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December 31, 2014

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

From: Philip L. Browning
FOR Director

VISTA DEL MAR GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Vista Del Mar Group Home (the Group Home) in September, 2014. The Group Home has one site located in the Third Supervisorial District and provides services to DCFS and Probation youth. According to the Group Home's program statement, its stated purpose is to "provide services to court dependent, emotionally disturbed, abused and neglected children."

The Group Home has a 24-bed site licensed to serve a capacity of 24 male and female youth, ages 13 through 18. The facility also serves non-minor dependents (NMDs) to age 19. At the time of review, the Group Home served 18 DCFS foster youth and 1 Probation youth. The placed youth's overall average length of placement was 9 months, and their average age was 16.

SUMMARY

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

The Group Home was in full compliance with 5 of 10 sections of our Contract compliance review: Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure and Contract Requirements, related to monetary and clothing allowance logs that were not comprehensive and two Community Care Licensing Division (CCLD) citations for substantiated allegations; Facility and Environment, related to food items that were not properly labeled and expired spices; Maintenance of Required

Documentation and Service Delivery, related to lack of documentation that one child was progressing toward meeting their NSP goals and untimely Needs and Services Plans; Education and Workforce Readiness, related to a decrease in the children's grades and/or attendance; and Personal Rights and Social/Emotional Well-Being, related to a child not feeling that the agency provides nutritious palatable meals, several children feeling that the agency's reward and discipline system is unfair, one child reporting that they were denied the right to receive or reject voluntary medical, dental, and psychiatric care and several children reporting that they are not allowed to plan in age-appropriate activities in the Group Home or in the community.

REVIEW OF REPORT

On October 8, 2014, the DCFS CAD Contracts Compliance Administrator, Eboni Alexander, held an Exit Conference with Amy Jaffe, Group Home Administrator. The Group Home's representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP). A copy of the Exit Summary was provided to the Out-of-Home Care Management Division (OHCMD) monitor, Adelina Arutyunyan, who was also in attendance at the exit conference.

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. CAD will verify that these recommendations have been implemented in 90 days and OHCMD will provide technical assistance prior to the next contract compliance review.

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

PLB:EM:LTI
DLF:AB:ea

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Louis Josephson, Ph.D., President & CEO, Vista Del Mar Child and Family Services
Amy Jaffe, Senior Vice President, Vista Del Mar Child and Family Services
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

VISTA DEL MAR GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

3200 Motor Avenue
Los Angeles, CA 90034
License Number: 191600721
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: September 2014**
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. 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. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	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 Children's Social 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 Children's Social 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 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 10. Full Compliance
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)	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Improvement Needed

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	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/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. 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)

VISTA DEL MAR GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
OCTOBER 2013 - AUGUST 2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the September 2014 review. The purpose of this review was to assess Vista Del Mar Group Home's (the Group Home) 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 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; and
- Personnel Records

For the purpose of this review, seven Los Angeles County DCFS placed youth were selected for the sample. The Contracts Administration Division (CAD) interviewed each youth and reviewed their case files to assess the care and services they received. Additionally, three discharged youth's files were also reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, six placed youth from the selected sample 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 five Group Home staff files 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

CAD found the following five areas to be out of compliance.

Licensure/Contract Requirements

- Clothing allowance logs were not properly maintained.

A review of the clothing logs revealed that the Group Home did not accurately track expenditures for the children. The clothing logs did not match the corresponding purchase receipts. Additionally, for the children that received the $250 back-to-school clothing allowance, there was no documentation tracking those expenditures. The ongoing balances did not accurately reflect any purchases made and there was no corresponding documentation for any such purchases.

During the compliance review, and again at the Exit Conference, the Group Home representative stated that a new internal procedure for tracking monetary expenditures for each child (specifically for those receiving the DCFS back-to-school clothing allowance), would be implemented immediately to ensure accuracy of the documentation in the clothing logs.

- The Group Home received two Community Care Licensing Division (CCLD) citations during this review period.

