County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

BRANDON NICHOLS
Chief Deputy Director

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

August 29, 2016

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

From: Philip L. Browning
Director

LIFECIRCLES UNLIMITED DBA LIFECIRCLES GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the LifeCircles Unlimited dba LifeCircles Group Home (the Group Home) in September 2015. The Group Home has one site located in the Third Supervisorial District and provides services to the County of Los Angeles DCFS placed children. According to the Group Home's Program Statement, its stated purpose is "to provide a stable, constant, nurturing, and normal environment that is responsive to the individual resident's needs, to minimize the risk factors that may impede the resident's on-going development, to encourage the bonding process and to strengthen parent/child attachment. Finally, our purpose is to support the parents' efforts to reunite with their child by providing parent education, advocacy and support."

At the time of the review, the Group Home served five DCFS placed children. The Group Home has a six-bed site and is licensed to serve a capacity of six boys, ages 12 through 17. The placed children's average length of placement was seven months and their average age was 15.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home; being provided with good care and appropriate services; being comfortable in their placement environment; and treated with respect and dignity.

The Group Home was in full compliance with 8 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Education 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.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Special Incident Reports not submitted timely; and Maintenance of Required Documentation and Service Delivery, related to the DCFS Children's Social Worker's authorization to implement Needs and Services Plans (NSPs) was not obtained, and comprehensive Initial and Updated NSPs were not timely developed.

Attached are the details of CAD's review.

REVIEW OF REPORT

On March 24, 2016, Theodore Howard, DCFS CAD, held an exit conference with the Group Home representative, Mamie Nelson, Program Director. The Group Home representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved Compliance CAP addressing the recommendations noted in this Compliance report. On December 2, 2015, the Out-of-Home Care Management Division provided technical assistance to the Group Home, to assist with the implementation of their CAP.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:KR
LTI:th

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
DeWayne Winrow, Ph.D., Chief Executive Officer, LifeCircles Unlimited
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

LIFECIRCLES UNLIMITED DBA LIFECIRCLES GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY
License # 198207474
Rate Classification Level: 12

	Contract Compliance Review	Findings: September 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. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	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. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (All)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Food	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. DCFS Children's Social Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. DCFS Children's Social Worker's 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	**Education and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. Group Home Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. Group Home Encouraged Children's Participation in YDS or Equivalent Services and 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 the Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. Group Home Efforts to Provide Nutritious 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. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication	Full Compliance (All)

	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extracurricular, Enrichment and Social Activities (Group Home, School, Community) 13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities (Group Home, 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 Involved in the 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 a Life Book or Photo Album	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. Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), Child Abuse Central Index (CACI) Submitted Timely 2. Timely Completed Criminal Background Statement 3. Education/Experience Requirement 4. Employee Health Screening/Tuberculosis (TB) Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

LIFECIRCLES UNLIMITED DBA LIFECIRCLES GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the September 2015 review. The purpose of this review was to assess the LifeCircles Unlimited dba LifeCircles' (the Group Home's) compliance with its County contract and State regulations and included a review of the Group Home's Program Statement, as well as internal administrative policies and procedures. The review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Education 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.

For the purpose of this review, four placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed four children and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two placed children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed six staff files for compliance with Title 22 Regulations and County contract requirements. A site visit was conducted at the Group Home to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following two areas out of compliance:

Licensure/Contract Requirements

- Special Incident Reports (SIRs) not submitted timely.

Two of forty-five SIRs reviewed were not submitted timely. One SIR was submitted to I-Track two days late and the other was submitted five days late.

Recommendation:

The Group Home's management shall ensure that:

1. SIRs are submitted timely in accordance with the SIR Reporting Guidelines.

Maintenance of Required Documentation and Service Delivery

- Department of Children and Family Services (DCFS) Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs) was not obtained.

A child's NSP did not have the DCFS CSW's signature authorizing implementation. Another child's NSP had a DCFS CSW's signature but the date to authorize the implementation of the NSP was missing. Two children's files contained a total of three NSPs which had the DCFS CSWs' signatures, but they were signed late.

- Comprehensive Initial NSPs were not developed.

A child's Initial NSP did not have a concurrent case plan goal listed and a case plan goal that was not measurable or appropriate for the child's age. Another child's Initial NSP did not have a concurrent case plan goal listed and two case plan goals that were not measurable. A third child's Initial NSP identified the Transitional Independent Living Program as both the primary and secondary goal, but did not identify adoption or legal guardianship as the primary permanency goal.

- Comprehensive Updated NSPs were not developed.

A child's Updated NSP did not have a concurrent case plan goal listed. Another child's Updated NSP identified Transitional Independent Living Program as both the primary and secondary goal, but did not identify adoption or legal guardianship as the primary permanency goal.

