County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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(213) 351-5602

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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

LIFECIRCLES UNLIMITED DBA LIFECIRCLES 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 Contract Compliance Review of LifeCircles Unlimited dba LifeCircles Group Home (the Group Home) in September 2014. The Group Home has one site located in the Fifth Supervisorial District and provides services to the County of Los Angeles DCFS placed children. According to the Group Home's program statement, its stated purpose is "to provide a stable, constant, nurturing and normal environment that is responsive to the individual resident's needs, to minimize the risk factors that may impede the resident's on-going development, to encourage the bonding process and to strengthen parent/child attachment. Finally, our purpose is to support the parents' efforts to reunite with their child by providing parent education, advocacy, and support."

The Group Home has a six-bed site and is licensed to serve a capacity of six children ages 12 through 17. At the time of review, the Group Home served six placed children. The placed children's overall average length of placement was two months and their average age was 13.

SUMMARY

CAD conducted a Fiscal Compliance Assessment, which included an agency-wide 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 areas of: Financial Overview, related to non-timely submittal of Semi-Annual Expenditure Reports; Board of Directors and Business Influence, related to non-certification of Board meeting minutes; Cash/Expenditures, related to inadequately supported expenditure, non-timely completion of bank reconciliation and lack of a fixed assets inventory list; and Payroll and Personnel, related to incomplete personnel files.

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 3 of 10 areas of our Contract Compliance Review: Educational and Workforce Readiness, Health and Medical Needs and Discharged Children.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to the vehicle used to transport the placed children not being well maintained, 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 one placed child's age not being consistent with the Group Home's Program Statement, and County Children's Social Worker's monthly contacts not being documented; Psychotropic Medication, related to not having a current court authorization for the administration of psychotropic medication; Personal Rights and Social/Emotional Well-Being, related to one child not being informed about his right to refuse medication; Personal Needs/Survival and Economic Well-Being, related to three children not having a lifebook or photo album; and Personnel Records, related to criminal background statements not being signed timely for two employees and one employee's health screening/tuberculosis clearance was not completed timely.

Attached are the details of our review.

REVIEW OF REPORT

On October 29, 2014, Leticia Foster, held an Exit Conference with the Group Home representatives: Mamie Nelson, Group Home Program Administrator and Loretta Cogan, Social Worker. DCFS staff included: Helga Kiaian CAD Fiscal, and Thomas Manning, Out-of-Home Care Management Division (OHCMD). The Group Home's 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 Fiscal Corrective Action Plan (FCAP) and monitoring Corrective Action Plan (CAP).

A copy of this compliance 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 compliance report.

CAD conducted a follow-up visit to the Group Home in March 2015 and verified that the CAP had been implemented.

It is important to note that the Group Home was placed on a "Hold" Status by DCFS OHCMD on October 30, 2015, due to two SIRs documenting the Group Home did not pick up children from home passes and from school timely. The two children involved ran away and were placed at risk.

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

PLB:EM:LTI:lf

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Dewayne Winrow, Ph.D. Executive Director, LifeCircles Unlimited
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

LIFECIRCLES UNLIMITED DBA LIFECIRCLES GROUP HOME
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2014 –2015

SCOPE OF REVIEW

The Fiscal Compliance Assessment included review of LifeCircles Unlimited dba LifeCircles Group Home's (the Group Home's) financial records for the period of January 1, 2012 through July 31, 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 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 1 of 5 areas of the Fiscal Compliance Assessment: Loans, Advances and Investments.

The audited financial statement and single audit report for the fiscal year ending December 31, 2012 shows an operational loss of $83,041. The Group Home stated this will be resolved in its next audited financial statement, due to its fiscal year that ends December 31, 2015.

The Group Home facility was leased from the wife of the Executive Director and also a member of the Board of Directors. As of October 26, 2014, the Executive Director, resigned from the Group Home's Board of Directors.

FISCAL COMPLIANCE

CAD found the following areas out of compliance:

Financial Overview

- Untimely submission of the semi-annual expenditure reports. The semi-annual expenditure reports for the periods of January to June 2013 and July to December 2013 were due to DCFS on March 1, 2013 and September 1, 2013, respectively. Both reports were not received until March 25, 2014.

Recommendation:

The Group Home's management shall ensure that:

1. Semi-annual expenditure reports are submitted timely.

Board of Directors and Business Influence

- The Board meeting minutes dated June 23, 2014, February 9, 2014, and October 13, 2013 were not certified by the Board Secretary.

