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December 28, 2015

To: Supervisor Hilda L. Solis, Chair
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

PLB
by Diane Salinas

CAREPROVIDER.ORG FOUNDATION GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE

The Department of Children and Family Services (DCFS) Contract Administration Division (CAD) conducted a fiscal compliance assessment and contract compliance review of Careprovider.Org Foundation (the Group Home) in August 2014. The Group Home has one site located in the First Supervisorial District, and one site located in the Fifth Supervisorial District. The Group Home provides services to DCFS placed children. According to the Group Home's program statement, its stated purpose is "to provide a safe environment for all children in our care where they can achieve a feeling of self-worth, an appreciation of community, and a respect for culture, family and each other."

The Group Home has two 6-bed sites and is licensed to serve a capacity of 12 children, ages 12 through 17. The Group Home also serves Non-Minor Dependents (NMDs) ages 18 to 21. At the time of review, the Group Home served 11 placed DCFS children. The placed children's overall average length of placement was six months and the average age was 16.

SUMMARY

CAD conducted a fiscal compliance assessment, which included a review of the Group Home's financial records such as financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with 4 of 5 areas of the fiscal compliance assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

CAD identified deficiencies in the area of: Cash/Expenditures, related to inadequately supporting check and credit card expenditures.

During CAD's 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 respect and dignity.

The Group Home was in full compliance with 6 of 10 areas of our contract compliance review: Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medications; Personal Rights and Social/Emotional Well-being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in areas of: Licensure/Contract Requirements, related to Special Incident Reports (SIRs) not being submitted timely and Community Care Licensing (CCL) citations; Facility and Environment, related to the exterior, common areas, and the children's bedrooms not being well maintained; Maintenance of Required Documentation and Service Delivery, related to the Group Home not obtaining or documenting efforts to obtain DCFS Children's Social Worker's authorization to implement the Needs and Service Plans; and Personnel Records, related to untimely tuberculosis tests.

Attached are the details of our review.

REVIEW OF REPORT

On September 23, 2014, Matthew St. John, DCFS CAD Monitor, held an Exit Conference with Careprovider.Org Foundation's staff: Chika Dillibe, Executive Director, James Brady Chalborn, Facility Supervisor; and Anna Akinkugbe, Agency Administrator. DCFS staff included Joe Jimenez, CAD Fiscal, and Kristine Kropke-Gay, Out-of-Home Care Management Division (OHCMD). The Group Home representatives were in agreement with the review findings and recommendations, were receptive to implementing systemic changes to improve compliance with regulatory standards, and to address the noted deficiencies in a compliance Corrective Action Plan (CAP) and a Fiscal Corrective Action Plan (FCAP).

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

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

OHCMD provided the Group Home with technical assistance on September 30, 2014 to assist with implementing the recommendations noted in this report. CAD conducted a follow-up visit to the Group Home on April 14, 2015 to verify implementation of the CAP.

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

PLB:EM
LTI:msj

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
Chika Dillibe, Executive Director, Careprovider.Org Foundation
Leonora Scott, Regional Manager, Community Care Licensing Division
Angelica Lopez, Regional Manager, Community Care Licensing Division

CAREPROVIDER.ORG FOUNDATION
FISCAL ASSESSMENT REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The fiscal compliance assessment included review of Careprovider.Org Foundation's (the Group Home's) financial records for the period of January 1, 2012 through September 30, 2014. Contracts Administration Division (CAD) reviewed financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The on-site fiscal compliance assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with 4 of 5 areas of the fiscal compliance assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; and Payroll and Personnel.

CAD identified a less-than-arms-length transaction (related party lease). One of the Group Home facilities is owned by the Executive Director and leased to Careprovider.Org. After further review, it was determined that the Executive Director is not on/or related to a member of the Group Home's Board of Directors and the amount of this related party lease transaction is within allowable limits established by the Welfare and Institutions Code (WIC) section 11462.06 (a). Notation was made of this, but it is not a finding.

