County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 7, 2015

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Philip L. Browning
Director

MURRELL'S FARM AND BOYS HOME GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contract Administration Division (CAD) conducted a review of Murrell's Farm and Boys Home (the Group Home) in December 2014. The Group Home has two sites located in the Fifth Supervisorial District and provides services to DCFS placed children. According to the Group Home's program statement, its stated purpose is "to insure that each client has a clear understanding of the expectation for success."

The Group Home has two 6-bed sites and is licensed to serve a capacity of 12 children, ages 12 through 17. At the time of review, the Group Home served 12 placed DCFS children. The placed children's overall average length of placement was 3 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, having been provided with good care and appropriate services, being comfortable in their environment, and treated with dignity and respect.

The Group Home was in full compliance with 3 of 10 areas of our contract compliance review: Educational and Workforce Readiness, Personal Rights and Social/Emotional Well-being and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to the vehicle in which placed children are transported not being well maintained, Special Incident Reports (SIRs) were not submitted timely, comprehensive monetary and clothing allowance logs were not being maintained and Community Care Licensing (CCL) citations; Facility and Environment, related to the common areas and children's bedrooms not being well maintained and sufficient educational resources were not available; Maintenance of Required Documentation and Service Delivery, related to County Children's Social Worker's (CSW's) authorization to implement Needs Service

Plans (NSPs) not being obtained, children not progressing towards meeting the NSP case goals, County CSW's monthly contacts not being documented and initial and updated NSPs not being comprehensive; Health and Medical Needs, related to initial medical and dental exams not being conducted timely; Psychotropic Medication, related to a psychiatric evaluation not being obtained timely for the administration of psychotropic medication; Personal Needs/Survival and Economic Well-being, related to children not having a Life Book or Photo Album; and Discharged Children, related to children not being discharged according to the permanency plan and children not making progress toward meeting their NSP goals.

Attached are the details of our review.

REVIEW OF REPORT

On February 5, 2015, Leticia Foster, DCFS CAD, held an Exit Conference with Lupe Rascon, the Group Home Program Administrator. DCFS staff included Donald Luther, Out-of-Home Care Management Division (OHCMD). The Group Home's representative agreed with the review findings and recommendations, was receptive to implementing systematic changes to improve their compliance with regulatory standards, and 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 CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this report.

CAD conducted a follow-up visit to the Group Home in March, April and July 2015 and verified implementation of all but three CAP items.

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

PLB:EM
LTI:lf

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Emmett Murrell, Executive Director, Murrell's Farm and Boys Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

MURRELL'S FARM AND BOYS HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

License # 197606874
Rate Classification Level: 11

License # 197606254
Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: December 2014**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Providing Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	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. 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 Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
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. Improvement Needed
	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. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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	1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	1. Full Compliance 2. Improvement Needed
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 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. 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	Full Compliance (ALL)

	(GH, 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 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
	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	1. Improvement Needed 2. Improvement Needed 3. Full Compliance
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)

MURRELL'S FARM AND BOYS HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the December 2014 review. The purpose of this review was to assess Murrell's Farm and Boys 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, four placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child 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, one placed child was prescribed psychotropic medication. The child's case file was reviewed to assess for timeliness of Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

CAD reviewed three 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 seven areas out of compliance.

Licensure/Contract Requirements

- A vehicle was not maintained in good repair.

A vehicle used to transport children was not well-maintained. The "maintenance required" light was on at the time of the review. This vehicle also had a brake light that was not working, a broken passenger door handle and no first aid kit. CAD brought these issues to the attention of the Group Home representative on January 12, 2015, and requested that the vehicle be inspected by a certified mechanic and to provide confirmation that the repairs were completed. On

January 15, 2015, the Group Home provided an invoice showing the vehicle was serviced on January 12, 2015, by a certified mechanic and the required repairs were completed. The replacement door handle was ordered and installed on January 19, 2015. On March 20, 2015, CAD verified that repairs were completed and observed that a first aid kit was kept in the vehicle.

