County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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October 9, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

**B & I GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of B & I Group Home in March 2012, at which time they had two six-bed sites and eight DCFS placed children and one Los Angeles County Department of Probation placed child. All nine children were males.

B & I has two sites; the Alvarado and San Francisco sites are located in the First Supervisorial District and provide services to DCFS and Probation children. According to B & I's program statement, its stated goal is "to meet the individual needs of the child, as well as the needs of the children as a collective group." B & I is licensed to serve a capacity of 12 male children, ages 13 through 17.

For the purpose of this review, four DCFS children and one Probation child were interviewed and their case files were reviewed. The placed children's overall average length of placement was eight months and the average age was 16. Five discharged children's files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at time of discharge. Five staff files were reviewed for compliance with Title 22 Regulations and the County contract requirements.

Two sampled children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm documentation of psychiatric monitoring was maintained as required.

## SCOPE OF REVIEW

The purpose of this review was to assess B & I's compliance with the County contract and State regulations. The visit included a review of B & I's program statement, administrative internal policies and procedures, five current children's case files, five discharged children's case files, and a random sampling of personnel files. A visit was made to both sites to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

## SUMMARY

During our review, the interviewed children reported feeling safe and treated with respect and dignity.

At the time of the review, B & I needed to immediately address three non-operational smoke alarms in the Alvarado site. The Group Home also needed to develop and modify comprehensive Needs and Service Plan (NSP) Quarterly Reports and ensure the children were receiving weekly group therapy, ensure children's progress in academic performance and/or attendance, or document interventions provided if no improvement is made. Additionally, some children did not receive timely dental examinations and a few staff members did not receive timely certifications in B & I's emergency intervention plan or receive initial training in accordance with Title 22 Regulations.

The Executive Director and Administrator agreed with the findings and were receptive to implementing systemic changes to improve compliance with regulations and the County contract. They agreed to address the deficiencies in a Corrective Action Plan (CAP).

## NOTABLE FINDINGS

The following were the notable findings of our review:

- Some Special Incident Reports (SIRs) were not submitted to the I-TRACK System timely and cross reported to all applicable parties. The Administrator stated the Facility Managers will review the Special Incident Reporting Guide for Group Homes (Exhibit A-VIII), and the Administrator will follow-up with both

Facility Managers to ensure compliance in timely reporting of SIRs. The Monitor forwarded Exhibit A-VIII for their reference. Furthermore, OHCMD and the Probation Department provided SIR training in October 2011, which was attended by the Facility Manager and another staff member from the San Francisco site.

- Since our last review, CCL, cited B & I as a result of deficiencies and findings during four CCL investigations. On June 2, 2011, CCL cited B & I's Alvarado site for two substantiated allegations of Buildings and Grounds violations. CCL concluded the Group Home's wooden walking deck was not properly maintained, and an outdoor area was obstructed with a large wooden storage box. B & I provided a Plan of Correction (POC) which included the removal of the deck and wooden box. CCL provided a Letter of Deficiency Citations Cleared on June 17, 2011.

- On June 17, 2011, CCL cited B & I's Alvarado site for a substantiated allegation of Lack of Responsibility for providing care and supervision. CCL concluded the children were smoking on the premises. B & I provided a POC that included staff training in improved communication techniques and supervision of difficult children. CCL provided a Letter of Deficiency Citations Cleared on July 7, 2011.

- On December 19, 2011, CCL cited B & I's San Francisco site for a substantiated allegation of Buildings and Grounds violation. CCL concluded the Group Home did not have an operational heating system for over one week. B & I provided a POC, which included a plan of immediately providing portable heaters if the heating system should become inoperable, as well as documentation of the heating system repair and repair statement. CCL provided a Letter of Deficiency Citations Cleared on December 23, 2011.

