

**JERRY E. POWERS** 

Chief Probation Officer

June 9, 2014

## **COUNTY OF LOS ANGELES** PROBATION DEPARTMENT

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TO:

Each Supervisor

FROM:

Jerry E. Powers J. P. G.

Chief Probation Officer

SUBJECT:

**GUIDING LIGHT HOME FOR BOYS, SITES 1 & 2, GROUP** 

HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Probation, Placement Permanency & Quality Assurance (PPQA). Group Home Monitoring (GHM) conducted a review of Guiding Light Home for Boys, Sites 1 & 2, in January 2013. Guiding Light Home for Boys has two sites located in the Fifth Supervisorial District of Riverside County and provides services to Los Angeles County Probation and Department of Children and Family Services (DCFS), other surrounding county agencies, and foster children and youth. According to Guiding Light Home for Boys program statement, its purpose is to provide a structured group living environment designed to motivate and modify serious behavioral problems and provide treatment from drugs and alcohol, anger management, group therapy, one on one therapy, mentorship programs, extensive emancipation, counseling services, tutoring services and church services for those who are interested.

Guiding Light Home for Boys has two six-bed sites and is licensed to serve a capacity of 12 boys, ages 14 - 17. At the time of this review, Guiding Light Home for Boys was serving one (1) Probation child and did not have any Los Angeles County DCFS placed children. Therefore, the interview sample was one (1) child, who was not on any psychotropic medication. The child's length of placement was seven months, and he was 15 years of age. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts. All three (3) were Probation children; there were no Los Angeles County DCFS children discharged during the year. 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 child reported feeling safe at Guiding Light Home for Boys, and that he was provided with good care and appropriate services, was comfortable in his environment and treated with respect and dignity. Guiding Light Home for Boys was in compliance with seven (7) of the 10 areas of our Contract Compliance Review: Licensure/Contract Requirements; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being and Personnel Records.

However, deficiencies were noted in the areas of Facility and Environment, Maintenance of Required Documentation and Service Delivery and Discharged Children. Guiding Light Home for Boys had minor repair issues in the bedrooms and agreed to correct the deficiencies noted at each site. Guiding Light Home for Boys also needs to develop comprehensive Needs and Services Plans (NSPs). Guiding Light Home for Boys Administration was instructed to treat each child as an individual when developing their Needs and Services Plan. An emphasis was placed on ensuring that the goals are specific to each child, measurable, attainable, reachable and time-orientated. Administration was also encouraged to make sure that all children are present at the NSP meetings to give their input regarding their goals. Guiding Light Home for Boys Administration also had deficiencies related to discharged children making progress toward their NSP goals.

## **REVIEW OF REPORT**

On January 16, 2013, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Guiding Light Home for Boys representatives, Stanley Powell, Administrator, and Shugella Weaver-Thomas, Assistant Program Director. Guiding Light Home for Boys representatives 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).

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

Guiding Light Home for Boys provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

Guiding Light Contract Compliance Review June 9, 2014
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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:REB:LCM:ed

## Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Candace Hache, Administrator, Guiding Light Home for Boys
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

## GUIDING LIGHT HOME FOR BOYS SITE 1 AND 2 GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

24720 Clearwater Dr.
Moreno Valley, CA 92551
License # 336424036
Rate Classification Level: 10

25123 Middle Brook Way Moreno Valley, CA 92551 License # 336423734 Rate Classification Level : 10

	Contract Compliance Monitoring Review	Findings: January 2013
_	<u>Licensure/Contract Requirements</u> (9 Elements)	
	<ol> <li>Timely Notification for Child's Relocation</li> <li>Transportation Needs Met</li> <li>Vehicle Maintained In Good Repair</li> <li>Timely, Cross-Reported SIRs</li> <li>Disaster Drills Conducted &amp; Logs Maintained</li> <li>Runaway Procedures</li> <li>Comprehensive Monetary and Clothing Allowance Logs Maintained</li> <li>Detailed Sign In/Out Logs for Placed Children</li> <li>CCL Complaints on Safety/Plant Deficiencies</li> </ol>	Full Compliance (ALL)
11	Facility and Environment (5 Elements)	
	<ol> <li>Exterior Well Maintained</li> <li>Common Areas Maintained</li> <li>Children's Bedrooms</li> <li>Sufficient Recreational Equipment/Educational Resources</li> <li>Adequate Perishable and Non-Perishable Foods</li> </ol>	Full Compliance     Full Compliance     Improvement Needed     Full Compliance      Full Compliance
III <u>Maintenance of Required Documentation and Service</u> <u>Delivery</u> (10 Elements)		
	<ol> <li>Child Population Consistent with Capacity and Program Statement</li> <li>County Worker's Authorization to Implement NSPs</li> <li>NSPs Implemented and Discussed with Staff</li> <li>Children Progressing Toward Meeting NSP Case Goals</li> <li>Therapeutic Services Received</li> <li>Recommended Assessment/Evaluations Implemented</li> <li>County Workers Monthly Contacts Documented</li> <li>Children Assisted in Maintaining Important Relationships</li> <li>Development of Timely, Comprehensive Initial NSPs with Child's Participation</li> <li>Development of Timely, Comprehensive, Updated NSPs with Child's Participation</li> </ol>	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Improvement Needed 10. Improvement Needed