- Special Incident Reports (SIRs) were not submitted timely or cross-reported.

A review of six SIRs revealed that one was not submitted timely into the I-Track database and another was not appropriately cross-reported. One SIR for an incident that occurred on January 6, 2015, was submitted via I-Track database on January 8, 2015. A second SIR involved four children that ran away. All children walked out the front door stating that they would return. A missing person report was made to the Sheriff's office on October 4, 2014, when they did not return. An SIR was also submitted; however, it was not crossed-reported to two DCFS CSWs.

During the Exit Conference, the Group Home representative stated that on January 5, 2015 the staff was trained on how to write, cross report and submit SIRs timely into the I-Track database. On April 17, 2015, CAD compliance reviewed four SIRs and verified that they were all crossed reported and submitted timely.

- Comprehensive Monetary and Clothing Allowance Logs were not maintained.

Clothing allowance logs do not reflect the actual receipt amount and clothing receipts were missing from the children's file.

During the Exit Conference, the Group Home representative stated that, effective immediately, all clothing allowances will be documented accurately and clothing receipts will be kept in the children's file.

- Community Care Licensing (CCL) cited the Group Home.

CCL cited the Group Home as a result of deficiencies and finding in a complaint received on May 9, 2014. According to the report dated May 17, 2014, CCL substantiated allegations of a child missing about one month of school. A child stayed out and did not return to the Group Home until 4:00 p.m. The Group Home submitted an SIR for this matter on March 11, 2014 and left a voicemail message to the DCFS CSW. The Group Home requested an emergency Team Decision Meeting; however, the meeting did not occur. On April 14, 2014, the Group Home issued a seven-day intent to discharge for failure of the child to attend school and actively participate in the program, but continued working with the child. CCL required a Plan of Correction (POC), which required the Group Home to provide training to staff in the areas of intake, supervision, managing a successful program and fulfilling the needs of the children's care. The POC was cleared on June 21, 2014.

CCL cited the Group Home as a result of deficiencies and finding in a complaint received on August 4, 2014. According to the report dated November 12, 2014, CCL substantiated allegations of a personal rights violation when a child was threatened to have his personal property taken away. CCL required a POC to address discipline policies. The Group Home revised the Residents Handbook and incorporated a behavior contract wherein all children complete and

acknowledge that personal property may be confiscated by staff for negative conduct. This POC was cleared on November 20, 2014.

Recommendations:

The Group Home management shall ensure that:

1. All vehicles are maintained in good repair.

2. All SIRs are submitted timely.

3. Comprehensive monetary and clothing allowance logs are maintained.

4. The Group Home is in compliance with Title 22 Regulations and free from CCL citations.

Facility and Environment

- Common areas were not well maintained.

At the Pillsbury site, common areas of the Group Home were not well maintained. Cleaning supplies were located in the staff's unlocked desk drawer; children's "quick medical files" containing children's medical records were in an unlocked box under the staff's desk; the smoke detector in the family room was not operable; the medicine cabinet in the restroom was rusty and a broken weight bench for the children's use was in the garage. The deficiencies were brought to the attention of the Group Home representative. The smoke alarm was replaced on the day of the review and CAD verified that it was working prior to leaving the group home.

At the Hanstead site, common areas of the Group Home were not well maintained. The oven's door (latch) was broken and was kept closed with a piece of foil paper.

During the Exit Conference, the Group Home representative stated that the cleaning supplies were removed from the staff's desk drawer. The quick medical files containing children's medical records were now locked. The medicine cabinet was replaced, and the weight bench was removed from the garage. These changes were confirmed by CAD on December 31, 2014. On March 20, 2015, CAD observed that the oven's door (latch) repair was completed.

- Children's bedrooms were not well maintained.

