



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

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October 21, 2016

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From: Philip L. Browning
Director

ST. ANNE'S MATERNITY HOME GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the St. Anne's Maternity Home Group Home (the Group Home) in August 2015. The Group Home has one office located in the First Supervisorial District and provides services to the County of Los Angeles DCFS placed children and Probation foster youth. According to the Group Home's Program Statement, its stated purpose is "to provide services to at risk and pregnant or parenting young mothers and their children up to three years of age."

At the time of the review, the Group Home served 26 placed children, two dual supervision children, and one Probation foster youth. The Group Home has one 32-bed site and is licensed to serve a capacity of 32 girls, ages 11 through 19. The placed children's average length of placement was six months and their average age was 17.

SUMMARY

During CAD's Contract Compliance Review, the interviewed children generally reported: feeling safe at the Group Home, although a few children reported some instances of not feeling safe, in which the Group Home hired additional security to address their concerns; having been provided with good care and appropriate services; and being comfortable in their placement environment.

The Group Home was in full compliance with 5 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; and Discharged Children.

CAD noted deficiencies in the areas of: Licensure/Contract requirements, related to Special Incident Reports (SIRs) not being timely and cross-reported to all parties, and children not receiving weekly allowances; Maintenance of Required Documentation and Service Delivery, related to children not being assisted in maintaining important relationships, and Initial and Updated Needs and Services

Plans (NSPs) not being comprehensive; Personal Rights and Social/Emotional Well-Being, related to children not being informed of the Group Home's policies and procedures, not feeling safe, not being treated with respect and dignity, not having a fair rewards and discipline system, not being allowed private telephone calls, not being free to attend a religious service of their choice and not being free to receive or reject voluntary medical, dental and psychiatric care; Personal Needs/Survival and Economic Well-Being, related to children not being involved in the selection of their clothing and not being provided with adequate personal care items; and Personnel Records, related to an employee not receiving a timely health screening.

Attached are the details of CAD's review.

REVIEW OF REPORT

On December 2, 2015, Sherry L. Rolls and Amy Kim of DCFS CAD, and Jui-Ling Ho, DCFS Out-of-Home Care Management Division (OHCMD) held an exit conference with the Group Home representatives: D. Tony Walker, Group Home President/Chief Executive Officer; Maryam Sesay, Residential Director; Julie Chavez, Assistant Director; Bethany Walczak, Assistant Director; Erin Porter, Assistant Director; Carlos Tobar, Quality Assurance Director; and Veronica Arteaga, Interim Division Director Housing Program. 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 agreed to address 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. On January 7, 2016, the OHCMD provided technical assistance to the Group Home to assist in implementing 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:KR
LTI:sr

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
D. Tony Walker, President/CEO, St. Anne's Maternity Home Group Home
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Leonora Scott, Regional Manager, Community Care Licensing Division

ST. ANNE'S MATERNITY HOME GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY
Rate Classification Level 12
License No. 191802087

	Contract Compliance Review	Findings: August 2015
I	<u>Licensure/Contract Requirements</u> (9 Elements) <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. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance
II	<u>Facility and Environment</u> (5 Elements) <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 	Full Compliance (All)
III	<u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements) <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 the Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with the Child's Participation 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Improvement Needed 10. Improvement Needed

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<p>IV</p>	<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. Group Home 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. Group Home Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs 	<p>Full Compliance (All)</p>
<p>V</p>	<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 	<p>Full Compliance (All)</p>
<p>VI</p>	<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 	<p>Full Compliance (All)</p>
<p>VII</p>	<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. Group Home 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 Extracurricular, Enrichment, and Social Activities (Group Home, School, and Community) 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance

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	13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities at the Group Home, School, and Community	13. Full Compliance
VIII	<u>Personal Needs/Survival and Economic Well-Being</u> (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 a Life Book or Photo Album	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance
IX	<u>Discharged Children</u> (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	<u>Personnel Records</u> (7 Elements) 1. Federal Bureau of Investigations (FBI), Department of Justice (DOJ), and Child Abuse Central Index (CACI) Submitted Timely 2. Timely Completed Criminal Background Statement 3. Education/Experience Requirement 4. Employee Health Screening/Tuberculosis (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. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