Recommendation:

The Board of Directors shall ensure that:

2. All Board meeting minutes are certified by the Board Secretary.

Cash/Expenditures

- Inadequately supported expenditure disbursements. One non-payroll check for $1,200 was paid to the facility manager for the clothing and weekly allowances. The supporting documents provided were not complete, as there were no original receipts. Additionally, there was no documentation provided for the $70.02 of electronic payments paid to Exxon Mobile.

- Untimely completion of bank reconciliations. Bank reconciliations were not prepared within 30 days of the bank statement date and were not signed by preparer and reviewer.

- The Group Home did not maintain an inventory list of fixed assets that includes item description, serial number, and date of purchase, acquisition cost and funding source.

Recommendations:

The Group Home's management shall ensure that:

3. Supporting documents are maintained for all expenditures.

4. All bank reconciliations are prepared timely and signed by both the preparer and reviewer.

5. An inventory list of fixed assets is maintained that includes item description, serial number, and date of purchase, acquisition cost and funding source.

Payroll and Personnel

- Four personnel files did not indicate the Fair Labor Standards Act (FLSA) status and two files did not include rate of pay. Additionally, one of the files did not have current position and job description.

- One timesheet was not signed by the employee and one timesheet was not signed by the supervisor.

Recommendations:

The Group Home's management shall ensure that:

6. All personnel files include the FLSA status, rate of pay, current position and job description.

7. All timecards are approved by the employee along with their supervisor or manager.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent fiscal review of the Group Home was posted by the Auditor-Controller on July 12, 2011. This report identified $1,375 in unallowable and unsupported/inadequately supported expenditures. There is no balance owed on the amount identified in the A-C's fiscal review. The Group Home does not owe any overpayments.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County Fiscal Year 2015-2016.

LIFECIRCLES UNLIMITED dba LIFECIRCLES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

License Number: 198207474
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: September 2014
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. 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. Improvement Needed
	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. Improvement Needed
	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	Full Compliance (All)
	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	
V	**Health and Medical Needs** (4 Elements)	
	1. Initial Medical Exams Conducted Timely	Full Compliance (All)
	2. Follow-Up Medical Exams Conducted Timely	
	3. Initial Dental Exams Conducted Timely	
	4. Follow-Up Dental Exams Conducted Timely	
VI	**Psychotropic Medication** (2 Elements)	
	1. Current Court Authorization for Administration of Psychotropic Medication	1. Improvement Needed
	2. Current Psychiatric Evaluation Review	2. Full Compliance
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements)	
	1. Children Informed of Group Home's Policies and Procedures	1. Full Compliance
	2. Children Feel Safe	2. Full Compliance
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's Efforts to Provide Nutritious Meals and Snacks	4. Full Compliance
	5. Staff Treat Children with Respect and Dignity	5. Full Compliance
	6. Appropriate Rewards and Discipline System	6. Full Compliance
	7. Children Allowed Private Visits, Calls and Correspondence	7. Full Compliance
	8. Children Free to Attend or Not Attend Religious Services/Activities	8. Full Compliance
	9. Children's Chores Reasonable	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Improvement Needed
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Full Compliance
	13. Children Given Opportunities to Participate in	13. Full Compliance

	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 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	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
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. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

LIFECIRCLES UNLIMITED dba LIFECIRCLES 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 September 2014 review. The purpose of this review was to assess LifeCircles Unlimited dba LifeCircles 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 review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, four 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, three placed children were prescribed psychotropic medication. The children'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 Group Home staff files for compliance with Title 22 regulations and County contract requirements. A site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following areas out of compliance.

Licensure/Contract Requirements

- A vehicle was not maintained in good repair.

The vehicle used to transport the children was not well-maintained. The "service engine" light was on at the time of the review. CAD brought this issue to the attention of the Group Home representative and requested they have the vehicle inspected by a certified mechanic and provide documentation that required repairs were completed.

On November 6, 2014, the Group Home provided a letter certifying the required vehicle has been maintained.

On March 19, 2015, CAD Compliance confirmed that the service engine light was off.

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

A review of 17 SIRs revealed that two were not submitted timely into the I-Track database. One SIR involved a child making suicidal threats. The child was assessed by the mobile response team, which resulted in an admission to a psychiatric hospital. The SIR incident took place on July 8, 2014 and the SIR was submitted via I-Track database on July 10, 2014. Another SIR involved a child going to the neighborhood park without permission and when asked to return to the Group Home, the child threatened to make false accusations against the staff and administrator. The incident took place on August 21, 2014 and the SIR was not submitted via I-Track database until August 25, 2014.

