



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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Director

FESIA A. DAVENPORT
Chief Deputy Director

April 22, 2013

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

From: Philip L. Browning
Director

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CAREPROVIDER CHILDREN AND FAMILY SERVICES 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 Careprovider Children and Family Services Group Home (The Group Home) in December 2012. The Group Home has two sites located in the Fifth Supervisorial District and provides services to DCFS foster youth. According to the Group Home's program statement, its purpose is "to provide a safe environment for all children in our care where they can achieve a feeling of self worth, an appreciation of community, and a respect for culture, family and each other."

Careprovider has two six-bed sites and is licensed to serve a capacity of 12 children, ages 12 through 17. At the time of the review, the Group Home's Kidder-site served six placed DCFS female foster youth, and the Chalburn site served five placed male foster youth. The placed children's overall average length of placement was six months, and their average age was 16.

SUMMARY

During our review, the interviewed children 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 six of 10 areas of our Contract compliance review: Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

"To Enrich Lives Through Effective and Caring Services"

Each Supervisor
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We noted deficiencies in the area of Licensure/Contract Requirements, as submission of Special Incident Reports were untimely and Community Care Licensing (CCL) substantiated allegations against the Group Home staff. Deficiencies were also noted in the area of Facility and Environment, as maintenance of the children's bedrooms, and common quarters were inadequate. Deficiencies were also noted in the area of Maintenance of Required Documentation and Service Delivery as the Group Home was not assisting all children in maintaining important relationships and Needs and Services Plans were not comprehensive or timely. Lastly, a deficiency was noted in the area of Health and Medical Needs, as timely initial dental examinations for placed children were not ensured.

Attached are the details of our review.

REVIEW OF REPORT

On January 10, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home staff, Chika Dillibe, Executive Director; Cynthia Williams, Administrator; and Shawn Bettencourt, Administrator. The Group Home representatives were in agreement with the findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

We will assess for 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:EM:KR
RDS:PBG:kb

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
Emanuel Chukwuma, President, Board of Directors, Careprovider
Chika Dillibe, Executive Director, Careprovider
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

**CAREPROVIDER CHILDREN AND FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

517 N. Chalbourn Ave.
West Covina, CA 91724
License # 197804534
Rate Classification Level: 12

858 N. Kidder Ave.
Covina, CA 91724
License # 197805235
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: December 2012
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	<p><u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation Development of 10. Timely, Comprehensive, Updated NSPs with Child's Participation 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Improvement Needed 10. Improvement Needed

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IV	<p><u>Educational and Workforce Readiness</u> (5 Elements)</p> <ol style="list-style-type: none"> 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	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance
VI	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	Full Compliance (ALL)
VII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. 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 12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 	Full Compliance (ALL)

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VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ol style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children'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	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement 	Full Compliance (ALL)
X	<p><u>Personnel Records</u> (7 Elements)</p> <ol style="list-style-type: none"> 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. <u>All</u> Required Training 	Full Compliance (ALL)

**CAREPROVIDER CHILDREN AND FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013**

SCOPE OF REVIEW

The following report is based on a "point in time" visit. This compliance report addresses findings noted during the December 2012 review. The purpose of this review was to assess Careprovider'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 DCFS children were selected for the sample. We 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, two sampled children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

We reviewed five 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.

CONTRACTUAL COMPLIANCE

We found the following four areas out of compliance.

Licensure/Contract Requirements

- We found that appropriately documented Special Incident Reports (SIRs) were not submitted timely and cross-reported to all required parties. It is noted that Careprovider representatives attended the Out-of-Home Care Management Division (OHCMD) SIR training in October 2011, and OHCMD sent to providers, including the Group Home's Administration, the Power-Point presentation for the SIR training.

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The Group Home has hired a new Director of Residential Services, who met with the the Group Home's therapist on January 25, 2013, to train her on the process of writing and routing SIRs in order to ensure that SIRs are submitted timely to OHCMD and other required parties. The Director of Residential Services will be responsible for reviewing and submitting timely SIRs to all required parties. The Group Home Therapist will be responsible for reviewing and submitting SIRs in his absence.

- Community Care Licensing (CCL) had substantiated allegations during three separate investigations during the period of December 2011 through December 2012.

