County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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December 28, 2015

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

From: Philip L. Browning
Director

Drafted on PLB

SAND HILL GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contract Administration Division (CAD) conducted a fiscal compliance assessment and a contract compliance review of Sand Hill Group Home (the Group Home) in September 2014. The Group Home has one site located in the Second Supervisorial District that provides services to DCFS placed children and Probation placed youth. According to the Group Home's program statement, its purpose is "to provide services to court dependent seriously emotionally disturbed and chronic runaway children."

The Group Home has a 6-bed site and is licensed to serve a capacity of 6 male children, ages 13 through 18. At the time of the review, the Group Home served 5 DCFS placed children. The placed children's overall average length of placement was 5 months and their average age was 14.

SUMMARY

CAD conducted a fiscal compliance assessment, which included an on-site 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 1 of 5 areas of the fiscal compliance assessment: Loans, Advances and Investments.

CAD identified deficiencies in the following areas: Financial Overview, related to an operational loss and written loan agreements that were not maintained; Board of Directors and Business Influence, related to the Board meeting minutes not being certified by the Board secretary;

Cash/Expenditures, related to checks that were made payable to the authorized check signer, inadequately supported check and credit card expenditures, independent contractor written agreement not maintained and not maintaining a fixed asset inventory; and Payroll and Personnel, related to personnel files not including the employee's rate of pay.

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 respect and dignity.

The Group home was in full compliance with 8 of 10 areas of our contract compliance review: Licensure/Contract Requirements, Facility and Environment, Educational and Workforce Readiness, Health and Medical Needs, Psychotropic Medication, Personal Rights and Social/Emotional Well-Being, Personal Needs/Survival and Economic Well-Being, and Discharged Children.

CAD noted deficiencies in the areas of: Maintenance of Required Documentation and Service Delivery, related to the Group Home not obtaining DCFS Children's Social Worker's signature to authorize implementation of the Needs and Service Plans (NSPs), NSPs not discussed with staff and NSPs not developed with child's participation; and Personnel Records, related to not having verification on file that one employee completed the mandated initial training.

CAD was informed that the Sybil Brand Commission visited the Group Home and reported at its December 17, 2014 meeting subsequent findings related to the facility at the Group Home. CAD conducted a follow-up on site visit on January 15, 2015 and a Corrective Action Plan (CAP) addendum meeting was held with the Group Home, Out-of-Home Care Management Division (OHCMD) and Community Care Licensing (CCL) on February 5, 2015. A CAP addendum was requested and received and CAD completed a follow-up site visit to the Group Home in March and April 2015 to ensure implementation of the items identified by the Sybil Brand Commission.

Attached are the details of our review.

REVIEW OF REPORT

On September 26, 2014, Pamela Carolina, DCFS CAD monitor, held an Exit Conference with staff from Sand Hill Group Home: Gene Brown, Executive Director and Aubrey Manuel, Administrator. DCFS staff included Luis Moreno, CAD Fiscal, and Greta Walters, OHCMD. The Group Home representatives were in agreement with the review findings and recommendations, were receptive to implementing systematic changes to improve their compliance with regulatory standards and agreed to address the noted deficiencies in CAPs.

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

The Group Home provided the attached approved fiscal and contract compliance CAPs addressing the recommendations noted in this report.

On October 28, 2014, OHCMD provided technical assistance to the Group Home to assist the Group Home with implementing the recommendations noted in this report. CAD conducted follow-up visits to the Group Home in January 2015 and determined that the CAPs had been implemented.

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

PLB:EM
LTI:pc

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
Gene Brown, Executive Director, Sand Hill Group Home
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

SAND HILL GROUP HOME
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 - 2015

SCOPE OF REVIEW

The fiscal compliance assessment included review of the Sand Hill Group Home's (The Group Home's) financial records for the period of January 1, 2013 through June 30, 2014. Contracts Administration Division (CAD) reviewed the 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 1 of 5 areas of the fiscal compliance assessment: Loans, Advances and Investments.

FISCAL COMPLIANCE

CAD found the following areas out of compliance:

Financial Overview

- The Audited Financial Statement and Single Audit Report for the fiscal year ending December 31, 2013 had an operational loss of $2,707.

- There was no written agreement for a loan that was made from the Executive Director to the Group Home in the amount of $97,642.

The Group Home representatives stated this was related to the startup funds and is over 20 years old.