FISCAL COMPLIANCE

CAD found the following area out of compliance:

Cash/Expenditures

- The supporting documentation for two checks reviewed did not match the dollar amounts on the invoice, and there was no supporting documentation providing the reason for the difference between the check amount and the supporting documentation.

- One credit card transaction did not have matching supporting documentation. The original receipt for the purchase was missing, as the employee used it to pick up the merchandise (dining table set) and did not receive the original receipt back to turn in to the Group Home.

Recommendations:

The Group Home's management shall ensure that:

1. All check disbursements are supported by the required supporting documentation.

2. All credit card transactions are supported by the required supporting documentation

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

NEXT FISCAL COMPLIANCE ASSESSMENT

The next fiscal compliance assessment of the Group Home will be conducted in County fiscal year 2015-2016.

CAREPROVIDER.ORG FOUNDATION GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

License # 197804536
Rate Classification Level: 12

License # 19780534
Rate Classification Level: 12

	Contract Compliance Review	Findings: August 2014
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	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. Full Compliance
	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	9. Full Compliance
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	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/Progress Reports Maintained 4. Children's Academic Performance or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (All)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (All)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of 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. Children's Chores Reasonable 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)	Full Compliance (All)

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (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's Involvement 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	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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

CAREPROVIDER.ORG FOUNDATION GROUP HOME
CONTRACT COMPLIANCE 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 August 2014 review. The purpose of this review was to assess Careprovider.Org Foundation's (the Group Home's) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- 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, five Department of Children and Family Services (DCFS) 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, four children were prescribed psychotropic medication. The child's case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five 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 areas to be out of compliance.

Licensure/Contract Requirements

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

A review of SIRs submitted by the Group Home determined that two SIRs were late. One SIR regarding a runaway incident on February 1, 2014 was submitted on February 4, 2014. Another SIR regarding a runaway incident on February 10, 2014 was submitted on February 13, 2014.

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

CCL cited the Group Home as a result of deficiencies and findings on September 4, 2014, during a case management visit at the Chalburn site. According to the report dated September 4, 2014, the site had walls that needed to be cleaned or painted. A child's bedroom had broken blinds, a broken curtain rod, and two outlet covers were missing. Another child's bedroom had a broken dresser drawer track. A third child's bedroom had unfinished patch work that needed to be sanded and painted in various locations. In the hallway area, there were two missing carpet thresholds along with carpet seams that were separated and exposed. In the backyard there was an unsafe portable basketball hoop/stand that was broken and three broken patio chairs. Lastly, there was a broken concrete threshold leading from the living room to the outside, which was mended with tape.

CCL requested a Plan of Correction (POC) for all repairs to be completed and for the Group Home to create a maintenance log book. The Group Home complied with the POC and the deficiencies were cleared by CCL on October 8, 2014.

Recommendations:

The Group Home's management shall ensure that:

1. All SIR's are submitted timely.

2. The Group Home is in compliance with Title 22 regulations and free from CCL citations.

Facility and Environment

- Exterior was not well maintained.

There were deficiencies noted in the exterior of the Chalburn Group Home site. In the backyard, there was a broken mobile basketball hoop and stand, and three broken patio chairs.

On September 6, 2014, CAD confirmed the disposal of the basketball hoop and broken furniture.

- Common Areas were not well maintained.

Deficiencies were noted in the common areas of the Kidder Group Home site. In the entrance/living room area there was a work space/office area for staff. Between the two areas, there was a small separation in the carpet requiring a carpet threshold to fill the space.

- Children's Bedrooms were not well maintained.

At the Chalburn Site, bedroom #1 had a ceiling light fixture missing the cover, two electrical sockets were missing covers, a light bulb socket was empty, a window blind was broken, and a curtain rod was broken. In bedroom #2, there was a large hole in the middle of the door filled in with spackle, which was cracking. In the entrance to bedroom #3, there was a small separation in the carpet. A carpet threshold was missing to fill in the space.

At the Kidder Site, in one bedroom, there was a two-inch by five-inch piece of carpet missing near the corner of one of the dressers.