Recommendations:

The Group Home's management shall ensure that:

2. DCFS CSW's authorization to implement NSPs is obtained in a timely manner.

3. Timely comprehensive Initial NSPs are developed.

4. Timely comprehensive Updated NSPs are developed.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD'S GROUP HOME CONTRACT COMPLIANCE REVIEW

CAD's last compliance report dated February 10, 2016 (review conducted in September 2014), identified 13 recommendations.

Results:

Based on CAD's review, the Group Home implemented 12 of 13 prior recommendations for which they were to ensure that:

- All vehicles are maintained in good repair.
- The Group Home is in compliance with Title 22 Regulations and free from Community Care Licensing (CCL) citations.
- The exterior of the Group Home is well maintained.
- The common areas are well maintained.
- The children's bedrooms are well maintained.
- Children's age is consistent with the Group Home's capacity and Program Statement.
- DCFS CSW's monthly contacts are documented in children's case files.
- Court authorization for the administration of psychotropic medication is obtained.
- Children are informed about their medication and their right to refuse the medication.
- Children are encouraged and assisted with a Life Book or Photo Album.
- Criminal background statements are signed timely.
- All employee health screenings/tuberculosis clearances are timely.

The Group Home did not implement one prior recommendation for which they were to ensure that:

- All SIRs are submitted timely.

Recommendation:

The Group Home's management shall ensure that:

5. The outstanding recommendation from the prior report noted in this report as recommendation number 1, is fully implemented.

At the exit conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and contractual requirements. The Group Home will continue to consult with the Out-of-Home Care Management Division for additional support and technical assistance and CAD will assess implementation of the recommendations during the next review.

Lifecircle Unlimited Inc.
Lifecircle Group Home
12681 Louvre St.
Pacoima, Ca. 91331

Telephone: 818.834.2463
Facsimile: 818.897.0263
email: lifecircle1111@aol.com

Lifecircles

We make a way when there's no way™
That's the circle of life.

LifeCircles

DBA: Lifecircles Group Home
Pacoima California, 91331
(818) 256 9451/(818) 834 2463
Lifecircle1111@aol.com

April 21, 2016

Attn: Thomas Howard
Children Services Administrator 1
Department of Children and Family Services
Contracts Administration Division

Lifecircles Group Home Contract Improvement Plan:

Dear Mr. Thomas Howard,

Enclosed, please find Lifecircles Group Home Correction Action Plan and Improvement Plan.

We Look forward to continue working with Department of Children and Family Services in providing quality residential treatment for the young males placed in our care. Please feel free to contact us if there are any questions in relation to this information.

Mamie Nelson

1) Are all special Incident Reports (SIRs) appropriately documented and cross-reported timely?(SAFETY)

Corrective Action Plan:

(a) On December 2nd 2015, all of lifecircles Group Home Staff attended a Training on-I-Track/SIR, The training was done by Adelina Arutyunyan CSA 1.In addition, the group home social worker will review all SIR's for any discrepancies, for timeliness and proper cross-reporting. Furthermore, during the Group Home Staff Meeting, SIR's training materials will be reviewed every 90 days to further ensure that all SIR's are timely cross-reported.

Person(s) responsible for Implementation of the CAP:

The Group Home Social Worker, Facility Manager, Facility Program Coordinator and the Residential Staff.

The person(s) responsible for making sure the CAP is being Implemented:

The Facility Program Coordinator.

The Time Frame of Implementation:

As of December 2nd 2015

2) Did the Group home obtain or document efforts to obtain the County Worker's authorization to implement the needs and services plan? (WELL BEING)

Social Worker Corrective Action Plan:

A) The Group Home will continue to be responsible for obtaining the County Social Worker's authorization, by contacting the Social Worker directly or by email. 1) All calls and email will be documented in the residents case file and all monthly, weekly, or daily communication will be documented by whoever makes an attempt to contact the County CSW or SCSW.

Person(s) responsible for Implementation of the CAP:
Will be the Program Social Worker.

The person(s) responsible for making sure the CAP is being Implemented

The Program Director.

The Time Frame of Implementation:

This CAP has been implemented since February 2016.

3) Did the treatment team develop timely, comprehensive, initial Needs and Services plans (NSP) with the participation of the developmentally age appropriate child

Corrective Action Plan:

A) The Facility Administrator will ensure the treatment team develops timely, comprehensive initial and updated NSP that shall include the Client, School, Staff, CSW, CASA, Parents, Therapist, and the Psychiatrist. All parties will be notified by the group home administrator. The age appropriate child will be involved.

.

Person(s) responsible for Implementation of the CAP:

The Group Home Administrator.

The person(s) responsible for making sure the CAP is being Implemented:

Group Home Social Worker.

The Time Frame of Implementation:

The CAP has been Implement since 02/2016.

Mamie Nelson