During the Exit Conference, the Group Home representative stated that staff will be trained on how to write SIRs and submit them timely. On March 19, 2015, CAD verified that the Group Home received SIR training by Out-of-Home Care Management Division (OHCMD) on February 6, 2015. On March 19, 2015, CAD compliance reviewed five SIRs and verified that all SIRs were submitted timely.

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

CCL cited the Group Home as a result of deficiencies and findings in a complaint received on June 27, 2015. According to the report dated July 2, 2014, CCL substantiated a personal rights violation when staff used inappropriate language toward a child. The staff involved was immediately terminated. CCL accepted the staff termination as the Plan of Correction (POC) and cleared the POC on July 2, 2014. CCL also noted that the Group Home would address this overall issue in future staff training. This training took place in September 2014. This referral was investigated by a DCFS Emergency Response Children's Social Worker (ER CSW) and the allegation of Physical Abuse was unfounded. A second referral for Physical Abuse was evaluated out as information to the CSW. OHCMD also investigated this referral and requested a Corrective Action Plan (CAP), which was approved on October 20, 2014.

During the Exit Conference, the Group Home representative stated the staff involved in this incident was immediately discharged from the Group Home.

Recommendations:

The Group Home's management shall ensure that:

1. All vehicles are maintained in good repair.

2. All SIRs are submitted timely.

3. 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 several issues observed with the exterior of the Group Home at the time of the review. A gas-powered lawn mower and gardening tools were observed to be left outside in the backyard; the front and backyards had brown and dry grass and the garage was three-quarters full of bags and furniture.

CAD brought these issues to the attention of the Group Home representative. The lawn mower and gardening tools were immediately secured.

During the Exit Conference, the Group Home representative stated that the Group Home Program Supervisor will be responsible for ensuring all lawn equipment and tools are locked and stored when not in use. It was also stated that the Group Home Program Director will ensure the garage is free of clutter and accessible. The Group Home complies with local ordinances that limit the yard watering to twice a week.

On October 3, 2014, CAD completed a follow-up visit, the gardening tools were in a locked shed, the grass in the front and back yard were well-maintained and the garage was free of clutter with sufficient room to move around. On March 19, 2015, CAD conducted another follow-up visit to the Group Home and the tools were in the locked shed and the front and backyards continued to be well maintained.

- Common areas were not well maintained.

The common areas of the Group Home were in need of maintenance. In the kitchen, a used plate with food was found in the oven, the inside of the microwave and the two refrigerators needed cleaning. The kitchen knives were kept in a locked filing cabinet, not in a locked box, as required. In one bathroom, the shower floor was grimy and in need of cleaning.

During the Exit Conference, the Group Home representative stated that a lock box had been purchased and knives are kept under a double lock and the maintenance staff will be responsible for ensuring the shower floor is clean. On March 19, 2015, CAD confirmed that the recommendations were implemented.

- Children's bedrooms were not well maintained.

The Group Home has three bedrooms. In bedroom #1, two holes in the wall were partially repaired; bedroom #2, was cluttered with the children's belongings and disposable shaving razors and a pair of scissors was found in two separate dresser drawers; in bedroom #3, a computer router was found in a dresser drawer. The Group Home immediately removed the items from the children's drawers and noted that the router belonged in the Group Home office during the inspection. The concerns regarding the router are that it can be used to hack into the Group Home's internet or into the cable box to circumvent the Group Home's internet security and view or access inappropriate content.

During the Exit Conference, the Group Home representative stated during CAD's inspection, that the holes on the wall were being repaired and that the walls had been filled and painted the day after the compliance inspection was done. The Group Home representative stated that staff will conduct unannounced room checks when necessary. On March 19, 2015, CAD confirmed that the recommendations were implemented.

Recommendations:

The Group Home's management shall ensure that:

4. The exterior of the Group Home is well maintained.

5. The common areas are well maintained.

6. The children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- Child population was not consistent with Group Home's capacity and program statement.

One child was not placed in accordance to the Group Home's licensed age group. The Group Home's license states that it will serve children ages 12-17 years old. One child was placed at 11 years-old. CAD brought this to the attention of the Group Home Administrator, CCL and to the DCFS CSW and Supervising Children's Social Worker (SCSW) on October 9, 2014.

