



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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May 27, 2016

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

CAREPROVIDER.ORG FOUNDATION GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of Careprovider.Org Foundation Group Home (the Group Home) in November 2015. The Group Home has two sites located in the First and Fifth Supervisorial Districts 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 safe environment for all children in our care where they can achieve a feeling of self-worth, an appreciation of community, and a respect for culture, family and each other."

At the time of the review, the Group Home served 12 placed DCFS children. The Group Home has two 6-bed sites and is licensed to serve a capacity of 12 children, male and female ages 13 through 18. The placed children's average length of placement was 12 months and their average age was 18.

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 placement environment; and treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 applicable areas of CAD's 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; and Discharged Children.

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CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to a vehicle not being in good repair, Special Incident Reports (SIRs) not being timely and cross-reported to all parties, and children not receiving weekly allowances; Facility and Environment, related to common areas not well maintained, and non-perishable food items were expired; Maintenance of Required Documentation and Service Delivery, related to the Group Home not documenting efforts to obtain DCFS Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs), not documenting monthly contact with the CSWs, Initial NSPs not being developed timely, and Updated NSPs not being developed timely and not being comprehensive; and Personnel Records, related to an employee not receiving a timely health screening/tuberculosis (TB) clearance.

Attached are the details of CAD's review.

REVIEW OF REPORT

On January 15, 2016, Sherry L. Rolls, DCFS CAD and Greta Walters, Out-of-Home Care Management Division (OHCMD), held an exit conference with the Group Home representatives: Chika Dillibe, Executive Director; Anna Akinkugbe, Administrator; and Sandra Feldman, Director/Childcare Counselor. The Group Home's representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve the Group Home's compliance with regulatory standards; and were 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.

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

PLB:KR:LTI:dif

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Calvin C. Remington, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Chika Dillibe, Executive Director, Careprovider.Org Foundation Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Leonora Scott, Regional Manager, Community Care Licensing Division

**CAREPROVIDER.ORG FOUNDATION GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY**

License Number: 197804534
Rate Classification Level: 12

License Number: 197805236
Rate Classification Level: 12

	Contract Compliance Review	Findings: November 2015
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained in Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign-In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Food 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Improvement Needed
III	<p><u>Maintenance of Required Documentation/Service Delivery</u> (10 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. DCFS 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. DCFS Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Improvement Needed

	10. Development of Timely, Comprehensive Updated NSPs with the Child's Participation	10. Improvement Needed
IV	<p><u>Education and Workforce Readiness</u> (5 Elements)</p> <ol style="list-style-type: none"> 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	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 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	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	Full Compliance (All)
VII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements)</p> <ol style="list-style-type: none"> 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)

	<p>12. Children Given Opportunities to <u>Plan</u> Activities in Extracurricular, Enrichment, and Social Activities at the Group Home, School, and Community</p> <p>13. Children Given Opportunities to <u>Participate</u> in Extracurricular, Enrichment, and Social Activities at the Group Home, School, and Community</p>	
<p>VIII</p>	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ol style="list-style-type: none"> 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 a Life Book or Photo Album 	<p>Full Compliance (All)</p>
<p>IX</p>	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement 	<p>Full Compliance (All)</p>
<p>X</p>	<p><u>Personnel Records</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. FBI, DOJ, 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

**CAREPROVIDER.ORG FOUNDATION GROUP HOME
CONTRACT COMPLIANCE REVIEW
FISCAL YEAR 2015-2016**

SCOPE OF REVIEW

The following report is based on a "point in time" review. This compliance report addresses findings noted during the November 2015 review. The purpose of this review was to assess Careprovider.Org Foundation 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,
- 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.

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 supervision they received. During the site visits, the children were observed to be comfortable and well-cared for in the Group Home and the staff were observed to be responsive to the children's needs. 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 placed children were prescribed psychotropic medication. The case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and required documentation of psychiatric monitoring.

