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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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March 25, 2016

To: Supervisor Hilda L. Solis, Chair
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From: Philip L. Browning
Director

DREAM HOME CARE GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Dream Home Care (the Group Home) in May 2015. The Group Home has three licensed sites located in the Fourth Supervisorial District and provides services to the County of Los Angeles DCFS placed children and children from other counties. According to the Group Home's Program Statement, its stated purpose is "to serve court dependent abused, neglected, emotionally disturbed children."

The Group Home has three 6-bed sites and is licensed to serve a capacity of 18 male youth ages 13 through 18 and Non-Minor Dependents (NMDs). At the time of the review, the Group Home served 18 DCFS placed youth. The placed children's overall average length of placement was eight months and their average age was 16.

SUMMARY

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 placement environment and being treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 areas of the Contract Compliance Review: 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 Requirements, related to vehicles not being well maintained, SIRs not timely submitted or appropriately cross reported and Community Care Licensing (CCL) citations; Facility and Environment, related to common areas and children's bedrooms not being well maintained and the Group Home not maintaining adequate nutritious perishable and non-perishable food; and Maintenance of Required Documentation and Service

Delivery, related to the Group Home not obtaining the County Children's Social Worker's (CSW's) authorization to implement the Needs and Service Plans (NSPs), the Group Home's monthly contact with the County CSWs were not documented and did not develop timely, comprehensive updated NSPs.

Attached are the details of CAD's review.

REVIEW OF REPORT

On July 15, 2015, Rosalind Arrington, DCFS CAD, and Sonya Noil, Out-of-Home Care Management Division (OHCMD) held an Exit Conference with the Group Home representatives: Cora Manalang, Executive Director, Rosemarie Bueno, Administrator, Maria Fernandez, Group Home Social Worker and Aurea Mendoza, Human Resource Manager. The Group Home's representatives agreed with the findings of the review and the recommendations, were receptive to implementing systematic changes to improve compliance with regulatory standards and to addressing the noted deficiencies in a Corrective Action Plan (CAP).

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

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

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

PLB:EM:LTI:ra

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
Cora Manalang, Executive Director, Dream Home Care
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

DREAM HOME CARE GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY

License No: 197800400 License No: 197803967 License No: 197804914
Rate Classification Level 11 Rate Classification Level 11 Rate Classification Level 11

	Contract Compliance Review	**Findings: May 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. 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. 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/Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's (CSW's) Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. 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. Improvement Needed

	Contract Compliance Review	Findings: May 2015
IV.	**Education 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	Full Compliance (All)

	Contract Compliance Review	Findings: May 2015
	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)	
VIII.	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowance 6. Management of Allowance/Earnings 7. Encouragement/Assistance with Life Book/Photo Album	Full Compliance (All)
IX.	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X.	**Personnel Records** (7 Elements) 1. FBI, DOJ, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirements 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's Licenses 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (All)

DREAM HOME CARE
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 May 2015 Contract Compliance Review. The purpose of this review was to assess Dream Home Care's (the Group Home's) compliance with the County contract and State regulations and included a review of the Group Home's Program Statement as well as, administrative internal policies and procedures. The compliance review covered the following 10 areas:

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

For the purpose of this review, 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 received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two sampled children were prescribed psychotropic medication. The children's case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

CAD reviewed five staff files for compliance with Title 22 regulations and County contract requirements and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following three areas out of compliance:

Licensure/Contract Requirements

- Vehicles were not maintained in good repair.

One of the Group Home vehicles was in need of repair. The Gaviota house van #1 needed a rear tail light replaced, plastic ties held the back windows closed, the seats upholstery were torn/falling apart and graffiti/writings was on the back of the driver's seat. CAD immediately notified the Group Home representative of these issues requesting immediate repairs.

On July 10, 2015, the Group Home provided a replacement vehicle (van) for CAD to inspect. The vehicle is currently insured and registered to the Group Home. CAD visually confirmed the new van was in good repair.