During the Exit Conference, the Group Home representative stated that DCFS CSW informed them that the child was 12 years-old, which is the age documented in the placement paperwork. The Group Home representative stated that moving forward, the Group Home Social Worker will be responsible for verifying the correct ages of all children at the time of placement. On March 19, 2015, CAD confirmed that all placed children were in accordance with the Group Home's Program Statement.

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

There was no documentation in the children's case files indicating that the County CSWs were contacted monthly by the Group Home Social Worker. During the review, the Group Home's Social Worker stated that the County CSWs are contacted monthly and this is noted in the Group Home Social Worker's timecard and not documented in the children's files.

During the Exit Conference, the Group Home representative stated that the Group Home Social Worker will be responsible for documenting all contacts in the children's case files.

Recommendations:

The Group Home's Management shall ensure that:

7. Children's age is consistent with the Group Home's capacity and program statement.

8. County CSW's monthly contacts are documented in the children's case files.

Psychotropic Medication

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

One child's file did not have a current court authorization for the child's prescribed psychotropic medication. The form signed by the judge was missing the filed stamp date from the court. This was immediately brought to the Group Home Administrator's attention and on October 3, 2014, CAD Compliance made a follow-up visit to the Group Home and reviewed a copy of the court authorization for this child's psychotropic medication. During the Exit Conference, the Group Home representative stated that all children prescribed psychotropic medication will have a current psychotropic medication authorization in their case file.

On March 19, 2015, CAD confirmed that a current filed court-approved authorization was placed in each child's file that receives psychotropic medication.

Recommendation:

The Group Home's Management shall ensure that:

9. Current court authorization for the administration of psychotropic medication is obtained.

Personal Rights and Social/Emotional Well-Being

- Children were not informed about their medication and their right to refuse medication.

One child reported his medication made him sick and that he was not informed of his right to refuse medication.

During the Exit Conference, the Group Home representative stated that children are verbally informed of their right to refuse medication and confirmed it was not included in the children's intake packet. The Group Home will include the form as part of the Intake Packet and the signed forms will be placed in the child's case file. On March 19, 2015, CAD confirmed that this recommendation was implemented.

Recommendation:

The Group Home's Management shall ensure that:

10. Children are informed about their medication and their right to refuse the medication.

Personal Need/Survival and Economic Well-Being

- Children are not encouraged or assisted with Life Books/Photo Albums.

Three children reported they did not have a Life Book or Photo Album and were not encouraged or assisted in creating a Life Book/Photo Album.

During the Exit Conference, the Group Home representative stated that all children receive Life Books at the time of placement and staff takes pictures of children during their outings. To ensure the Group Home is in compliance, the children will sign a form when the Life Book is given to them at the time of placement. On March 19, 2015, CAD reviewed the case file for a recently placed child and verified that the child signed an acknowledgment that a Life Book/Photo Album was received. CAD also verified that there were pictures of the child in the Life Book/Photo Album.

Recommendation:

The Group Home's Management shall ensure that:

11. Children are encouraged and assisted with their Life Book/Photo Album.

Personnel Records

- Signed Criminal Background Statements were not obtained in a timely manner.

Two employees did not sign a Criminal Background Statement in a timely manner. The statements were not signed prior to the date of hire. One employee's hire date was September 26, 2010 and the Criminal Background Statement was signed on October 19, 2010. Another employee's hire date was July 15, 2013 and the Criminal Background Statement was signed on the date of hire.

- Employee Health Screening/tuberculosis clearances were not completed timely.

One employee did not have documentation of the health screening/tuberculosis clearance in the personnel file. The employee file has the hire date of August 23, 2005 and the health screening and tuberculosis clearance was dated April 24, 2006.

During the Exit Conference, the Group Home representative stated that the health screening/tuberculosis clearances were completed timely and they will ensure the documentation is maintained in the personnel files.

Recommendations:

The Group Home's Management shall ensure that:

12. Criminal Background Statements are signed timely

13. All Employee Health Screening/tuberculosis clearances are timely.

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

OHCMD's last compliance report, dated April 22, 2014, identified eight recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 1 of 8 recommendations for which they were to ensure that:

- Copies of current school report cards/progress reports are obtained and maintained in the children's case files.

The Group Home did not fully implement 7 of 8 recommendations for which they were to ensure that:

- The vehicles are well maintained.
- SIRs are submitted timely via I-Track database and appropriately documented.
- The Group Home is free of CCL citations/complaints.
- The exterior and grounds of the Group Home are well maintained.
- The common quarters are well maintained.
- The children's bedrooms are well maintained.
- All children being prescribed psychotropic medication have a current Psychotropic Medication Authorization in their case file.