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  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 5. Current Court Authorization for Administration of Psychotropic Medication 7. Current Psychiatric Evaluation Review  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	
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2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely  VI Psychotropic Medication (2 Elements)  1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review  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	
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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,	pliance (ALL)

VIII	Personal Needs/Survival and Economic Well-Being (7 Elements)	
	<ol> <li>\$50 Clothing Allowance</li> <li>Adequate Quantity and Quality of Clothing Inventory</li> <li>Children's Involved in Selection of Their Clothing</li> <li>Provision of Clean Towels and Adequate Ethnic Personal Care Items</li> <li>Minimum Monetary Allowances</li> <li>Management of Allowance/Earnings</li> <li>Encouragement and Assistance with Life Book</li> </ol>	Full Compliance (ALL)
IX	<u>Discharged Children</u> (3 Elements)	
	<ol> <li>Children Discharged According to Permanency Plan</li> <li>Children Made Progress Toward NSP Goals</li> <li>Attempts to Stabilize Children's Placement</li> </ol>	Full Compliance     Improvement Needed     Full Compliance
Х	( Personnel Records (7 Elements)	
	<ol> <li>DOJ, FBI, and CACIs Submitted Timely</li> <li>Signed Criminal Background Statement Timely</li> <li>Education/Experience Requirement</li> <li>Employee Health Screening/TB Clearances Timely</li> <li>Valid Driver's License</li> <li>Signed Copies of Group Home Policies and Procedures</li> <li>All Required Training</li> </ol>	Full Compliance (ALL)

## GUIDING LIGHT HOME FOR BOYS GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW FISCAL YEAR 2012-2013

## **SCOPE OF REVIEW**

The purpose of this review was to assess Guiding Light Home for Boys compliance with the County contract and State regulations and include a review of the Group Home's 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, there was only one (1) placed child, who was the selected sample. At the time of this review, there were no other Los Angeles County placed children from the Probation Department or the Department of Children and Family Services (DCFS). Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed the child and reviewed his case files to assess the care and services he received. Additionally, three (3) discharged children's files were reviewed to assess Guiding Light Home for Boys compliance with permanency efforts. All three (3) were Probation; there were no Los Angeles County DCFS children discharged during the year. At the time of the review, there were no placed children who were prescribed psychotropic medication.

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

## CONTRACTUAL COMPLIANCE

PPQA/GHM found the following three (3) areas out of compliance.

#### Facility and Environment

During the facility inspection, there was one minor deficiency noted at each site. Guiding Light Home for Boys, Site 1, was missing a knob on the dresser drawer in bedroom #3. At Site 2, there was a hole in the wall in bedroom #3 that needed to be repaired.

#### Recommendation

1. Guiding Light Home for Boys management shall ensure that the aforementioned deficiencies cited in Children's Bedrooms will be corrected in a timely fashion.

## Maintenance of Required Documentation and Service Delivery

Out of the three (3) Needs & Service Plans (NSPs) that were reviewed for the one sampled child, two were developed timely; however, the remaining NSP was due but was not in the file for review. The two NSP's that were reviewed were not comprehensive, as they were not child specific, time-orientated or measurable. There was no way to determine if the child was making progress toward his goals. An example of one of the NSP goals was, "Have regular attendance in school and complete school credits for graduation". There was one NSP that had no documentation of the monthly contact by the Deputy Probation Officer (DPO)/Case Worker.

#### Recommendation

- 1. Guiding Light Home for Boys management shall ensure that all Initial NSP's are timely and comprehensive. The Initial NSP's should be specific to each child and the goals should be written so that the reader can determine if the child is making progress towards their goals.
- Guiding Light Home for Boys management shall ensure that all Updated NSP's
  are timely and comprehensive. The Updated NSP's should be specific to each
  child and the goals should be written so that the reader can determine if the
  child is making progress towards their goals.
- 3. Guiding Light Home for Boys will document DPO monthly contact.

### **Discharged Children**

Out of the discharged files reviewed, the files revealed that the children were receiving therapeutic services; however, the NSP's were not comprehensive. None of the goals were child specific, measurable, attainable, results-oriented or time-limited. There was no way to determine if the children were making progress towards their goals. There was also one updated NSP that was missing from one of the files.

