



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

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December 2, 2016

To: Supervisor Hilda L. Solis, Chair
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

A handwritten signature in black ink, appearing to be "P. Browning", written over the printed name and title.

BOURNE GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Bourne Group Home (the Group Home) in February 2016. The Group Home has two licensed sites located in the Fifth 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 "operate house model group homes that provide protective physical environments for children with emotional and physical problems, sibling groups, probation-supervised youth, parenting teens, and youth transitioning to independent living."

At the time of the review, the Group Home served 12 placed DCFS children, two were dually supervised by DCFS and Probation. The Group Home has two sites and is licensed to serve a capacity of 12 children, male and female, ages 13 through 17. The 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; having been provided with good care and appropriate services; and being comfortable in their environment. One child reported not being treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Community Care Licensing (CCL) citations; Maintenance of Required Documentation and Service Delivery, related to the Group Home not developing comprehensive Initial and Updated Needs and Services Plans (NSPs); and Personal Rights and Social/Emotional Well-Being, related to one child reporting not being treated with respect and dignity.

Attached are the details of CAD's review.

REVIEW OF REPORT

On March 8, 2016, Chinelo Maduiké, DCFS CAD and Aiyana Rios, DCFS Out-of-Home Care Management Division (OHCMD) held an exit conference with the Group Home representatives: Timothy Tucker, Executive Director and Darleen Ramsey, Administrative Assistant. 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 CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. On March 3, 2016, the OHCMD provided technical assistance to the Group Home to assist with implementing their CAP.

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

PLB:KR
LTI:cm

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

**BOURNE GROUP HOME
CONTRACT COMPLIANCE REVIEW SUMMARY**

**Rate Classification Level 10
License Number: 198204767**

**Rate Classification Level 10
License Number: 198208206**

	Contract Compliance Review	Findings: February 2016
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 Special Incident Reports (SIRs) 5. Disaster Drills Conducted and Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign-In/Out Logs for Placed Children 9. Community Care License (CCL) Complaints on Safety/Plant Deficiencies 	<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. Full Compliance 9. Improvement Needed
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 	<p>Full Compliance (All)</p>
III	<p><u>Maintenance of Required Documentation and 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 (CSW's) Authorization to Implemented Needs and Services Plans (NSPs) 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance

BOURNE GROUP HOME CONTRACT COMPLIANCE REVIEW
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	<ol style="list-style-type: none"> 6. Recommended Assessment/Evaluations Implemented 7. DCFS CSW's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive Updated NSPs with Child's Participation 	<ol style="list-style-type: none"> 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 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. Group Home Ensured Children Attend 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 Youth Development Services (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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance

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	<ol style="list-style-type: none"> 4. Group Home'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 Correspondences 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 at the Group Home, School, and Community 13. Children Given Opportunities to Participate in Extracurricular, Enrichment and Social Activities at the Group Home, School, and Community 	<ol style="list-style-type: none"> 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance
VIII	<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>
IX	<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>

X	<u>Personnel Records</u> (7 Elements) <ol style="list-style-type: none">1. Federal Bureau of Investigation (FBI), California Department of Justice (DOJ), Child Abuse Central Index (CACI) Submitted Timely2. Timely Completed Criminal Background Statement3. Education/Experience Requirement4. Employee Health Screening/Tuberculosis (TB) Clearances Timely5. Valid Driver's License6. Signed Copies of Group Home Policies and Procedures7. All Required Training	Full Compliance (All)
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**BOURNE 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 February 2016 review. The purpose of this review was to assess the Bourne 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 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 Medication,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, five placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. 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, four discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of review, three 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 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 three areas out of compliance:

Licensure/Contract Requirements

- Community Care Licensing (CCL) citation.

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CCL cited the Group Home on April 23, 2015, as a result of the Group Home's Administrative Offices being located at one of its licensed facilities. CCL requested a written Plan of Correction (POC), which included the Group Home stating their understanding of the conditions the facility can operate under, assurance that the two facilities would have separate Administrative offices, and that no visitation or combined activities for two facilities will occur at any one Group Home site. The Group Home will also not provide any services to the placed children or youth at the new administrative office site. The Group Home submitted the POC and it was cleared by CCL on September 1, 2015.