Recommendation:

The Group Home's management shall ensure that:

14. The outstanding recommendations from the April 22, 2014 report from the prior fiscal year review, which are noted in this report as recommendations 1, 2, 3, 4, 5, 6, and 9, are fully implemented.

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

A follow-up visit was conducted on March 19, 2015 by CAD and the Group Home revealed that 3 of 13 recommendations from this Contract Compliance Review were not fully implemented. The Group Home continues to secure the knives in a locked filing cabinet rather than a lock box. The children's' dresser drawers had items that were confiscated by staff when checked and the Group Home did not

have consistent documentation of monthly contacts with the DCFS CSWs. The Group Home was advised to fully implement their procedures. CAD will continue to assess implementation of the recommendations during our next review. OHCMD will provide technical assistant prior to the next review.

LifeCircles

DBA: LIFECIRCLES GROUP

Board Members:

Larry Jones

Raymond Davison

Gladys Johnson

November 28, 2014

Attn: Helga Kiaian
Department of Children and Family Services
Contract Administration Division
3530 Wilshire Blvd, 4th Floor
Los Angeles CA 90010

FISCAL CORRECTION OF ACTION PLANS

FCAT Section 1- Financial Overview

Question No.3 - Finding

➢ According to the Audited Financial Statements (AFS), as of December 31, 2012, the Agency incurred $83,041 loss from operation. Total revenues for FY ended 12/31/12 were reported $372,373 whereas total expenses were $455,414. Operating loss raises doubt about Lifecircle's ability to continue as a going concern. The agency may face challenges in meeting its future obligations as they become due.

Action Plan: Lifecircles Unlimited Inc. Financial Statement for 2013 and 2014 will show that Lifecircles Unlimited is capable of meeting all their Obligations. SEE ATTACHMENT OF 2013 and 2014 Profit Sheets. Effective Date: Ongoing

Person responsible for implementing Corrective Action- Bookkeeper
Person Responsible for monitoring to ensure corrective action remains implemented and is working as intended- Board

Question No.6 - Finding

➢ The Agency did not submit the Semi-Annual Expenditure report in a timely manner. Semi-Annual Expenditure Report for the periods of January to June, and July to December 2013 were due to DCFS on March 1st 2013 and September 1st. However, both reports were received on 03/25/14

Action Plan: The Semi-Expenditure reports will be submitted timely. For the period January – June, before September 1. The period July – December, before March the following year. Effective date: 12/20/2014

Person Responsible for implementing Corrective Action- Bookkeeper
Person Responsible for monitoring to ensure corrective action remains implemented and is working as intended- Board

12152 Louise Avenue
Street

Granada Hills, CA 91344

12681 Louvre

LIFECIRCLES UNLIMITED, INC.
NOVEMBER 28, 2014

FCAT Section- III -Board of Directors, and Business Influences

Question No.13 - Finding
➢ The Board meeting minutes dated June 23, 2014, February 9, 2014 and October 13, 2013 were not certified by the Board Secretary.

Action Plan: The Secretary for the Board will maintain all board records and ensure their accuracy and is certified by the secretary's signature.
Effective date: 12/20/2014

Person responsible for implementing corrective action- Secretary
Person responsible for monitoring to ensure corrective action remains implemented and is working as intended- Board

Question No.15 - Finding
➢ The Agency is leasing its facility from its Director, Mr. Dewayne Winrow's wife. Mr. Winrow is also a member of the Board of Directors. This affiliated self-dealing lease places the Group Home at risk of losing its Rate Classification Letter.

Action Plan: The Board met on October 26, 2014. Larry Jones was voted in as the Chairman of the Board for Lifecircles Group Home. Dewayne Winrow was removed member of the Board of Directors for Lifecircles Group Home and as Board Chairman. Barbara Jones has been removed from the Board of Directors because of her relationship with Larry Jones. Effective date: 12/1/2014

Person responsible for implementing Corrective Action- Members of the Board. Larry Jones, Chairman; Mamie Nelson, Secretary/Group Home Administrator; Raymond Davison, Treasurer; and Gladys Johnson, Board Member.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended- the Board of Directors

FCAT Section IV- Cash/Expenditures

Question No.22 - Finding
➢ 1 of 4 non-payroll checks sampled (in the amount of $1,200) was paid to the Facility Manager for the clothing and weekly allowances of the six children (6*$200 per child). However supporting documents provided were not complete and/or accurate.

