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May 29, 2015

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Philip L. Browning
Director

BOURNE, INC. GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Bourne, Inc. Group Home (the Group Home) in March 2014. The Group Home has two sites located in the Fifth Supervisorial District and provides services to DCFS foster children and Probation youth. According to the Group Home's program statement, its mission 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."

The Group Home has two 6-bed sites licensed to serve a capacity of 12 male youth, ages 12-17. At the time of the review, the Group Home served 11 DCFS placed children. The placed children's overall average length of placement was 3 months and their average age was 15.

SUMMARY

During CAD'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 2 of the 10 areas of our Contract Compliance Review: Health and Medical Needs and Psychotropic Medications.

Deficiencies were noted in the following areas: Licensure/Contract Requirements, related to vehicles not being maintained, clothing allowance logs not being maintained, detailed Sign In/Out logs for each site not maintained, and two Community Care Licensing citations; Facility and Environment, related to the exterior not being well maintained and the children at one site did not have access to computers outside of school; Maintenance of Required Documentation and Service Delivery, related to the County Children's Social Worker's (CSW's) authorization to

implement Needs and Services Plans (NSPs) not being obtained timely, children not progressing toward meeting NSP goals, not documenting County CSW's monthly contacts, not assisting children in maintaining important relationships and not developing timely, comprehensive Initial and Updated NSPs; Educational and Workforce Readiness, related to not enrolling children in school within three days and not increasing children's academic progress; Personal Rights and Social/Emotional Well-being, related to the Group Home not providing children with opportunities to plan or participate in extra-curricular social activities; Personal Needs/Survival and Economic Well-Being, related to not providing monthly clothing allowances; Discharged Children, related to children not being discharged according to their permanency plan, not making progress towards NSP goals and the not documenting attempts to stabilize a child's placement; and Personnel Records, related to the Group Home not obtaining criminal clearance records timely, prospective employees not signing criminal background statements timely, not obtaining education/experience verification, and not providing required training.

REVIEW OF REPORT

On April 11, 2014, Viktoria Penchuk, DCFS CAD Children's Services Administrator (CSA I) held an Exit Conference with Bourne, Inc. staff: Timothy Tucker, Executive Director and Toni Tryon-Dickson, Assistant Executive Director. DCFS staff included Amy Kim, CSA II. The Group Home's representatives were in agreement with the review findings and recommendations, 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. CAD conducted a follow-up visit to the Group Home on February 23, 2015 to verify implementation of the CAP. Out-of-Home Care Management Division (OHCMD) will provide technical assistance prior to the next contract compliance review.

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

PLB:EM
LTI:DF:vp

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Timothy Tucker, Executive Director, Bourne, Inc.
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

BOURNE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Bourne, Inc-Sankofa Facility
3656 Monterosa Ave
Altadena, CA 91001
License # 198204767
Rate Classification Level: 9

Bourne, Inc
2980 Santa Anita Ave,
Altadena, CA 91001
License # 198208206 (Provisional)
Rate Classification Level: 9

	Contract Compliance Monitoring Review	**Findings: March 2014**
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. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Improvement Needed
	9. CCL Complains on Safety/Plan Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Well Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	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 CSW's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	
	4. Children Progressing Toward Meeting NSP Case Goals	3. Full Compliance
	5. Therapeutic Services Received	4. Improvement Needed
	6. Recommended Assessment/Evaluations Implemented	5. Full Compliance
	7. County CSW's Monthly Contacts Documented	6. Full Compliance
	8. Children Assisted in Maintaining Important	7. Improvement Needed

	Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	8. Improvement Needed 9. Improvement Needed 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	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance
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	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. Full Compliance

	10. Children Informed About Their Medication and Right to Refuse Medication	10.Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11.Full Compliance
	12. Children Given Opportunities to Plan Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12.Improvement Needed
	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13.Improvement Needed
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements)	
	1. $50 Clothing Allowance	1. Improvement Needed
	2. Adequate Quantity and Quality of Clothing Inventory	2. Full Compliance
	3. Children Involved in Selection of Their Clothing	3. Full Compliance
	4. Provision of Clean Towels and Adequate Ethnic Personal Care Items	4. Full Compliance
	5. Minimum Monetary Allowances	5. Full Compliance
	6. Management of Allowance/Earnings	6. Full Compliance
	7. Encouragement and Assistance with Life Book/Photo Album	7. Full Compliance
IX	**Discharged Children** (3 Elements)	
	1. Children Discharged According to Permanency Plan	1. Improvement Needed
	2. Children Made Progress Toward NSP Goals	2. Improvement Needed
	3. Attempts to Stabilize Children's Placement	3. Improvement Needed
X	**Personnel Records** (7 Elements)	
	1. DOJ, FBI, and CACIs Submitted Timely	1. Improvement Needed
	2. Signed Criminal Background Statement Timely	2. Improvement Needed
	3. Education/Experience Requirement	3. Improvement Needed
	4. Employee Health Screening/TB Clearances Timely	4. Full Compliance
	5. Valid Driver's License	5. Full Compliance
	6. Signed Copies of Group Home Policies and Procedures	6. Full Compliance
	7. All Required Training	7. Improvement Needed