**ST. ANNE'S MATERNITY HOME 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 August 2015 review. The purpose of this review was to assess the St. Anne's Maternity Home 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, six Department of Children and Family Services (DCFS) placed children and one Probation foster youth were selected for the sample. The Contracts Administration Division (CAD) interviewed seven children. During the site visit, the children were observed to be comfortable and well-cared for in the Group Home and 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, one placed child was prescribed psychotropic medication. The case file was 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. Site visits were conducted to assess the quality of care and supervision provided to the placed children.

CONTRACTUAL COMPLIANCE

CAD found the following five areas out of compliance:

Licensure/Contract Requirements

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

The Group Home submitted 746 SIRs via I-Track for the children in the sample during the review period. Out-of-Home Care Management Division (OHCMD) met with the Group Home to discuss the high number of SIRs. The Group Home staff stated this was due to a high number of youth

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leaving the facility to walk to the store to purchase specific snacks. Out of 746 SIRs reviewed, CAD found that 68 were not submitted timely into the I-Track system and eight SIRs were not appropriately cross-reported to Community Care Licensing (CCL) or the DCFS Children's Social Worker (CSW) per the SIR reporting guidelines.

The Group Home has put into place a submission and review policy to ensure that SIRs are submitted timely and appropriately cross-reported. The Residential Treatment Program Director will review all SIRs daily to ensure they are timely and appropriately cross-reported and then will forward them to the Division Director of Housing Programs and Support Services upon completion. The Division Director of Housing Programs and Support Services will then review and submit these SIRs into the I-Track system on a daily basis. In the event the Division Director of Housing Programs and Support Services is not able to submit the SIRs, the Division Director of Community Based Services will review and submit the SIRs into the I-Track system.

- Appropriate and comprehensive monetary allowance logs were not maintained.

Two of seven children's case files reviewed did not have adequate monetary allowance logs, as each child's case file did not document two weeks of allowances. CAD immediately brought this to the attention of the Group Home's Residential Director and on September 14, 2015, the Group Home submitted proof of reimbursing the missing allowances to each child.

Recommendations:

The Group Home's management shall ensure that:

1. SIRs are submitted timely and appropriately cross-reported in accordance with the SIR reporting guidelines.
2. Appropriate monetary allowance logs are maintained.

Maintenance of Required Documentation and Service Delivery

- A child was not assisted in maintaining important relationships.

For 1 of 7 children, the Group Home did not assist or document its efforts to assist the child in maintaining important relationships. At the time of the review, the child was in the current placement for approximately six months.

- An Initial Needs and Services Plan (NSP) was not comprehensive.

In 1 of 7 Initial NSPs reviewed, the NSP was not comprehensive. The NSP dated December 20, 2014, documented a child as going for an Initial dental exam, while the dental form noted the child refused the appointment.

- Updated NSPs were not comprehensive.

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In 7 of 12 Updated NSPs reviewed, the NSPs were not comprehensive:

A child's NSP dated February 20, 2015, did not list the dental appointments that occurred during the quarter. The child's NSP dated August 20, 2015, had an Outcome Goal that was modified from the previous NSP dated May 20, 2015. The Group Home did not list the reason for modification to this goal.

A child's NSP dated March 6, 2015, had four Outcome Goals that were projected to be completed by May 6, 2015. The NSP dated May 6, 2015, had the goals listed as still active. The goals had not been modified, did not include a modification date, and were not listed as achieved. The child's NSP dated August 6, 2015, had three Outcome Goals that were modified from the child's previous NSP dated May 6, 2015. The Group Home did not include reasons for modifications to these goals.

A child's NSP dated May 5, 2015, had two Outcome Goals missing from the previous NSP dated March 5, 2015. The Group Home did not transfer those goals to the NSP Achieved Goals page upon the child reaching the goals. The NSP also had two goals that were modified from the previous NSP, but did not include dates of modification.