- On February 22, 2012, during an annual visit, CCL cited B & I's Alvarado site for a substantiated violation of Personnel Requirements. CCL concluded that a newly-hired child care staff member did not complete a minimum of 24 hours of training within 90 days of hire. In addition, CCL substantiated a violation of Buildings and Grounds. CCL concluded a bedroom dresser had a broken dresser drawer and graffiti, had an inoperable smoke detector in one bedroom, and the hallway bathroom had unfinished work on the wall next to the toilet. B & I provided a POC, which included the required training for the staff member and repairs to the dresser, smoke detector and bathroom. CCL provided a Letter of Deficiency Citations Cleared on March 7, 2012.

- The Alvarado site had inoperable smoke detectors in two bedrooms and the dining room. The smoke detectors were replaced, and the Administrator stated that the Facility Manager will ensure smoke detectors are operational during monthly Group Home disaster drills and will log the test results in the newly-revised monthly disaster drill log.

- One child did not make progress toward his NSP treatment goals. The Administrator reported that the child would be enrolled in an additional tutoring program through Foster Youth Services two days per week, and the Facility Manager will request to receive weekly progress reports and will seek other and/or additional resources if the additional tutoring is not effective.

- The children were not provided consistent weekly group therapy. The Administrator reported that he believes the therapist did offer weekly group therapy; however, the group therapy was not consistently documented by the therapist in the children's files. The Administrator reported that he was unsure of the reason for the systemic breakdown, but he stated that the therapist will provide weekly group therapy and document the session in the child's file. The Facility Manager will conduct random audits to ensure compliance.

- Although all reviewed initial and updated NSPs were timely, they were not comprehensive. Specifically, all elements were not completed in accordance with the NSP/Quarterly Report template, while some NSP goals were not specific and/or measurable. In addition, some updated NSPs did not contain specific "Quarterly Only" information related to the child's progress in their treatment goals for the previous 90 days. The Administrator reported that additional training will be provided to the Group Home Therapist, as well as on-going input from both Facility Managers. The Administrator later reported that he employed an outside resource, familiar with the NSP/Quarterly Report template, to provide training to their Group Home Therapist. Per the Administrator, the consultant will follow-up with the Group Home Therapist on a regular basis to ensure NSPs are comprehensive. The Monitor forwarded the administration staff members a copy of the SMART (Specific, Measurable, Attainable Results Oriented, Time-Limited) guidelines to assist in writing comprehensive goals. Furthermore, OHCMD and the Probation Department provided NSP training in January 2012, which the Group Home Therapist and San Francisco site Facility Manager attended.

- Two children did not attend school as required, and two children's academic performance and/or attendance did not increase. The children had failing grades, and there was no documentation of provided interventions to assist them in attending school and improving their academic performance. The Administrator stated that although the Alvarado site provides transportation to and from school, the Facility Manager will request the school to immediately contact the Group Home if the child is not in class. The Administrator also reported that the child will be provided additional tutoring resources if needed. If the tutoring resource is not effective, the Group Home will seek another resource that may be more beneficial for the child. Further, they will improve documentation of intervention provided, as well as enlist assistance and/or request a meeting with the Group Home Therapist and the child's Children's Social Worker (CSW). In addition, the Monitor provided

the administration with the Education Coordinating Council website, http://www.educationcoordinatingcouncil.org/Links.htm.

- One child did not receive a timely initial dental examination, and three children did not receive timely follow-up dental examinations. The Administrator stated that the Facility Manager will log the appointments to ensure they are completed on a timely basis and the Administrator will provide oversight to ensure compliance.

- One newly-hired staff member did not receive the required initial training within the 90 days of hire, and three staff personnel files did not contain documentation of the staff receiving the 20-hour Professional Assault Crisis Training (Pro-ACT) Basic and Restraint certification. The Administrator provided two of the three staff members' certifications. The third staff member was not certified in compliance with Pro-ACT's guidelines. The Administrator stated the staff member would not work alone with children or participate in restraining children until fully certified in Pro-ACT. The Administrator stated that he would ensure all staff receive the Basic and Restraint certification and Refresher Course on a yearly basis.

The detailed report of our findings is attached.