BOURNE, INC.
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the March 2014 review. The purpose of this review was to assess Bourne, Inc. 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, four 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. Additionally, three discharged children's files were also reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, four 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 psychotropic monitoring.

CAD reviewed 24 staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

The Group Home was in compliance with 2 out of 10 areas of our Contract Compliance Review.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance.

Licensure/Contract Requirements

- Vehicles were not maintained in good repair.

Two of the Group Home vehicles in which placed children are transported were in need of maintenance. During the vehicle safety inspection of a 2004 Toyota Sienna, CAD requested verification that all four tire treads are within safety standards. Further, the same vehicle had a service light on, indicating that the vehicle was due for service.

Another vehicle, a 2005 Dodge Grand Caravan, had a missing head restraint in the middle seat in the second row.

CAD verified all four tires were replaced on the 2004 Toyota Sienna and a copy of the vehicle maintenance report was submitted by the Group Home during a follow up visit on April 11, 2014. It was also verified that the missing head restraint was replaced in the 2005 Dodge Grand Caravan. During the Exit Conference, the Group Home representatives stated a staff member will be assigned to review vehicle maintenance reports on a daily basis to ensure that all vehicles used are in good repair.

- Comprehensive clothing allowance logs were not maintained.

The clothing logs reviewed did not identify the clothes in each child's possession, the clothing purchased for each placed child and there were no receipts attached to the clothing allowance logs.

At the Exit Conference, the Group Home representatives reported that the receipts were kept in a separate place and provided them to CAD when this was discussed. All of the clothing receipts were kept in one pile with no notation of the child's name on the receipts. The Group Home representatives responded that a staff member will be designated to monitor that the receipts are stapled to monthly Clothing Allowance Logs. On February 23, 2015, CAD confirmed that the Group Home has implemented its new protocol.

- One Group Home site did not maintain Sign in/Sign Out and Visitors logs.

At the Exit Conference, the Group Home representatives stated that the children are transported to the main site when they have visitors. The Group Home representatives agreed with the findings and will ensure that each site will keep its own Sign In/Out Log. On February 23, 2015, CAD confirmed that the Group Home has implemented this protocol.

- The Group Home was not free of Community Care Licensing (CCL) complaints on Safety/Plant Deficiencies.

CCL cited the Group Home as a result of deficiencies and findings on November 12, 2013. According to the report, CCL substantiated a Personal Rights violation for staff being verbally abusive to a placed child. The deficiency was discussed with the Administrator, who stated this former employee was fired, and the remaining staff were re-trained on Children's Personal Rights. The Group Home submitted a Plan of Correction (POC) to CCL and the POC was cleared on November 14, 2013. The incident did not result in an Out-of-Home Care Investigations Section (OHCIS) investigation.

CCL cited the Group Home as a result of deficiencies and findings on June 5, 2013 for an inspection conducted on May 29, 2013. According to the report, CCL substantiated a Safety/Plant deficiency for a pool gate requiring repair and no cover over the electrical outlet in the backyard patio. The Group Home submitted a POC to CCL and provided photographic evidence of the fence and electrical outlet repair. The POC was cleared on June 17, 2013.

During a follow-up visit on February 23, 2015, CAD verified that the Group Home remains free of CCL complaints on Safety/Plant Deficiencies.

Recommendation

The Group Home's management shall ensure that:

1. Vehicles are maintained in good repair.

2. Comprehensive Clothing Allowance Logs are maintained.

3. Detailed Sign In/Out Logs for placed children are maintained.

4. The Group Home is free of CCL complaints on Safety/Plant Deficiencies.

Facility and Environment

- The exterior was not well-maintained.

