County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 5, 2013

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

From: Philip L. Browning
Director

BOURNE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Bourne Group Home (the Group Home) in February 2013. The Group Home has two sites located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster children and Probation youth. According to the Group Home's program statement, its purpose is to "serve court dependent, abused, neglected, and emotionally disturbed male children."

The Group Home has two six-bed sites and is licensed to serve a capacity of 12 males, ages 13 through 18. At the time of review, the Group Home served 12 placed DCFS children. The placed children's overall average length of placement was 11 months, and their average age was 16.

SUMMARY

During OHCMD's 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 environment and treated with respect and dignity.

The Group Home was in full compliance with seven of 10 areas of our Contract compliance review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to the maintenance of vehicles and Community Care Licensing citations; Facility and Environment, related to the maintenance of common areas; and Maintenance of Required

Documentation and Service Delivery, related to the development of comprehensive updated Needs and Services Plans. The OHCMD Monitor instructed the Group Home supervisory staff to ensure compliance with licensing requirements and to enhance monitoring and provide training to eliminate documentation issues.

Attached are the details of our review.

REVIEW OF REPORT

On April 3, 2013, the DCFS OHCMD Monitor, Edward Preer, held an Exit Conference with the Group Home representatives, Tim Tucker, Executive Director; Darleen Ramsey, Administrative Assistant, and Samuel Gonzalez, Social Worker. The Group Home representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve 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.

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

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

PLB:EM:KR
RDS:PBG:ep

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
Tim Tucker, Executive Director, Bourne Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

BOURNE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addressed findings noted during the February 2013 review. The purpose of this review was to assess Bourne Group Home's (The Group Home) 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 monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational 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 Out-of-Home Care Management Division (OHCMD) Monitor interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, three sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed three group home staff files for compliance with Title 22 Regulations and County contract requirements, and site visits were conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) had cited the Group Home-Monterosa site on October 12, 2012. The staff's shower ceiling was damaged due to a water leak. The Group Home repaired the water leak and the shower ceiling. On October 31, 2012, CCL cleared the deficiency and approved the Plan of Correction.

- The vehicle used to transport the children, a 2005 Suburban Sports Utility Vehicle (SUV), had four balding tires, and the tread was low. On March 13, 2013, the Group Home purchased four new tires for the SUV and submitted verification to OHCMD. The Group Home agreed to provide an approved CAP that will improve monitoring and recording of the vehicle's maintenance in the vehicle maintenance log.

Recommendation

The Group Home's management shall ensure that:

1. The facility vehicles used to transport children are properly maintained.

2. The facility is in compliance with Title 22 Regulations and County contract requirements.

Facility and Environment

- During the interview with the OHCMD Monitor, one child placed at the San Kofa site reported that his bedroom was cold. The Monitor immediately addressed this with the Group Home's Administration. On March 22, 2013, the Group Home had the furnace serviced. The Group Home provided copies of the service order invoice. It was noted that low airflow was coming from the unit. The filter was replaced and there was improved airflow from the vents throughout the Group Home.

Recommendation

The Group Home's management shall ensure that:

3. All common areas, including appliances, are maintained in good working order.

Maintenance of Required Documentation and Service Delivery

In January 2012, the Group Home's representatives attended the OHCMD's Needs and Services Plan (NSP) training for providers. It was noted that all of the initial NSPs and all updated NSPs reviewed were developed post the OHCMD NSP training. All NSPs were developed timely.

- Nine updated NSPs were reviewed; one was not comprehensive. The updated NSP did not address the Children's Social Worker's (CSW) and Deputy Probation Officer's (DPO) contact with the child. Further, the Group Home staffs' efforts to contact the CSW/DPO were not addressed. The Group Home representatives agreed that all required elements were not included in the updated NSP. The Group Home's Social Worker (SW) reported the issues not addressed were an oversight, and they will take corrective actions to ensure the development of comprehensive NSPs.

The Monitor reviewed the NSP training template with the Group Home representatives. The Group Home will enhance monitoring of the NSPs. The Group Home SW, School Liaison and Administrative Assistant will meet monthly to ensure all required elements of the NSP's are addressed.

