



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

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December 7, 2016

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis,
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Philip L. Browning
Director

WEST COVINA GROUP CORPORATION FISCAL COMPLIANCE ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Fiscal Compliance Assessment and Contract Compliance Review of the West Covina Group Corporation (the Group Home) in April 2016. The Group Home has one licensed site located in San Bernardino County and provides services to the County of Los Angeles DCFS placed children, Probation foster youth, and children placed by other counties. According to the Group Home's Program Statement, its stated purpose is "to help youths develop the skills and self-esteem which will enable them to become self-sufficient and productive persons in society."

At the time of the review, the Group Home served six DCFS placed children. The Group Home has one six-bed site licensed to serve a total capacity of six boys, ages 11 through 17. The children's average length of placement was 13 months and their average age was 15.

SUMMARY

CAD conducted a Fiscal Compliance Assessment which included an agency-wide review of the Group Home's financial records, such as financial statements, bank statements, check register, and personnel files to determine their compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with all areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; Cash/Expenditures; and Payroll and Personnel.

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.

"To Enrich Lives Through Effective and Caring Service"

The Group Home was in full compliance with 8 of 10 applicable areas of CAD's Contract Compliance Review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to Community Care Licensing (CCL) citations; and Maintenance of Required Documentation and Service Delivery, related to not obtaining the DCFS Children's Social Worker's (CSW's) authorization to implement a Needs and Services Plan (NSP).

Attached are the details of CAD's review.

REVIEW OF REPORT

On May 20, 2016, Ali Bhatti, DCFS CAD and Mani Adenow, DCFS Out-of-Home Care Management Division (OHCMD) held an exit conference with the Group Home representatives Hardip S. Gill, Executive Director and Tonya Alexander, Group Home Administrator. On May 20, 2016, Omnaya Zaklama, DCFS CAD held the Fiscal exit conference with Hardip S. Gill, Executive Director. There were no fiscal findings. The Group Home's representatives agreed with the Contract Compliance 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 in this report. On May 26, 2016, The OHCMD provided technical assistance to assist the Group Home in the implementation of 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:ab

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
Hardip S. Gill, Executive Director, West Covina Group Corporation
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

**WEST COVINA GROUP CORPORATION
FISCAL COMPLIANCE ASSESSMENT REVIEW
FISCAL YEAR 2015 - 2016**

SCOPE OF REVIEW

The Fiscal Compliance Assessment included a review of the West Covina Group Corporation's (the Group Home's) financial records for the period of January 1, 2014 through March 31, 2016. The Contracts Administration Division (CAD) reviewed the financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The agency-wide Fiscal Compliance Assessment review focused on five key areas of internal controls:

- Financial Overview,
- Loans, Advances and Investments,
- Board of Directors and Business Influence,
- Cash/Expenditures, and
- Payroll and Personnel.

The Group Home was in full compliance with all areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; Board of Directors and Business Influence; Cash/Expenditures; and Payroll and Personnel.

FISCAL COMPLIANCE

No deficiencies noted.

PRIOR YEAR FISCAL COMPLIANCE ASSESSMENT FOLLOW-UP

CAD conducted a Fiscal Compliance Assessment of the Group Home in Fiscal Year (FY) 2014-2015. There were no prior recommendations to be implemented.

NEXT FISCAL COMPLIANCE ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County FY 2016-2017.

**WEST COVINA GROUP CORPORATION
CONTRACT COMPLIANCE REVIEW SUMMARY**

License Number: 360911241

Rate Classification Level: 11

	Contract Compliance Review	Findings: April 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 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. 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 style="text-align: center;">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 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 Worker's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with the 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. Full Compliance 8. Full Compliance 9. Full Compliance

WEST COVINA GROUP CORPORATION CONTRACT COMPLIANCE REVIEW
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	10. Development of Timely, Comprehensive Updated NSPs with the Child's Participation	10. Full Compliance
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 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 	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. 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 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)

	<ol style="list-style-type: none"> 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 	
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 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	<p><u>Personnel Records</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. Federal Bureau of Investigation (FBI), Department of Justice (DOJ), Child Abuse Central Index (CACI) 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 	<p>Full Compliance (All)</p>

**WEST COVINA GROUP CORPORATION
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 April 2016 review. The purpose of this review was to assess the West Covina Group Corporation'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, three placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed the children and reviewed their case files to assess the care and services they received. During the site visit, 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 sampled children were prescribed psychotropic medication. The children's case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed three Group Home 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.

CONTRACTUAL COMPLIANCE

CAD found the following two areas out of compliance:

Licensure/Contract Requirements

- Community Care Licensing (CCL) citations.

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CCL cited the Group Home for a complaint received on May 7, 2015, regarding lack of supervision and neglect. It was reported that one child was hitting another child in the home and the video was posted on the internet (YouTube). CCL interviewed all parties and it was determined that the children were playing around and there was no actual physical contact. A Plan of Correction (POC) was required and CCL cleared the POC on July 8, 2015. This referral was investigated by Riverside County Child Protective Services and the allegations were determined to be unfounded. The Out-of-Home Care Investigations Section (OHCIS) requested a Corrective Action Plan (CAP) and approved the submitted CAP on November 6, 2015.