#### Recommendation

 Guiding Light Home for Boys management shall ensure that all discharged children NSP's are timely and comprehensive. The NSP's should be specific to each child and the goals should be written so that the reader can determine if the child is making progress towards their goals.

# PRIOR YEAR FOLLOW-UP FROM PROBATION'S PPQA GHM'S GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated May 24, 2012, identified six (6) recommendations in the areas of "Licensure/Contract Requirements", "Facility and Environment", "Maintenance of Required Documentation and Service Delivery" and "Discharge Plan".

Guiding Light Contract Compliance Review January 2013

#### Results

Based on the follow-up, Guiding Light Home for Boys fully implemented four (4) previous recommendations in the areas of "Licensure/Contract Requirements", "Facility and Environment" and "Maintenance of Required Documentation and Service Delivery", for which they were to ensure that:

- Allowance Log properly maintained
- · Remained free of further CCL Citations
- Repairs to Exterior, Interior and Children's Bedrooms were made in a timely fashion
- All appropriate parties were part of implementing the child's NSP as evidenced by all signatures obtained

The two (2) recommendations that remain out of compliance for the 2012-2013 fiscal year are in the areas of "Maintenance of Required Documentation and Service Delivery" and "Discharged Children":

- Group home Initial NSP's were not comprehensive (not child specific) for placed children
- Group home Updated NSP's were not comprehensive (not child specific) for placed children .
- Group home NSP not comprehensive for discharged children

## MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Guiding Light Home for Boys from the Department of Auditor-Controller is dated March 10, 2010, for the fiscal period of January 1, 2008, to December 31, 2008. The report dated March 10, 2010, indicated that Guiding Light Home for Boys had questioned/disallowed cost. Guiding Light Home for Boys submitted a timely, approved fiscal Corrective Action Plan, which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.



MAY 6, 2013

#### II. FACILITY AND ENVIRONMENT

Deficiency Area - #12 - Are children's bedroom well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space: beds, mattresses, furniture, flooring; full complement of linens on beds, age-appropriate decorations; and appropriate sleeping arrangements) (SAFETY)

Recommendations regarding deficiencies:

Site 1 bedroom #3 missing a knob. Site 2 hole in the wall in bedroom #2

Guiding Light's Corrective Action Plan:

In order to prevent any future violation in this area Guiding Light home for Boys, Inc. shall implement the following policies and procedures:

## **Policy: Facility and Grounds Maintenance**

## **Board of Director's Statement:**

Guiding Light Home for Boys, Inc. Board of Directors shall adhere to the standards and guidelines set by governing agencies such as Community Care Licensing Title 22 and Contracting Agencies- Department of Social Services and Probation.

#### Organization's Statement:

Guiding Light Home for Boys, Inc. management will establish a checks and balances system to ensure that each facility meets guidelines and standards for facility maintenance and upkeep. In addition to the responsibilities placed upon Guiding Light residential counselors, contracted handyman and the facility managers, listed below. Guiding light Home for Boys, Inc. has developed and implemented an internal auditing system in order to secure compliance in this area.



#### Procedure:

- The Quality Assurance Coordinator shall conduct monthly facility reviews and weekly
  assessments to identify problems areas and to evaluate the adequacy of established
  policies and procedures as they pertain to meeting Contractors expectations and
  agreement of having a well-maintained facility and environment. (See Facility Review
  Form)
- 2) Contracted handyman who has agreed to the following maintenance duties:

On-call for interior and exterior repairs;

Weekly upkeep of the facilities.

3) Residential Counselors are responsible for:

Utilizing the Maintenance Request Form in a timely manner; (See Maintenance Request Form)

Reporting property damage immediately for replacement or repairs;

4) Facility Managers is responsible for conducting weekly facility inspections, reporting findings and complete maintenance request forms if applicable.

The following person(s) are responsible for ensuring the above policy and procedure is fully implemented:

The Guiding Light Administrator/Management as designated by Administrator



Date Red ved:	Approved by:
Repair/Replacement Completed On:	

## III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Deficiency Area - #23 Did the treatment team develop timely, comprehensive, Initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

**Deficiency Area** - #24 Did the treatment team develop timely, comprehensive, Updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

Comment: There was no county worker signatures however there were documented efforts to obtain the signatures. There was no way to determine if the child was making progress toward their NSP goals since the goals were not child specific, time orientated or measurable The NSP did not document the monthly contact by the probation officer with the youth NSP, were not comprehensive. Goals were not specific to the youth, next quarterly NSP report was due and was not completed

### Guiding Light's Corrective Action Plan:

In order to prevent any future violation in this area Guiding Light home for Boys, Inc. shall implement the following policies and procedures

#### Policy: Needs and Services Plans

#### Board of Director's Statement:

Guiding Light Home for Boys, Inc. Board of Directors shall adhere to the standards and guidelines set by governing agencies such as Community Care Licensing Title 22 and Contracting Agencies- Department of Social Services and Probation.