Recommendations

The Group Home's management shall ensure that:

4. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated May 9, 2012, identified no recommendations.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

BOURNE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Monterosa Site
3369 Monterosa Avenue
Altadena, CA 91001
License # 198203672
Rate Classification Level: 9

San Kofa Site
3656 Monterosa Drive
Altadena, CA 91001
License # 198204767
Rate Classification Level: 9

	Contract Compliance Monitoring Review	**Findings: February 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Full Compliance 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 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	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide 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. Reasonable Chores 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)

	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in 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	Full Compliance (ALL)
IX	**Discharged Children** (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	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

Bourne Incorporated
3369 Monterosa Avenue
Altadena, CA 91001
626.797.9196 Office 626.345.9970 Fax

"Making a Difference"

April 30, 2013

Patricia Bolanos-Gonzalez, CSA II
DCFS Children's Services Administrator
Out of Home Care Management Division
9320 Telstar Avenue, Room 216
El Monte, CA 91731

RE: Bourne Inc Group Home
Compliance Corrective Action Plan

COMPLIANCE CORRECTIVE ACTION PLAN

I. LICENSURE/CONTRCT REQUIREMENTS

3. Does the Group Home maintain vehicles in which the children are transported in good repair?
Finding: The four tires on the 2005 Chevrolet Suburban 1500, the vehicle used to transport the children, were balding and the tread was low.
Corrective Action Plan
Bourne Inc. designated (1) Facility Manager and (1) Child Care Worker to be in charge of vehicle preventive and general maintenance.

The Shift Change Report is upgraded to include a vehicle inspection maintenance section, which the staff will report any brakes, exterior, gasoline, mechanical, interior, tires and window concerns. The vehicle concerns will be documented in the maintenance log and verbally reported the designated staff(s) The designated staff(s) will be responsible for ensuring that the all vehicle concerns are checked and corrected.

The designated staff(s) will ensure that preventive maintenance is conducted on all vehicles, which will include but not limited to oil changes, tire checks, belts, transmission, engine, etc.

The designated staff(s) will ensure that all service receipts and invoices are filed in the vehicle maintenance binder.

9. Is the Group Home free of any substantiated Community Care Licensing (CCL) complaints on safety and/or physical deficiencies since the last review?
Finding: CCL had cited Bourne GH on October 12, 2012. The staff shower ceiling was damaged due to a water leak.
Corrective Action Plan:
The Shift Change Report is upgraded to include the staff bathrooms. Any deficiencies will be immediately reported, replaced and/or repaired.

The staff shower ceiling damage was repaired. Evidence of the repair was reported to CCL by providing before and after pictures within the timeframe as specified on the CCL compliance citation.

II. FACILITYAND ENVIRONMENT

11. Are the common quarters well maintained?
Finding: The Sankofa site furnace was not providing adequate heat.
Corrective Action Plan
Bourne Inc. will ensure that in addition to the Shift Change Report, routine inspections of the furnace.

The landlord was notified of the furnace, a repairman was dispatched, an invoice was submitted to Out of Home Care and the furnace repair was completed.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

24. Did the treatment team develop comprehensive updated Needs and Services Plans (NSP with the child? Children's updated NSP were not comprehensive
Finding: The CSW/PDO contact with the child over the past three months was not addressed.
Corrective Action Plan
Bourne Inc. designated Administrative Assistant to gather dates from the CSW Contact Log, used to document incoming and ongoing CSW contacts, dates, times and the nature of the contact. The designated staff will ensure that during the client Treatment Team meeting, the CSW Contact Log information will be discussed and the dates included in the client's NSP. The designated staff will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

Finding: The GH contact with the CSW/PDO over the past three months was not addressed.
Corrective Action Plan
Bourne Inc. designated Administrative Assistant to gather dates from the CSW Telephone and Contact Log, used to document incoming and ongoing CSW contacts, dates, times and the nature of the contact. And ensure that during the client Treatment Team meeting, the CSW Telephone and Contact Log information will be discussed and included the dates included in the client's NSP.

Person (s) responsible for ensuring the corrective action plan is met:

Executive Director
Assistant Executive Director
Lead Facility Manager

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

Sincerely,

Tim Tucker,
Bourne Inc. – Executive Director

Revised 4/22/13

Bourne Inc
Shift Change Report

Facility: _____
Date: _____ Time: _____

Staff
Incoming Staff _____
Outgoing Staff _____
Comments _____

Facility Report - Title 22
_____
_____

Clients
Appointment _____
AWOL _____
Day Pass _____
Home Pass _____
School _____
Present _____

Client Behavioral/Incident Report
1. _____
_____
2. _____
_____
3. _____
_____
4. _____
_____
5. _____
_____
6. _____
_____

Restrictions

1.
2. _____
3. _____
4. _____
5. _____
6. _____

Vehicle Inspection/Maintenance Report

Brakes	☐ Yes	☐ No	_____
Exterior	☐ Yes	☐ No	_____
Gasoline	☐ Yes	☐ No	_____
Mechanical	☐ Yes	☐ No	_____
Interior	☐ Yes	☐ No	_____
Tires	☐ Yes	☐ No	_____
Windows	☐ Yes	☐ No	_____

Outgoing Staff

Reported By: _____ _____

☐7-2 ☐2 -10 ☐Overnight Date

Reported By: _____ _____

☐7-2 ☐2-10 ☐Overnight Date

Incoming Staff

Reported To: _____ _____

☐7-2 ☐2-10 ☐Overnight Date

Reported To: _____ _____

☐7-2 ☐2-10 ☐Overnight Date