County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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February 26, 2016

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

From: Philip L. Browning
Director

BOURNE GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Bourne Group Home (the Group Home) in February 2015. The Group Home has two 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 operate 'house model' group homes that provide protective physical environments for children with emotional and physical problems, sibling groups, probation-supervised youth, parenting teens, and youth transitioning to independent living."

The Group Home has two 6-bed homes and is licensed to serve a capacity of 12 male children, ages 12 through 17. At the time of review, the Group Home served 11 DCFS placed children. The placed children's overall average length of placement was 6 months and their average age was 15.

SUMMARY

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

The Group Home was in full compliance with 8 of 10 sections of CAD's Contract Compliance Review: Maintenance of Required Documentation and Service Delivery; Education 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.

CAD noted deficiencies in the areas of: Licensure/Contract Requirement, related to the Group Home not maintaining a vehicle in good repair; and Facility and Environment, related to the common

quarters and children's bedrooms not being well maintained and there were expired canned goods and gravy packages.
Attached are the details of CAD's review.

REVIEW OF REPORT

On March 17, 2015, Chinelo Maduike, DCFS CAD and Aiyana Rios, Out-of-Home Care Management Division (OHCMD) held an Exit Conference with the Bourne Group Home representative, Timothy Tucker, Executive Director.

The Group Home's representative was in agreement with the review findings and recommendations, was receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards and was in agreement with addressing the noted deficiencies in a Corrective Action Plan (CAP).

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

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

OHCMD provided technical assistance to the Group Home on March 20, 2015 to assist the Group Home with implementing their CAP. CAD conducted a follow-up visit to the Group Home on June 18, 2015 and verified implementation of the CAP.

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

PLB:EM:LTI:cm

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
Timothy Tucker, Executive Director, Bourne Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

BOURNE GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License Number: 198208206
Rate Classification Level 10

License Number: 198204767
Rate Classification Level 10

	Contract Compliance Review	**Findings: February, 2015**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	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/Sign-Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. 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	Full Compliance (All)
	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 Assessment/Evaluations Implemented	
	7. County Children's Social Worker's 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	

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) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, 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. FBI, DOG 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)

BOURNE GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2014-2015

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addresses findings noted during the February 2015 review. The purpose of this review was to assess Bourne Group Home's (the Group Home's) compliance with its County contract and with State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The compliance review covered the following 10 areas:

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

For the purpose of this review, five 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, four discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, three of the sampled 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, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following two areas to be out of compliance.

Licensure/Contract Requirements:

- Vehicles were not maintained in good repair.

One of the Group Home vehicles was in need of maintenance. During the vehicle safety inspection of a 2005 Dodge Grand Caravan, CAD observed the right side sliding door rail was broken, as well as the inside door handle.

The Group Home staff initiated repairs to the vehicle and the vehicle was taken to a certified mechanic for repair.

At the Exit Conference, the Group Home Administrator demonstrated the parts had been ordered and the vehicle was at the shop for repair. On March 20, 2015, the Out-of-Home Care Management Division (OHCMD) verified the vehicle was in good repair. CAD received confirmation of this repair on March 24, 2015.

Recommendation:

The Group Home's management shall ensure that:

1. Vehicles are maintained in good repair.

Facility and Environment

- Common areas were not well maintained.

Group Home Site #2 had a foul odor in the common quarters of the home at the time of inspection. The Group Home representative stated this would be brought to the attention of the Group Home Administrator.

CAD met with the Group Home Administrator after the inspection at Site #2 and he indicated that they were already aware of the issue and had made contact with their maintenance contractor for immediate repair and cleaning of the home. There was a leak in the drainage under the Group Home that caused the smell. The leak was fixed and the carpet was cleaned and deodorized. CAD conducted a follow-up visit to this Group Home on March 5, 2015 and confirmed the odor was eliminated.

- Children's bedrooms were not well maintained.

Group Home Site # 1 had a broken closet door in one of the children's bedrooms. CAD also noted that the plumbing in one of the children's room was shut off because the sink was leaking. As a result, the water temperature in this particular bathroom could not be tested. The Group Home initiated immediate repair of these findings.

Upon re-inspection of the home on March 5, 2015 it was observed that the closet door was fixed, the master bathroom plumbing was fixed and both sink and shower had appropriate temperature running water.

- Adequate perishable and non-perishable foods were not maintained.

Group Home #1 had four packages of powdered gravy and four cans of vegetables with expiration dates in 2013. This was brought to the Group Home staff's attention and the expired items were immediately discarded.

During the Exit Conference, the Group Home representative stated that they will ensure that the Group Home staff adheres to their protocol of noting the purchase and expiration dates on the food containers.

Recommendations:

The Group Home's management shall ensure that:

2. Common areas are well maintained.
3. Children's bedrooms are well maintained.
4. Adequate perishable and non-perishable foods are provided.

PRIOR YEAR FOLLOW-UP FROM DCFS CAD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The CAD's last compliance report, dated May 29, 2015, identified 24 recommendations.

