly audits of the clothing logs as a third level of quality assurance.

Section II. Facility and Environment: #12 Are children's bedrooms well maintained? (clean/sanitary; neat; comfortable; adequate lighting, window coverings & storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age-appropriate decorations; and appropriate sleeping arrangements).

Finding: Unit 1 bedrooms 4, 5, 7, 8, 9, 11, 12 had dirty walls/discolored from wear & tear, bedrooms 4 & 7 had dirty window sills. Unit 2 bedrooms 30, 32, 34, 36: window sills are dirty & the bathroom stall #2 had graffiti on the back of the stall. Unit 3 bedrooms 41 & 42 walls were dirty/discolored from wear and tear. Bedrooms 41 & 42 had dirty window sills.

Corrective Action Plan: Walls and rooms listed above have been cleaned and painted, graffiti was removed and window sills were cleaned. Residents recently returned to school which offers the program staff more time to complete deep cleaning including repainting walls and doing repairs. The residential program has a daily room check list that is completed for repairs and/or maintenance issues such as painting to be completed. Additionally, staff conduct room checks to assure that residents maintain a clean room and living unit.

In order to ensure that bedroom window sills are dusted on a regular basis, this will be added to the list of items to routinely clean and the room check list will be updated to include window sills. Residential Supervisors assigned to specific living units will be responsible for the need for new paint and any graffiti that needs to be removed. The room check-list tool has been attached for review (Appendix A).

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President & CEO
Regina Belle, LMFT



Follow up/maintenance plan is to have the Director of Residential Services check in with Residential Supervisors in supervision to review room check lists and to conduct unannounced facility walk-throughs to check on that status of repairs, cleanliness and maintenance.

Section III: Maintenance of Required Documentation and Service Delivery:
Maintenance of Required Documentation & Service Delivery: #23 Did the treatment team develop timely, comprehensive initial Needs & Service Plans (NSP) with the participation of the developmentally age-appropriate child?

Findings: One youth's case plan and concurrent case plan goals were the same. Family was mentioned in the visitation section but did not address why they are not viable options for placement. Another youth's NSP lacked information in the Concurrent Case Plan goal and education section. A third resident's case plan and concurrent plan goals detail the same information and did not address why adoption or legal guardianship were options. A fourth youth had the date of group home admission incorrect and lacked education goal. A fifth youth had a case plan and concurrent plan goals which lacked information.

Corrective Action Plan:

In the past year, Aviva's Non-Public School and Private School closed. Prior to closing Aviva's school completed the school portion and goals for the NSP. Once the Aviva school closed, the responsibility to collect and report school information was assigned to the Residential Therapist & Case Managers. Aviva residents began attending schools in up to seven different schools. Subsequently, there was an apparent lack of clear system(s) for collecting and reporting resident education information for NSPs. The deficiencies in case planning, independent living skills (and associated goals) reflect a training need for what should be included in these areas, where to collect this information and how to report out.

In order to ensure the areas of case planning, education, and living skills are comprehensively completed, the staff completing NSPs (Residential Therapists & Case Managers) will participate in a training to review these deficiencies and clarify expectations for content and processes of collecting and reporting information. Training for staff involved with NSPs was held on 11/17/15 (Training sign-in and overview, Appendix B). Following the training, there will be two workshops to practice the aforementioned sections. Workshops are tentatively scheduled for 11/24/15 & 11/30/15.

The Clinical Supervisor will review NSPs, checking specifically for improvements in these areas. The Clinical Supervisor will bring in a section of one to two NSPs at random (or particularly challenging cases) to review with the Assistant Vice President Residential Services to randomly audit and assure that progress is being made and maintained.

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Section III: Maintenance of Required Documentation and Service Delivery:

Maintenance of Required Documentation & Service Delivery: #24 Did the treatment team develop timely, comprehensive updated NSPs with the participation of the developmentally age-appropriate child?

Finding: One youth's Needs & Service Plan was deficient in the area of case planning, education & life skills: concurrent case plan goal was not modified and lacks updated information, education section does not address child's needs and life skills information is not complete. Another youth's Needs and Service Plan had deficiencies in case plan and concurrent case plan (goals lack information in all three updated NSPs and outcome for goal #3 was the same).

Corrective Action Plan:

See above section for corrective action plan as it addresses the same deficiencies. All of the same corrective actions will be applied for initial NSPs and quarterly NSPs (reference Appendix B for training overview and attendees). Additionally, the Clinical Supervisor will compare Initial NSPs with Quarterly NSPs to assure that goals are being updated and that progress is being made. This will be reviewed again with the Assistant Vice President Residential Services for random audits to assure Quarterlies are being updated.

Section VII: Personal Rights and Social/Emotional Well-Being: #41 Is a fair rewards and discipline system in place?

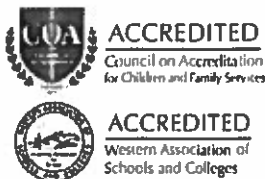
Finding: Based on interview, one resident reported that the staff are quick to consequence the youth for negative behavior but are slow to reward positive behavior. Another resident reported that everybody gets punished for one child's negative behavior. She stated that staff close the lounge for all children when one child does not behave.