On January 23, 2012, a CCL investigation found that a staff had violated a child's personal rights. It was noted that a staff who worked at the Group Home's headquarters and was not assigned to provide direct care and supervision to the children, made negative statements to a child. The investigation found that the child had not been treated with dignity, as the staff made negative comments regarding the child's decision to wear artificial fingernails and skinny jeans. The Group Home terminated the involved staff, and all remaining staff was provided with sensitivity training on July 9, 2012 and July 10, 2012. Verification of training was submitted to CCL.

On July 5, 2012, CCL conducted a facility site visit and tested the water temperature in one bathroom. The water temperature in the bathtub was too hot, registering at 123 degrees. During that site visit, the CCL Analyst noted that a facility manager was not at the group home, and two children were home supervised only by child care counselors. Per CCL protocol, a facility manager shall be at the facility at all times, when one or more children are present. CCL cited the Group Home for both deficiencies.

The Group Home submitted a Plan of Correction (POC). The Group Home contacted a plumber who made the repairs and adjusted the water temperature on July 5, 2012. The Group Home provided CCL with a copy of the invoice. It should be noted that the plumber had been contacted prior to CCL's visit. CCL conducted a follow-up visit on August 1, 2012, and tested the hot water temperature. The hot water temperature was found to be at a safe temperature. CCL approved the POC.

On August 9, 2012, CCL substantiated an allegation that a staff with a suspended license had been transporting children. The investigation revealed that on February 9, 2012, the Group Home's Administration had discovered that the staff had a suspended license and terminated the staff on February 14, 2012. The Group Home provided CCL with copies of the termination letter for the staff. CCL did not cite the Group Home for this incident, as appropriate action had been taken. CCL did not require further action from the Group Home.

Recommendations

The Group Home's management shall ensure that:

1. SIRs are appropriately documented, cross-reported, and submitted timely to all required parties via I-Track.

2. The site is in compliance with Title 22 Regulations and free from CCL citations.

Facility and Environment

- During a walk-through of the Kidder site, it was noted that there was no smoke detector in the living room and electrical wires were hanging from the ceiling where a smoke detector had previously been. The Administrator was informed of the deficiency and immediately notified maintenance staff. The area of the ceiling from where the smoke detector had been removed was repaired, and a new smoke detector was installed. The OHCMD Monitor verified that a new working smoke detector was installed in the living room.
- A smoke detector was observed hanging from the ceiling in one of the children's bedrooms. The Administrator was informed of the deficiency and immediately notified the maintenance staff. The repair was made, and the OHCMD Monitor verified that a new smoke detector had been properly installed. The facility coordinator for each site will do a home inspection every other week, and will report any safety concerns and maintenance issues to the Residential Director who will ensure any repairs or safety concerns are addressed as soon as they are brought to his attention.

Recommendations

The Group Home's management shall ensure that:

3. Common areas are well maintained
4. Children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- Five initial Needs and Services Plans (NSP) and six updated NSPs were reviewed to verify that the children's progress toward meeting NSP case goals was clearly documented. One child's initial NSP had five case plan goals; however, those goals were eliminated from the updated NSP, and no progress toward meeting those five goals was documented.

The Group Home's Executive Director stated that the therapist who had prepared the NSP has several years of experience in preparing NSPs. However, she explained the therapist was not familiar with the new NSP template and accidentally lost some information that she had attempted to input into the NSP template. The staff responsible for preparing NSPs will be retrained on using the new NSP template. The Group Home's Executive Director requested the assistance of the OHCMD Monitor to train the staff on preparing the NSP. The training was conducted on March 27, 2013.

- One child informed the OHCMD Monitor that he was not having visits with relatives, or with a responsible adult, and that he was never told that he could request a mentor. The Administrator informed the Monitor that the child was recently placed; however, she acknowledged the oversight, and she immediately initiated the referral process to a mentoring program.

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- Of the five initial NSPs reviewed, two were not comprehensive and did not meet all the required elements in accordance with the NSP template. The two initial NSPs did not identify staff responsible for assisting the children in meeting their NSP goals. However, all were timely.
- Of the six updated NSPs reviewed, none were comprehensive, nor did they identify a staff responsible for assisting the child in meeting their NSP goals. However, all were timely. The updated NSPs did not provide the dates for the period for which they were written. Three updated NSPs did not include detailed information on the staff contacts with the DCFS Children Social Workers (CSWs). One updated NSP did not address the progress of several NSP goals that had been documented in the children's initial NSP.