CCL cited the Group Home for a complaint received on June 4, 2015, regarding a child not receiving medications as prescribed and the medication not being recorded correctly. A review of the files indicated that there was no documentation in the files and the medication log of one child was misplaced in another child's file. A POC was required and CCL cleared the POC on June 29, 2015. The Department of Children and Family Services (DCFS) Emergency Response (ER) Children's Social Worker (CSW) conducted an investigation and determined the allegations to be unfounded. The OHCIS requested a CAP and approved the submitted CAP on December 10, 2015.

Recommendation:

The Group Home's management shall ensure that:

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

Maintenance of Required Documentation and Service Delivery

- DCFS CSW's authorization to implement a Needs and Services Plan (NSP) was not obtained.

For 1 of 6 NSPs reviewed, the Group Home did not obtain the DCFS CSW's authorization to implement the NSP.

At the exit conference, the Group Home representatives stated that they will ensure that all parties are involved in the creation of goals and treatment plans, all CSW contacts are documented in the NSPs, and all NSP signature requests are timely and appropriately documented.

Recommendation:

The Group Home's Management shall ensure that:

2. DCFS CSW's authorization to implement NSPs is obtained.

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

The CAD's last report dated April 22, 2016, identified six recommendations.

Results:

Based on CAD's follow-up, the Group Home fully implemented 5 of 6 recommendations for which they were to ensure that:

- All Special Incident Reports (SIRs) are timely submitted.
- DCFS CSW's monthly contacts are documented.
- Timely Initial NSPs are developed.
- Timely comprehensive Updated NSPs are developed.
- Children are encouraged and assisted with a Life Book or Photo Album.

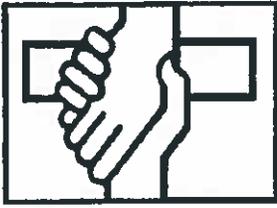
The Group Home did not implement 1 of 6 recommendations for which they were to ensure that:

- The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

Recommendation:

3. The outstanding recommendation from the prior report noted in this report as recommendation number 1 is fully implemented.

The Group Home representatives expressed their desire to remain in compliance with Title 22 Regulations and Contract requirements. The Group Home will consult with the Out-of-Home Care Management Division for additional support and technical assistance, and CAD will continue to assess the implementation of the recommendations during the next compliance review.



WEST COVINA GROUP CORPORATION

4041 CARROLL COURT
CHINO, CA 91710
(909) 591 2589
FACILITY #360911241

June 16, 2016

Ali Bhatti, MPA
Children Service Administrator II
Contract Compliance Administrator
Department of Children and Family Services
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA 90010

Subject: Corrective Action Plan (CAP)

Dear Mr. Ali Bhatti,

CORRECTIVE ACTION PLAN

1. 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? (SAFETY)

On 5/7/15, CCL cited GH for lack of supervision and neglect. (Unfounded)

CAP:

To ensure that residents don't record or video tape each other the following procedures have been put in place:

- The staff are positioned in the hallway at all times and residents are to be checked randomly by staff every 15 to 30 minutes according to Title22 guild lines.
- The staff must go in the room and have a visual on the resident and document what the resident's task is at the time of check.
- Residents have been educated on the rights of other residents when they are being recorded in a group home setting. It's a violation of rights to video tape or record.
- Residents must be monitored when using electronics.
- Residents are not allowed to horse play at any time.

On 6/4/15, CCL cited GH for child not receiving medications prescribed and medications not being recorded correctly. (Unfounded)

CAP:

To ensure that the medication procedure is followed and medications are recorded the following procedures have been implemented:

- All staff has been re-trained on the medication procedure. Which consist of:
 - a. Medication documentation
 - b. Medication descriptions and examples
 - c. Self-Assessment Guide for medication (CCL)
 - d. Foster Youth Mental Health bill of rights for medication
 - e. Questions to ask about medication
 - f. Centrally stored medication and destruction record
 - g. Medication Administration Record (MAR)
 - h. Review of Psychotropic Medication
 - i. Over the counter medication log
 - j. Psychotropic Medication count sheet

Summary of procedure: The staff passing the medication must review the resident's medication. The staff should ask the resident do he know what medication he takes and why? The staff should ask the resident if this is his medication and also let him look at the bubble pack to ensure you are passing the medication to the correct resident. The staff should watch the resident take the dosage and ask the resident to go through the procedure to ensure that the medication was taken. After the resident take the medication. The staff should document his/her initials on the MAR sheet. If a resident refuses his medication or there is an issue with medication. The administrator must be notified and an incident report must be written.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY:

#16. Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan? (WELL-BEING)

CAP: The Administrator will implement the following procedure for authorization of Needs and Service signature:

- The Administrator will email the social worker 3 times within a 5-day period.
- The emails will be saved and printed, attached to the NSP for proof of contact.
- If the social worker doesn't respond with the 5-day period. The Facility Manager will make arrangements to go to the worker office to obtain a signature. Depending on where the office is located.

Sincerely,

Tonya Alexander

Tonya Alexander
Administrator