During the follow-up visit on October 30, 2015 CAD noted that the Group Home is utilizing a daily vehicle inspection/maintenance checklist to make sure the vehicles remain in good repair.

- Special Incident Reports (SIRs) were not timely submitted or appropriately cross-reported.

11 of 11 SIRs reviewed, were not timely submitted or appropriately cross-reported. During the Exit Conference, the Group Home representatives stated that the Group Home social worker that completed the SIRs was new and did not understand the SIR protocol. The Group Home representative agreed to retrain all staff responsible for SIR submissions.

During the follow-up visit on October 30, 2015, CAD reviewed 10 additional SIRs and noted that each SIR was submitted timely and cross-reported.

- Community Care Licensing Division (CCL) citations.

CCL cited the Group Home as a result of a complaint investigation on June 12, 2014. CCL substantiated a personal rights allegation for several allegations related to statements made by a Group Home program administrator and a Group Home social worker that deleted a video from the child's i-Pod without the child's permission. CCL requested a Plan of Correction (POC) that included detailed training for the Group Home administrator, social worker and staff. The POC was timely submitted to CCL and cleared on June 17, 2014.

CCL cited the Group Home as a result of deficiencies and findings noted during a CCL investigation on August 5, 2014. CCL substantiated a building and grounds deficiency for a child's shower not working properly. The hot water was not coming out at all. CCL requested a POC for the Group Home to submit a repair receipt to schedule a return POC visit with CCL to confirm the water temperature. CCL cleared the POC on August 28, 2014.

CCL cited the Group Home during an investigation visit on August 27, 2014. CCL substantiated the building and grounds deficiencies as follows: (1) the kitchen dish soap by the sink was accessible to children and (2) a broken chair and newspaper were on the ground by the side backyard. The Group Home locked the liquid dish soap and the broken chair was discarded and newspaper was picked up from the floor during the visit. CCL cleared the POC on August 27, 2014.

CCL cited the Group Home on September 19, 2014. CCL substantiated a building and grounds deficiencies for a cracked window in the foyer and broken blinds in the living room. Several light bulbs in the den required replacement. Bedrooms # 1, and # 2 required replacement window frames. bedroom # 2's closet door had a hole. In bedroom #3, one closet had a broken bottom door hinge. Bathroom #1 had a broken window frame. In the kitchen, the drawer with the knives and scissors was unlocked. The backyard patio area had an extension cord plugged into a light fixture and the Netgear (internet) was plugged in with additional outlets exposed to outside elements. CCL's POC required the Group Home to relocate the knives and scissors to a locked drawer. CCL returned to ensure all the corrections were made and CCL cleared the POC on October 2, 2014.

CCL cited the Group Home during an investigation visit on October 17, 2014 and for a self-reported incident that occurred on October 8, 2014. CCL substantiated a medication control deficiency for missing cough medicine and Benadryl. The Group Home did not immediately report the missing medication. CCL interviewed the staff on October 8, 2014 and discovered a second incident of missing cough medicine that occurred on October 6, 2014. During the second incident, $27.00 in petty cash and $70.00 for children's haircuts was also missing. The two incidents led to CCL assessing a civil penalty of $150.00. The Group Home's POC included retraining all staff on the daily medication and petty cash protocols with the facility manager and program administrator verifying this daily. CCL cleared the POC on October 31, 2014.

Recommendations:

The Group Home's management shall ensure that:

1. Vehicles are maintained in good repair.

2. SIRs are submitted timely and cross-reported.

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

Facility and Environment

- Common areas were not well maintained.

The Gardenia home had bugs in the kitchen cabinet on June 9, 2015. CAD notified the Group Home representatives and requested immediate action. CAD received a receipt from the Group Home confirming that the home was treated for bugs on June 16, 2015. The Group Home also treated the cabinets with a gel to help combat the bugs. On June 26, 2015, CAD re-inspected the kitchen cabinets and didn't find any bugs. On June 3, 2015, the Allington home had a leaking cold water faucet and the hot water faucet knob fell off when turning it off. CAD immediately brought this concern to the Group Home representative. CAD confirmed that the items were repaired on June 9, 2015.