#### Organization's Statement:

Guiding Light Home for Boys, Inc. shall meet the needs of its residents by completing a written recommendation for needed services for each adjudicated client in placement and provide the contracted governing agency within thirty (30) business day after admission to Guiding Light Home for Boys, Inc. and updated every six months of placement thereafter.

#### Procedure:

Los Angeles County Probation 2013 Audit Corrective Action Plan – Guiding Light Home for Boys, Inc. May 6, 2013

Facilitator of the Treatment Planning Meeting is responsible for the scheduling of the meeting and inviting all interested parties of the client including but not limited to; the Client's Assigned Authorized Representative, Parents and/or Significant Other of the Client to take part in the develop of the Initial Needs and Services Plan.

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- 2) During the first initial individual therapy session it is the responsibility of the assigned Therapist will explain to the client the purpose of the treatment planning meeting and the importance of the client's involvement in the development of the Needs and Services Plan.
- 3) The Facilitator of the Treatment Planning Meeting is responsible for arranging the attendance/present of the client to provide insight, feedback and input in the development of the Initial Needs and Services Plan.
- 4) Attendance of all attendees in the Treatment Planning Meeting shall be documented, and serve as proof of the client's participation.
- 5) Upon completion of the NSP the Facilitator is responsible for ensuring the Authorized Representative/DPO, Therapist and Client signs the NSP signature page.
- 6) If the Authorized Representative/DPO is unable to attend the Initial treatment team planning meeting a copy of the NSP will be forwarded to obtain signature of approval. Signatures maybe also be obtained during monthly visits made by the Authorized Representative/DPO.
- 7) Clinical Staff along with Guiding Light's Treatment Team shall be structured to help the child overcome their problems and achieve the goals specified in the written plan identifying the specific needs and services of the client.
- 8) Provide services as written in the program statement, the written plan identifying the specific needs and services of the client, and any other associated plan for each client and their family.
- 9) The Clinician and Treatment Team are to ensure that NSP are customized, comprehensive and implement a structured environment and program to meet the specific needs of each individual client.
- 10) Treatment Team Members shall receive on-going trainings in treatment case plan development and implementation.
- 11) All clinical documentation including but not limited to NSP, Quarterlies, Progress Notes and Discharge Plans shall undergo a monthly internal audit to ensure adequacy, compliance and contractors standards.

Los Angeles County Probation 2013 Audit Corrective Action Plan – Guiding Light Home for Boys, Inc. May 6, 2013



the following person(s) are responsible for ensuring the above policy and procedure is unity implemented:

The Guiding Light Administrator/Management as designated by Administrator

#### IX DISCHARGED CHILDREN

**Deficiency Area** - #56 - For children placed at least 30 days, was the child discharged according to the permanency plan? (PERMANENCY)

Comment: Two Client's NSP's were not comprehensive. They were not child specific however the children were receiving therapeutic services. Client was missing 1 updated NSP.

## Guiding Light's Corrective Action:

In order to prevent any future violation in this area Guiding Light home for Boys, Inc. shall implement the following policies and procedures:

## Policy: Discharge Plans

#### **Board of Director's Statement:**

Guiding Light Home for Boys, Inc. Board of Directors shall adhere to the standards and guidelines set by governing agencies such as Community Care Licensing Title 22 and Contracting Agencies- Department of Social Services and Probation.

#### Organization's Statement:

Guiding Light Home for Boys, Inc. shall meet the needs of its residents by establishing a discharge plan for each client.

## Procedure:

- 1) In the event a client leaves placement with Guiding Light prior to the three month period of time, Guiding Light Home for Boys, Inc. License Therapist shall submit a Quarterly Progress Report for the portion of the three month period the client was in the care and supervision of Guiding Light Home for Boys, Inc.
- 2) The licensed Therapist is responsible for submitting a Discharge Plans which includes Identifying Information, Current Assessment of Client's Functioning/Well-Being (including Strengths and Needs), Service Provisions During Reporting Period, Appropriateness of Placement and Recommendation to the Deputy Probation Officer



cluding any changes in visitation plans, court ordered or service plan, psychotropic medication and placement)

- 3) The Licensed Therapist shall ensure that all clients have Discharge Plans which coincides with their permanency plan.
- 4) All clinical documentation including but not limited to NSP, Quarterlies, Progress Notes and Discharge Plans shall undergo a monthly internal audit to ensure adequacy, compliance and contractors standards.

The following person(s) are responsible for ensuring the above policy and procedure is fully implemented:

Administrator/Clinician as assigned by the Administrator

If you have any further questions or concerns, please do not hesitate to give me a call.

Candace Hache, Executive Director May 5, 2013