## EXIT CONFERENCE

The following are highlights from the Exit Conference held March 28, 2012.

**In attendance:**

Irene Kiuruwi, Executive Director, Billy McDaniel, Administrator, Rene Hudson, Facility Manager, B & I Group Home; and Kristine Kropke Gay, Monitor, OHCMD, DCFS.

**Highlights:**

The Administrator and Executive Director expressed an understanding of our findings and recommendations and stated they will implement the recommendations.

B & I provided an approved CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of recommendations during our next monitoring review.

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

PLB:RRS:KR
EAH:PBG:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Philip Anih, President, Board of Directors, B & I Group Home
Irene Kiuruwi, Executive Director, B & I Group Home
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing
Lenora Scott, Regional, Manager, Community Care Licensing

**B & I GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**197 E. Alvarado Street**
**Pomona, CA 91767**
**License Number: 197801988**
**Rate Classification Level: 11**

**410 San Francisco Street**
**Pomona, CA 91767**
**License Number: 197803511**
**Rate Classification: 11**

| | **Contract Compliance Monitoring Review** | **Findings: March 2012** |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements) | |
| | 1. Timely Notification for Child's Relocation | 1. Full Compliance |
| | 2. Transportation | 2. Full Compliance |
| | 3. Special Incident Reports (SIRs) | 3. Needs Improvement |
| | 4. Compliance with Licensed Capacity | 4. Full Compliance |
| | 5. Disaster Drills Conducted & Logs Maintenance | 5. Full Compliance |
| | 6. Runaway Procedures | 6. Full Compliance |
| | 7. Allowance Logs | 7. Full Compliance |
| | 8. CCL Citation/OHCMD Investigation Reports on Safety/Plant Deficiencies | 8. Needs Improvement |
| | 9. Detailed Sign In/Out Logs for Placed Children | 9. Full Compliance |
| II | **Facility and Environment** (6 Elements) | |
| | 1. Exterior Well Maintained | 1. Full Compliance |
| | 2. Common Areas Maintained | 2. Needs Improvement |
| | 3. Children's Bedrooms/Interior Maintained | 3. Needs Improvement |
| | 4. Sufficient Recreational Equipment | 4. Full Compliance |
| | 5. Sufficient Educational Resources | 5. Full Compliance |
| | 6. Adequate Perishable and Non Perishable Food | 6. Full Compliance |

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|---|---|---|
| III | **Maintenance of Required Documentation and Service Delivery** (13 Elements) | |
| | 1. Child Population Consistent with Program Statement | 1. Full Compliance |
| | 2. DCFS CSW Authorization to Implement NSPs | 2. Full Compliance |
| | 3. Children's Participation in the Development of NSPs | 3. Full Compliance |
| | 4. NSPs Implemented and Discussed with Staff | 4. Full Compliance |
| | 5. Children Progressing Toward Meeting NSP Case Goals | 5. Needs Improvement |
| | 6. Development of Timely Initial NSPs | 6. Full Compliance |
| | 7. Development of Comprehensive Initial NSPs | 7. Needs Improvement |
| | 8. Therapeutic Services Received | 8. Needs Improvement |
| | 9. Recommended Assessment/Evaluations Implemented | 9. Full Compliance |
| | 10. DCFS CSWs Monthly Contacts Documented | 10. Full Compliance |
| | 11. Children Assisted in Maintaining Important Relationships | 11. Full compliance |
| | 12. Development of Timely Updated NSPs | 12. Full Compliance |
| | 13. Development of Comprehensive Initial/Updated NSPs | 13. Needs Improvement |
| IV | **Education and Emancipation Services** (8 Elements) | |
| | 1. Children Enrolled in School Timely | 1. Full Compliance |
| | 2. Children Attending School | 2. Needs Improvement |
| | 3. GH Facilitates in Meeting Child's Educational Goals | 3. Full Compliance |
| | 4. Children's Academic or Attendance Increase | 4. Needs Improvement |
| | 5. Current IEPs Maintained | 5. Full Improvement |
| | 6. Current Report Cards Maintained | 6. Full Compliance |
| | 7. YDS/Vocational Programs Opportunities Provided | 7. Full Compliance |
| | 8. GH Encourages Children's Participation in YDS | 8. Full Compliance |
| V | **Health and Medical Needs** (6 Elements) | |
| | 1. Initial Medical Exams Conducted | 1. Full Compliance |
| | 2. Initial Medical Exams Timely | 2. Full Compliance |
| | 3. Follow-Up Medical Exams Timely | 3. Full Compliance |
| | 4. Initial Dental Exams Conducted | 4. Full Compliance |
| | 5. Initial Dental Exams Timely | 5. Needs Improvement |
| | 6. Follow-Up Dental Exams Timely | 6. Needs Improvement |