CCL cited the Group Home on July 16, 2015, due to children going outside to fight while staff was on the phone with the Administrator. CCL requested a written POC, which included a new process that the Group Home will implement to prevent this type of incident from reoccurring. The Group Home submitted the POC on July 17, 2015, and it was cleared on August 3, 2015 by CCL.

CCL cited the Group Home on September 1, 2015, during a case management visit because a vehicle was found requiring repair. CCL requested a POC for a seatbelt repair and for the vehicle to be cleaned and detailed. CCL cleared the POC on September 23, 2015.

CCL cited the Group Home on October 26, 2015, for two beds not being in good repair. CCL requested a POC to purchase new beds. The Group Home purchased new beds and CCL cleared the POC on October 26, 2015.

CCL cited the Group Home on October 26, 2015, during a case management visit for the building and grounds repairs. CCL observed an old water heater outside by the garage door, an old broken bed frame that needed to be thrown out, and a 12-inch screwdriver accessible to the children on the dirt by the sidewall. The screwdriver was immediately removed. CCL requested a POC, which included pictures of the front yard showing that the items had been removed. CCL cleared the POC on October 28, 2015.

Recommendations:

The Group Home's management shall ensure that:

1. The Group Home complies with Title 22 Regulations and is free of CCL citations.

Maintenance of Required Documentation and Service Delivery

- Initial Needs and Services Plans (NSPs) were not comprehensive.

Three of the five Initial NSPs reviewed were not comprehensive. Two children were removed from their parents for less than six months and the court recommended Family Reunification (FR) services, but their NSP case plan goal was marked as Planned

Permanent Living Arrangement (PPLA). Another child's medical and dental service dates were missing from the NSP.

- Updated NSPs were not comprehensive.

Three of the twelve Updated NSPs reviewed were not comprehensive. The Updated NSPs for two children were not comprehensive. Two children were removed from their parents for less than six months and the court recommended FR services, but their Updated NSPs had PPLA as their case plan goal. Another child's Updated NSP was missing the child's medical and dental services dates.

During the exit conference, the Group Home representatives acknowledged that the boxes were checked off in error. The Group Home also understands that the NSP is a standalone document and in order to prevent such occurrences in the future, they will continue to gather all pertinent information and make sure the proper case plan goal is marked correctly and all medical and dental dates are inputted in all sections of the NSPs.

Recommendations:

The Group Home's management shall ensure that:

2. Initial NSPs are comprehensive.
3. Updated NSPs are comprehensive.

Personal Rights and Social/Emotional Well-Being

- Children reported not being treated with dignity and respect.

A child disclosed that he and two other residents are picked on by one staff. The child further stated that he feels that the staff singles them out and does things to provoke them into getting in trouble.

During the exit conference, CAD discussed the need to ensure that Group Home staff treat every child the same; with dignity and respect. The Group Home representatives acknowledged that they were already aware of the situation and have provided additional supervision during that particular staff's shift. The Group Home has also provided in-service trainings and one-on-one counseling with the staff with regards to client personal rights.

Recommendation:

The Group Home's management shall ensure that:

4. Children are treated with dignity and respect.

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

CAD's last compliance report dated February 26, 2016 (review conducted in February 2015), identified four recommendations.

Results:

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

- Vehicles are maintained in good repair.
- Common areas are well maintained
- Children's bedrooms are well maintained.
- Adequate perishable and non-perishable food are provided.

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. A follow-up visit to verify implementation of the Corrective Action Plan is scheduled for a later date with identified findings. The Group Home will continue to consult with Out-of-Home Care Management Division for additional support and technical assistance, and CAD will continue to assess implementation of the recommendations during the next Contract Compliance Review.

Bourne Incorporated
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"Making a Difference"

CONTRACT COMPLIANCE CORRECTIVE ACTION PLANS

I. LICENSURE/CONTRACT REQUIREMENTS

9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?

Findings: The agency has 5 substantiated CCL citations; CCL Complaint Control #'s (1) 34-CR-20150318120600 dated 4/23/2015; (2) 34-CR-20150805095030 dated 8/10/2015 & 3 Facility Evaluation Reports dated (3) 7/16/15, (4) 9/1/15 and (5) 10/26/15.

