PHILIP L. BROWNING
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 10, 2016

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

From: Philip L. Browning
Director

ROSEMARY CHILDREN'S SERVICES GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review and Fiscal Assessment Review of Rosemary Children's Services Group Home (the Group Home) in August 2014. The Group Home has five sites located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation placed youth. According to the Group Home's program statement, its stated purpose is "to provide a safe setting where residents can gain skills that will enable them to cope effectively with their problems and successfully function within mainstream community life whether they return home or emancipate."

The Group Home has a 19-bed residential site and four 6-bed sites and is licensed to serve a capacity of 43 girls ages 13 through 18. At the time of review, the Group Home served 31 placed DCFS children and four placed Probation youth. The placed children's overall average length of placement was seven months, and their average age was 16.

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 4 of 5 areas of the Fiscal Assessment: Financial Overview; Loans, Advances and Investments; Cash/Expenditures; and Payroll and Personnel.

CAD noted a deficiency in the following area: Board of Directors and Business Influence, related to the Board of Directors' meeting minutes not being certified by the Board Secretary.

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

The Group Home was in full compliance with 5 of 10 areas of our Contract Compliance Review: Health and Medical Needs, Personal Rights and Social/Emotional Well-Being, Personal Needs/Survival and Economic Well-Being, Discharged Children, and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Community Care Licensing (CCL) citations; Facility and Environment, related to children's bedrooms not being well maintained and expired foods; Maintenance of Required Documentation and Service Delivery, related to a lack of assistance with maintaining a child's important relationships; Education and Workforce Readiness, related to a lack of documentation of efforts to ensure a child attended school or made academic progress; and Psychotropic Medication, related to not obtaining current Court authorization for the administration of medication.

Attached are the details of our review.

REVIEW OF REPORT

On October 15, 2014 DCFS CAD staff Maria Rosas, and Molly Sun, and DCFS Out-of-Home Care Management Division (OHCMD) staff Kirk Barrows, held an Exit Conference with the Group Home's representatives: Greg Wessels, Executive Director; Tracy Alvarez, Quality Assurance/Residential Director; Lorena Jauregui, Human Resources Director; and Leslie Evangelista, Finance Director. The Group Home representatives agreed 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 Fiscal Corrective Action Plan (FCAP) and monitoring Corrective Action Plan (CAP).

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

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

OHCMD provided the Group Home with technical assistance on October 24, 2014, to assist the Group Home with implementing the recommendations noted in this report. CAD conducted a follow-up visit to the Group Home on March 17, 2015, and verified 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:mr

Attachments

c: Sachi Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Public Information Office
Audit Committee
Sybil Brand Commission
Jana Trew, Regional Director, Rosemary Children's Services
Lajuannah Hills, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

ROSEMARY CHILDREN'S SERVICES
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included a review of Rosemary Children's Services' (the Group Home's) financial records for the period of July 1, 2012 through June 30, 2014. Contracts Administration Division 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, Foster Family Agency, and Intensive Treatment Foster Care Foster Family Agency contracts, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The agency-wide Fiscal Compliance Assessment 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; Cash/Expenditures; and Payroll and Personnel.

FISCAL COMPLIANCE

CAD found the following area out of compliance:

Board of Directors and Business Influence

- The Board meeting minutes were not certified by the Board Secretary.

Recommendation:

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

1. The Board meeting minutes are certified by the Board Secretary.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

NEXT FISCAL ASSESSMENT

The next Fiscal Assessment of Rosemary Children's Services will be conducted in County Fiscal Year 2015-2016.