Action Plan: The Group Home Supervisor will calculate all expenditures at the end of the month. The Director will go over the expenditures sheets with the supervisor and they both will sign off on the sheet with the correct amount. Effective date: 12/20/2014

Person responsible for implementing Corrective Action – Supervisor
Person responsible for monitoring to ensure corrective action remains implemented and is working as intended – Group Home Administrator

Question No.23 – Finding

- 1of 3 electronic payments (sampled $75.02 paid to Exxon mobile) did not have supporting documentation available for review. Per A-C Handbook section B-2, 1, "Disbursements without adequate supporting documentation will be disallowed upon audit."

Action Plan: Administrator and Bookkeeper will maintain and ensure the appropriate documents for electronic payments according to A-C Handbook Section B-2, 1.
Effective date: 12/20/2014

Person Responsible – Group Home Administrator
Person responsible for monitoring to ensure corrective action remains implemented and is working as intended – Bookkeeper

Question No.25 - Finding

- Bank reconciliations were not prepared within 30 days of the bank statement date and were not signed by preparer and reviewer.

A-C Handbook section B-1, 4, "Monthly bank reconciliations should be prepared within 30 days of the bank statement date and reviewed by management for appropriateness and accuracy. The bank reconciliations should be signed and dated by both the preparer and the reviewer. Reconciling items should be resolved timely."

Action Plan: The bookkeeper will ensure reconciliation of bank statements are reconciled in a timely manner, adhering to the 30 days recommendation of the auditor.
Effective date: 12/20/2014

Person Responsible – Bookkeeper
Person responsible for monitoring to ensure corrective action remains implemented and is working as intended – Board

Question No.28 - Finding

- The Agency did not maintain an inventory list of fixed asset (Capitalized and non-capitalized) that include item description, serial number, date of purchase, acquisition cost and source of funding.

Pursuant to A-C Handbook part B (Internal Controls), Paragraph 4,2 (Asset Identification and Inventory), "All fixed assets including capital and non-capital assets equipment, purchased with Contract funds are to be used solely for the benefit of the Contract and should be appropriately tagged. Each CONTRACTOR shall maintain a current listing of fixed assets, including the item description, serial number, date of purchase, acquisition cost and source(s)) of funding. An inventory of all fixed assets should be conducted at least once each year to ensure that all fixed assets are accounted for and maintained in proper working order.

Action Plan: The Group Home Administrator will maintain an inventory log of fixed assets. See form attached to be used. Effective date: 12/20/2014

Person Responsible – Facility Custodian
Person responsible for monitoring to ensure corrective action remains implemented and is working as intended – Group Home Administrator

FCAT Section V-Payroll and Personnel

Question No.29 - Finding

➢ All personnel files sampled did not indicated the fair labor standards act (FLSA) status.2 of 4 did not include rate of pay. 1 of 4 files did not have current position and job description. Also, 1 of the 4 time sheets reviewed did not have the employee's signatures in place and 1 time sheet did not have the supervisor's signature.

Action: All personnel files will be reviewed monthly by the Group Home Administrator and Group Home Supervisor to ensure all personnel files are current and maintained according to the *"A-C Handbook Section B3.2"*. Effective date: 12/20/2014

Person Responsible – Group Home Supervisor
Person responsible for monitoring to ensure corrective action remains implemented and is working as intended – Group Home Administrator

Submitted by Mamie Nelson
Group Home Administrator

Date 12/05/2014

Board Members:
Larry Jones
Raymond Davison
Gladys Johnson
Mamie Nelson

LifeCircles

DBA: LIFECIRCLES GROUP HOME

May 4, 2015

Attn: Leticia Foster CSA I
Department of Children and Family Services
Contract Administration Division
3530 Wilshire Blvd, 4th Floor
Los Angeles Ca. 90010

Attn: Adelina Arutyunyan, MSW
Children Services Administrator 1
DCFS-Out-of-home Care
Management Division
9320 Telestar Ave, Suite 216
El Monte, Ca 91731

LIFECIRCLES GROUP HOME CORRECTION OF ACTION PLANS

3) Does the group home maintain vehicle in which the children are transported in good repairs?

Comments: The passenger van used to transport children had the services engine light on. Car Insurance was not available at the time of review, however agency provided documents prior to the exit meeting.