Recommendations

The Group Home's management shall ensure that:

1. A plan is developed and implemented to eliminate the loss from operations and demonstrate that the Group Home program can operate without incurring a loss in the future.

2. There is appropriate documentation for all loans; including the authorization by the Board of Directors, written loan agreements that include the reason for the loans, signatures of all

parties and financial records documenting the loan proceeds were deposited into an Agency bank account(s), with supporting documentation on the actual expenditures, the plan for repayment of the loans and the plan to prevent the need for future loans.

Board of Directors and Business Influence

- The Board meeting minutes dated January 11, 2014, April 19, 2014 and July 12, 2014 were not certified by the Board Secretary.

Recommendation

The Group Home's Board of Directors shall ensure that:

3. Board meeting minutes are certified by the Board Secretary.

Cash/Expenditures

- Checks were payable to the authorized check signer without a secondary signature.

The Executive Director and the Facility Manager signed disbursement checks (e.g., payroll, rent, reimbursements) payable to themselves.

- Inadequately supported expenditure disbursements.

Three non-payroll checks (in the amounts of $700, $500, and $500) were paid to the facility manager for group activities and petty cash. The supporting documents were not complete and/or accurate. Documentation was not provided for one of the credit card payments reviewed for $189.66 paid to 3-Day Suit Broker.

- Written agreements with independent contracts were not maintained.

One of three written agreements for accounting and audit services were not maintained.

- The Group Home does not have a Fixed Asset List.

This list should include the item description, serial number, date of purchase, acquisition cost and funding source.

Recommendations

The Group Home's Management shall ensure that:

4. Checks payable to the authorized check signer are reviewed and approved by a second signer or a Board member who shall also sign the check.

5. Sufficient supporting documents are maintained for all expenditures.

6. Agreements are maintained for all independent contractors.

7. It develops and maintains a fixed asset inventory that includes: item description, serial number, date of purchase, acquisition cost and funding source.

Payroll and Personnel

- Personnel files did not included the employee's rate of pay.

Recommendation

The Group Home Management shall ensure that:

8. All personnel files include the employee's rate of pay.

CAD Fiscal will follow-up with the Group Home at 90 day intervals to confirm implementation of the Fiscal Corrective Action Plan (FCAP) by December 31, 2015.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A recent 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.

SAND HILL GROUP HOME, INC.
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

License Number: 191801773
Rate Classification Level: 8

	CONTRACT COMPLIANCE MONITORING REVIEW	FINDINGS: SEPTEMBER 2014
I.	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Provided Children's Transportation Needs 3. Vehicle Maintained in Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained. 8. Detailed Sign-In/Sign-Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (All)
II.	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Food	Full Compliance (All)
III.	**Maintenance of Required Documentation/Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Children's Social Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. County Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive Updated NSPs with Child's Participation.	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance

	CONTRACT COMPLIANCE MONITORING REVIEW	FINDINGS: SEPTEMBER 2014
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 and/ 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)

	CONTRACT COMPLIANCE MONITORING REVIEW	FINDINGS: SEPTEMBER 2014
	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 Allowance 6. Management of Allowance/Earnings 7. Encouragement /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 Requirements 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's Licenses 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Needs Improvement

SAND HILL GROUP HOME, INC.
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 September 2014 review. The purpose of this review was to assess Sand Hill Group Home Inc.'s (the Group Home's) compliance with the County contract and State regulations, and included a review of the Group Home's program statement, as well as administrative internal 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 Medications,
- 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. 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, two of four sampled children were prescribed psychotropic medication. The case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed three staff files for compliance with Title 22 Regulations and County contract requirements and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker's (CSWs) authorization to implement Needs and Services Plans (NSPs) was not obtained.

There was no documentation of the Group Home's efforts to obtain the approval and signatures of County CSWs. NSP #1 was due on August 21, 2014 and was emailed to the CSW on September 9, 2014 and NSP #2 was due on September 6, 2014 and was emailed to the CSW on September 13, 2014.

- NSPs were not implemented and discussed with staff.

NSP #3, due on September 6, 2014, was not signed by the Group Home staff. There was no documentation to indicate that the NSP was reviewed or discussed with the Group Home staff. The only signature was for the Department of Children and Family Services (DCFS) CSW.

- One child did not participate in the development of his NSP.

For NSP #3, the only signature was of the DCFS CSW. There was no documentation that the child's participation was included in the development of his NSP.