ROSEMARY CHILDREN'S SERVICE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

License #1911200578
Rate Classification Level: 12

License #198203635
Rate Classification Level: 12

License #191201129
Rate Classification Level: 12

License # 191200579
Rate Classification Level: 12

License #191500577
Rate Classification Level: 12

	Contract Compliance Monitoring 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. Vehicles Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. 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. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	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. Improvement Needed

III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. 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. Improvement Needed
	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. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements)	
	1. Children Enrolled in School Within Three School Days	1. Full Compliance
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Improvement Needed
	3. Current Report Cards/Progress Reports Maintained	3. Full Compliance
	4. Children's Academic Performance or Attendance Increased	4. Improvement Needed
	5. Group Home Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	5. Full Compliance
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (All)

VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	1. Improvement Needed 2. Full Compliance
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 (Group Home, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (Group Home, School, Community)	Full Compliance (All)
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 the Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (All)

IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

ROSEMARY CHILDREN'S SERVICES 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 August 2014 review. The purpose of this review was to assess Rosemary Children's Services Group Home'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 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, one Probation youth and six County of Los Angeles 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 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, six children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed five Group Home personnel files for compliance with Title 22 regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance.

Licensure/Contract Requirements

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

CCL cited the Group Home's Romberger house as a result of deficiencies and findings. According to the report dated December 9, 2013, CCL substantiated a complaint received on August 20, 2013, for a personal rights violation due to the children not being permitted to call their parents. The Group Home staff punished all the children by taking away their cell phone and television privileges because one child did not turn in the cell phone when requested. After the children complained, they were

permitted to make telephone calls and were allowed to watch television. CCL determined the Group Home did not follow its discipline policy, which is included in their Plan of Operation and that it violated the children's rights by not allowing them to make telephone calls and in taking away their television privileges. CCL requested a Plan of Correction (POC) that required the Group Home to retrain its child care staff on the topics of personal rights and the Group Home's discipline policy. CCL cleared the POC on December 27, 2013.

CCL cited the Group Home's Bonnie house as a result of deficiencies and findings. According to the report dated February 21, 2014, CCL substantiated a complaint received on November 8, 2013, for a personal rights violation. CCL cleared the POC on March 18, 2014. The POC required that the Group Home provide children with the grievance policy upon placement and the ability to use this form to submit complaints about the Group Home's staff. It also included the separation of clients into different Group Home sites while the investigations were being conducted, and the Group Home staff had to implement a safety plan that ensures the children's paths do not cross. This referral was investigated by a DCFS Emergency Response Children's Social Worker (ER CSW) and the allegation of General Neglect was unfounded. The referral was not reported to the Out-of-Home-Care Investigations Section (OHCIS).

CCL cited the Group Home's Green house site as a result of deficiencies and findings. According to the report dated April 8, 2014, CCL substantiated a complaint received on November 18, 2013 for Neglect/Lack of Supervision, for two children that engaged in a verbal dispute that required the Group Home staff to intervene. The incident escalated and one child assaulted the other. It was determined that the child's personal rights were violated and due to the seriousness of the injury, a penalty of $150 per day was assessed. The investigation found the staff did not operate according to the Group Home's Plan of Operation, when they did not immediately call the police after being unable to deescalate the situation and that the child's personal rights were violated. CCL cleared the POC on May 28, 2014, which included payment of the assessed penalty and the Group Home had to retrain its child care staff on emergency procedures and de-escalation interventions. Although a referral was not generated, the assigned CSWs for the children were notified of the incident.

CCL cited the Group Home's Romberger house as a result of deficiencies and findings during the annual inspection on May 1, 2014, related to cleaning solutions not being secured and trash cans being uncovered. CCL cleared the POC on May 8, 2014.

CCL cited the Group Home's Romberger house as a result of deficiencies and findings. According to the report dated May 9, 2014, a complaint was received on November 27, 2013, alleging Neglect/Lack of Supervision, due to a child becoming assaultive towards the Group Home's staff when they attempted to search her backpack for contraband. The child was temporarily restrained before fleeing and threatening to harm herself. The Group Home staff followed the child until she returned to the Group Home. The child was allowed to go upstairs alone, and when staff went to check on her, she was on the roof threatening to jump. This child had a history of 11 recent runaway incidents in the prior seven week period, and there was no documentation of an effective safety plan in place to address this issue. This referral was investigated by a DCFS ER CSW and the allegation of General Neglect was unfounded. CCL cleared the Group Home's POC on May 28, 2014, which required that an alarm be installed on all facility windows and that the Group Home implement new runaway procedures.