During the Group Home site (Sankofa facility) inspection, it was noted that there were open wires hanging out from a water sprinkler system timer box. CAD verified that the wires were safely secured inside of the box during a follow-up visit on April 11, 2014. During the Exit Conference, the Group Home representative stated that a staff member will be assigned to conduct daily inspections of the facilities to ensure that all sites are in good repair.

- Sufficient recreational equipment/educational resources were not maintained.

Group Home site (Sankofa facility) did not maintain computers in working condition. During the inspection, the Group Home representative informed CAD that the children utilize the computer lab at the Group Home's Santa Anita site. During the Exit Conference, the Group Home representatives agreed to ensure that each site has a working computer and the children will be assisted in utilizing the public library computers. During a follow-up visit on February 23, 2015, CAD verified that the Group Home has working computers at each Group Home site.

Recommendation

The Group Home management shall ensure that:

5. The exterior is well maintained.

6. Sufficient recreational equipment/educational resources are maintained.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker's Authorizations to implement the Needs and Service Plans (NSPs) was not obtained.

All reviewed Initial and Updated NSPs were developed timely by the Group Home. However, the implementation of NSPs was not timely authorized by the County CSW. Additionally, there was no documentation of the Group Home's attempts to obtain the CSWs' signatures.

At the Exit Conference, the Group Home representatives agreed with the finding and stated a staff member will be assigned to contact the County CSWs to obtain their signatures. All attempts will be documented and attached to the NSP. On February 23, 2015, CAD verified that the Group Home has implemented this change in its protocol.

- Children were not progressing towards NSP goals.

One child was not progressing towards NSP goals, as evidenced by the same goals documented in the child's NSPs. The Group Home's attempts to help the child to succeed were not documented in his NSP.

At the Exit Conference, the Group Home representatives responded that the Group Home always makes attempts to assist the children in meeting their NSP goals. The Group Home management will ensure all attempts to help the children succeed are documented in the NSP and the child's file. On February 23, 2015, CAD verified that the Group Home has implemented this new protocol.

- County CSW's monthly contacts were not documented.

The contacts between the Group Home and the County CSW were not documented appropriately in NSPs. The Group Home documented contact dates between the CSW and the children; however, there was no documentation of contacts between the Group Home staff and the CSW, updating the CSW on the children's progress. The Group Home did not maintain separate documents/logs of the contacts between Group Home staff and CSWs. On February 23, 2015, CAD verified that the Group Home documents monthly contacts between the Group Home and the CSW.

- Children were not assisted in maintaining important relationships.

- Timely, comprehensive initial NSPs with child's participation were not developed.

- Timely, comprehensive updated NSPs with child's participation were not developed.

Four initial and four updated NSPs were reviewed; none were comprehensive as they did not include all of the required elements in accordance with the NSP template. Specifically, the information on maintaining important relationships was not documented.

Although there were current Psychotropic Medical Authorizations on file for the four children who are on psychotropic medication, discrepancies were found between the names and/or dosages of psychotropic medication prescribed by their psychiatrist and the names and/or dosages documented in the most current Psychotropic Medical Authorizations.

At the time of the review, the Group Home reported that they do not have any youth on probation. However, per the sampled NSPs, CAD identified three Probation youth, with Deputy Probation Officer (DPO), contact information listed in the youth's NSPs. None of the identified NSPs had goals or information related to probation conditions and it was unclear if the Probation youth participated in development of their NSPs. During the child and youth interviews, the children and youth were not able to state the goals that were outlined in their NSPs.

At the exit conference, the Group Home representatives informed CAD that they will ensure that all NSPs are comprehensive and contain accurate information on children's psychotropic medication and collateral contacts, as well as the goals, progress and attempts made by the Group Home in maintaining important relationships for the placed children and that the Probation youth are clearly documented. The Group Home representatives also informed CAD that the children and youth were currently participating in the development of their NSPs and that the Group Home will ensure that the children and youth are aware of their goals. On February 23, 2015, CAD verified that the Group Home has implemented this new NSP development protocol.

Recommendation

The Group Home management shall ensure that:

7. The County CSW's authorization to implement NSPs is obtained.

8. Children are progressing towards meeting NSP Case Goals.

9. County CSW's monthly contacts are documented.

10. Children are assisted in maintaining important relationships.

11. Timely and comprehensive Initial NSPs are developed with the child's participation.

12. Timely and comprehensive Updated NSPs are developed with the child's participation.

Educational and Workforce Readiness

- Children were not enrolled in school within three school days.