A) Vehicle service engine light has been repaired by a certified mechanic. To ensure proper maintenance of the vehicle, daily inspections will be conducted by the Director and the Maintenance man. Any repairs that are needed will be documented and addressed in a timely manner.(Implemented on 11/06/2014. Vehicle was sent for regular maintenance on 02/18/2015)
B) The van insurance will always be in the van. (Implemented on 11/06/2014)

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

Comments: Submissions of SIRs were not timely reported through the Itrack system. (1) Incident Date 07/08/14 2:00pm/Date Submitted 07/10/14 8:43pm and (2) Incident Date 08/21/14 5:00pm/Date Submitted 08/25/14 5:25am.

A) Lifecircles Group Home staff was trained in writing appropriate SIRs and timely submitting them on 01/04/2014 and 05/28/14 and 07/02/14. All SIRs will be sent to the Director and the Administrator on the day of the incidents and the Administrator and the Director will make sure all SIRs are timely submitted to the ITRACK and cross-reported on the day of the incident or the following day at the latest. (Implemented February 6, 2015 training done by OHCM Adelina Arutyunyan).

12152 Louise Avenue
Granada Hills, CA 91344
(818) 256-9451 / (818) 834-2463

9) Is the group home free of any substantiated community care licensing complaints on safety and or physical plant deficiencies since the last review? On 07-02-14 Complaint Investigation Report was substantiated. Complaint alleged Personal Rights Violation. Staff used in-appropriated language toward child.

A) This staff was fired and will no longer work for Lifecircles Group Home. All staff will portray a positive role model and act in a caring, honest, respectful and responsible manner, maintaining an attitude of patience, courtesy, tact and maturity. The staff will continue to be trained in personal rights of children. The Director and the Administrator will be responsible for this task.
(Implemented - 07-02-14)

10) Are the exterior and the grounds of the group home well maintained? (Front and back yards clean, and adequately landscaped: condition of home exterior, driveway, walkways and fences: window screens)

Comments: A gas-powered Lawn mower and gardening tools were left outside in the back yard.

A) The program supervisor will be responsible for the maintenance man completing his duty of lawn care and lawn maintenance along with putting away all tools and equipment when the job is finished. (Lawn mower and garden tools were removed on the day of review. Implemented on September 22, 2014)

Comments: Grass in front and back yard is not maintained:
A) We have to obey the law and water twice a week. San Fernando Valley is about 20 degrees hotter than Los Angeles Proper in the summertime. We are thinking about gradually changing to clover (Correction Rock's not Clover)if that is possible. Any help you can give us would be most appreciated. (Continue to water the grass twice a week)

Comments: Three-quarters of the garage was full of bags/furniture. The garage did not have sufficient clearance to be able to walk through. All areas of the house must be accessible in case of an emergency.

A) The garage has been cleared of most of the items. There is sufficient room to move around in the garage. The Director and the Supervisor of the group home will make sure that the garage is free of clutter and the garage will always be accessible in case of an emergency. Implemented on the dates, (10/01/2014; 12/01/2014)

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

Comments: A dirty plate with food found in the oven.
A) Staff will make sure that there are not plates left in the oven.(the plate was removed from the oven immediately, implemented on Sept 22, 2014)

Comments: The interior of the microwave had grease and dirt on it and both refrigerators were in need of cleaning.

A) The awake staff will be responsible for cleaning the microwave and the refrigerators each night. The group home supervisor will check to make sure this has been completed each day. (Implemented on the day of review September 23, 2014).

Comments: Knives were kept in a file cabinet and not in a locked box.
A) A lock box has been purchased. The knives are under double lock. (Implemented on September 23, 2014)

Comments: The shower floor appears to be grimy and in need of cleaning. The hall closet was locked and key was not available to unlock the door, however upon return on October 23rd 2014 the door was opened and verified that books were kept in the hall closet.

A) The bathtub has been painted. In order to keep the clean look we will use a carnuba wax once a month. The Maintenance man will be responsible for making sure the shower floor is clean.

B) A key to the hall closet will be kept in the office at all time. The Director and the Administrator will be responsible for this task.

Comments: The Carbon-monoxide Detector is located behind a piece of furniture (Similar to a dresser) in the living room by the front door.

C) The Carbon-Monoxide Detector has been moved to the hallway leading to the bedrooms.(implemented on September 23, 2014)

12) During inspection, one bedroom was not clean and appears cluttered with children's belongings. In three separate drawers used by three children: Scissors, razor and a computer router were found. In one bedroom two holes on the wall were partially repaired.