The Pillsbury site had three bedrooms that were not well maintained. In bedroom #1, the smoke detector was not operable and the window screen was missing. In the bathroom connected to this room, the toilet was loose, the trash can was full and there was graffiti on the medicine cabinet. In bedroom #2, the dresser drawers were hard to open. In bedroom #3, the dresser was not stable, one dresser was missing the handle and graffiti was observed on the wall near the child's bed. All mattresses were inadequate for the size of the bed frames. The deficiencies were brought to the attention of the Group Home representative and the smoke alarm was replaced on the day of the review and CAD verified that it was working prior to leaving the Group Home.

The Hanstead site has three bedrooms, which were not well maintained. In bedroom #1, a small hole, approximately 1 inch in size was near a child's bed. In bedroom #3, there was a hole in the wall, approximately 23 x 28 inches in size. All mattresses were inadequate for the size of the bed frames.

During the Exit Conference, the Group Home representative stated that at the Pillsbury site the window screen was fixed, the toilet was tightened, and the graffiti was removed from the medicine cabinet. The Group Home representative stated that facility staff will ensure the children complete their chores on a daily basis and the restrooms will be kept clean. The Group Home representative stated that at the Hanstead site, the holes on the wall were repaired and CAD confirmed the repairs on January 15, 2015. An invoice dated January 6, 2015, documenting the purchase of new dressers for both group home sites and an invoice dated March 31, 2015 for the purchase of new extra-long mattresses for all placed children at both group home sites was provided. On April 8, 2015, CAD confirmed that all the recommendations were implemented.

- Sufficient educational resources were not available.

The Pillsbury and Hanstead sites did not have an operable computer for the use of the youth at the time of the review.

During the Exit Conference, the Group Home representative stated that computers were being serviced by Los Angeles County Office of Education (LACOE) at the time of the review. On March 5, 2015, CAD observed that computers at both of the Group Home sites were available and working. On April 17, 2015, the Group Home staff was not able to access a computer at the Pillsbury site. On July 14, 2015, CAD confirmed a new computer was purchased for the Pillsbury site.

Recommendations:

The Group Home's management shall ensure that:

5. Common areas are well maintained.

6. Children's bedrooms are well maintained.

7. Sufficient educational resources are available.

Maintenance of Required Documentation and Service Delivery

- County CSW's authorization to implement Needs and Services Plans (NSPs) were not obtained.

For four of six NSPs reviewed, the Group Home did not obtain the County CSW's authorization to implement the NSPs. For two NSPs, one attempt to obtain the County CSW's authorization to implement the NSP was made but not obtained. No further attempts were documented. For two NSPs, the authorizations were received, but were not timely.

During the Exit Conference, the Group Home representative stated that the Group Home social worker will be retrained on procedures, timeframes and documenting the efforts made to the CSW to obtain approvals. Training was provided on February 9, and 10, 2015. On April 17, 2015, CAD verified that the training had taken place.

- Children were not progressing toward meeting NSP case goals.

The NSP goals were not updated for two of four sampled children. The initial and quarterly goals did not change and no explanation was provided. Additionally, there was no documentation of progress towards meeting the case goals in the children's files.

During the Exit Conference, the Group Home represenative stated that the Group Home social worker will be trained on documenting the goals and documenting the progress or lack of progress on the NSPs. On April 17, 2015, CAD reviewed an initial and quarterly NSP for a newly placed child and verified that the NSP goals were updated and information regarding progress towards meeting the goals was addressed.

- County Children's Social Worker's monthly contacts were not documented.

There was no documentation in the children's case files indicating that the County CSWs were contacted monthly by the Group Home social worker.

During the Exit Conference, the Group Home representative stated that a new log will be created to document all contact with the CSWs. On March 5, 2015, CAD received a copy of the new log created by the Group Home representative and verified that the monthly contacts are documented by the Group Home staff.

- Development of timely, comprehensive initial NSPs was not completed.

The Group Home did not develop a timely NSP in one of four sampled files. The NSP was due on July 24, 2014, but was not completed until August 7, 2014. In three of four sampled files, the NSPs were not comprehensive as a different child's name was listed within the NSP. In one file, a dental appointment that did not take place was listed as having occurred.