A child's NSP dated May 19, 2015, had an Outcome Goal that was not included as either modified or achieved from the NSP dated August 19, 2015. The result of this goal was not listed.

A child's NSP dated June 14, 2015, had two Outcome Goals that were not included as either modified or achieved from the previous NSP dated August 14, 2014. The results of these goals were not listed.

At the exit conference, CAD informed the Group Home representatives that results of Outcome Goals and reasons for modifying goals must be documented in each NSP. The Group Home representatives acknowledged the deficiency and stated that Case Managers will be properly trained on the importance of developing comprehensive NSPs.

Recommendations:

The Group Home's management shall ensure that:

3. The Group Home assists children in maintaining important relationships.
4. Initial NSPs are comprehensive.
5. Updated NSPs are comprehensive.

Personal Rights and Social/Emotional Well-Being

- Children not informed of the Group Home policies and procedures.

Three of seven children interviewed stated the Group Home staff did not inform them of the rules, policies, and procedures upon placement such as room visits, staying in assigned living areas, how to get back into the facility and the extension to call to get back into the Group Home.

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- Children not feeling safe.

Three of seven children interviewed stated not feeling safe in the Group Home due to incidents of an attempted break-in by an ex-boyfriend of one of the residents, children behaving erratically, and children getting into physical altercations with other children. The Group Home hired additional security from 6 p.m. to 6 a.m. daily to address these concerns.

- Children not treated with respect and dignity.

Four of seven children interviewed stated they were not treated with respect and dignity, as they felt several staff members treated some children better than others, spoke disrespectfully to them and made inappropriate comments regarding people.

- The rewards and discipline system is not fair.

Two of seven children interviewed stated the consequences for going against the Group Home rules are not fair. They said the same discipline rules are applied regardless of which rule is broken. They added that children are not informed of the reasons for being disciplined.

- Children not allowed private telephone calls.

Three of seven children interviewed stated they are unable to make private telephone calls because the Group Home requires the child to conduct calls in the common areas of the living quarters.

At the exit conference, CAD informed the Group Home representatives that children have the right to receive and make private telephone calls unless prohibited by Dependency Court.

- A child was not free to attend religious services of her choice.

One of seven children interviewed stated she was not free to attend the religious service of her choice. The child reportedly requested to attend the family church, but the Group Home staff informed the child that the church was too far and recommended the child attend church on the Group Home grounds.

At the exit conference, CAD informed the Group Home to work with the DCFS CSW regarding transportation to the child's church of choice and to document its efforts.

- Children not free to reject voluntary medical, dental, and psychiatric care.

Four of seven children interviewed stated they are not free to reject voluntary medical, dental, and psychiatric care. They reported not being free to participate in extra-curricular activities when refusing medical treatment and/or are put on a 24-hour hold that does not allow the children to participate in any extracurricular activities.

At the exit conference, the Group Home informed CAD that children are not able to participate in extracurricular activities outside the Group Home when the refusal of medical treatment could present a health and safety issue to others in the community. CAD informed the Group Home that they should have a written policy, which complies with the Foster Youth Bill of Rights guidelines, in regards to a child's refusal of medical treatment when the child's exposure could possibly affect the health and safety of the community.

Recommendations:

The Group Home's management shall ensure that:

6. Children are informed of the Group Home's policies and procedures.
7. Children feel safe in the Group Home.
8. Children are treated with respect and dignity.
9. The rewards and discipline system is fair.
10. Children are allowed private telephone calls.
11. Children are free to attend religious services of their choice.
12. Children are free to receive or reject voluntary medical, dental, and psychiatric care.

Personal Needs/Survival and Economic Well-Being

- A child was not involved in the selection of her clothing.

One of seven children interviewed stated that Group Home staff did not allow the child to select her clothing.

- Children not provided with a sufficient supply of personal care items.

Five of seven children interviewed stated they do not receive adequate supplies of personal care items. The girls reported that they each receive a limited number of sanitary napkins each month. Also, they do not always receive all requested personal care items for the month and have to request the same items the following month. The Group Home staff only order the supplies once per month and do not provide the missing items to the children throughout the month.