- Children's bedroom was not well maintained.

The Allington home had a missing bedroom doorknob. Children needed a tool to open the door. The same bedroom had a broken window which was broken the night before CAD's visit. An SIR was not submitted but the Group Home agreed to submit an SIR that day. CAD confirmed the Group Home repaired both broken items on June 9, 2015.

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

The Gaviota home had expired food in the pantry and food items that needed to be refrigerated after opening were stored in the cabinets. During the review, the Group Home staff discarded all the expired food items that were discovered in the cabinets.

During the Exit Conference, the Group Home representatives stated that they would develop a new maintenance checklist for staff to complete daily to prevent the deficiencies listed above.

During the follow-up visit on October 30, 2015, CAD confirmed that a new daily maintenance checklist/walk-thru protocol had been implemented.

Recommendations:

The Group Home's management shall ensure that:

4. Common quarters are well maintained.

5. Children's bedrooms are well maintained.

6. Adequate perishable and non-perishable foods are maintained.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker's (CSW) authorization to implement NSPs was not obtained.

One case file did not have the County CSW's signature or documentation of the Group Home's efforts to obtain the County CSW's authorization to implement the NSPs.

During the follow-up visit on October 30, 2015 three case files were reviewed and the Group Home did not obtain the County CSW's authorization to implement the NSPs.

- County CSW's monthly contacts were not documented in the case file.

Four case files did not contain documentation of the Group Home's social worker contacts with the County CSW on a monthly basis.

During the follow-up visit on October 30, 2015, three case files were reviewed and CAD noted that the case files did contain a new form containing the monthly contacts with the County CSWs and the Group Home staff. The contacts were not documented in the NSPs.

- Updated NSPs were not comprehensive.

Four case files did not contain comprehensive updated NSPs. All the sections of the NSPs were not completed properly or not completed at all.

During the follow-up visit on October 30, 2015, three case files were reviewed and the NSPs were timely, but the updated NSPs were not comprehensive. Some of the sections were not completed appropriately. The Group Home representative stated that she hired four new staff (two social workers, an administrator and a compliance program coordinator) since August 2015 and they are being trained monthly on the Group Home's policies and procedures. The Group Home representative will continue to train and retrain staff monthly/quarterly to ensure compliance with all contract requirements.

Recommendations:

The Group Home's management shall ensure that:

7. The Group Home obtains or documents efforts to obtain the County CSW's authorization to implement the NSPs.

8. County CSW's monthly contacts are documented.

9. Comprehensive updated NSPs are developed.

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

The CAD's last compliance report dated July 21, 2015, identified 12 recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 9 of 12 recommendations for which they were to ensure that:

- Disaster drills are conducted as required and logs are maintained.
- All children's academic performance and/or attendance are increased.
- Initial medical exams are conducted timely.
- Follow-up dental exams are conducted timely.
- Children are aware of their right to receive or reject voluntary medical, dental and psychiatric care.
- All FBI, DOJ, and CACIs clearances are submitted timely.
- Employee health screenings and Tuberculosis Clearances are timely.
- Valid Driver's Licenses are on file for all Group Home staff.
- All required training is completed.

The Group Home did not implement 3 of 12 recommendations for which they were to ensure that:

- Vehicles are maintained in good repair.
- The Group Home is compliance with Title 22 regulations and free of CCL citations.

- The Group Home obtains or documents efforts to obtain the County CSW's authorization to implement the NSPs.

10. The outstanding recommendations from the prior report, which are noted in this report as recommendations 1, 3, and 7 are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with Title 22 regulations and contract requirements. The Group Home executive director stated updated policies and procedures will be implemented to make effort towards meeting greater compliance.