Community Care licensing substantiated that (1) a zoning violation took place by having a corporate office in the facility, a Plan of Correction was submitted on 4/27/2016 and cleared on 4/29/2016, (2) resident's personal right had been violated due to a mattress being in poor repair, citation was cleared by site visit on 07/16/2015, (3) Facility Evaluation Report dated 7/16/2015 for Lack of Supervision, a Plan of Correction was submitted on 7/17/2015 and cleared on 8/3/2015, (4) Facility Evaluation Report dated 9/1/2015 for Vehicle Maintained in Good Repair, citation cleared by site visit on 9/23/2015 & (5) Facility Evaluation Report dated 10/26/2015 for old water heater, bed frame being outside to be discarded, pictures of yard showing items no longer present were submitted on 10/27/2015 and cleared on 10/28/2015.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

23. Did the Treatment Team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

Findings: Child #1, #2 and #3 Initial NSPs were not comprehensive. Children (#1 and #2) were removed from home of parents less than 6 months and court recommends FR services. However, their NSP case plan has PPLA listed. Child

#3's Initial medical & dental services dates were provided but not documented in the NSP section.

Past Practice:

Bourne Inc.'s Group Home Social Worker completes each child's case plan summary in their Needs and Services Plan (NSP). Bourne Inc's Administrative Assistant gathers all medical & dental dates and submits those dates to the Group Home Social Worker for insertion. The Administrator reviews each NSP for accuracy before submission to the child's CSW for signature.

Note: The case plan goal comment section for Children #1 & #2 indicated that both children's parents were recommended Family Reunification services, however the Family Reunification box was not checked, instead the PPLA box was checked in error.

Corrective Action Plan:

Upon intake of a new client, Bourne Inc's Group Home Social Worker and Administrative Assistant will continue to work closely in gathering all pertinent information for the Needs and Services Plans (NSP).

The Administrative Assistant will send the new client's Case Review to the Group Home Social Worker, highlighting the Permanency Plan recommended by the court. The Administrative Assistant whom already gathers all initial medical and dental dates will insert these dates in ALL sections of the NSP that require them. Administrative Assistant will also make sure that the proper case plan goal box has been checked. After all dates have been inputted in ALL sections of the NSP, and the proper case plan goal box has been checked, Administrative Assistant will then send NSP to the Group Home Social Worker for completion of all other sections.

Upon completion of the initial NSP, the Administrative Assistant will review all sections to ensure that all boxes, dates and pertinent information has been added properly, then the NSP will be submitted to the Administrator for final review before being sent to the child's CSW for signature.

24. Did the Treatment Team develop timely, comprehensive, updates Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

Findings: Child #1, #2 and #3 updated NSPs were not comprehensive. Children (#1 and #2) were removed from home of parents less than 6 months and court recommends FR services. However, their NSP case plan has PPLA listed. Child #3's updated NSP's (1st & 2nd qtr) medical & dental services dates were provided but not documented in the NSP section.

Past Practice:

Bourne Inc.'s Group Home Social Worker completes each child's case plan summary in their Needs and Services Plan (NSP). Bourne Inc's Administrative Assistant gathers all medical & dental dates and submits those dates to the Group Home Social Worker for insertion. The Administrator reviews each NSP for accuracy before submission to the child's CSW for signature.

Note: The case plan goal comment section for Children #1 & #2 indicated that both children's parents were recommended Family Reunification services, however the Family Reunification box was not checked, instead the PPLA box was checked in error.

Corrective Action Plan:

Bourne Inc's Group Home Social Worker and Administrative Assistant will continue to work closely in gathering all pertinent information for the updating of the Needs and Services Plans (NSP).

Upon completion of the quarterly NSP, the Administrative Assistant will review all sections to ensure that all boxes, dates and pertinent information has been updated properly, then the NSP will be submitted to the Administrator for final review before being sent to the child's CSW for signature.
identifiable.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

39. Do children report being treated with respect and dignity?

Findings. Child #3 indicated that he and 2 other residents are "picked on" by one staff. The same child feels that the staff singles them out and does things to provoke them to get in trouble.

Past Practice:

Bourne Inc. utilizes in-service trainings, as well as, one on one trainings dealing with client personal rights.

Corrective Action Plan:

After several in-service trainings, five (5) one on one counseling sessions with the Director, assistance at the facility by the Administrative Assistant and the Supervisor, it was decided by staff in question that it was best to resign his position as a Child Care Worker for Bourne Inc. effective March 11, 2016.

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Tucker', written in a cursive style.

Tim Tucker,
Bourne Inc. – Executive Director