One child was enrolled in school on the fourth day of placement and another child was enrolled in school on the seventh day of placement. No documentation of the Group Home's efforts to enroll both children in school within three days was available.

At the Exit Conference, the Group Home representatives expressed their concerns and stated it is difficult to enroll the children in school in the Pasadena School District, within three days without having prior school records, immunization records and a birth certificate. The Group Home representatives stated that sometimes these required documents are not received from the CSW within three days. CAD provided the Group Home representatives with a copy of the DCFS 1399 and Chapter 5.5, article 48853.5 of the Educational Code. The Group Home representative stated they would utilize this documentation for new placements and will ensure that all children are

enrolled in school within three days of placement. On February 23, 2015, CAD verified that the Group Home implemented its new protocol.

- Children's academic progress was not increased.

One of four sampled children did not make academic progress in school since being placed at the Group Home. Additionally, there was no documentation of the Group Home's attempts to improve the child's academic performance.

At the Exit Conference, the Group Home representatives responded that the child has made educational progress, which might not be clearly documented in the child's NSP. The Group Home representatives stated that they will ensure that the Group Home social worker documents communication with the Group Home's educational liaison and will clearly document the children's educational progress in their NSPs. On February 23, 2015, CAD verified that the Group Home has implemented its new protocol.

Recommendation

The Group Home management shall ensure that:

13. Children are enrolled in school within three school days.

14. Children's academic progress is increased.

Personal Rights and Social/Emotional Well-Being

- The children were not given opportunities to plan extra-curricular, enrichment and social activities.

- The children were not given opportunities to participate in extra-curricular, enrichment and social activities.

During the child interviews, one child reported the placement is boring and would like to be able to plan and participate in community-based extra-curricular activities.

At the Exit Conference, the Group Home representatives responded that all children have a gym membership. The children are always being offered opportunities to participate in community-based extra-curricular activities and several children often refuse to participate. The Group Home representatives stated that they will maintain a record of the offered activities and the children will be asked to sign if they refuse to participate. On February 23, 2015, CAD verified that the Group Home has implemented its new protocol.

Recommendation

The Group Home management shall ensure that:

15. The children are given opportunities to plan extra-curricular, enrichment and social activities.

16. The children are given opportunities to participate in extra-curricular enrichment and social activities.

Personal Needs/Survival and Economic Well-being

- The Group Home did not provide $50.00 monthly clothing allowance.

The Group Home provides clothing allowance on a quarterly basis in the amount of $150.00 The Group Home does not maintain appropriate documentation showing that it was the placed child's choice to save money and use the greater amount on a quarterly basis.

At the Exit Conference, the Group Home representatives stated that they will ensure that the placed children are given a choice to shop for clothing on a monthly basis and document the child's choice to save their clothing allowance to shop on a quarterly basis. On February 23, 2015, CAD verified that the Group Home has implemented its new protocol.

Recommendation

The Group Home management shall ensure that:

17. The $50.00 clothing allowance is provided.

Discharged Children

- Children were not discharged according to the permanency plan.

Three files of discharged children were reviewed. One child was not discharged in accordance with his case plan goal and was given a 7-day notice.

- Children did not make progress towards NSP goals.

The Group Home did not document its efforts to assist the same child noted above in making progress toward meeting his NSP goals.

- Attempts to stabilize the children's placement was not made.

For the same child noted above, the Group Home did not document their attempts to stabilize the placement prior to requesting removal of the child.

At the Exit Conference, the Group Home representatives responded that the Group Home will ensure that the placed children are discharged in accordance with their permanency goals and document efforts to stabilize the placement in the discharge summary. The Group Home representatives also stated that they will also ensure that all efforts made to assist placed children in succeeding will be documented in child's file. On February 23, 2015, CAD verified that the Group Home has implemented its new protocol.

Recommendation

The Group Home management shall ensure that:

18. Children are discharged according to their permanency plan.

19. Children make progress towards their NSP goals.

20. Attempts to stabilize children's placements are documented.

Personnel Records

- DOJ, FBI and CACI were not submitted timely.

For nine employees, their personnel files did not include documentation that the criminal clearances were received prior to the employee's start date. The Group Home contacted CCL and received documentation, which were then submitted to CAD. Per the documentation, two employees were not cleared/associated with the Group Home facilities prior to their start date.