CCL cited the Group Home's Bonnie house, as a result of deficiencies and findings during the annual

inspection on May 19, 2014, related to a cleaning solution left unsecured, trash cans left open, a door to the basement not being locked, and the water tank handle was broken. CCL cleared the POC on May 27, 2014.

CCL cited the Group Home's 500 house as a result of deficiencies and findings during the annual inspection on May 19, 2014, related to having dirty bathrooms, toilets and floors and broken furniture. The trash cans were uncovered and a fireplace was without a screen. CCL cleared the POC on May 27, 2014.

CCL cited the Group Home's 500 house for deficiencies and findings during a follow-up visit on June 2, 2014. The re-inspection found exposed trash, a clogged toilet and dirty floors, tubs, toilets, and sinks. The Group Home was cited for the same violation a second time within a month resulting in a penalty being assessed in the amount of $150. CCL cleared the POC on June 30, 2014.

CCL cited the Group Home's Cottage house for deficiencies and findings during an annual inspection on June 10, 2014, related to dirty carpets, stairs, and floors, a broken dresser and window blinds. CCL cleared the POC on July 2, 2014.

CCL cited the Group Home's Cottage house for deficiencies and findings. According to the report dated June 19, 2014, a complaint was received on June 9, 2014, alleging inadequate care and supervision due to a child climbing into another child's bed and kissing her. The investigation findings determined that there was inadequate night time supervision. CCL cleared the POC on June 20, 2014, which required an appropriate plan of care and supervision to ensure the needs of the children would be met. On August 6, 2014, the DCFS ER CSW investigation determined that the allegations of Sexual Abuse and General Neglect were inconclusive and unfounded, respectively. On October 28, 2014, OHCIS determined that no further action was necessary.

The number and type of CCL citations were discussed with the Group Home. The Group Home came under new management on August 25, 2014, and a new Regional Manager became responsible for the Group Home's operation in mid-September 2014.

Recommendation:

The Group Home's management shall ensure that:

1. The Group Home is in compliance with all Title 22 regulations and free of CCL citations.

Facility and Environment

- Children's bedrooms were not well maintained.

A bedroom had closet doors that were covered in graffiti. The children indicated that the graffiti had been there since they moved into the room.

CAD brought these concerns immediately to the attention of the Group Home representative during the review, and maintenance staff was quickly called to make all necessary repairs as they were pointed out, except for the closet doors. A follow-up visit was made to the Group Home on November 15, 2014, and the closet doors had been repainted.

- Expired bread and undated canned foods were located in the cafeteria and rotten vegetables were located in the refrigerator at one of the group homes.

The Group Home staff were asked to discard the expired items immediately.

Recommendations:

The Group Home's management shall ensure that:

2. Children's bedrooms are well maintained.

3. Provide adequate perishable and non-perishable foods.

Maintenance of Required Documentation and Service Delivery

- Children not assisted in maintaining important relationships.

Two teen children without any important adult relationships were not assisted in identifying a caring adult or mentor to assist with their transition into independent living. When interviewed, the children expressed interest in having a mentor.

- Development of timely updated Needs and Services Plans (NSPs) was not completed.

One updated NSP reviewed was completed thirty days late.

Recommendations:

The Group Home's management shall ensure that:

4. All children are assisted in maintaining important relationships.

5. Timely updated NSPs will be completed.

Education and Workforce Readiness

- The Group Home did not ensure children attended school and facilitated in meeting their educational goals.

One child consistently did not attend classes and there was no documentation that the Group Home made efforts to assist the child in meeting their educational goals.