On January 8, 2014, CCLD cited the Group Home for improper restraint of a child by a staff for an incident that occurred on December 10, 2013, where a staff member grabbed a child by the neck, put her knee on the child's neck to maintain leverage and restrained the child alone, which is against the Group Home's policy. The child sustained red marks on her throat. The staff member was immediately suspended and ultimately terminated from employment on December 16, 2013. The child transferred to a new placement. A Civil Penalty of $150 was imposed by CCLD, which was paid in full on February 3, 2014.

On June 10, 2014, CCLD cited the Group Home for physical plant deficiencies including mold in the bathrooms, caulking that needed to be replaced in the bathrooms, torn or missing window screens, stained carpet, cigarette butts and trash outside of the residence halls, and a missing telephone socket. The Group Home was placed on Hold and the Plan of Correction (POC) was to remove the trash and replace or repair the other items. The repairs were completed and the Hold was lifted on June 24, 2014.

Recommendation

The Group Home's management shall ensure that:

1. Comprehensive monetary and clothing allowance logs are maintained.

2. The Group Home is in compliance with Title 22 regulations and free of CCLD complaints.

Facility and Environment

- Food items (frozen garlic bread, butter, corn, and condiments) were not properly labeled with expiration dates. Expired spices were also found.

During the compliance review, the Group Home staff removed the unlabeled and expired items the same day and posted a new food service policy in the main kitchen, which included disposal of spices after one year.

Recommendation

The Group Home's management shall ensure that:

3. Adequate perishable and non-perishable foods are maintained.

Maintenance of Required Documentation and Service Delivery

- For one child reviewed that had been in placement for 18 months, there was no documented progress toward the Needs and Services Plan (NSP) goals.
- Initial NSPs were not developed in a timely manner.

The reviewed initial NSPs included pre-printed dates on the signature lines. One child's initial NSP included service dates beyond the due date of the NSP and beyond the pre-printed date on the signature lines for all participants, which would indicate that the NSP was not completed on time.

During the compliance review, the Group Home representative stated that the agency clinicians would no longer include pre-printed dates on NSPs and that progress toward NSP goals would be documented in the appropriate section. Should a child demonstrate difficulty achieving an identified goal, staff intervention to assist or modify the goal would also be noted in the NSP.

Recommendation

The Group Home's management shall ensure that:

4. Children are progressing toward meeting NSP goals.

5. Initial NSPs are timely and comprehensive.

Education and Workforce Readiness

- Several Children's grades dropped since being placed in the Group Home.

Following the exit conference, the Group Home representative stated that a meeting will be held immediately for the clinicians to review agency procedure related to working with the school staff to improve the Group Home's access to documentation to chart academic progress for the children in placement.

Recommendation

The Group Home's management shall ensure that:

6. Children's academic progress is increased.

Personal Rights and Social/Emotional Well-Being

- All sampled children reported that the food doesn't taste good with the majority of the children rating the food from fair to very bad. One child stated that the food is not cooked thoroughly and left bloody.

During the compliance review and the Exit Conference, this monitor discussed with the Group Home representative, how the poor food ratings could directly correlate to the use of old spices in the kitchen.

- Three sampled children reported that the reward and discipline system is unfair.

A child reported that the reward system is not up to date in that it does not accommodate teenagers that are independent or in the THP program. Another child stated that rewards are given if they stop bad behavior, not for continued good behavior, which the children interpret as rewarding bad behavior.

During the Exit Conference, the Group Home representative expressed her dislike for this section of the review tool, as it is entirely subjective and not necessarily a reflection of actual agency policy and procedure.

- All of the sampled children reported that there are consequences for not taking their medication, such as being made to go to bed early or do community service (aka "cottage"), and having points taken away and/or activities limited ("program shut").

During the Exit Conference, the Group Home representatives denied that there are consequences for the children who refuse their medication and stated that children are informed verbally and in writing during orientation that taking medication is voluntary. The children are aware that missed medication administration is tracked on SIRs, but staff reminds the children that this documentation is not a consequence, but a required form of communication with CCLD.

- Four sampled children reported that they are not given opportunities to help plan social activities in which they have an interest.

During the Exit Conference, the Group Home representative stated that staff members engage all children daily in the activity planning process.