- Criminal Background Statements were not signed timely.

The criminal background statements for four employees were not completed appropriately. Specifically, they were signed after the employee's start date, or were not dated, or questions on criminal convictions were not answered on the forms.

At the Exit Conference, the Group Home representatives agreed to ensure that the criminal background statements are filled out completely and signed prior to the employee's start date. The Group Home representatives also stated they document its criminal clearance in the personnel files prior to the employee's start date. In instances where an employee transfers from a different facility, the Group Home will ensure that the transfer request is submitted and the approval is received prior to the employee's start date.

- Education/experience requirement was not ensured.

During the review of the personnel records, it was noted that almost all personnel files did not contain proof of qualification based on education or experience.

At the Exit Conference, the Group Home representatives stated that they verify prior employment and job experience; that not all the high school diplomas are available and the Group Home obtains transcripts verifying education, when possible.

- All required training was not provided.

The personnel training record logs were not maintained in compliance with Title 22 regulations and the Group Home's program statement. The Group Home developed a revised training log while the compliance review was in progress. The Group Home was asked to provide documentation of all training provided.

At the Exit Conference, the Group Home representatives reported that all required trainings for staff are conducted by the Group Home Management. The Group Home stated that it will assign a staff to ensure that all logs are signed and training outlines are attached.

On February 23, 2015, CAD Compliance confirmed the Group Home has implemented all its new protocols for documentation of personnel records.

Recommendation

The Group Home management shall ensure that:

21. DOJ, FBI and CACIs are submitted timely.

22. Signed Criminal Background Statements are submitted timely.

23. Education/experience requirements are met.

24. All required training is completed.

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

The OHCMD's last compliance report, dated July 5, 2013, identified four recommendations.

Results

Based on OHCMD's follow-up, the Group Home fully implemented 1 of the 4 recommendations for which they were to ensure that:

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

Based on our review, the Group Home did not implement three of four recommendations for which they were to ensure:

- The facility vehicles used to transport the children are properly maintained.

- The facility is in compliance with Title 22 Regulations and County contract requirements.
- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Recommendation

25. The Group Home's management shall ensure that the outstanding recommendations from the 2012-2013 report dated July 5, 2013, which are noted in this report as Recommendations 1, 4, and 12, are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home Program Director will conduct periodic checks to monitor complete implementation of its CAP. A follow-up visit was conducted by CAD on February 23, 2015, and the Group Home had implemented 23 out of the 25 recommendations. The Group Home had not fully implemented its new protocols on maintaining vehicles nor maintaining the group home exterior and grounds in good repair. The Group Home was advised to fully implement their documentation procedures. The Group Home will consult with OHCMD for additional support and technical assistance, and CAD will continue to assess implementation of the recommendations during our next monitoring review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDOTIR-CONTROLLER

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

Bourne Incorporated
2980 Santa Anita Avenue
Altadena, CA 91001
626.797.9196 Office 626.345.9970 Fax

"Making a Difference"

Revised: January 15, 2015

CONTRACT COMPLIANCE CORRECTIVE ACTION PLANS

I. LICENSURE/CONTRCT REQUIREMENTS

3. Does the Group Home maintain vehicles in which the children are transported in good repair?

Finding: Vehicle #1 missing head restraint in second row, middle seat and vehicle #2 had service light on.

Past Practice:
Bourne Inc. does ensure that vehicles in which the children are transported are in good repair.

Corrective Action Plan:
Bourne Inc. has designated Office Assistant C. Tucker to review all Daily Shift Change Reports for vehicle maintenance issues that have been reported; document in the vehicle maintenance binder; provide a written report of all reported issues to Administrator T. Tucker and L. Tucker.
In addition, C. Tucker will be responsible for ensuring that all service receipts and invoices are filed in the vehicle maintenance binder.

Bourne Inc. has designated staff L. Tucker to ensure that all reported Shift Change Report vehicle issues will be replaced and/or repaired in a timely manner. In addition, L. Tucker will be in charge of monthly vehicle(s) inspections; ensure that preventive maintenance is conducted on all vehicles monthly, which will include but not limited to oil changes, fluid levels, tire checks, belts, transmission, engine, interior and exterior damage; and maintain preventive maintenance vehicle logs.

The designated staff(s) will be responsible for ensuring that the all vehicle concerns are checked and corrected.

Corrective Action Plan:
Bourne Inc. has designated staff D. Ramsey to ensure that they continue to maintain an In/Out log for all children at site #2 and all children placed at site #2 will sign In/Out from placed facility.