During the Exit Conference, the Group Home representative stated that the Group Home social worker will be retrained on how to effectively complete NSPs. On April 17, 2015, CAD reviewed an initial NSP for a newly placed child and verified that it was developed timely, comprehensive and with the child's participation.

- Development of timely updated NSP was not completed.

A timely updated NSP was not completed for one of two cases reviewed. One updated NSP was due September 24, 2014, but the child and Group Home staff didn't sign the NSP until October 31, 2014. The other updated NSP was due on September 24, 2014 and the Group Home representative signed on November 1, 2014.

During the Exit Conference, the Group Home representative stated that the Group Home social worker will be retrained on procedures, timeframes and documenting efforts made to the County

CSW to obtain approvals. Training was provided on February 9, 10 and 11, 2015. On April 17, 2015, CAD verified that the training had taken place.

Recommendations:

The Group Home's Management shall ensure that:

8. County CSW's authorization to implement NSPs is obtained.

9. Children are progressing toward meeting their NSP case goals.

10. County CSW's monthly contacts are documented.

11. Initial NSPs are developed timely and comprehensive.

12. Updated NSPs are developed timely.

Health and Medical Needs

- Initial medical examination was not conducted timely.

The initial medical examination was not conducted timely for one child. The child was placed at the Group Home on September 5, 2014 and the initial medical exam was not done until October 13, 2014.

During the Exit Conference, the Group Home representative stated that the facility managers were trained on January 7 and 8, 2015, on the importance of scheduling initial medical appointments within the 30 day timeframe. The Group Home representative also stated that, effective immediately, proper documentation will be placed in the child's file if the initial appointment is not done within the required time. On April 17, 2015, CAD verified that the training had taken place. CAD sampled a newly placed child's file and verified that the initial medical examination was conducted timely.

- Initial dental examination was not conducted timely.

The initial dental examination was not conducted timely for one child. The Group Home staff stated that the child had a dental examination approximately two months prior to the child being placed at the group home. CAD requested documentation of the previous dental appointment prior to placement. To date, no documentation has been provided by the Group Home. The child was placed at the group home on October 2, 2014 and a dental appointment was completed on November 18, 2014.

During the Exit Conference, the Group Home representative stated the facility managers were trained on January 7 and 8, 2015 on the importance of scheduling initial dental appointments within the 30 day timeframe. The Group Home representative also stated that effective immediately, the proper documentation will be placed in the child's file if an appointment is not done within the required time. On April 17, 2015, CAD verified that the training had taken place.

CAD sampled a newly placed child's file and verified that the initial dental examination was conducted timely.

Recommendations:

The Group Home Management shall ensure that:

13. Initial medical examinations are conducted timely.

14. Initial dental exams are conducted timely.

Psychotropic Medication

- Current psychiatric evaluation was not conducted.

There was no psychiatric evaluation for one placed child. CAD brought this to the attention of the Group Home representative on December 31, 2014 and the Group Home took immediate action. The child was seen by Exodus Urgent Care Center on January 1, 2015.

During the Exit Conference, the Group Home representative stated that the visits to the prescribing doctors will be done timely.

Recommendation:

The Group Home's Management shall ensure that:

15. Current psychiatric evaluation reviews are conducted.

Personal Needs/Survival and Economic Well-being

- Children were not encouraged and assisted with Life Book.

During the review process, the children stated that they were not encouraged or assisted in creating and updating a Life Book or Photo Album.

During the Exit Conference, the Group Home representative stated that Life Books will be given to all children and they will encourage the children to update their Life Book with pictures. On March 20, 2015, the Group Home representative stated that Life Books had been given to all children.

Recommendation:

The Group Home's Management shall ensure that:

16. Encouragement and assistance with Life Books is provided.

Discharged Children

- Children not discharged according to permanency plan.

Two sampled youth were not discharged according to their permanency plans. According to the youth's NSPs, the case plan goal was family reunification. The discharged summary indicated that the children were released to the CSW with no other explanation or follow-up.