A) The Group Home Supervisor will assure that all bedrooms are clean, attractive, safe and that a healthy environment is maintained for the children who live in the home.

B) Upon children entering the group home from school, day pass or home pass, staff will check clients' belongings for potentially dangerous items. Also staff will do unannounced room checks at anytime staff deems necessary.

C) The two holes had been filled and were drying. They were painted the next day. The maintenance man is responsible for filling the holes in the walls. (Implemented on September 23rd 2014)

15) Are children placed in accordance with the group home's capacity and population criteria?

Comments: License to serve children age 12-17 years old. C.L.is 11 years of age.
A) The CSW informed us that the child was 12 as is our criteria. It wasn't until the documentation was received was the child's actual age revealed. The GHSW will be responsible for verifying the correct ages of all incoming children.

21) Are county workers contacted monthly by the GH and are the contacts appropriately documented in the case file?

Comments: No documentation of contact with DCFS Social Workers in the children's files. Per GH Social Worker, DCFS CSWs are contacted, however contacts are not logged.

A) All monthly, weekly or daily communication will be documented by whoever makes or attempts contacts with CSWs or SCSWs. The GHSW will be responsible for putting monthly contacts into the children's files. (Implemented October 2014)

23) Did the treatment team develop timely, comprehensive initial NSP with the participation of the developmentally age-appropriate child?

Comments: DCFS CSW signatures were obtained late. Z.B. NSP was due on 08/01/14, DCFS signed the NSP on 08/08/14: C. L. NSP was due on 08/03/14, DCFS SW signed the NSP on 08/20/14: N.D NSP was due on 08/02/14, DCFS SW signed the NSP on 08/12/14: R. H. NSP was due on 08/16/14, DCFS SW signed the NSP on 09/02/ 14

A) The GHSW will be responsible for leading the treatment team in developing timely, comprehensive, initial Needs and Services Plans including participation of the developmentally age-appropriate child.(Implemented on 10/30/2014)

B) The GHSW will be responsible for obtaining signatures on NSP before the due date by fax, email or scanning the documents to CSW a week prior to the due date and will document date, time and means of communication and place them in the child's file. (Implemented immediately 10/30/2014).

25) Was the child enrolled in school within three school days after placement or did the GH document efforts? Implemented 10/30/2014)

Comments: All children were placed in the GH during the summer break. There was no documentation of school enrollment for C.L. It was verified with the Agency that child is currently enrolled in school.

A) All enrollment efforts will be documented and dated within the 3 school days. The GHSW is responsible for this documentation.(Implemented on October 29,2014)

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

Comments: At the time of the review, JV-223 form was assigned by the judge but was missing the filed stamp from the court. Prior to the exit meeting, the agency provided a filed copy.

A) Once we know that a PMA application has been sent to the PMA desk, the Administrator and the Director of Lifecircles Group Home will call the Social Worker and the PMA Desk to obtain the approved PMA. We will not give medication until we receive the approved PMA. (Implemented on October 29, 2014)

Addendum: See Revised A-C Finding Regarding PMAs

45) Are children informed about their medication and their right to refuse medication?

Comments: One child stated that the medication makes him sick and it hurts when he coughs. He stated he was not informed that he has the right to refuse medication if it makes him sick.

A) All children were informed that they have the right to refuse medication. Now, Lifecircles will include this information in the children's intake packet and the children will sign it. The GHSW will be responsible for making sure this document is in the children's files. (Implemented 12/16/14))

55) Are children encouraged and assisted in creating and updating a life book/photo album?

Comments: Children did not have a life book or picture album.

A) All children received life books. Now, children will sign a form stating that they received a life book on that date and this form will be put in their files. Lifecircles GHSW will be responsible. Implemented all clients received Lifebook doing the intake process. (Implemented on 10/30/2014).

60) Did appropriate employees sign a Criminal Background Statement in a timely manner?

A) All LIC 508 WILL BE COMPLETED AND REVIEWED WITH THE LICENSE ANALYST BEFORE ANY POTENTIAL EMPLOYEE BE SENT TO DO A LIVE SCAM. Effective immediately. Group Home Administrator will ensure and oversee the timeliness of this being done.

62) Have employees received timely health screenings/TB Clearance?

A) I.H. Health Screening/TB Clearance was in her file and was timely. All employees will continue to have a Health Screening/TB Clearance prior to being hired. Director will be responsible. (Implemented Immediately)

Mamie Nelson, Group Home Administrator

cc: Board Members