Results:

Based on CAD's follow-up, The Group Home fully implemented 23 of 24 recommendations for which they were to ensure that:

- Comprehensive clothing allowance logs are maintained.
- Detailed sign-in/out logs for placed children are maintained.
- The Group Home is free of Community Care Licensing complaints on safety/plant deficiencies.
- The exterior is well maintained.
- Sufficient recreational equipment/educational resources are maintained.
- The County Children's Social Worker's (CSW) authorization to implement Needs and Services Plans (NSPs) is obtained.
- Children are progressing towards meeting NSP Case Goals.
- County CSW's monthly contacts are documented.
- Children are assisted in maintaining important relationships.
- Timely and comprehensive Initial NSPs are developed with the child's participation.
- Timely and comprehensive Updated NSPs are developed with the child's participation.
- Children are enrolled in school within three school days.
- Children's academic progress is increased.
- The children are given opportunities to plan extra-curricular, enrichment and social activities.
- The children are given opportunities to participate in extra-curricular enrichment and social activities.
- The $50.00 clothing allowance is provided.
- Children are discharged according to their permanency plan.
- Children make progress towards their NSP goals.
- Attempts to stabilize children's placements are documented.
- DOJ, FBI, and CACIs are submitted timely.
- Signed Criminal Background Statements are submitted timely.
- Education/experience requirements are met.
- All required training is completed.

The Group Home did not implement one recommendation for which they were to ensure that:

- Vehicles are maintained in good repair

Recommendation:

5. The outstanding recommendation from the 2014-2015 monitoring report dated May 29, 2015, which is noted in this report as recommendation 1 is fully implemented.

At the Exit Conference, the Group Home representative expressed the desire to remain in compliance with Title 22 regulations and contract requirements and was in agreement with the findings and recommendations. The Group Home representative will ensure that the remaining deficiency from the previous year review is addressed.

CAD conducted a follow up visit on June 18, 2015 and it was verified that the Group Home had fully implemented all recommendations. CAD will continue to assess implementation of the recommendations during the next compliance review. OHCMD will provide ongoing support and technical assistance prior to the next review.

Bourne Incorporated
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Altadena, CA 91001
626.797.9196 Office 626.345.9970 Fax

"Making a Difference"

November 10, 2015

CONTRACT COMPLIANCE CORRECTIVE ACTION PLANS

I. LICENSURE/CONTRACT REQUIREMENTS

3. Does the Group Home maintain vehicles in which the children are transported in good repair?

Finding: Home #2 (Dodge Grand Caravan) has broken inside door opener/handle as well as sliding right door rail in the back.

Past Practice:
Bourne Inc. does ensure that vehicles in which the children are transported are in good repair. Designated staff inspects all vehicles on a weekly basis for interior & exterior damage, as well as, ensures that all preventive maintenance is performed timely on all vehicles. When any issues are found vehicles are then taken in for repair/maintenance.

Corrective Action Plan:
Bourne Inc. has designated the Supervisor to review all
Daily Shift Change Reports for vehicle maintenance issues and/or damage that have been reported. The Supervisor will then report any findings to the Administrative Assistant who documents all findings into the vehicle maintenance binder; then provides a written report of all reported issues to the Administrator.

Bourne Inc. continues to designate a staff to ensure that all reported vehicle issues will be replaced and/or repaired in a timely manner. In addition, the designated staff will continue to do his/her weekly physical vehicle inspections and have any issues that are identified corrected immediately.

The designated staff(s) will be responsible for ensuring that the all vehicle concerns are checked and corrected.

II. FACILITY AND ENVIRONMENT

11. Are common quarters well maintained?

Findings: Home #2, had a very strong foul smell in the common quarters (living room, dining area and kitchen area). Upon follow-up and re-inspection of the home, drainage under the house causing the smell was fixed, the foul smell was gone, and the carpet was cleaned and deodorized.

Corrective Action Plan:
Bourne Inc. has designated the Supervisor to conduct a daily walk through of the inside of the facilities; checking to make sure that the facility is not only clean & sanitary but also is free from any foul odors. He is to also investigate any reported title 22 deficiencies and ensure that suspicious odors and/or other sanitary deficiencies are corrected in a timely matter.

12. Are children's bedrooms well maintained?

Findings: Home #1 Closet door in one of the children's room was broken and needed to be fixed, and the plumbing in the master bathroom to the children's room was shut off because the sink was leaking. Upon follow-up and re-inspection of the home, the closet door was fixed, the sink was fixed and had adequate running water.

Past Practice: Bourne Inc. staff conduct Title 22 inspections daily and report any deficiencies on their Shift Change Report & in the Facility Maintenance Log

Corrective Action Plan:
Bourne Inc. has designated the Supervisor to conduct a daily walk through of the inside of the facilities; monitor any necessary changes that have occurred, investigate any reported title 22 deficiencies and ensure that repairs/replacements are completed in a timely manner.

14. Does the Group Home maintain adequate nutritious perishable and non-perishable foods and adhere to product "used or freeze by," "best by," "sell by," or expiration dates?

Findings: Home # 1 had 4 packages of gravy powder that had expiration dates of 2013 and 4 cans of vegetables that had expiration dates of 2014. This was brought to the agency staff's attention and the expired items were discarded immediately.

Corrective Action Plan:

Bourne Inc. will place the expiration dates upon each food item in bold black ink, after purchase and before storage, for staff to easily identify any outdated items to be discarded. In addition every 1st & 3rd Monday of each month, the morning (7a-2p) staff will inspect all food storage areas to identify if any outdated items are present, discard any outdated items immediately and record that the inspection has been completed on the "Outdated Food Checklist" that will be kept on the refrigerator.

If you have any questions, please contact me on 626.797.9196 office or 626.786.1056 cell.

Sincerely,

Tim Tucker
Executive Director