CAD conducted a follow-up visit on October 30, 2015, and the Group Home had implemented 7 of 9 recommendations. The Group Home has not fully implemented documentation of their monthly communication with County CSWs and their timely development of updated comprehensive NSPs. The Group Home hired four new staff in August, September and October 2015. CAD confirmed that the Group Home has been training and retraining staff monthly on all the policies and procedures to resolve the deficiencies in this report. The Group Home was advised to fully implement their new policies and procedures and to utilize their newly developed forms. CAD will continue to assess implementation of the recommendations during the next review. The Out-of-Home Care Management Division will provide ongoing support and technical assistance prior to the next review.

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November 5, 2015

Re: Group Home Monitoring Review
Contract Compliance Section
Corrective Action Plan/Addendum

Ms. Diana Flaggs
Section Manager
Contract Administration Division
Contract Compliance Section
Department of Children and Family Services
3530 Wilshire Boulevard, 5th Floor
Los Angeles, CA 90010

Dear Ms. Flaggs,

The following Corrective Action Plan (CAP) is being submitted in reference to the Contract Compliance Monitoring Review conducted on May 26, 2015.

I. Licensure/Contract Requirement

3. Group home vehicles use to transport the clients are not in good repair.

CAP

a. Group home provided a different vehicle on 7/5/15 as observed by the monitor during the Follow up-visit on 7/10/15. The old van was replaced whose interior was not up to par including the right tail light not working at the time.

b. The Facility Manager and the Administrator of each site must ensure that the vehicle is in good condition and repairs are completed which includes the interior and tail light inspection before each day of use. Each driver assigned must complete the maintenance checklist before driving. (see attached daily vehicle maintenance log)

Staff will review and log any deficiency/ updates/ need/maintenance/interior and exterior repairs of the vehicles in the Vehicle Maintenance Log. Procedure: Staff will ensure that all cars are in good repairs and good working condition and that any repairs observed for maintenance will be reported to the Quality Control Manager/COO for immediate attention. CPC (Compliance Program Coordinator) will make a bi- monthly review of vehicle mileage usage, maintenance/updates/need/deficiency/exterior and exterior repairs.

4. All Special Incident Reports were not appropriately documented and cross reported timely.

CAP

a. All special incident reports must be appropriately documented and cross reported on time. The staff on duty must notify the Group Home Social Worker immediately of the SIR.

b. If unavailable, the administrator must then be called and notified.The group home social worker or the administrator will thereafter make a written report and cross reported to the appropriate Agencies within 24 hrs. or by the next business day.

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The social worker and the administrator must ensure that the Itrack SIR is cross reported appropriately to the following:

1.DCFS Out of Home Care Management Division
2.DCFS CSW
3.Probation officer and/or
4.Community Care Licensing Division

c. **The " Incident Calling and Reporting Procedure " to the group home social worker and administrator will remain posted (see enclosed calling procedure) including a Memo send to remind all staff of this Policy.**

d. **Administrator and CEO retrained Group home social workers of Itrack SIR reporting procedure by September 11, 2015.**

Staff will communicate any incident to Administrator and Group Home Social Worker. A report will be generated and linked/cross reported to appropriate entities within 24 hours. Administrator and CPC will train each staff on the procedures of filling out incident reports in a timely manner. Staff will complete the incident reports in details (i.e., clients/staff involved, type of incident, intervention, and a description as to who, what, where when and how) to supplement itrack/SIR. This will be followed by contacting the appropriate agencies. CPC and Human Resource Manager with ensure that Pre Test and Post Test will be given on procedures during monthly staff meetings. Staff will immediately communicate with administrator and Group Home Social Worker via email or phone. CPC: Will review the accuracy, completeness and timeliness of the incident reports being submitted.