During the Exit Conference, the Group Home representative stated that facility managers will document in detail the reason for discharge and also to indicate if the child was discharged according to the permanency plan. On April 17, 2015, CAD reviewed two discharged files and verified that the Group Home is documenting in detail the reason for discharge.

- Children did not make progress toward meeting their NSP goals.

For two out of three sampled children, updated NSPs were not in their file; therefore, CAD could not determine if the children made progress toward meeting their NSP goals. The updated NSPs were due prior to discharge.

During the Exit Conference, the Group Home representative stated that the Group Home social worker will ensure that initial and quarterly NSPs are done timely for all placed children. Additionally, the Group Home social worker will document if any progress is made towards meeting NSP goals.

Recommendations:

The Group Home Management shall ensure that:

17. Children discharged according to the permanency plan

18. Children make progress toward NSP goals.

PRIOR YEAR FOLLOW-UP FROM DCFS OUT-OF-HOME CARE MANAGEMENT DIVISION'S (OHCMD'S) GROUP HOME CONTRACT COMPLIANCE REVIEW

OHCMD's last compliance report, dated November 2013, identified 8 recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 3 of 8 recommendations for which they were to ensure that:

- Children and youth are placed in accordance with the Group Home license and program statement population criteria.

- All staff completes a timely physical examination prior to date of hire and a copy is included in the employee's personnel file, in accordance with Title 22 Regulations.

- All staff has current required training, including CPR and First Aid.

The Group Home did not fully implement 5 of 8 recommendations for which they were to ensure that:

- All SIRs are properly cross-reported, in compliance with the County contract and SIR reporting guidelines.
- The Group Home is in compliance with Title 22 Regulations.
- Initial NSPs are completed for each child, and that they are timely, comprehensive, and contain all elements of the NSP template.
- Updated NSPs are completed for each child, and that they are timely, comprehensive, and contain all elements of the NSP template.
- All children receive timely physical examinations.

Recommendation:

The Group Home's management shall ensure that:

19. The outstanding recommendations from November 2013 report from the prior fiscal year review, which are noted in this report as Recommendations 2, 4, 11, 12, and 13 are fully implemented.

At the Exit Conference, the Group Home's representative expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. The Group Home Program Administrator stated that the Group Home will implement procedures to strive towards greater compliance.

Follow-up visits were conducted in March 2015, April 2015 and on July 14, 2015 by CAD. On July 14, 2015, CAD verified that the Group Home had fully implemented 15 of the 18 recommendations to the findings noted in this report. The Group Home has not fully implemented the need to have continuously working computers at both sites, obtaining the County CSW authorization for the implementation of the NSPs, and a Life Book/Photo Album for all placed children. The children at one site have Life Books/Photo Albums and one child at the second site does not have a Life Book/Photo Album. The Group Home was advised to fully implement their procedures to comply with all the recommendations in this report. CAD will continue to assess implementation of the recommendations during our next review. The OHCMD will continue to provide ongoing technical assistance prior to the next review.

Murrell's Farm & Boys Home, Inc. mentoring matters

March 6, 2015

To: **Leticia Foster, CSA 1**
Department of Children & Family Services
Contract Administration Division
3530 Wilshire Blvd. 4th Floor
Los Angeles, CA 90010

From: **Murrell's Farm & Boys Home**
823 E. Pillsbury Street
Lancaster, CA 93535

Re: **Revised Corrective Action Plan (6/29/15)**
2014 Compliance Report Results/Corrective Action Plan

The Corrective Action Plan (CAP) has been implemented as follows for the Murrell's Farm and Boys Home located at:

(1) Shannon Site
823 Pillsbury St., Lancaster, Ca., 93535 - License #197606874

(2) Hanstead Site
44423 Hanstead Ave Lancaster, CA 93535 – License # 197606254

Licensure/Contract Requirements

Hanstead Site:
1) Finding:
The vehicle in which the children are transported was not well-maintained. The "Maintenance required" light was on at the time of the review:

Corrective Action Plan:
On the same day as the review 12/19/14 the vehicle was taken for service of the maintenance light, the right back break light was replaced, the first aid kit was also placed in the vehicle, and the right passenger door was also repaired. All documentation was given to the auditor. Murrell's staff were verbally retrained on

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12/22/14 in the procedures of immediately documenting and notifying Administration of any and all needed repairs so that they may be taken care of in a timely manner.