- Children's academic performance or attendance did not increase.

The same child noted above did not make any progress academically.

At the Exit Conference, the Group Home representative provided background information on the difficulties with the child's school placement, including the child's desire to be placed in a non-public school and refusal to attend the public school. The Group Home developed a new protocol for

handling these difficult cases. The plan also includes implementation of a monetary incentive for children to attend school.

Recommendations:

The Group Home's management shall ensure that:

6. All children attend school regularly and are assisted in meeting their educational goals.

7. All children's academic performance increases.

Psychotropic Medications

- Current court-approved authorization for the administration of psychotropic medication was not maintained.

The Group Home's prescribing doctor was unaware that a psychotropic medication authorization was required, as the medication was prescribed for a different use. CAD immediately brought this to the attention of the Group Home's Program Administrator and this was escalated to the new Regional Manager. Referrals were made to CCL, the Child Protection Hotline, DCFS Bureau of Clinical Resources and the Department of Mental Health for review. Shortly after, the Group Home terminated its contract with the prescribing psychiatrist, and the Department of Mental Health (DMH) informed DCFS it would follow-up with the Group Home to ensure behavioral health providers only prescribe medication for behavioral health needs. The Group Home completed a medication review on all children and adjustments were made to several of the children's prescribed medications.

In addition, the Group Home worked collaboratively with CAD, DCFS' Public Health Nurse Manager, DMH, Out-of-Home Care Management Division (OHCMD), and CCL to develop the extensive Corrective Action Plan (CAP), which included new protocols, policies and procedures. The new protocols, policies, and procedures are now implemented. They provide for checks and balances in the administration of all medications, effective monitoring of children receiving psychotropic and other medication services, additional verification by medical staff and that a psychiatric medication authorization is obtained prior to administering psychotropic medications.

Recommendation:

The Group Home's management shall ensure that:

8. Current court-approved authorizations for the administration of psychotropic medication are maintained.

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

The OHCMD's last compliance report dated April 24, 2014, identified six recommendations.

Results

Based on CAD's follow-up, the Group Home fully implemented 5 of 6 recommendations for which they were to ensure that:

- Electrical outlets are suitable and maintained in order to prevent potential safety hazards.
- All children feel safe at all times in the Group Home.
- All children are treated with respect and dignity by the staff at all times.
- Discipline and consequences are fair and equally administered by staff.
- The outstanding recommendations for the July 25, 2013, report from the prior fiscal year monitoring review, which are noted in this report as recommendations 2, 3, and 7, are fully implemented.

Based on CAD's follow-up, the Group Home did not implement one previous recommendation for which they were to ensure that:

- The Group Home is in compliance with Title 22 regulations and free of CCL citations.

Recommendation

9. The outstanding recommendation from the 2012-2013 monitoring report dated April 24, 2014, which is noted in this report as recommendation 1 is fully implemented.

At the Exit Conference on October 15, 2014, the Group Home representatives expressed their desire to remain in compliance with all Title 22 regulations and contract requirements.

OHCMD provided the Group Home with technical assistance on October 24, 2014, to assist the Group Home with implementing the recommendations noted in this report.

A follow-up visit by CAD was conducted on March 17, 2015, and the Group Home was in full compliance with the CAP. CAD will make periodic follow-up visits during the remainder of the fiscal year to ensure that the Group Home remains in compliance with the CAP. CAD will continue to assess for implementation of recommendations during the next monitoring review.

Rosemary Children's Services
CARING FOR THE CHILD
TEACHING THE TEEN
FOSTERING THE FAMILY

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ACCREDITED BY:
California Alliance of Child and Family Services
Council on Accreditation

MEMBER OF:
Association of Community Human Service Agencies
California Association of Private Specialized Education and Services
Child Welfare League of America
Foster Family-Based Treatment Association
Learning Disabilities Association
United Way

www.rosemarychildren.org

October 21, 2014

Molly Sun
Department of Children and Family Services
Sent via email at msun@dcfs.lacounty.gov

RE: FCAT Section III
Finding: Question 13
-The Board meeting minutes were not certified by the Board Secretary.