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|---|---|---|
| VI | **Psychotropic Medication** (2 Elements)<br><br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation/Review | Full Compliance (ALL) |
| VII | **Personal Rights and Social/Emotional Well-Being** (15 Elements)<br><br>1. Children Informed of Group Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Satisfaction with Meals and Snacks<br>4. Staff Treatment of Children with Respect and Dignity<br>5. Appropriate Rewards and Discipline System<br>6. Fair Consequences<br>7. Children Allowed Private Visits, Calls, and Correspondence<br>8. Children Free to Attend Religious Services/Activities<br>9. Reasonable Chores<br>10. Children Informed About Their Medication<br>11. Children Aware of Right to Refuse Psychotropic Medication<br>12. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care<br>13. Children Given Opportunities to Plan Activities<br>14. Children Participate in Activities (GH, School, Community)<br>15. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities | Full Compliance (ALL) |
| VIII | **Personal Needs/Survival and Economic Well-Being** (8 Elements)<br><br>1. $50 Clothing Allowance<br>2. Adequate Quantity Clothing Inventory<br>3. Adequate Quality Clothing Inventory<br>4. Involvement in Selection of Clothing<br>5. Provision of Personal Care Items<br>6. Minimum Monetary Allowances<br>7. Management of Allowance/Earnings<br>8. Encouragement and Assistance with Life Book/Photo Album | Full Compliance (ALL) |

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|---|---|---|
| IX | **Discharged Children** (3 Elements)<br><br>1. Children Discharged According to Permanency Plan<br>2. Children Making Progress Toward NSP Goals<br>3. Attempts to Stabilize Children's Placement | Full Compliance (ALL) |
| X | **Personnel Records** (14 Elements)<br><br>1. DOJ Submitted Timely<br>2. FBI Submitted Timely<br>3. CACIs Submitted Timely<br>4. Criminal Background Statement Signed Timely<br>5. Education/Experience Requirement<br>6. Employee Health Screening Timely<br>7. Valid Driver's License<br>8. Signed Copies of GH Policies and Procedures<br>9. Initial Training Documentation<br>10. One-Hour Child Abuse and Reporting Training<br>11. CPR Training Documentation<br>12. First-Aid Training Documentation<br>13. On-going Training Documentation<br>14. Emergency Intervention Training Documentation | 1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br>7. Full Compliance<br>8. Full Compliance<br>9. Needs Improvement<br>10. Full Compliance<br>11. Full Compliance<br>12. Full Compliance<br>13. Full Compliance<br>14. Needs Improvement |

**B & I GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW**

| | |
|---|---|
| **197 E. Alvarado Street** | **410 San Francisco Street** |
| **Pomona, CA 91767** | **Pomona, CA 91767** |
| **License Number: 197801988** | **License Number: 197803511** |
| **Rate Classification Level: 11** | **Rate Classification: 11** |

The following report is based on a "point in time" monitoring visit and addresses findings noted during the March 2012 monitoring review.

## CONTRACTUAL COMPLIANCE

Based on our review, B & I was in full compliance with four of 10 sections of our contract compliance review: Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children. The following report details the results of our review.