All of the NSPs were developed subsequent to the January 2012 NSP training which the Group Home representatives attended. The Administrator will ensure the children's progress toward achieving their NSP goals are clearly documented in their NSPs, and that monthly contacts with DCFS CSW are included in the details of the updated NSPs. Additional NSP training for the staff responsible for preparing the NSPs was conducted on March 27, 2013 by the OHCMD Monitor.

Recommendations

The Group Home's management shall ensure that:

5. Children are progressing toward meeting NSP case goals.
6. Children are assisted in maintaining important relationships.
7. Staff receive NSP training to ensure comprehensive initial NSPs are developed, that include all required elements in accordance with the NSP template, and are reviewed by Administration.
8. Staff receive NSP training to ensure that comprehensive updated NSPs are developed, that include all required elements in accordance with the NSP template, and are reviewed by Administration.

HEALTH AND MEDICAL NEEDS

- One child's initial dental examination was 30 days late. The child was placed at the Group Home on October 19, 2012, and she received her initial dental examination on December 19, 2012.

According to the Administrator, the child had been replaced from another agency, and the Group Home staff thought the child had received a dental examination within six months prior to her placement with the Group Home; however, no documentation was found in the child's file to support this.

Recommendation

The Group Home's management shall ensure that:

9. Children's initial dental examinations are timely.

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

The OHCMD's last compliance report, dated June 13, 2012, identified seven recommendations.

Results

Based on our follow-up, the Group Home fully implemented one of seven recommendations, for which they were to ensure that:

- SIRs are appropriately cross-reported in a timely manner.
- The common quarters are well maintained.
- The children's bedrooms are well maintained.
- The children are progressing toward meeting their NSP goals.
- They develop timely updated NSPs.
- They develop comprehensive initial and updated NSPs.
- The outstanding recommendations from the prior monitoring report are fully implemented.

The Group Home did not implement the recommendations regarding appropriately documenting and cross-reporting SIRs to all required parties via I-Track, in a timely manner; ensuring the common quarters are well maintained; ensuring the children's bedrooms are well maintained; that children are progressing toward meeting their NSP goals; development of comprehensive initial NSPs; and the development of comprehensive updated NSPs.

Recommendation

The Group Home's management shall ensure that:

10. The outstanding recommendations from the 2012 monitoring report dated June 13, 2012, which are noted in this report as Recommendations 1, 3, 4, 6 and 7, are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the Group Home Group Home has not been posted by the A-C.



Mrs. Patricia Bolanos-Gonzalez
Out-Of-Home Care Management Div.
County of Los Angeles, DCFS
9320 Telstar Ave. #206
El Monte, CA 91731

March 8, 2013

Dear Mrs. Bolanos-Gonzalez,

This letter is written as a follow up to a Group Home Monitoring Review of **Careprovider Children and Family Services (CCFS)**, license #197804534/197805236, conducted by Mr. Kirk Barrow, the OHCMD Group Home Monitor, in December 2012 and Exited on January 2013.

The Group Home Evaluation Review indicates that there are four areas that require corrective action. The areas are: I. Licensure/Contract Requirements; II. Facility and Environment; III. Maintenance of Required Documentation and Service Delivery; V. Health and Medical Needs.

The Plan of Correction is as follows:

I.) **Licensure/ Contract Requirements**

(4) Are all special Incident reports (SIRs) appropriately documented and cross reported timely? (NO)

Finding: From the sample reviewed, the following SIRs were submitted late: #308367, 312624,314505,316056.

Status: The CCFS Residential Director/ Administrator took the SIR training provided at 1000 Corporate Center Dr. Monterey Park, CA in October 2011. At that time he was the Residential Director/ Administrator at a different agency and only started working with CCFS in January 2013. After the October 2011 SIR training at

Monterey Park, the Residential Director/ Administrator, personally trained all line staff at his previous agency on the new SIR guidelines that were to take effect on 7/15/12.