Recommendations:

The Group Home's management shall ensure that:

13. Children are involved in the selection of their clothing.

14. Children are provided with a sufficient supply of personal care items.

Personnel Records

- An employee did not receive a timely health screening.

One employee hired in February 2013 completed their health screening in October 2013, approximately eight months after their date of hire.

Recommendation:

The Group Home's management shall ensure that:

- 15. Employees receive timely health screenings.

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

CAD's last compliance report dated February 24, 2016 (review conducted in November 2014), identified two recommendations.

Results:

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

- Required follow-up medical examinations are conducted timely.

The Group Home did not implement 1 of 2 recommendations for which they were to ensure that:

- Development of timely, comprehensive, Updated NSPs with the child's participation.

Recommendation:

- 16. The outstanding recommendation from the prior report noted in this report as recommendation number 5 is 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 and CAD will continue to assess implementation of the recommendations during the next review.

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St Anne's

Brighter futures for at-risk
pregnant young women, mothers and children

May 13, 2016

Sherry Rolls
Children's Services Administrator I
County of Los Angeles
Department of Children and Family Services
Contract Compliance Section
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

RE: Corrective Action Plan for Group Home Monitoring Review
Site Visit Date: August 19, 2015
Initial CAP Due Date: January 13, 2016
Amended CAP Due Date: May 13, 2016

Dear Ms. Sherry Rolls:

The St. Anne's Residential Treatment Program is dedicated to providing the best services available to our residents. Your collaboration and input is helpful in making this possible for our residents. The following items were recommended and will be rectified through the plans related below.

I. LICENSURE/CONTRACT REQUIREMENT

Element #4

Finding: 76 of 746 SIRs were not submitted timely nor appropriately cross reported

Corrective Action Plan:

- During the weekdays, Serious Incident Reports (SIRs) will be inputted by the Lead Program Assistant on I-track. Medical SIRs will be completed by the Health Services Manager. The Health Services Manager will notify the Lead Program Assistant that the SIRs are saved for review. The Lead Program Assistant will notify Residential Treatment Program Director and Division Director of Housing Programs once I-track has been saved for review and submittal.
- Residential Treatment Program Director will review all SIRs on a daily basis and notify Division Director of Housing Programs of completion. The Residential Treatment Program Director will ensure that SIRs are appropriately cross reported.
- Division Director of Housing Programs and Support Services will review and submit all SIRs on a daily basis.
- In the event that the Division Director of Housing Programs and Support Services is not able to submit SIRs, the Division Director of Community Based Services will review and submit SIRs.



For immediate SIR I-track submittal (such as: runaways, hospitalization, etc.):

- e) Managers will immediately submit all runaway and hospitalization I-tracks and will addendum runaway I-tracks when necessary. Assistant Directors will review submitted I-track to ensure accuracy and ensure that SIRs are appropriately cross reported. Managers will be trained on appropriately completing and submitting immediate SIR I-tracks.
- f) SIRs that are not appropriately cross reported by Managers will be faxed to the missing reporting party by Assistant Directors and an addendum will be updated on I-track.
- g) Assistant Directors will input SIRs on I-track on weekends and will I-track all SIRs involving physical restraints and police involvement. Assistant Directors will notify Residential Treatment Program Director and Division Director of Housing Programs once I-track has been saved for review and submittal.
- h) In the event that the Division Director of Housing Programs and Support Services is not able to submit SIRs, the Division Director of Community Based Services will review and submit SIRs.