## LICENSURE/CONTRACT REQUIREMENTS

Based on our review of five children's case files and/or documentation from the provider, B & I fully complied with seven of nine elements reviewed in the area of Licensure/Contract Requirements.

Some Special Incident Reports (SIRs) were not submitted into the I-TRACK System in accordance with the County contract's Statement of Work, Exhibit A-VIII, and Special Incident Reporting Guide for Group Homes. The Administrator stated the Facility Managers will review Exhibit A-VIII, and the Administrator will follow-up with both Facility Managers to ensure compliance in timely reporting of SIRs. The Monitor forwarded Exhibit A-VIII for their reference. Furthermore, OHCMD and the Probation Department provided SIR training in October 2011, which was attended by the Facility Manager and another staff member from the San Francisco site.

Community Care Licensing (CCL) had cited B & I as a result of deficiencies and findings during four CCL investigations. On June 2, 2011, CCL cited B & I's Alvarado site for two substantiated allegations of Buildings and Grounds violations. CCL concluded the Group Home's wooden walking deck was not properly maintained, and an outdoor area was obstructed with a large wooden storage box. B & I provided a Plan of Correction (POC), which included the removal of the deck and wooden box. CCL provided a Letter of Deficiency Citations Cleared on June 17, 2011.

On June 17, 2011, CCL cited B & I's Alvarado site for a substantiated allegation of Lack of Responsibility for providing care and supervision. CCL concluded the children were smoking on the premises. B & I provided a POC that included staff training in improved communication techniques and supervision of difficult children. CCL provided a Letter of Deficiency Citations Cleared on July 7, 2011.

On December 19, 2011, CCL cited B & I's San Francisco site for a substantiated allegation of Buildings and Grounds violation. CCL concluded the Group Home did not have an operational heating system for over one week. B & I provided a POC, which included a plan of immediately providing portable heaters if the heating system should become inoperable, as well as documentation of the heating system repair and repair statement. CCL provided a Letter of Deficiency Citations Cleared on December 23, 2011.

On February 22, 2012, during an annual visit, CCL cited B & I's Alvarado site for a substantiated violation of Personnel Requirements. CCL concluded that a newly-hired child care staff member did not complete a minimum of 24 hours of training within 90 days of hire. In addition, CCL substantiated a violation of Buildings and Grounds. CCL concluded a bedroom dresser had a broken dresser drawer and graffiti, had an inoperable smoke detector in one bedroom, and the hallway bathroom had unfinished work on the wall next to the toilet. B & I provided a POC, which included the required training for the staff member and repairs to the dresser, smoke detector and bathroom. CCL provided a Letter of Deficiency Citations Cleared on March 7, 2012.

**Recommendations:**

B & I's management shall ensure:

1. All SIRs are appropriately documented and cross-reported timely.

2. A safe environment for children and compliance with Title 22 Regulations.

## FACILITY AND ENVIRONMENT

Based on our review, B & I fully complied with four of six elements reviewed in the area of Facility and Environment.

The Alvarado site had inoperable smoke detectors in two bedrooms and the dining room, which the Monitor later observed had been replaced. The Administrator stated that the Facility Manager will ensure smoke detectors are operational during monthly Group Home disaster drills and will log the test results in the newly-revised monthly disaster drill log.

**Recommendation:**

B & I's management shall ensure:

3. The common quarters are well maintained with operational smoke detectors.

4. The children's bedrooms are well maintained with operational smoke detectors.

## MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of five children's case files and/or documentation from the provider, B & I fully complied with nine of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We noted that one child did not progress toward meeting his NSP case goals. Specifically, the child's Education Goal documented a decline in school grades and a school suspension for fighting. The Administrator reported that the child would be enrolled in an additional tutoring program through Foster Youth Services, twice a week, and the Facility Manager will request weekly progress reports and will seek other and/or additional resources if the additional tutoring is not effective.