CAD reviewed four staff files for compliance with Title 22 Regulations and County contract requirements. Site visits were conducted to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following four areas out of compliance:

Licensure/Contract Requirements

- A vehicle was not well maintained.

A vehicle utilized to transport children had a service light that indicated low tire pressure and the third row middle seatbelt was not locking properly. On December 5, 2015, CAD confirmed the vehicle was repaired, as the service light was no longer on and the seatbelt was locking correctly.

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

The Group Home submitted 15 SIRs via I-Track during this review period. CAD found that one was not timely submitted into the I-Track system and not cross-reported to Community Care Licensing (CCL) and six were not cross-reported to CCL.

- Appropriate and comprehensive monetary allowance logs were not maintained.

In 2 of 5 children's case files reviewed, there were no adequate monetary allowance logs. A child was missing three weeks of allowances and the other child was missing a one week allowance. CAD immediately brought this to the attention of the Group Home's Director and on December 15, 2015, the Group Home submitted proof of distributing the missing allowances to each child.

Recommendations:

The Group Home's management shall ensure that:

1. Vehicles to transport children are well maintained.
2. SIRs are submitted timely and appropriately cross-reported.
3. Appropriate monetary allowance logs are maintained.

Facility and Environment

- A common area was not well maintained.

In the female Group Home site, an electrical outlet in the children's restroom had not been updated to the Ground Fault Circuit Interrupter (GFCI) outlet. On December 5, 2015, CAD revisited the site and confirmed the GFCI outlet was installed.

- Adequate non-perishable food items were not maintained.

At the male Group Home site, there were expired canned food items in the pantry. CAD immediately had the Group Home staff discard the expired items.

Recommendations:

The Group Home's management shall ensure that:

4. Common areas are well maintained.
5. Adequate non-perishable food items are maintained.

Maintenance of Required Documentation and Service Delivery

- The Group Home did not obtain or document efforts to obtain Department of Children and Family Services (DCFS) Children's Social Worker's (CSW's) authorization to implement Needs and Services Plans (NSPs).

For 3 of 18 NSPs reviewed, the Group Home did not obtain the DCFS CSW's signatures. The Group Home documented only one effort per NSP to obtain the signatures.

- DCFS CSW monthly contacts were not documented.

For 1 of 5 children's case files reviewed, the Group Home Social Worker did not document contacting the DCFS CSW in January 2015.

At the exit conference, the Group Home representatives stated that staff will be properly trained on the importance of documenting DCFS CSW contacts in the children's case files.

- Initial NSPs were not developed timely.

For 3 of 4 Initial NSPs reviewed, the NSPs were not developed timely. A NSP due on October 20, 2014, was signed by the DCFS CSW on October 30, 2014. Another NSP due on May 15, 2015, was sent to the DCFS CSW on July 28, 2015. At the time of the review, the DCFS CSW had not signed the NSP. The third NSP due on October 8, 2014, was signed by the DCFS CSW on November 17, 2014.

- Updated NSPs were not developed timely and were not comprehensive.

For 10 of 14 Updated NSPs reviewed, the NSPs were not developed timely and were not comprehensive.

A child had two NSPs that were not timely. The NSP due on March 20, 2015, was signed by the DCFS CSW on April 1, 2015 and the NSP due on June 20, 2015, was signed by the DCFS CSW on July 29, 2015. The Group Home documented one effort to obtain the DCFS CSW's signature within five days of the due date for each of these NSPs.

A NSP due on October 15, 2015, was signed by the DCFS CSW on October 28, 2015. The Group Home documented one effort to obtain the DCFS CSW's signature on October 26, 2015, which was more than five days after the NSP due date.

A child had four NSPs that were not timely or comprehensive. The NSPs due on December 24, 2014, March 24, 2015 and June 24, 2015, were signed by the DCFS CSW on July 29, 2015. The Group Home did not document its efforts to timely obtain the DCFS CSW's signatures for these NSPs. The NSP due on September 24, 2015, was not comprehensive, as it did not document the child's mental health clinic visits.