2) Finding:
SIR's were not I tracked in a timely manner or crossed reported.

Corrective Action Plan:
Facility Managers were retrained on 1/5/15 in proper procedures and protocol in the event of an SIR needing to be Itracked, and making sure that the Itrack gets cross reported to all reporting agencies, in a timely manner.

3) Finding:
Clothing allowance is given to the youth however the clothing logs do not reflect the actual amount. Some receipts for clothing purchases were not in the youths file.

Corrective Action Plan:
Facility Managers were retrained on 1/25/15, all clothing disbursements will be placed on a separate Cash Disbursement sheet. Any clothing balance will be logged as clothing balance on the cash disbursement and signed by client and staff. If the client uses his personal money for amounts over the disbursed amount, it will also be documented. Facility Managers will ensure that all documents are copied and placed in each individual clients file.

4) Findings:
Group Home was cited by CCL for deficiencies and findings.

Corrective Action Plan:
Group Home Administrators and Facility Managers met with and provided training on all subjects of deficiencies and findings with all staff.

Facility and Environment:

5) Finding: (Pillsbury Site)
Cleaning Supplies not locked in appropriate storage cabinet, clients Quick Medical files not locked, smoke detectors not operable, medicine cabinet in restroom rusty, gardening tools unlocked in garage, and a broken weight bench.

Finding: (Hanstead site)
The oven door latch was broken.

Corrective Action Plan Pillsbury:
On 12/19/14 all Facility Managers ensured that all cleaning supplies were removed and locked away in a proper storage place, and staff were verbally retrained and reminded on the importance of ensuring that all cleaning supplies are locked at all times when not being used. Medical quick files were placed in a file box with a lock and key, smoke alarms were replaced, medicine cabinet was replaced with a new one, and garden tools were removed from the garage and locked away from access to clients. On 12/20/14 the broken weight bench was removed and discarded.

Corrective Action Plan Hanstead:
The Facility Manager followed up and ensured that the oven arrived and was installed on 3/16/15.

6) Finding: (Pillsbury site)
Bedroom #1 the smoke detector did not work. The screen on the window was missing. There is a restroom located in the youth's bedroom and this is where the shower is located for the use of all the youth. In the bathroom, the toilet was loose, the trash was full and there was graffiti in the medicine cabinet. Bedroom #2 the dresser drawers were hard to open. Bedroom #3) Dresser was not stable (it wobbled) and one dresser was missing the handle. Found graffiti (profanity) on the wall near the youth's bed.

Finding: (Hanstead Site)
Bedroom #2 A small hole, approximately 1 inch in size, on the wall near the youth bed. Bedroom #3 there was a hole on the wall, approximately 12-18 inches in size. Mattresses are inadequate for the size of the bed frames.

Corrective Action Plan:

Pillsbury Site:
On 12/19/14 (same day of inspection) All non- working Smoke detectors were replaced. On 12/20/14 all staff were retrained to check detectors each shift to ensure that all are in working order, document in Daily Log, replace battery and or detector if needed, and notify supervisor immediately. On 1/5/15 window screens were rebuilt and replaced back on window, toilet was repaired, trash emptied. On 1/7/15 the Medicine cabinet was replaced with a new one, and dressers were all replaced with new ones.

Hanstead Site:
On 1/12/15 Bedroom #2) the hole was repaired, Bedroom #3 also had the hole repaired. Mattresses, On March 31, 2015 mattresses were purchased for both sites. All mattresses were replaced for both group home sites with new ones to match the length of the bed frame

7) Finding: (Pillsbury & Hanstead site)
The computers were not operable for clients use at the time of review.