During the Exit Conference, the Group Home representatives stated they would document the Group Home's efforts to obtain the County CSW signatures authorizing the implementation of NSPs in the case file and ensure that the appropriate Group Home staff is involved in the discussion and the implementation of the NSP. The Group Home representatives stated they would ensure their staff review and sign the NSPs. The Group Home will ensure all age appropriate children actively participate in the discussion and decisions regarding their progress in the program and in the development and updating of their NSPs. On January 15, 2015, CAD conducted a follow-up visit to the Group Home and confirmed that the recommendations were implemented.

Recommendations:

The Group Home's management shall ensure that:

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

2. All NSPs are implemented and discussed with staff.

3. All NSPs include the child's participation.

Personnel Records

- All required training was not completed.

One staff member's personnel file did not include verification of completion of required initial training.

During the Exit Conference, the Group Home representatives agreed to properly document and maintain all training received by staff in their personnel file. The personnel files will be reviewed semi-annually by a Group Home designee. A follow-up visit was made by CAD in April 2015 and it was verified that the Group Home completed its semi-annual review of the personnel files and all the required training was completed.

Recommendation:

The Group Home's management shall ensure that:

4. All staff members receive all required training.

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

The OHCMD's last compliance report dated May 14, 2014 identified three recommendations.

Results:

Based on our follow-up, the Group Home implemented two of three recommendations for which they were to ensure that:

- The exterior of the home is maintained and free from potential safety hazards.
- Children are placed in accordance with population criteria.

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

- Staff will receive training to ensure comprehensive updated NSPs are developed in accordance with the NSP template and include contact between the Group Home and the DCFS CSWs.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 regulations and contract requirements. At the CAP addendum meeting in February 2015, the Group Home Program Administrator implemented a new protocol where he will review each employee's personnel file at six month intervals to ensure all staff complete all the required training and ensure documentation of the training is in the personnel file.

A follow-up visit was conducted on January 15, 2015 by CAD and the Group Home had implemented 3 of 4 recommendations. It was verified that the County CSWs' signature authorizing implementation of the NSPs were being obtained. All NSPs are being implemented and discussed with the Group Home staff and all initial NSPs are being developed timely are comprehensive and include the child's participation. CAD confirmed in April 2015, that the Group Home began its semi-annual review of its personnel files to ensure all required training is completed. CAD will continue to assess implementation of the recommendations during our next review. OHCMD will provide ongoing technical assistance prior to the next review.

Sand Hill Group Home, Inc.

April 10, 2015

Pam Carolina, CSA I
Luis Moreno, Fiscal Compliance Administrator
County of Los Angeles
Department of Children and Family Services
Compliance Administration Division
3530 Wilshire Boulevard 5th Floor
Los Angeles, CA 90010

RE: FCAP Addendum Request

As per your request on April 10, 2015, the following response is being submitted for your review:

Question No. 9
The written agreement between the Executive Director and the Agency regarding startup funds cannot be located. Efforts will continue to locate this 20 year old document.

The agency will continue to work with the board on how to discharge the loan from the agency's books; which may include a board resolution and/or legal remedies. This issue is expected to be resolved by the end of the 2015 year. Any future loans to Sand Hill Group Home, Inc. shall be brought before the Board of Directors and documented on the proper forms and signed by the agency and a board member and recorded in the board meeting minutes. Gene Brown, immediately.

Question No. 17
Checks payable to Gene Brown or Wanda Brown will be reviewed and approved by the Treasurer of the Board of Directors, for Sand Hill Group Home, Inc. Gene and Wanda Brown, immediately.

Question No. 27
The Agency will maintain agreements for all independent contractors. Gene Brown

We have addressed the findings and have implemented changes. If you need any further information or have questions, please contact me at (323) 777-5588.

Sincerely,

Aubrey Manuel
Administrator

Cc: Gene Brown, Executive Director
Sand Hill Group Home Inc. Board of Directors

12108 S. Normandie Ave. Los Angeles, CA 90044
(323) 777-5588 • (323) 777-7821 Fax

Sand Hill Group Home, Inc.