A child had two NSPs that were not timely and/or comprehensive. The NSP due on December 8, 2014, was signed by the DCFS CSW on February 4, 2015. This NSP was not comprehensive as four outcome goals did not include modification dates, reasons for modifications, and dates of contact with the DCFS CSW. The NSP due on March 8, 2015, was not timely as it was signed late by the child, the Group Home Administrator, and the DCFS CSW. The signatures ranged from June 27, 2015 through July 29, 2015. The NSP due on June 8, 2015, was signed by the child, Group Home Administrator, and DCFS CSW more than five days after the NSP due date.

Recommendations:

The Group Home's management shall ensure that:

6. The Group Home obtains or documents efforts to obtain DCFS CSW's authorization to implement NSPs.
7. DCFS CSWs' monthly contacts are documented.
8. Initial NSPs are developed timely.
9. Updated NSPs are developed timely and are comprehensive.

Personnel Records

- An employee did not receive a timely health screening/tuberculosis (TB) clearance.

An employee hired on November 1, 2007, did not have a health screening/TB clearance on file. CAD immediately brought this to the attention of the Group Home Director. On November 23, 2015, the Group Home submitted a copy of the employee's health screening/TB clearance to CAD.

At the exit conference, CAD discussed the need to ensure that Group Home staff have timely health screenings/TB clearances and that such clearances are to be maintained in each employee's personnel file.

Recommendation:

The Group Home's management shall ensure that:

10. Employees receive timely health screenings/TB clearances.

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

CAD's last compliance report dated December 28, 2015, identified seven recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 3 of 7 recommendations for which the Group Home was to ensure that:

- The Group Home is in compliance with Title 22 Regulations and free from CCL citations.
- The Group Home exterior is well maintained.
- Children's bedrooms are well maintained.

The Group Home did not implement 4 of 7 recommendations for which they were to ensure that:

- All SIRs are submitted timely.
- The Group Home common areas are well maintained.
- The DCFS CSW's authorization to implement the NSP is obtained.
- Employee Health Screenings/TB clearances are completed timely.

Recommendation:

11. The outstanding recommendations from the prior report noted in this report as Recommendation numbers 2, 4, 6, and 10 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 made efforts to utilize information from the CAD review to strive towards greater overall compliance. The Group Home provided a listing of their efforts in the attached detail of their new protocols. The Group Home will consult with OHCMD for additional support and technical assistance. CAD will continue to assess implementation of the recommendations during the next review.



February 19, 2016

Sherry Rolls
Department of Children and Family Services
Contracts Administration Division – Contracts Compliance Division
rollss@dcfs.lacounty.gov

Dear Sherry,

This is in response to our Exit Conference held on 1/15/16.

The findings were:

- #3 Vehicle was in need of repair
- #4 Some incident reports not being cross reported to CCL and (1) SIR was found not timely.
- #7 Some Allowance and clothing logs were missing for the male children.
- #11 Female site, outlet was in need of updating.
- #14 Canned goods at the male site were expired
- #16, #21, #23, #24 NSP: Areas included, no specific dates of CSW contact noted, NSP not sent in a timely manner, missing dates for modified goals and no proof of three attempts for signature.
- #62 Original health screening for LCSW contractor not in file, only current one.

For the findings, I will address the necessary action to correct the deficiency, how the corrections will be implemented and what actions we have in place to ensure that it's maintained.

(#3) The service light for low tire pressure was on and the seatbelt in the third row was not working properly. The problem was repaired and confirmed by CAD on 12/5/2015. To ensure vehicle maintenance is up kept, the facility manager assigns a specific staff to check the vehicle weekly and document on the vehicle maintenance form. If anything is noted, they are to report to the facility manager where the vehicle would then be taken to the mechanic for repairs. Every week effective February 3, 2016, the facility managers will also bring their vehicle books for the director to review as an additional check.

(#4) Some Special Incident Reports not being cross reported to CCL and one documented late. The Director is responsible as of July 2015 for entering them into the I-Track system and will do so the same day when possible, if not they are entered within 24 hours of the incident. How the agency ensures reports get submitted in a timely manner is that the director makes that a priority and if for any reason

they are not available, the back-up plan is the facility manager is notified and they can enter it into the system.