Implementation Date: 01/27/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

Element #7

Finding: Two residents did not receive their initial weekly allowance of \$7.00

Corrective Action Plan:

- a) The Lead Program Assistant will review and update the Weekly Allowance and Stipend Form completed by a program assistant.
- b) When a new intake is placed at St. Anne's, the Lead Program Assistant will ensure that there is a request for the new intake initial \$7.00 weekly allowance on the weekly allowance and stipend form.
- c) The Residential Treatment Program Director will review and sign the weekly stipend and allowance form.
- d) The Lead Program Assistant will request money from Accounting Department and log the received amount for each resident on the Cash Resource Form.
- e) Managers will distribute the weekly allowance and stipend to residents on a weekly basis. Residents will sign the cash resource form and the weekly allowance and stipend form to acknowledge receipt.
- f) If the Manager distributing the allowance and stipend recognizes that a new intake did not receive their allowance for the week, he/she will notify the Lead Program Assistant who would request for the allowance and have it ready to be provided to the new intake on the next business day.

Implementation Date: 01/27/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

I. FACILITY AND ENVIRONMENT

No findings noted in this area during this review

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Element #22

Finding: One of the Needs and Services Plan (NSP) reviewed at the time of audit did not show evidence that the Group Home staff assisted a resident in maintaining important relationships with family.

Corrective Action Plan:

- a) Upon intake, Department of Child and Family Services Children Social Worker/Department of Probation Officer (DCFS CSW/DPO), residents, and family members/significant adults, will be informed of Visitation Policies and Procedures. DCFS CSW/DPO will be provided with Visitation Authorization form to complete, which will inform staff on who the resident is authorized to visit with while in placement.
- b) Case Managers will include family members/significant adult of a resident as part of the treatment team and invite them at treatment team meetings, self-sufficiency meetings, family events, etc.
- c) Case Managers will discuss resident's visitation plans with assigned DCFS CSW/DPO.
- d) DCFS CSW/DPO, resident, and authorized visitors will be informed of visitation hours, visiting rooms, and time allotted per visit. Time allotted per visit is flexible, and is determined by court ordered visitation plan, and/or visitors' circumstances.
- e) Case Managers will coordinate visits with DCFS/DPO and family members/significant adults to help facilitate visitations under special circumstances.
- f) Court ordered visitation will be coordinated and planned by the DCFS CSW/DPO and Case Managers. Due to the program housing a capacity of 32 teens and 18 children, scheduled court ordered visitation are planned and responsibilities are shared between the Group Home staff, DCFS CSW/DPO, and other interested parties such as foster family agencies, in order to ensure visitations are facilitated and/or monitored.
- g) Case Managers will document all efforts made to involve important relationships with residents and their family members on the NSP.
- h) To further engage family members/significant adult in treatment, Parent Handbook was created for the family members/significant adult to assist with understanding the program and the services we offer residents.

Implementation Date: 01/27/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

Element #23

Finding: NSP states initial dental exam took place on 12/10/2014, however, GH's dental form for the 12/10/2014 appointment states child refused to go to appointment, not comprehensive.

Corrective Action Plan:

- a) Case Managers will clearly indicate the schedule dates of the initial dental exam for every resident on the NSP.
- b) If resident refused the dental appointment scheduled, an explanation will be documented on the comment section of the NSP. The next tentative scheduled appointment will be included in the comment section as well.
- c) Case Managers will include the date of completion of the dental exam on the NSP and cross reference it to the Teen Appointment Medical Record (TA).

Implementation Date: 01/27/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

Element #24

Finding: Goals not transferred to the Achieve Goal section, Modified Goals did not indicate reason for modification or when the goal was modified, and dates of dental appointments were not listed on the quarterly section of the NSP.

Corrective Action Plan:

- a) Case Managers will be trained on 01/27/16 completing the NSP Goal section and Achieved Goal Section. (See Attachment for Agenda and Sign-In Sheet for the NSP Training)
- b) New Case Manager will receive initial NSP training prior to completing an Initial Treatment Plan (ITP)/ NSP.
- c) Assistant Directors will review ITP/NSP completed by their assigned Case Managers and provide feedback to case managers, if revisions needs to be made.
- d) The treatment team -which includes the resident, family members/significant adult, DCFS CSW/DPO, Residential Counselors, Case Managers, Therapist, Health Services Manager, Parent Education Specialist, Activity Coordinator, Assistant Directors, Residential Treatment Director, etc., will be involved in the NSP development.
- e) Case Managers and Assistant Directors will sign and date NSP acknowledging that it has been reviewed and completed accurately.
- f) Residential Program Treatment Director will randomly select NSP for review and support in the training process of the NSP.