On September 9, 2014 CAD observed all the repairs had been completed except for the carpeting deficiencies. The Group Home representative stated that she made arrangements to make repairs to the carpet. On September 23, 2014, an Exit Conference was held and CAD confirmed the carpeting had been repaired.

Recommendations:

The Group Home's management shall ensure that:

3. The Group Home exterior is well maintained.

4. The Group Home common areas are well maintained.

5. Children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- The Group Home did not obtain DCFS Children's Social Worker's (CSW's) authorization to implement the Needs and Service Plan (NSP).

Three NSPs dated February 8, 2014, May 8, 2014 and August 8, 2014 for one child did not have the CSW's signatures attached. Two attempts to obtain the CSW's signature were documented for each NSP.

A Group Home representative stated that the previous administrator failed to complete required tasks, including obtaining DCFS CSW's signatures on NSPs and no longer works for the Group Home as of July 7, 2014.

Recommendation:

The Group Home's management shall ensure that:

6. The DCFS CSW's authorization to implement the NSP is obtained.

Personnel Records

- Two Employee tuberculosis (TB) tests were not timely.

One personnel record reflected that a Group Home staff member that started on October 26, 2013 did not have a completed TB test until December 3, 2013.

Another personnel record reflected that a Group Home staff member that started on August 2, 2013 did not have a completed TB test until August 13, 2014.

Recommendation:

The Group Home's management shall ensure that:

7. Employee Health Screening/TB clearances are completed timely.

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

The OHCMD's last compliance report, dated January 29, 2014, identified five recommendations.

Results

Based on our review, the Group Home fully implemented 4 of 5 recommendations for which they were to ensure that:

- There is a sufficient supply of recreational equipment/education resources, including a computer, available for the children's use.
- Children are placed in accordance with the Group Home's program statement and target population criteria.
- Initial dental examinations for children are conducted timely.
- All staff signs a Criminal Background Statement timely and the signed document is placed in the staff's file.

The Group Home did not implement 1 of 5 recommendations for which they were to ensure that:

- The group home sites are in compliance with Title 22 regulations and free from CCL citations.

Recommendation:

The Group Home's Management shall ensure that:

8. The outstanding recommendation from the 2012-2013 monitoring report dated January 29, 2014, which is noted as recommendation 2, is fully implemented.

At the Exit Conference, the Group Home representative expressed their desire to remain in compliance with Title 22 regulations and contract requirements. Chika Dillibe, Executive Director stated that the Group Home will implement procedure to strive towards greater compliance.

OHCMD provided the Group Home with technical assistance on September 30, 2014 to assist the Group Home with implementing the recommendations noted in this report.

A follow-up visit was conducted on April 14, 2015 by CAD and the Group Home implemented 5 of 7 recommendations noted in this report. The Group Home had not fully implemented submitting SIR's timely, or obtaining the DCFS CSW's authorization to implement the NSPs. The Group Home was advised to fully implement their SIR and NSP protocols. CAD will continue to assess implementation of the recommendations during our next monitoring review.

Care Provider Children & Family Services
CAREPROVIDER.ORG
Human & Social Service Resource Center

Group Homes • Consultation • Staff Training & Professional Development
281 E. Workman Ave., Suite 203, Covina CA 91723

Corrective Action Plan for Fiscal Compliance Assessment for Careprovider.Org July 2014.

October 27, 2014

FCAT Section IV.-Cash/Expenditures

Question #22: 2 of 3 reimbursement checks to employees for facility expenditures did not reconcile to supporting documentation (invoices exceeded check amounts).

Immediately this issue was brought to the Executive Directors attention, she implemented the new patty cash method that Mr. Jimenez advised us to implement. Careprovider will write petty cash checks out to facility managers/ employees for specific receipts that said employees turn into the corporate office. Therefore the check amount will always match the total amount of receipts for petty cash. Employees will be given a copy of the check stub which will accompany the check, which will be the only money given. Furthermore, employees making purchases for the company will provide a receipt that exactly matches the amount of the original check written for the expenditure. The Executive Director, who writes the petty cash checks, will ensure that this process is maintained.