Corrective Action Plan:

On 1/28/15, Computers for both sites were returned after servicing by LACOE Supervisor and are both operable. A new computer was purchased on 6/9/15 and is ready and available to all children.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

8) Findings:
NSP's were not signed and/or submitted late, and lack of efforts to have NSP's signed by county social workers were not documented.

Corrective Action Plan
The group home LMFT social worker was retrained on February 9th, 10th, and 11th 2015 on the procedures and time frames of submitting NSP's and obtaining signatures.

9) Findings:
NSP goals from initial to quarterly showed no progress or the reason the goals remained the same.

Corrective Action Plan
The group home LMFT social worker was retrained on February 9th, 10th, and 11th on client goals, progress and or lack of progress and the documentation of this information.

10) Findings:
Clients files showed no documentation of contact with county social workers and or the dates when contacts were made.

Corrective Action Plan
On 1/2/15 a new log book was created for all contacts with social workers as well as client family members.

11) Findings:
The Treatment Team did not develop timely, comprehensive Initial NSP's

Correction Action Plan
The LMFT Group Home Social Worker, was retrained February 9th, 10th, and 11th 2015 to ensure that all Initial Needs and Service Plans include the participation of the child, and that the NSP's are developed timely and are comprehensive.

12) Findings:
The Treatment Team did not develop timely updated NSP's.

Correction Action Plan
The LMFT Group Home Social Worker, was retrained February 9th, 10th, and 11th 2015 to ensure that all updated NSP's include the participation of the child, and that the NSP's are developed timely and comprehensive.

Health and Medical Needs

13) Finding:
Initial medical examination was not completed in a timely manner, nor was there documentation as to why.

Correction Action Plan:
On January 7th and 8th 2015, all Facility Managers were trained to ensure that all initial medical appointments are scheduled within the 30 day time frame, should the child miss the appointment, proper documentation will be placed in the child's file with an explanation as to why the appointment wasn't kept.

14) Finding:
Initial dental exam was not done timely.

Correction Action Plan:
On January 7th and 8th 2015, All Facility Managers will ensure that all initial dental appointments are scheduled within the 30 day time frame, should the child miss the appointment, proper documentation will be placed in the child's file with an explanation as to why the appointment was not kept.

Psychotropic Medication

15) Finding:
There was no documentation of psychiatric evaluation for one month for a child on psychotropic medication.

Correction Action Plan
On 1/9/15 all Facility Managers were trained to ensure that a monthly visit to the prescribing doctor and or a psychiatrist is scheduled in a timely manner on a monthly basis and all documentation of said visits are obtained and placed in each child's file.

VIII. Personal Needs/Survival and Economic Well-Being

16) Findings: Pillsbury & Hanstead
Clients reported they did not receive a Lifebook/photo album, and were not encouraged to maintain one.

Correction Action Plan
Effective 2/4/14 all children will receive a Lifebook/photo album which they will sign for acknowledging receipt. Children will be encouraged to update their photo albums.

IX. Discharged Children

17) Finding:

Discharge forms did not indicate the reason for the discharge

Correction Action Plan
As of 3/2/15 a new form has been created and implemented. Facility Managers will ensure that when a child is being discharged there is proper documentation as to why the child was discharged and if it was according to the permanency plan.

18) Finding:
Up dated NSP's were not done and could not determine if child made progress towards meeting NSP goals.

Correction Action Plan
On 3/2/15 Facility Managers were retrained and will ensure that upon discharging a child, and in conjunction with the group home social worker, all will ensure that the progress towards meeting their goals is documented on the child's NSP.

Murrell's Farm & Boys Home, Inc.

mentoring matters

Emmett Murrell, CEO, will be responsible for supervising and enforcing the Corrective Action Plan.

Signature: _____ Date: 7-15-15
CEO Emmett Murrell

Signature: Lupe Rascon-Administrator Date: 7/15/15
Lupe Rascon- Administrator

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