Implementation Date: 01/27/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

IV. EDUCATION AND WORKFORCE READINESS

No findings noted in this area during this review.

V. HEALTH AND MEDICAL NEEDS

No findings noted in this area during this review.

VI. PSYCHOTROPIC MEDICATION

No findings noted in this area during this review.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Element #36, 40, 41, 43, 46

Finding: Concerns regarding well-being of residents- specially pertaining to residents interviewed expressing concerns of not being aware house rules, favoritism, unfair discipline, not being treated with respect and dignity, only allowed at attend St. Anne's church, and not able to reject medical care.

Corrective Action Plan:

- a) The program is in the process of creating a Resident Handbook (estimated date of completion: 04/01/2016) which would be provided to residents at intake. Residents will

be able to utilize the Residents Handbook as a guide of the services provided and guidelines on how to run an effective treatment program. The handbook will include information on policies and procedures, safety holds, behavioral contracts (Pre-Separation Contract, Safety Plan, Restitution Contract, etc.), individualized treatment plan and confidentiality, etc.

- b) Resident will be allowed to refuse their medical appointments. If a resident refuses their medical appointment, they will be able to attend the in-door extra-curricular activities and will be educated on the importance of attending medical appointments for their health and well-being. Depending on the health and well-being of the resident and their child/ren and the potential risk of illness exposure to the community, resident and their child/ren will not be able to attend out-door extra-curricular activity. This will also be addressed in the Residents Handbook and provided to resident at intake.
- c) Teen times will be offered weekly to refresh residents on the program policies and procedures and update residents on any changes to program. Resident will use this opportunity to discuss concerns and/or provide recommendations with their assigned residential counselors.
- d) Residents will be encouraged to attend monthly Resident Council meetings to give suggestions and/or address concerns regarding the program.
- e) Residents will be allowed to attend any religious services of their choice. Resident will be encouraged to notify staff ahead of time in order to coordinate trips and/or assist with obtaining authorized community passes accordingly. St. Anne's serves 32 teens in-house that may have different religion preferences, which requires advances planning and coordinating.
- f) Primary Staff working directly with residents will build appropriate rapport and healthy relationships with residents in order guide them through safe decision-making process and future plans that will contribute to resident becoming self-sufficient. Primary staff will be guided on how to effectively build relationships with their residents during supervisions and at trainings.
- g) Staff meetings will be conducted on a weekly basis to provide trainings for themed challenges and struggles that staff experience while working with residents. These trainings will assist the residential counselors in their roles.

Implementation Date: 01/27/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Quality Assurance: Quality Assurance Director

Element# 37

Finding: Residents interviewed reported not feeling safe and spoke of the "crazy boyfriend" incident, baby being hospitalized following hitting her head on the table accidentally while being supervised by staff, not feeling safe in the presence of aggressive residents.

Corrective Action Plan:

- a) St. Anne's hired a security team on-campus for a 12 hour period to help ensure the safety and well-being of residents and staff from 6:00pm-6:00am seven days a week.

- b) At new hire, staff will be trained on effective parenting skills and developmental stages of children to help educate staff on how to appropriately care of children under their supervision and how to guide residents that are struggling with parenting.
- c) Residents that display unsafe behavioral concerns are addressed individually at treatment team meetings and when necessary will be placed on increased supervision for their safety and other residents' safety. If a resident continues to struggle in their program despite the treatment team efforts with addressing the unsafe behavior, St. Anne's will ask the resident to be replaced and/or a 7-day notice will be issued.
- d) All residents will be made aware of how behavioral issues are addressed and it will also be indicated on the Resident's Handbook. Residents will not be informed of another resident's treatment plan due to confidentiality purposes.

Implementation Date: 01/27/16 and Ongoing
 Person Responsible: Residential Treatment Program Director
 Quality Assurance: Quality Assurance Director

Element #42

Finding: Residents interviewed reported that they are unable to make private phone calls; calls are made in the common areas.