Question # 26: 1 of 9 credit card samples reviewed was missing invoice support.

The missing credit card receipt was given to a staff member for the pickup of a dining table set and the receipt was never returned. Effective immediately only copies of original receipts will be given to staff and all original receipts will be maintained in the corporate office. To ensure that all receipts are accounted for, every month, the office admin will tally all receipts to bank statements.

Chika Emeka – Dillibe

10/27/14
Date

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Corrective Action Plan for Group Home Monitoring Review July 2014

October 25, 2014

Section I. Licensure/ Contract Requirement

#4. Are all Special Incident Reports (SIRs) appropriately documented and cross reported timely?

Effective immediately, all reportable SIRs will be entered into the Itrack system by the Group Home Administrator, no later than the next business day. Careprovider will print and file each SIR Itrack incident in the residents file and thus our files will contain proof of submission for each incident.

#9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?

The group home was cited on 9/4/14 and a letter of deficiency citations clearance (80087 (a)) was given. The said citations have been corrected and attached is CCL's 'letter of deficiency citations cleared', CCL gives the official clearance date of 10/8/14. This document was also emailed to [redacted] immediately it was received from CCL.

Section II. Facility and Environment

#10. Are the exterior of the grounds of the group home well maintained? (SAFETY)

In order to maintain the community standards of cleanliness, all equipment will be thoroughly inspected twice a month by our maintenance man and immediate attention will be given to damaged property. Each facility has a maintenance request log book and it will be updated each time any hardware needs maintenance and each time the issue has been fixed. The maintenance man and facility manager will review this maintenance request log on a daily basis. Attached to this C.A.P. is a document from licensing verifying that all items in #10 have been fixed and are now at licensing standard.

#11. Are common quarters well maintained? (Clean/sanitary; neat; comfortable; adequate furniture and lighting; home-like environment, no safety hazards) (SAFETY)

The same procedure stated in Section II #10 for external facility grounds shall also be used for internal items inside the group home. Attached to this C.A.P. is a document from licensing verifying that all items in #11 have been fixed and are now at licensing standard.

#12. Are children's bedrooms 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)

Attached to this C.A.P. is a document from licensing (80087 (c)). CCL cleared the deficiency on 9/25/14. There is an attached 'letter of deficiency citations cleared' that reflects this information with an official clearance date of 10/8/14.

Section III. Maintenance of Required Documentation and Service Delivery

#16. Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan? (WELL-BEING)

In the case illustrated in this Group Home Monitoring Review Field Exit Summary, There were a minimum of two documented attempts to reach and secure requisite documentation for NSP's and treatment plans. There was a third attempt made in person at the Glendora DCFS office. To alleviate any chance of this occurring again, Careprovider Children and Family Services will always demonstrate in writing that there have been three attempts made to involve the DCFS county social worker to assure Department of Children and Family Services has a case manager's signature on every NSP. This will be accomplished by the Group Home Administrator.

Section IV. Education and Workforce Readiness

No Deficiencies

Section V. Health and Medical Needs

No Deficiencies

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Section VI. Psychotropic Medication

No Deficiencies

Section VII. Personal Rights and Social/Emotional Well-Being

No Deficiencies

Section VIII. Personal Needs/Survival and Economic Well-Being

No Deficiencies

Section IX. Discharged Children

No Deficiencies

Section X. Personnel Records

#62. Have employees received timely health screenings/TB clearance? (SAFETY)

Changes were put into place immediately for Health Screen/TB test compliance:

In order to ensure that employees do not exceed requisite time frames for turning in health screening and TB clearance, no employee will be placed on shift at Careprovider without written evidence that their health screening and TB test were completed before they began their employment. Although the county will allow an employee to work up to seven days before their paperwork is turned in, The Group Home Administrator at Careprovider will not allow any staff member to work shifts without proof that the health screenings/ TB test are completed before or on the same day they begin to work shifts.

Chika Emeka - Dillibe

10/29/14

Date