Designated staff will also ensure that site #2 continues to maintain a visitor log for all visitors that visit children placed at said facility and that visitors for children placed at site #2 only visit the children at said site rather than visit them at site #1.

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: What was the CCL complaint on 11/2/13

Community Care licensing substantiated that a residents personal right had been violated by one staff. A corrective action plan was submitted and approved.

II. FACILITY AND ENVIRONMENT

10. Are the exterior and the ground of the group home well maintained?

Findings: Site #2, open wire on backyard from sprinkling timer box system (picture of repaired timer box was sent on 4/8/14)

Corrective Action Plan:
Bourne Inc. site #1 and site #2 designated T. Tucker and C. Tucker to conduct daily walk thru (s) inside and outside of the facilities; investigate any reported title 22 deficiencies and ensure that repairs/replacements are completed in a timely manner

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13. Does group home maintain sufficient recreational equipment and an appropriate selection of (quality and quality) reading material and educational resources and supplies including computers? Which are age appropriate, readily available to children and in good repair.

Findings: site #2, there are computers, but not in use (Computer Lab at site #1 is used instead)

Note: Site #2, the computers were available, but after numerous warnings the mouse and keyboards were removed, due residents hacking the computers, changing the passwords, and accessing inappropriate sites. The mouse and keyboards were returned.

completed these goals and explained how the resident was able to achieve such. New Goals were written as a result of resident being able to meet his previous initial goals.

Corrective Action Plan:
Bourne Inc.'s Facility Social Worker, S. Gonzalez will in an effort to avoid confusion, ensure that the outcomes for previous goals will all be clearly identifiable on the following NSP indicated in the corresponding reporting progress section i.e. educational progress, Permanency plan progress, adjustment to placement progress and on the Achieved Outcomes Goals Section. In addition, the NSP will include current medication and/or medication changes.

21. Are County Workers contacted monthly by the GH and are the contacts appropriately documented in the case file?

Finding: Contact for CSW documented but not appropriately; monthly contacts between CSW and the child are documented rather than contacts initiated by GH staff with the CSW to update CSW on child's well-being.

Past Practice:
Bourne Inc has successfully made efforts to initiate contact with CSW's as a way of introduction, to establish a rapport, assist in resolving issues, providing resident updates and progress. However, the efforts were not properly documented

Corrective Action Plan:
Bourne Inc. has designated Administrator T. Tucker to contact each child's CSW between the 1st and the 5th of each month to update the CSW on the child's well being. The designated staff will ensure that these update calls are logged into the CSW Contact Log with the date and time the call took place, as well as, the nature of the call.

Bourne Inc. designated staff D. Ramsey to gather all dates, times and nature of call from the CSW Contact Log and provide Facility Social Worker, S. Gonzalez with said information one week prior to NSP due date.

The designated staff will review all client NSP's prior to signatures to ensure that the information is complete and accurate.

22. Does the agency assist the children in maintaining important relationships?

Finding: "No" all children have FR services and visitation with previous caregivers were ordered; No attempts/No documentation on attempts to comply with visitation order and/or maintaining important relationships.

Upon receipt of DCFS Form 1399, Education Liaison A. Gupilan will ensure that the appropriate school and/or School District receive the completed DCFS Form 1399.

28. Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals)?

Finding: Child #1

Past Practice:
Bourne Inc. Education Liaison, A. Gupilan is actively engaged in the educational goals and progress of each resident by providing tutoring; homework assistance; visit child's school classrooms; visit with school officials and attending IEP meetings; obtaining online progress attendance and grade reports.

Note: The academic performance increase for Child #1 was mentioned the Needs and Service Plan. Child #1 academic improvement resulted in him being removed from a Special Education School (Focus Point) to main stream High School (John Muir)

Corrective Action Plan:
Bourne Inc. Educational Liaison, A. Gupilan will continue to provide educational goal progress to Facility Social Worker, S. Gonzalez. S. Gonzalez will use information to update the Needs and Service Plan. S. Gonzalez, Facility Social Worker, will ensure that the increases/decreases for previous goals will all be clearly identifiable.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

38. Does the GH provide appropriate staffing and supervision?

Finding: It was noted that some employees were working shifts in excess of 16 hours, including night shift three day in a row which was brought to the agency's attention.