Corrective Action Plan:

Aviva's residential program utilizes a token economy called the Status System to ensure a fair rewards and discipline system. Residents earn points when they follow rules and meet program expectations. If residents do not follow rules and expectations, they do not earn the points. Points are tallied each week and the resident's "Status" is determined. Attached (Appendix C) is the status system. Last year, there was a similar finding as a result of interviews with residents, who stated they felt the rewards/discipline system was unfairly applied. Last year there were re-trainings to all staff. Despite the training received by all staff, residents continue to report that staff unfairly apply the Status System. This year, the

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corrective action plan will also include ongoing discussions in supervision regarding the use of status system. Staff compliance with program expectations and policies (such as the Status System) will be addressed as a training and performance issues. In order to get resident feedback regarding the use of the Status System, this will become a standing agenda item on the Resident Council meeting agenda to promote resident feedback. Additionally, Aviva's residential program initiated a rewards system called "Aviva bucks" to acknowledge residents getting caught in the act of "doing good". Aviva bucks are not tied to residents' status or points earned; this offers residents another way to get recognized for prosocial decision making and actions. Residents may trade in their Aviva bucks for rewards and are entered into a drawing to get their hair done in a salon.

Because no staff in particular was identified to be in violation of Aviva's practices and policies, all staff will be re-oriented to the Status System, "Aviva bucks", and the importance of recognizing positive behavior. Residential Supervisors will train their staff (Residential Counselors) to these practices and will address any questions or concerns staff may have around these practices. Re-trainings will be completed by 12/14/15.

In order to ensure adherence to a fair reward and consequence system (that recognizes positive behavior) the Residential Supervisors will review these concepts in supervision with Residential Counselors.

Section VII: Personal Rights and Social/Emotional Well-Being: #45 Are children informed about their medication & their right to refuse medication?

Finding: One resident reported that she received consequences for not taking her medication, she was placed on a lower status as a result.

Corrective Action Plan: The residential program policy is to offer residents prescribed medication and document refusals. Any resident prescribed medication must consent to taking medication (signs a consent form) explaining the right to refuse. Staff does not consequence residents for refusing medication. A Declination of Medical Care policy and form was implemented last year as a result of an audit and all staff were oriented and trained to never consequence a youth for a medication refusal (see Appendix D). Instead, it is handled within the treatment team and if there are safety concerns, this is addressed with the resident, caregiver, and county worker. The corrective action plan last year included training for all staff on the policy for the process of residents declining medication and their rights. As there appears to be a pattern of residents reporting that staff are not adhering to agency policy, there will be continued trainings on resident rights, the process of medication declination and this will be addressed in individual and group supervision of staff. As this issue was flagged as a result of resident report

(as opposed to a staff blatantly not adhering to protocol), resident rights to refuse medication will also be added as a standing agenda item to Resident Counsel.

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Because no staff in particular was identified to be in violation of Aviva's practices and policies, all staff will be re-oriented to the Declination of Medical Care policy, highlighting that residents should never be consequence for refusing medication. Residential Supervisors will train their staff (Residential Counselors) to these practices and will address any questions or concerns staff may have around these practices. Re-trainings will be completed by 12/14/15.

In order to ensure adherence to policy on declination of medical care, Residential Supervisors will review these concepts in supervision with Residential Counselors.

Section VII: Personal Rights and Social/Emotional Well-Being:#46 Are children free to receive or reject voluntary medical, dental and psychiatric care?

Finding: One resident reported in July she wanted to go to the beach instead of attending a dentist appointment, as a result of missing the appointment she was not allowed to go on the next outing. Another resident reported that the staff will give consequences for refusing medical appointments such as early bed time or additional chores. A third resident reported that if you refuse to attend a medical appointment staff will not let you go on an outing.

Corrective Action Plan: As stated in #45, the residential program policy is to offer residents medical appointments and encourage adherence to medical care directions and document refusals. Staff does not consequence residents for refusing medical care (appointments). A Declination of Medical Care policy and form was implemented last year as a result of an audit and all staff were oriented and trained to never consequence a youth for refusing an appointment (reference Appendix D). Instead, it is handled within the treatment team and if there are safety concerns, this is addressed with the resident, caregiver, and county worker. Additionally, all outing schedules are created around the medical appointment schedule. Therefore, if a resident is scheduled to see the doctor or dentist, she will not be on the outing schedule, as outings need to be planned in advance. If the resident refuses to attend the doctor or dentist, she will not be able to go on the outing because she was not accounted for/planned to be on the outing. Plans are important to ensure the quality of care (proper supervision, correct amount of money for the outing, food/meal preparation for outings, and space in vehicles). Although the resident may experience this as consequence, it is not. If a resident cancels their appointment early enough prior to the outing being scheduled, the resident may be eligible to attend the outing. The corrective action plan last year included training for all staff on the policy for the process of residents declining



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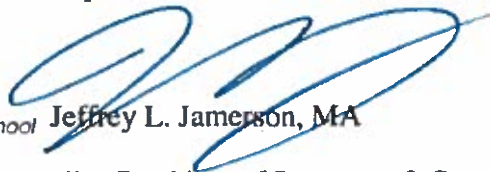
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medical appointments and their rights. As there appears to be a pattern of residents reporting that staff are not adhering to agency policy, there will be continued trainings on resident rights, the process of declination of medical care and this will be addressed in individual and group supervision of staff. As this issue was flagged as a result of resident report (as opposed to a staff blatantly not adhering to protocol), resident rights to refuse medical care will also be added as a standing agenda item to Resident Counsel.

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In order to ensure adherence to policy on declination of medical care, Residential Supervisors will review these concepts in supervision with Residential Counselors



Jeffrey L. Jamerson, MA

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Cc: Pamela Pease