Recommendation

The Group Home's management shall ensure that:

7. Meals and snacks provided are deemed palatable by the children.

8. The reward and discipline systems are age-appropriate and fair.

9. Children are free to receive or reject voluntary medical, dental and psychiatric care.

10. Children are engaged in the planning of extra-curricular, enrichment and social activities.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated February 28, 2014, identified 4 recommendations.
Results

Based on OHCMD's follow-up, the Group Home fully implemented 3 of 4 recommendations for which they were to ensure that:

- The vehicles in which children are transported are in good repair.
- Staff receives training to ensure that comprehensive updated NSPs are developed.
- Staff documents the contacts between the Group Home and the DCFS CSW.

Based on the results of the current review, one recommendation was not implemented:

- The children are provided with nutritious meals and that children are satisfied with the meal selection.

Recommendation

The outstanding recommendation from the previous monitoring report dated February 28, 2014, which is noted in this report as Recommendation 7, is fully implemented.

The Group Home representative expressed their desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home representative will ensure that children are provided with nutritious meals and that the children are satisfied with the meal selection. This Group Home will consult with OHCMD for additional support and technical assistance. CAD will assess for implementation of recommendations in 90 days.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

Lyn Konheim
Co-Chair, Board of Directors

Rick Wolf
Co-Chair, Board of Directors

Louis Josephson, Ph.D.
President/Chief Executive Officer

VISTA DEL MAR
CHILD & FAMILY SERVICES

October 29, 2014

Out of Home Care Management Division
9320 Telstar Avenue, Suite 206
El Monte, CA 91731
(626) 569-6819

Attention: Eboni Alexander

RE: CORRECTIVE ACTION PLAN, Level 12 Group Home (Handler Unit)

Dear Ms. Alexander:

I am providing the Out of Home Care Management Division (OHCMD) with a Corrective Action Plan (CAP) as requested regarding the findings revealed during the monitoring of our Level 12 Group Home facility (Handler Unit) by DCFS' Contract Compliance Department.

FINAL MONITORING REVIEW FIELD EXIT SUMMARY 10/7/2014:

I. Licensure/Contract Requirements

7. *Are appropriate and comprehensive money and clothing allowance logs maintained?*

CAP: Vista Del Mar has taken the following actions to ensure that comprehensive money clothing allowance logs are maintained as per contract requirements:

- Immediately following the DCFS site visit, the internal procedure for maintaining clothing logs was revised to the following process:

  An additional/separate tab was added to our computer record system to reflect any funds that are received from DCFS that are separate from the monthly $50.00 clothing allotment. This way, the two funds are tracked independently and when a child purchases clothing, the money spent is deducted from the applicable account. In addition, after clothing shopping, children now sign a paper that the receipts are taped to, acknowledging that he or she went shopping and purchased the items delineated. If a child does not go shopping during a month, at months end, he/she signs a copy of his/her clothing allowance allotment form acknowledging how much he/she has left to spend. Each child now has a separate file kept within the residential unit that is accessible as needed. This is in addition to the file pertaining to clothing monies spent that is kept in our Accounting Department.

9. *Is the group home free of any substantiated CCL complaints on safety and/or physical deficiencies since the last review:*

CAP: CCL complaint was immediately addressed upon receipt and CAP was enacted and approved by CCL.

- The unit's checklist for reporting children who have engaged in runaway behavior was updated to include contacting the Child Abuse Hotline when a child runs away after hours or on weekends or holidays. It should be noted that this agency has a photograph on file for each resident and this picture is currently given to the police when a missing person's report is filed.

II. **Facility and Environment:**

14. *Does the group home maintain adequate nutritious perishable and non-perishable foods and adhere to product "used or freeze by", "best by", "sell by" or expiration dates?*

CAP: The following procedure was implemented immediately:

- Vista Del Mar staff immediately removed the items that were in the freezer that were not labeled with expiration dates. A new standard operating procedure for food storage has been implemented. Vista Del Mar's food service provider is now labeling all food items with dates once received. (Please see attached STANDARD OPERATING PROCURE FOR DRY STORAGE FOOD).