The reviewed children did not receive consistent weekly group therapy, in accordance with their NSP and the B & I program statement. The Administrator reported that he believes the therapist did offer weekly group therapy; however, the group therapy was not consistently documented by the therapist in the children's files. The Administrator reported that he was unsure of the reason for the systemic breakdown, but stated that the therapist will provide weekly group therapy and document the session in the children's files and the Facility Manager will conduct random audits to ensure compliance.

All reviewed NSPs were timely; however, none were comprehensive in that they did not meet all elements in accordance with the NSP/Quarterly Report template. Specifically, of the five initial and 11 updated NSPs reviewed, seven goals were not measurable, one goal was not pertinent to the child and one goal was dropped without being achieved or modified. Additionally, there were two goals that were not viable and/or achievable goals, in that for one goal it was incumbent upon the CSW to enroll the child in ILP classes and the other goal was related to the mother attending family therapy, both of which were not within the child's control. All of the reviewed NSPs contained an issue related to specific and/or insufficient information related to visitation, life skills, and specific dates of medical appointments, individual therapy, group therapy, and the Group Home's monthly contacts with the child's Children's Social Workers (CSWs). One NSP contained inconsistent information documenting that the child was prescribed two specific psychotropic medications; however a Psychotropic Medication Authorization (PMA) was not applicable. Furthermore, four NSPs contained inaccurate information because they were documented as initial NSPs, but were actually updated NSPs. Also, two NSPs had the incorrect date of the child's admission, and one NSP

had the child's incorrect dental appointment date. Lastly, 10 updated NSPs did not contain specific "Quarterly Only" information related to the children's progress in their treatment goals for the previous 90 days.

The Monitor reviewed the NSP deficiencies with the San Francisco site Facility Manager, who acknowledged the deficiencies. The Monitor forwarded a copy of the SMART (Specific, Measurable, Attainable Results Oriented, Time-Limited) guidelines to assist in writing comprehensive goals. The Administrator reported that additional training will be provided to the Group Home Therapist, as well as on-going input from both Facility Managers. The Administrator later reported that he employed an outside resource, familiar with the NSP/Quarterly Report template, to provide training to their Group Home Therapist. Furthermore, OHCMD and the Probation Department provided NSP training in January 2012, and the Group Home Therapist and San Francisco site Facility Manager attended the training.

**Recommendations:**

B & I's management shall ensure:

5.. Children are progressing toward meeting the NSP case goals.

6. Children receive the required therapeutic services.

7. The development of comprehensive initial NSPs.

8. The development of comprehensive updated NSPs.

## EDUCATION AND WORKFORCE READINESS

Based on our review of five children's case files and/or documentation from the provider, B & I fully complied with six of eight elements reviewed in the area of Education and Workforce Readiness.

Two children did not attend school as required, and two children's academic performance and/or attendance did not increase. The children had failing grades and there was no documentation provided of interventions to assist them in attending school and to improve their academic performance and/or attendance. The Administrator stated that although the Alvarado site provides transportation to and from school, the Facility Manager will request that the school immediately contact the Group Home if the child is not in class. The Administrator also reported that the child will be provided additional tutoring resources if needed, and if the tutoring resource is not effective, the Group Home will seek another resource that may be more beneficial for the child. He stated they will also improve documentation of interventions being provided, as well as enlist assistance and/or a meeting with the Group Home Therapist and the child's CSW. In addition, the Monitor provided the administration with the Education Coordinating Council website, http://www.educationcoordinatingcouncil.org/Links.htm.

**Recommendations:**

B & I's management shall ensure:

9. Children attend school as required.

10. Staff will assist and document efforts to improve children's academic performance and/or attendance.

## HEALTH AND MEDICAL NEEDS

Based on our review of five children's case files and/or documentation from the provider, B & I fully complied with four of six elements reviewed in the area of Health and Medical Needs.

One child did not receive a timely initial dental examination, and three children did not receive timely follow-up dental examinations. The Administrator stated that the Facility Manager will log the appointment to ensure they are completed on a timely basis and the Administrator will provide oversight to ensure compliance.