9. **Group Home is not free of substantiated Community Care Licensing complaints on safety and physical plant deficiencies since the last review.**

CAP Group Home has submitted to Community Care licensing all CAPs to the following citations:

a. **Clients' rights violations**
CPC, and HR manager will train Administrator, Social Worker and CCW on the monthly required Client Survey, QIP and Treatment Team documentations. Each client with the participation of the GHSW, administrator, and CCW will complete the monthly Client Survey and QIP (Quality Improvement Plan (forms provided). The Treatment Team (i.e., administrator, GHSW, and facility manager) will review the survey in treatment team meeting to better understand the client's needs and concerns and to develop a resolution to better service each individual client. The information and documents will be attached and included in the NSP.

b. **Failure to maintain control and accountability of clients' medication**
CPC will train CCW on the medication protocols, requirements, procedures.
CPC will develop a pamphlet with the items and procedures. Administrator and Social worker will revise the daily sign in sheet to ensure that staff is following protocols. CPC will audit the house maintenance checklist and test the staff on their knowledge of the procedures during monthly meetings.

c. **Building and ground/physical plant not well maintained**

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d. *PC will train staff; Administrator, Social Workers, and CCW on the adequate maintenance of the home. CCW will do daily walkthroughs which will target the physical standards of the home. Administrator will revise the daily walkthrough sheet and request repairs when needed from the Quality Control Manager/COO. CPC will conduct monthly review to revise that protocols are being completed on a daily basis and that repairs are being fixed.*

CAP submitted to CCL was all cleared in reference to the above deficiencies.

Additional CAP Developed/Implemented

1. **Retraining of all staff on topics in reference to the above citations. Last retraining was in August 2015**
2. **Refresher staff training every three months in reference to the above citations as a preventive measure to avoid re-occurrence of the problem.**
3. **Disciplinary action/Reprimand is implemented such that any staff who repeated the misconduct or infraction will be subjected to suspension/probation/lessening of work hours and or termination depending on infraction.**
4. **Human Resource Manager will be involved with the staff disciplinary action notice.**

II. Facility and Environment

11. Common Quarters are not well maintained.

CAP

a. **The kitchen was treated for roaches by the Pest Control agency. The receipt was submitted to the DCFS Monitors. The kitchen cabinets were also treated with anti-roach gel. Monitors rechecked the cabinets on 6/26/15 for compliance. Repeat treatment of the roaches by the pest control was scheduled for complete eradication before 7/26/15.**
CPC will revise that treatment is conducted at every month for the next 6 months to reassure that pests are eliminated.

b. **The leaking faucet and the loose faucet knob were repaired. Monitors confirmed the items were repaired during the revisit on 6/9/15.**
CPC will revise that a maintenance checklist is conducted on a daily basis and that repairs are done within 3 days of request.

c. **The Facility Managers and the Quality Control Manager must ensure that the Maintenance Daily Checklist is completed and implemented (see enclosed maintenance walkthrough Checklist which now includes the checking for roaches, faucets and leaks).**

d. **Reports of damages must be submitted to the Quality Control Manager/ Operation Officer to ensure that repairs are done as soon as possible.**
CPC will revise that a maintenance checklist is conducted on a daily basis and that repairs are done within 3 days of request.

12. Children's bedrooms are not well maintained.

CAP

a. **The missing dresser knob and the same bedroom broken window were replaced. The broken items were repaired as confirmed by the monitors on 6/9/15.**

b. **The Facility Managers, Administrator and the Quality Control Manager must ensure that Maintenance Daily Checklist is done and implemented (see enclosed maintenance checklist which now includes knobs and window inspection). Reports of damages must be submitted to the Operation Officer to ensure that repairs are done promptly.**

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CPC will train staff; Administrator, Social Worker, and CCW on the adequate maintenance of the home. CCW will do daily walkthroughs to target the physical standards of the home. Administrator will ensure that daily walkthroughs are being conducted. Maintenance form request on repairs will be completed and submitted to the Quality Control Manager/COO for immediate attention. CPC will conduct monthly reviews to ensure that protocols are being completed daily and that repairs are being fixed. Staff who that does not follow protocols will be given a disciplinary action notice, a write up, suspension and followed by termination.