Plan of Corrective Action
The following changes will occur to ensure the compliance with California Corporation Code 5215;

Currently, the Board of Directors accept the previous meeting's minutes verbally. In the future, the previous meeting's minutes will be certified by the Secretary.

If you have any questions, please contact me at 626-844-3033 x222 or Leslie Evangelista at 626-844-3033 x204.

Thank you,

Ariel Tolefree-Williams
Development Associate

Leslie Evangelista
Director of Finance

Rosemary Children's Services
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FOSTERING THE FAMILY

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ACCREDITED BY:
California Alliance of Child and Family Services

MEMBER OF:
Association of Community Human Service Agencies
California Association of Private Specialized Education and Services
Child Welfare League of America
Foster Family-Based Treatment Association
Learning Disabilities Association
United Way

www.rosemarychildren.org

December 10, 2014

Department of Children and Family Services
9320 Telstar Ave, Ste 216
El Monte, CA 91731
Attn: Maria Rosas

Re: 2014 Group Home Compliance Report Corrective Action Plan

I. Licensure/Contract Requirements

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

RCS staff were trained on completing comprehensive special incident reports on October 22, 2014. Attached you will find documentation verifying attendance and the procedures that were covered. The next training will take place in February 2015.

9) *Is the group home free of any substantiated CCL complaints on safety and physical plant deficiencies since the last review*?

The Residential Program Trainer will continue to facilitate in-service trainings to Residential Counselor's to ensure that staff are properly trained in Residents Rights, Runaway Behaviors and Current Trends, Motivational Interviewing, and Title XXII regulations.

II. Facility and Environment

12) Are children's bedroom well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window covering, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age appropriate decoration; and appropriate sleeping arrangements)

Maintenance followed-up on the graffiti on the inside and outside of the closet. When clients are discharged from RCS a walk through of their room will be conducted by staff and a maintenance request will be submitted for any property damage or vandalism. When clients are admitted to RCS, staff and the client will conduct a walk through of the room and document any maintenance needs.

In addition, staff are responsible for conducting weekly house and grounds checks. During these checks, if any deficiencies are noted, staff are responsible for completing a maintenance request to address and remedy the deficiency. Attached please find a copy of the house and grounds checklist.

14) Does the group home maintain adequate nutritious perishable foods and adhere to product "used or freeze by," "best by," "sell by," or expiration

dates? (A minimum of a two day supply of perishables and a one week supply of non-perishables)

The cans of food that were placed in the homes were provided by the state, therefore they did not have expiration dates on them. The food service company that is contracted through RCS has been instructed to label the canned food commodities with a 'received by' date.

In order to ensure that food is properly rotated and discarded, the Residential Supervisors will train staff on conducting food checks at each location. Furthermore, during the overnight shift on Sundays and Wednesdays, each Overnight Residential Counselor at the group homes will be responsible for replenishing the fruit supply, discarding expired perishable foods, and cleaning out the refrigerator. This newly implemented task will be added to the shift exchange form that is completed on a daily basis. This form will verify that the Residential Counselor completed the food check.

III. Maintenance of Required Documentation and Service Delivery

18) Are the sampled children progressing toward meeting the Needs and Services Plan case goals?

RCS will provide training to Therapists, Case Managers, members of the Education Department, and Counseling Team Supervisors to ensure that the Needs and Service Plans include achievable goals for each individualized client.

22) Does the agency assist the children in maintaining important relationships?

When a client does not have family involvement, the treatment team at RCS will discuss the case plan and assign a staff member to link the client to a mentor and/or a CASA worker to ensure that a permanent person is involved in their life.