**Recommendations:**

B & I's management shall ensure:

11. Children receive timely initial dental examinations.

12. Children receive timely follow-up dental examinations.

## PERSONNEL RECORDS

Based on our review of five staff files, B & I fully complied with 11 of 14 elements reviewed in the area of Personnel Records.

We noted that one newly-hired staff member did not receive the required initial training within 90 days of hire, and three staff personnel files did not contain documentation of the staff receiving the 20-hour Professional Assault Crisis Training (Pro-ACT) Basic and Restraint certification in accordance with the Performance Standards found in Chapter 4 of the Pro-ACT Restraint Certification Manual, as well as compliance with B & I's program statement of staff certified in physical restraint. The Administrator provided two of the three staff members' certification. The third staff member was not certified in compliance with Pro-ACT's guidelines. The Administrator stated that their staff member would not work alone with children or participate in restraining children until fully certified in Pro-ACT. The Administrator stated that he would ensure all staff receive the Basic and Restraint certification and Refresher Course on a yearly basis.

**Recommendations:**

B & I's management shall ensure:

13. All staff members receive timely initial training.

14. All staff members receive timely certification in the Emergency Intervention Plan.

## FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

### Objective

Determine the status of the recommendations reported in the prior monitoring review.

### Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report is dated July 10, 2011.

### Results

It should be noted that the OHCMD's prior monitoring compliance report only included the review of the San Francisco site. Historically, the Alvarado site only admitted Probation placed youth, and therefore had been monitored and reviewed by the Department of Probation.

OHCMD's prior monitoring review of the San Francisco site contained five outstanding recommendations. Specifically, the San Francisco site was to ensure the exterior and grounds were well maintained, including outdoor furniture; the Group Home has a sufficient supply of age-appropriate outdoor recreation equipment; comprehensive NSPs; children were satisfied with meals and snacks; and staff received timely certification in the Emergency Intervention Plan.

Based on our follow-up of these recommendations, B & I fully implemented three of five recommendations from the prior review. B & I did not implement the recommendation of comprehensive NSPs and timely certification in the Emergency Intervention Plan. Corrective action was requested of B & I to further address the recommendations that were not implemented.

**Recommendation:**

B & I's management shall ensure:

15. Full implementation of the outstanding recommendations from the prior monitoring review, which are noted in this report as Recommendations 7, 8 and 14.

## MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of B & I Group Home was posted by the Auditor-Controller (A-C) on April 7, 2008. The A-C identified $6,612 in unallowable costs and $17,749 in unsupported/inadequately supported costs, totaling $24,361. In addition, DCFS records show significant overpayments to B & I as of March 2007, and B & I was to work with DCFS to resolve the discrepancies.

The DCFS Fiscal Monitoring Section confirmed that B & I Group Home has paid the unsupported/inadequately supported and ineligible expenditures. However, B & I has an outstanding balance of $26,537 attributed to overpayments. B & I is on a payment plan and is paying monthly, in accordance with the plan.

B & I Group Home Inc
We Care

Phillip Anih
**Chairman**

Carlton Edwards
**Secretary**

Ernest Bentum
**Treasurer**

Dr. Allen Brown
**Member**

Billy McDaniel
**Member**

**Resistard Kitilya**
**Member**

Irene Kiuruwi
**Executive Director**
Non voting member

William H. Mashingaidze
**Financial Advisor**
Non voting member

**B & I Group Home Inc**
410 San Francisco Ave
Pomona CA 91767
Tel:(909) 623-3158
Tel(909) 549-7838
Pomona, CA 91769
Fax:(909) 622-3678

**B/I Group Home 2011**
**Group Home Contract Compliance**
**Facility # 197801988 &197803511**
**P. O. Box 1761**
**Pomona, CA 91769**

## I. LICENSURE/CONTRACT REQUIREMENTS

**#3—Facility Manager will be responsible for ensuring that special incident reports SIRs) are appropriately documented and cross reported timely. Each time an I-TRACK is generated manager will utilize Exhibit A-VIII to ensure all applicable parties have been notified. Administrator will be responsible for ensuring Facility Manger follows the correct reporting guidelines.**