Corrective Action Plan:

- a) Residents will be allowed to make private calls to the DCFS CSW/DPO, DCFS SCSW/SDPO, Attorneys, Child Abuse Hotline, and Ombudsman at any time. Staff will place the phone call for the resident in a designated room and leave the room to allow for the private call. Resident will be monitored from outside of the room.
- b) With prior approval from DCFS CSW/DPO and under extenuating circumstances, resident may be allowed specified amount of time to place a private call to family members/significant adult.

Implementation Date: 01/27/16 and Ongoing
 Person Responsible: Residential Treatment Program Director
 Quality Assurance: Quality Assurance Director

VIII. PERSONAL NEEDS/SIRVOVAL AND ECONOMIC WELL-BEING

Element #51

Finding: One resident reported that staff made her purchase clothing (dresses) that she did not want and will not wear.

Corrective Action Plan:

- a) The program follows the DCFS clothing requirement guidelines- DCFS 2281, for residents at intake and throughout the length of their placement.
- b) Staff will encourage resident to purchase what is needed/required prior to purchasing other clothing items.
- c) Staff will allow for resident to choose the clothing of their liking, so as long as it is meeting the clothing requirement and is appropriate.

Implementation Date: 01/13/16 and Ongoing
 Person Responsible: Residential Treatment Program Director

Quality Assurance: Quality Assurance Director

Element #52

Finding: Residents interviewed expressed concerns of supplies they receive, specifically about the number of napkins they receive monthly, excess items removed from room, and sunscreen not provided during summer.

Corrective Action Plan:

- a) Residents are provided with supplies at intake, on a monthly basis, and as needed upon request. When a resident ask for additional supplies, staff will assess the need of the supply and will inform resident of a timeline regarding when the supply will be provided to the resident.
- b) Residents will complete the Monthly Supply Request Form- which would include sunscreen as an item that can be requested, with their primary staff. The primary staff will confirm that residents are in need of the items requested to avoid duplicates or excess of supplies provided to residents. The completed form will be signed by residents and primary staff.
- c) Assistant Directors will review the form and provide the form to the assigned Program Assistant responsible for the distributing of supplies.
- d) The assigned Program Assistant will provide the requested supplies to the residents and allow for residents to confirm the receipt of the supplies by signing off on the monthly supply request form.
- e) Excess unused supplies items found in resident's room are considered unsafe, and will be returned to the supply cage. Residents will be informed of this at intake, and this will also be indicated in the Resident's Handbook.
- f) Resident will be provided with sufficient amount of napkins a month that will help support them through their menstruation period. If a resident would require more napkins, staff will provided to her with the napkins on an as needed basis.

Implementation Date: 01/27/16 and Ongoing
Person Responsible: Residential Treatment Program Director
Residential Program Assistant Directors
Education Case Liaisons
Quality Assurance: Quality Assurance Director

IX. DISCHARGED CHILDREN

No Finding noted in this area during this review.

X. PERSONNEL RECORDS

Element #62

Finding: A staff file reviewed showed that she completed health screening 8 months after hire date.

Corrective Action Plan:

- a) All potential New Hires will complete a Pre-employment health screening and Tuberculosis (TB) test prior to employment with the Group Home.

- b) The potential New Hire will not be permitted to report to work without the clearance of the health screening.
- c) The Human Resource Coordinator will obtain clearance record and keep it in employee's personal file.

Implementation Date: 01/27/16 and Ongoing
Person Responsible: Human Resource Coordinator
Quality Assurance: Quality Assurance Director

If you have any questions, please don't hesitate to contact me directly at (213) 381-2931 ext. 264 or Carlos Tobar, Quality Assurance Director at ext. 500.

Sincerely



Maryam Sesay, MSHA
Residential Treatment Program Director

cc: Tony Walker, President and Chief Executive Officer
Sharon Spira-Cushnir, Chief Operating Officer
Veronica Arteaga, Division Director of Housing Programs & Support Services
Carlos Tobar, Quality Assurance Director