As far as the lack of cross-reporting, that was a training issue. Since then, the director has attended a CCL meeting in Monterey Park on September 4, 2015 where they reviewed safety data and SIR. To ensure proper notification, the director made a copy of the: "Special Incident Reporting Guideline for Group Homes" and keeps it as a reference guide.

(#7) Allowance and Clothing logs were missing for some boys.

For the missing dates for M.P. for Dec 19th, Jan 2 and Feb 6 – see enclosed

For the missing dates for J.D. for Dec 19 – see enclosed

Allowance Logs: As of December 2015 we updated our Allowance tracking system. (Refer to Example B). The "Resident Weekly Allowance" will list the date, the youth, monies received, staff initial and a comments section for any reason why the youth may have not received their money. Example if they were on a home pass, AWOL etc. This form became effective December and will ensure consistency.

Clothing Logs: As of November 2015 we redesigned our Clothing tracking system and implemented it in November. Once items are purchased, we electronically log their monies given, carried over, shopping information and balances. (Refer to Example A)

In order to ensure this system is maintained, the director has tasked a single childcare staff to take all the children shopping, update their clothing inventory and turn in the receipts. The information is then logged into the system and updated monthly. If a child chooses to save their money for one month, they are required to sign a form stating that and that is entered into the spreadsheet as well.

(#11) The outlet needed updating. It was noted that the outlet in the female site did not have the breaker. It was replaced and confirmed by CAD on 12/5/2015. In addition, we had our electrician go to both sites and check all outlets to ensure they were up to code. The procedures in place are on a daily basis, night staff is to walk the facility and if any problem is found, then staff will complete the company maintenance form immediately so repairs can be made. In addition as of January 1, 2016, night staff will review and document monthly on the "Monthly Facility Inventory and Equipment Report".

(#14) Expired canned goods were found at the boys facility.

Staff training held on January 7, 2016, the director spoke with staff to let everyone know that food is everyone's responsibility. The night staff are to check the food and all expiration dates, but every staff especially those who are cooking are responsible for checking all food prior to preparation. To ensure this happens, the facility managers are responsible for checking after their staff and once a month the director will make a surprise check as well.

(#16 & #21) No Specific dates for CSW contact: In December 2015, we implemented an electronic calendar which allows the facility managers to enter all client related events. Example they enter dates of CSW meetings, medical appointments, court dates, etc. This new system will aid us in tracking and documentation because the facility managers are entering the information as it occurs. It also assists us by having all dates centrally located for the therapist and facility managers to view so they have the necessary information for the NSP.

(#16 & #23) Not having three documented attempts for getting CSW signatures : As of November 2015, we have a new system in place to ensure this does not happen again. The attempts will be escalated, per the Exit Conference as follows: First to the CSW. Second to the CSW and SCSW, and Third to CSW, SCSW and ARA. All three email attempts will be printed out and attached to the NSP. All emails are sent within the first 3 days of the five days allotted.

(#23 & 24) Submission of Documentation of NSP & Goal dates not modified: To ensure the timeliness, the therapist is now responsible as of January 2016, to submit the NSP to the team three days prior to the due date so the team can review for necessary corrections. As of February 1, 2016 whenever the goal dates are modified, the team will be informed by the therapist per email. The team during review should see the modified goal dates were entered prior to submission of the NSP. The therapist will follow above procedure, by sending to CSW on due date and cc team. We will remind county workers not to back date signatures on the NSP form.

(#62) No original health screening for a contracted employee(LCSW).

#1) The health screening did not occur until after the review began on November 17, 2015.

#2) Title 22, Section 80065 requires all personnel to have a health screening.

Moving forward the agency will adhere to Title 22 section (80065).

If there are any questions, please do not hesitate to ask.

Sandra Feldman

Thank you,

Sandra Feldman, Director
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