**#8—Issues regarding Community Care licensing citation have been resolved and a Plan of Correction that was submitted has been approved.**

## II. FACILITY AND ENVIRONMENT

**#11 and # 12---Facility Manager will be responsible for ensuring all facility's smoke detectors are working properly. When completing monthly disaster drills, smoke detectors will also be tested and results logged in the disaster drill log. Administrator will ensure this procedure is followed monthly. (See revised attached form).**

## III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

**#20----To ensure that child is progressing toward meeting his Needs and Service Plans case goals as it relates to child's declining school grades, child has been enrolled in an additional tutoring program at Foster Youth Services two times a week to improve his study habits and his chances of graduation. Facility Manager will ensure minor attends tutoring as required and receive weekly progress on his progress. Administrator and child's CSW are aware of minor declining grades and will also assist in encouraging child to improve school grade to improve his chances of a successful graduation. CSW and Facility Manager will be responsible for follow up.**

B & I Group Home Inc
We Care

Phillip Anih
**Chairman**

Carlton Edwards
**Secretary**

Ernest Bentum
**Treasurer**

Dr. Allen Brown
**Member**

Billy McDaniel
**Member**

**Resistard Kitilya**
**Member**

Irene Kiuruwi
**Executive Director**:
Non voting member

William H. Mashingaidze
**Financial Advisor**
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**#23---To ensure that children are receiving required therapeutic services, therapist will ensure all groups and individuals sessions are better documented in residents' file and that residents are aware of the number of times required for group or individual session. Facility Managers and Administrator will be responsible for conducting random audits to ensure compliance.**

**#22/28---To ensure that the treatment team develops comprehensive updated and initial Needs and Services Plans with child, the treatment team will meet with the child one week prior to completion of updated and initial NSP to ensure implementation. The therapist will contact the CSW regarding the date and time of the updated and initial NSP meeting. Documentation will show attempts to have CSW attend the meeting of obtain their signature for implementation of the updated and initial NSP. To assist in ensuring that updated and initial NSPs are comprehensive outside resources familiar with NSPs will be utilized to do follow-up with Group Home therapist . Administrator will meet with therapist to ensure compliance.**

## IV. EDUCATIONAND WORKFORCE READINESS

**#30—To ensure that residents are attending school as required, Facility Manager will be required to, contact school on a more consistent basic and inform school that if resident are not present at school that Group Home is to be notified immediately. Administrator will ensure compliance.**

**#32—To help to improve resident's academic performance Facility Manager will meet with teachers, enforce study times, seek additional homework with assistance of Group Home staff and seek tutoring programs. Administrator will be responsible for random follow up to ensure compliance.**

## V HEALTH AND MEDICAL NEEDS

**#41---To ensure initial dental examination are timely Facility Manager will ensure that within 30 days of placement all new children will be scheduled to have a complete dental examination prior to 30 days of placement. Administrator will ensure compliance.**

**#42---To ensure required follow-up dental examinations are timely, Facility Manager will ensure all six months follow-ups are logged on a calendar to ensure that they will be complete timely as specified. Administrator will be responsible for compliance.**

B/I GROUP HOME
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197803511 –Facility Number
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**Performance Evaluation Review**

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## VI. PERSONNEL RECORDS

**#81—To ensure that employees receive the required initial training within 90 days of employment, the Administrator will review the employee's file monthly to ensure compliance.**

**#86—To ensure staff is certified, all new staff will be Pro Act certified within 30 days of employment and will not be left alone with children until fully certified. Administrator will also ensure staffs who are already certified when employed are full Pro Act certified. Pro Act certified means staff have received 16 hours of Basic Pro Act training and 4 hours Restraint training class. Pro Act will be valid for 3 years and staff will receive 4 hour refresher class in Restraint yearly. Administrator will ensure compliance.**

**Billy McDaniel**

**Administrator**