December 17, 2014

Luis Moreno, Fiscal Compliance Administrator
County of Los Angeles
Department of Children and Family Services
Compliance Administration Division
3530 Wilshire Boulevard 5th Floor
Los Angeles, CA 90010

RE: Exit Summary Requested Additional Information **(Revised)**

As per our phone conversation on December 1, 2014, the attached documentation is being submitted for your review:

Question No. 3
A quarterly review of the profit & Loss Statement for Sand Hill Group Home, Inc. will be performed. This process will check for accuracy and will allow time to make any corrections to expense spending. This action will ensure that there is no a fiscal year-end loss. Gene Brown, beginning December 31, 2014

Question No. 9
The written agreement between the Executive Director and the Agency regarding startup funds, cannot be located. Efforts will continue to locate this 20 year old document. Any future loans to Sand Hill Group Home, Inc. shall be brought before the Board of Directors and documented in the board meeting minutes. Gene Brown, immediately

Question No. 13
The Board Secretary was instructed to ensure that the minutes of any board meeting must be signed, by her. The Executive director will ensure that he receives a **signed copy** of the minutes after each meeting. Gene brown, October 1, 2014

Question No. 17
Checks payable to Gene Brown or Wanda Brown will require two signatures. Gene and Wanda Brown, February 1, 2015

Question No. 22
All non-payroll checks written will have receipts or documentation supporting the expense, attached to an Expense Reimbursement Report or Resident Disbursement Log. Aubrey Manuel and Gene Brown, October 1, 2014. **Sample**

Jan 20 15 02:17p CSCPA/LACRFCC/TDP (323)846-0006 p.2
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Question No. 26
All credit card expenses will have receipts or documentation supporting the expense, attached to an Expense Reimbursement Report or Resident Disbursement Log. Gene Brown, October 1. **Copy attached.**

Question No. 27
Agency will maintain current copies of contracts for I.B.S. and Narayan and Associates. Updated copies of the contracts will be obtained. Gene Brown, October 25, 2014. **Copy of .IB.S contract.**

Question No. 28
A list of the fixed assets will be maintained on file at the agency, noting pertinent information. Ie: purchase date, cost, serial number and source of funding. Gene brown, October 25, 2014
Sample attached

Question No. 29
A rate of pay notice has been placed in each employee file. Aubrey Manuel, October 25, 2014.
Sample attached

We have addressed the findings and have implemented changes. If you need any further information or have questions, please contact me at (323) 777-5588.

Sincerely,

Aubrey Manuel
Administrator

Cc: Gene Brown, Executive Director

12108 S. Normandie Ave. Los Angeles, CA 90044
(323) 777-5588 • (323) 777-7821 Fax

Jan 20 15 02:17p CSCPA/LACRFCC/TDP (323)846-0006 p.1
RECEIVED 01/20/2015 03:05

September 9, 2015
Addendum

Sherry L. Rolls, Contract Compliance Administrator
County of Los Angeles
Department of Children and Family Services
Compliance Administration Division
3530 Wilshire Boulevard 5th Floor
Los Angeles, CA 90010

RE: Exit Summary Contract Corrective Action Plan

The following will address the findings, and will establish a corrective action plan:

Questions No. 16, 17, & 23
All NSP's will be done in a timely manner. A NSP tracking form has been developed and shall be review on a monthly basis, to ensure each NSP is current. All NSP's will be checked for completeness. This task will be performed by Aubrey Manuel, immediately.

Question No. 65
Employee files will be reviewed semiannually to ensure that all required documentation is current and in the file. Employee's file was reviewed and the missing documentation was place in the file, by Aubrey Manuel, immediately.

Sincerely,

Aubrey Manuel, Administrator
Sand Hill Group Home
12108 S. Normandie Avenue
Los Angeles, CA 90044
(323) 777-5588
sandhillinc@sbcglobal.net

Sand Hill Group Home, Inc.

October 16, 2014

Sherry L. Rolls, Contract Compliance Administrator
County of Los Angeles
Department of Children and Family Services
Compliance Administration Division
3530 Wilshire Boulevard 5th Floor
Los Angeles, CA 90010

RE: Exit Summary Contract Corrective Action Plan

The following will address the findings, and will establish a corrective action plan:

Question No. 23
All NSP's will be done in a timely manner. A NSP tracking form has been developed and shall be reviewed on a monthly basis, to ensure each NSP is current. All NSP's will be checked for completeness. This task will be performed by Aubrey Manuel, immediately.

Question No. 65
Employees files will be reviewed semi annually to ensure that all required documentation is current and in the file. Employee's file was reviewed and the missing documentation was placed in the file, by Aubrey Manuel, immediately.

Sincerely,

Aubrey Manuel
Administrator

Cc: Gene Brown, Executive Director

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(323) 777-5588 • (323) 777-7821 Fax