III. Maintenance of Required Documentation and Service Delivery

18. *Are sampled children progressing towards meeting NSP case goals?*
23. *Did treatment team develop timely, comprehensive, initial NSPs with the participation of the developmentally age-appropriate child?*

CAP: Senior V.P. immediately met with unit clinicians and unit directors for a brief review of documenting the requirements noted above. In addition, Senior VP to conduct an in-depth training/review of the NSP documentation process with unit clinicians, unit directors and QA staff on November 19th at 4PM.

- Specific areas to be focused on are the following:

  Consistently identify more achievable objectives that a child can more easily obtain, this reinforcing the child's ability to make progress. If a child is struggling to make progress with a specific objective, clinician needs to identify a different staff intervention to further assist the child with reaching his or his goal. Clinicians need to consistently note documented attempts to contact CSW for signing of NSP within the required 5 work day time frame. Preprinted dates on NSPs were removed several months ago from our system. In addition, when a therapist covers a case for a colleague, this will be documented.

IV. Education and Workforce Readiness

28. Has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to next level, IEP goals)?

CAP: Clinician will work with closely with school staff (both at the on-site school and public school as indicated) on improving access to documentation which better reflects progress in these areas and/or the treatment team's specific efforts to assist the child in making measurable gains in this area.

VII. Personal Rights and Social/Emotional Well Being

Please note that this section is based solely upon resident's point of view/opinion rather than upon tangible policy or protocol violation.

39. *Do children report the group home's efforts to provide nutritious and palatable meals and snacks?*

CAP: Efforts will continue to be made in involving the children in the menu formulation process and with getting feedback from the children regarding the food being served. Please see attached DAILY LIVING GROUP NOTE which documents discussion that take place with the children 3 times per week. The unit director will continue to follow up with the director of our food services as needed. In addition, please see attached FOOD SURVEY which is completed at least three times a year. Following survey review, a meeting is held between residential program supervisors/directors and food service personal for recommendations and to address any concerns that may arise. It should be noted that food related issues are very common and understandable for many of our residents who have chronic histories of deprivation and not having their basic needs met. We continue to do our best to provide meals that our children like as well as always having a variety of choices as per our discussion with you.

46. Are children free to receive or reject voluntary medication and their right to refuse medication?

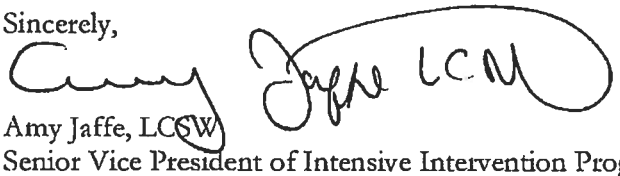
Children have always been informed verbally and in writing that taking medication is voluntary and consequences are never administered for not taking prescribed medications. This information is part of the resident handbook that is reviewed one on one with each child upon admission. (See attached page from resident handbook and sample of a signed acknowledgement of orientation form). In addition, our nursing staff meets with every child each month for medication education. Please see attached form which clearly states that children have a right to refuse taking medications. As discussed, as per CCL regulations, missed medications are Itracked and children are aware of this. Staff continue to let children know that this documentation is not a form of consequence but is a required from of communication with CCL and with the child's placement worker. In addition, in staff trainings, the right for children to refuse medications is regularly reviewed and reinforced.

47. Are children given opportunities to plan in age appropriate, extra-curricular, enrichment, and social activities which they have an interest, at school, in the community or at the group home?

As per the field exit summary, "Several children stated that they are not afforded the opportunity to help plan…activities." A daily milieu group in fact is held in the unit by a mental health rehabilitation specialist. In addition, activity planning and feedback may be discussed during the daily living groups. (SEE ATTACHED FORM) During this group time, children are engaged in the planning of activities. Staff will continue to engage children in the activity planning process and to remind each child that their feedback is welcome and appreciated.

Please let me know if additional information is needed.

Sincerely,



Amy Jaffe, LCSW
Senior Vice President of Intensive Intervention Programs

Cc: Adelina Arutyunya, DCFS Quality Assurance/OHCMD
Louis Josephson, PhD, CEO
Lynn Cohen, Handler Unit Director
Quality Management Department
David Panameno, Contract Compliance Manager, Vista Del Mar