Corrective Action Plan:
Bourne Inc. will ensure that no employee shall work more than 16 hours consecutive hours and will receive not less than eight (8) consecutive hours off-duty immediately following the 16 consecutive hours of work.

47. Are children given opportunities to plan in age appropriate extra-curricular, enrichment and social activities in which they have an interest at school, in the community or the group home?

Finding: Same child report" no" to both questions #47 and #48.

month with their $50 or bring their balance forward and go clothing shopping every 3 months.

Bourne Inc. Administrative Assistant B. Nelson has been designated to maintain the proper accounting and signatures in each child's Clothing Allowance Log each month for sites #1 and #2.

IX. DISCHARGED CHILDREN

56. For children placed at least 30 days, was the child discharged according to the permanence plan?

Finding: One child discharged to Lower Level of Care

Past Practice:
Bourne Inc. works with the recommendations of the courts, CSW, therapist, wrap around and treatment teams to assist in the resident in achieving their permanence plan.

Note: Child #1 permanency plan indicated a lower level of care. However, resident Child #1's CSW realized that due to his violent and destructive behaviors a high level of care was in his best interest.

Corrective Action Plan:
Bourne Inc will continue to follow the direction of the CSW and courts as it pertains to the resident permanence plan. If the permanence plan is changed, it will be documented accordingly.

57. For children placed at least 30 days did the child make progress towards meeting their NSP goals?

Past Practice:
Bourne Inc's weekly treatment team monitors the effectiveness, progression, success and modification of the NSP goals.

Corrective Action Plan
Bourne Inc. will continue to assist the resident in achieving obtainable goals. Facility Social Worker, S. Gonzalez is designated to take the lead portion in monitoring the success of the NSP goals.

58. Did the GH use available resources to attempt to stabilize the placements prior to requesting the removal of the child?

Finding: Criminal Background Statements for 4 employees were not filled out appropriately (filled out/signed after the hired date, contained no date or question in regards to criminal convictions were not answered/checked.

Past Practice:
Bourne Inc used the Criminal Background Statement as part of the hire package. The statement is signed at hire, not prior to.

Corrective Action Plan:
Bourne Inc. will include the Criminal Background Statement as a pre-hire form and ensure that it is completed accurately.

61. Do GH staff who have direct contact with children meet the education/experience requirement?

Finding: Almost all personnel records did not have proof of qualification based on education (copy of diploma or transcript)

Past Practice:
Bourne Inc verifies previous work experience, obtains copies of transcript and/ or degrees, not copies of High School diplomas.

Corrective Action Plan:
Bourne Inc. will continue to process and verify experience (verification of employment) and/or education (transcripts or degrees).

65. Have appropriate employee received all required training (initial, minimum of one-hour abuse training, CPR, First Ade, required annual and emergency intervention?

Finding: Personnel Training records log were not maintained in compliance with Title 22 regulations. Contract and the GH own Program Statement. The GH submitted revised Log while the review was still in progress. However, the revised Log still did not contain outlines with the attached abstract or training along with a short paragraph as an evidence of training completion.

Past Practice:
Bourne Inc. conducts all necessary initial, subsequent and monthly training requirements.

Corrective Action Plan:
Bourne Inc. will designate Administrative Assistant B. Nelson to ensure that the In Service signed in sheets are complete and handouts included in the binder.

Attacment I

BOURNE INC

Revised 7/22/14

CLIENT CLOTHING INVENTORY/ALLOWANCE

CLIENT NAME: _____ D.O.P: _____

☐ INTIAL ☐ JAN.-MAR. ☐ APRIL-JUN ☐ JULY-SEPT ☐ OCT-DEC

DATE	AMOUNT RECEIVED	AMOUNT SPENT	BALANCE	SIGNATURE
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	

ARTICLES	# REQUIRED	# ON HAND	PURCHASED	DATE
UNDERGARMENTS	8			
PAJAMAS	2			
SHOES	2-3 Pairs			
SOCKS	8 Pairs			
SWEATSHIRTS	2			
JACKETS/COATS	1			
PANTS(JEANS/ PANTS/ SHORTS)	8			
SHIRTS(T-SHIRTS/ DRESS SHIRTS)	8			
BATHROBES	1			
BEDROOM SLIPPERS	1			
SWIMSUIT(IF APPLICABLE)	1			

REMARKS: _____

RESIDENT SIGNATURE: _____

STAFF SIGNATURE: _____

Note: Clothing allowance must equal $50.00 per month.