24) Did the treatment team develop timely, comprehensive, updated Needs and Service Plan (NSP) with the participation of the developmentally age-appropriate child?

RCS staff will ensure that all initial and quarterly reports are signed by clients and staff within the allotted time period and the dates will be handwritten. Attached please find the agenda and sign-in sheet for the meeting in which the audit findings were discussed which include NSP expectations and timelines.

IV. Education and Workforce Readiness

26) Does the agency ensure the child attend school as required and facilitate in meeting the child's educational needs and goals (e.g. IEP conference,

tutoring, parent/teacher conference, homework, etc.), if applicable for children placed over 90 days?

Each morning, RCS staff work diligently to wake and prompt our client's to attend school. The Director of Education requested and obtained an IEP assessment for a client but a meeting could not be scheduled due to the client's foster mother not signing the assessment. Rosemary's then took the next step and requested an educational surrogate who would then have the right to sign all educational documents. This was in the process but unfortunately the client discharged prior to completion.

In future, similar cases, the Educational Director will request IEP's, SST in order to obtain additional services for the client. When RCS has a client who persistently refuses school, the CSW will be contacted to arrange a meeting to discuss the non-compliant behavior and to assist in developing interventions. Real time staff interventions that will continue to be utilized include:
-Residential Counselors continuously prompting the client to get ready for school
-Residential Counselors will continuously request that the client attend school that day and if the client resists, the Counseling Team Supervisor (CTS) is notified and meets with the client that morning
-If the client continues to refuse after the CTS has met with them, then the behavior is discussed in the behavior modification group (GCL).
-If refusing school becomes a pattern of behavior, the client's status will be affected, which in turn affects the privileges the client receives.

28) Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals)?

Each morning, RCS staff work diligently to wake and prompt our client's to attend school. In addition, the Director of Education requested a school transfer; however, Pasadena Unified School District denied the request. As a result of the denial, the client was unhappy with her educational placement. RCS will continue to advocate for appropriate educational settings.

To increase school attendance, RCS has implemented the $1.00 a day incentive. Please see attached protocol.

V. Health and Medical Needs

-No deficiencies

VI. Psychotropic Medication

34) Are there current court-approved authorizations for the administration of psychotropic medication or did the GH document effort to obtain?

[redacted] was transported to an Eating Disorder group once a week to address triggers, as well as being provided with coping tools to overcome her eating disorder.

Both the Psychiatrist and the Lead Program Nurse were disciplined for not following procedure and protocols pertaining to psychotropic medications.

According to Mental Health charts, Topamax was not prescribed as a psychotropic medication, rather an appetite suppressant; therefore a Psychotropic Medication Authorization (PMA) form was not submitted. During the interview between the DCFS auditor and the psychiatrist, it was stated that the Topamax was prescribed as a mood stabilizer which is a discrepancy between the psychiatrist's notes and what he stated in his interview.

To ensure that JV 220's are always sent when psychotropic medications are prescribed, the lead nurse will review the nursing notes and psychiatrist's notes after every psychiatry appointment. The lead nurse will verify that all pertinent JV 220's were sent to the court and will update the Medication Listing. Any discrepancies will be addressed with the nursing staff and psychiatrist immediately following the review of the notes.

For clients receiving medications for appetite suppression, the nursing staff will ensure that weight check ins are conducted on a monthly basis, at minimum.

VII. **Personal Rights and Social/Emotional Well-Being**
-No deficiencies

VIII. **Personal Needs/Survival and Economic Well-Being**
-No deficiencies

IX. **Discharge Children**
-No deficiencies

X. **Personnel Records**
-No deficiencies

The Residential Director will be responsible for ensuring the CAP is fully implemented. The Quality Improvement Department will also conduct random checks to ensure the group homes are in compliance with the CAP and all Title XXII regulations.

Tracy Alvarez 12/10/14

Tracy Alvarez
Residential Director

Date