14. **Group Home did not maintain adequate nutritious perishable and non-perishable foods and did not adhere to "used or freeze by" , "used by" sell by" or expiration dates.**
CAP

a. **Group home discarded the expired items at the moment of the visit. The items that needed refrigeration after opening and were stored in the cabinet were discarded as well.**

b. **Graveyard or night shift person must check the kitchen pantry and the cabinet for any expired item as well as items to be refrigerated. Facility Managers of each shift will double check the items and the log entry. Daily checking of the expired items and refrigerated items is now added to the Maintenance Checklist/Walkthrough Log (herewith enclosed).**

CPC will train re-staff, Administrator, Social Worker, and CCW on the proper maintenance of the food supply and storage including on how to label all foods with dates of expiration, " use by" or dates when opened . CCW will do daily walkthroughs to target the physical standards of the homes. Administrator will revise daily walkthrough sheet and request timely repairs. CPC will conduct monthly audits to revise that protocols are being completed on a daily basis and that food that needs to be thrown away is eliminated. Every time CPC finds the home out of compliance, the entire house will participate in a training to address in home plan of action.

III. Maintenance of Required Documentation and Service Delivery

16. **The group home did not obtain or document efforts to obtain the county worker's authorization to implement the Needs and Service Plan.**

CPC will train staff, Administrator, Social Worker, and CCW . CCW will target the standards of the NSPs compliance and adequacy. Administrator will revise due dates, completion of NSP and that all information is completed. GHSW will send the NSP at least 5 days prior to due date, CPC will revise NSP (return if needed). GHSW will email DCFS CSW 3 attempts to obtain signatures within 5 days of the NSP due date. CPC will drive out to the DCFS office to obtain signatures if feasible. CPC will conduct monthly audits to revise that protocols are being completed, NSP are being done on time and with adequate information.

a. **To obtain the authorization/signature of DCFS Social Worker, the Group Home Social Worker will now make 3 attempts within the 5 days (rather than 2 attempts within the next 2-3 weeks) after the development of the initial Needs and Service Plan.**

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b. The attempts to obtain the authorization/signatures are properly documented. TheAdministrator will work with the group home Social Worker to ensure implementation of this rule.

21. The county worker monthly contacts by the group home are not appropriately documented in the NSP case file.

CAP The following documents (contact dates) will be monthly collected and written by the Facility Managers of each site:

a. Visitor's Sign In and Out Log which includes DCFS County workers visits will be documented in NSP.

b.Emails between the clients DCFS CSW and group home social workers will be documented in NSP.

c. Phone Contacts of the Administrators and Facility Managers with the DCFS CSW of the minor will be documented in NSP.

d. Text messages dates between Facility Managers, Administrator and Social Workers with the DCFS CSW.

The above documents' dates of contacts will be compiled and submitted as an aid and easy access for the group home social worker during the development of the initial NSP. A form was developed to document every contact with the DCFS CSW (See enclosed Group Home Contacts form). CPC will conduct monthly review to ensure that protocols are being adhered to, NSPs are being completed on time and with adequate information.

24. The Treatment team did not develop timely, comprehensive, updated Needs and Service with the participation of the developmentally age-appropriate child.

a. The NSP developed must be comprehensive and properly documented with all dates. All questionnaires must be filled out accurately and no blanks to be left undone (to type "Not applicable or None" if appropriate). Dates information must be accurately documented in every required section of the NSP.

The accurate dates of contacts will be documented, compiled and submitted as an aid and easy access for the group home social worker during the development of NSP. A form was developed to document every contact with the DCFS CSW (See enclosed Group Home Contacts form). CPC will conduct monthly reviews to ensure that protocols are being completed and the appropriate information is being documented.

Retraining of the Group Home Social Workers of the proper documentations of NSP on September 11, 2015.

Additional CAP: HR manager hired new administrator and social worker. A new position was created and hired which is the Compliance Program Coordinator (CPC).

Hoping that the above CORRECTIVE ACTION PLAN meets your approval and kind consideration, I remain.

Respectfully yours,

Cora Manalang
CEO
Electronically signed