The CCFS Residential Director was the Residential Director and the Assistant Director at his previous agency for 5 and 3yrs respectfully prior to his being employed at Careprovider Children & Family Services (CCFS). During these 8yrs he was responsible for the documentation and submission of SIR's and the training of line staff. This training was revisited repeatedly through the year to keep staff up to date. CCFS conducted in-service training on 7/20/12 and 8/26/12 for its entire staff.

Please see attachment (4-1 and 4-2) included in this correspondence.

On 1/25/13 Residential Director/ Administrator met with the Careprovider LCSW, to discuss the process of writing and routing SIR's at Careprovider, the LCSW then officially handed over the responsibility to the Residential Director/ Administrator. On 1/25/13 two e-mails addresses were created (sirgirls@careprovider.org and sirboys@careprovider.org specifically for routing all SIR correspondence from the line staff to management at CCFS.

The 4 Sirs that were late were submitted on 10/17/12, 11/21/12, 12/11/12, and 12/26/12 prior to the Residential Director's employment with Careprovider.

Plan to prevent reoccurrence: The Residential Director/ Administrator will maintain and oversee all the SIRs and documentation daily, along with filing and tracking on a monthly basis.

Person responsible for implementing corrective action:
The Residential Director/ Administrator.

(9) Is the group home free of substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review? (NO)

Finding: There were three substantiated CCL allegations for the review period. January 23, 2012 CCL substantiated an allegation that a staff made inappropriate comments to a child. Per CCL, the child was not provided dignity in his personal choice of wearing nails and clothing. On June 29, 2012, CCL substantiated an allegation that there was no hot water in the bathroom at the Kidder site. On August 9, 2012 CCL substantiated an allegation that a staff drove the children on a suspended license.

Status:

Please See Attached documents of Substantiated CCL allegations: **(9#1) 1-23-12, (9#2) 6- 29-12, (9#3) 8-9-12** along with corrective action plans and Proof of Citation Correction from CCL .

Plan to prevent reoccurrence: The strategies that Careprovider will implement to help prevent substantiated complaints from CCL is that the new Residential Director will maintain strict guidelines in accordance to title 22 regulations and will ensure that our monthly in-house audits be conducted more efficiently.

Person responsible for implementing corrective action:

The Residential Director/ Administrator.

II.) **Facility and Environment;**

(11) Are common quarters well maintained? (No)

Finding: The smoke detector for the living room at the Kidder site was missing and an Electrical wire was hanging where the smoke detector was missing.

Status: The smoke detector in the living room area was replaced, while Mr. Borrows was on site. During the OHCMD monitor's visit to the Kidder Facility, there was on-going construction at the facility and that smoke detector was removed during the construction process. The

licensed building contractor, in charge of the construction, had ensured us that we were still in compliance with the building and safety code because we also had a smoke detector in the kitchen and in the hallway and thus did not require that particular smoke detector.

Plan to prevent reoccurrence: The facility coordinator for each site will continue to do a home observation every other week, and will report any safety concerns and/or any maintenance or housekeeping issues. The Residential Director will maintain strict guidelines in accordance to title 22 regulations and will ensure that our monthly in-house audits be conducted more efficiently.

Person responsible for implementing corrective action:
The Residential Director/Administrator.

(12) Are children's bedrooms well maintained? (NO)

Finding: The smoke detector in bedroom #1 was hanging from the ceiling at Kidder site making it difficult to determine if it was in working condition.

Status: The smoke detector in bedroom #1 at the Kidder site was repaired the day after the OHCMD's visit.

Plan to prevent reoccurrence: The facility coordinator for each site will continue to do a home observation every other week, and will report any safety concerns and/or any maintenance or housekeeping issues on the CCFS maintenance request form. The Residential Director will maintain strict guidelines in accordance to title 22 regulations and will ensure that our monthly in-house audits be conducted more efficiently.

Our Current maintenance request protocol is for the line staff (i.e. child care counselors) to fill out the Careprovider Maintenance Request Form. These forms are located at each site. Staff is asked to fill them out and either fax or bring them to the corporate office. CCFS has a dedicated maintenance person who is on shift Monday through Thursday, from 6:30 am to 2:30pm. In the event that our in-house maintenance person is unable to fix a problem the Director contacts an

outside contractor within 24 hours. (Please see attached Document #12).

Person responsible for implementing corrective action:

The Residential Director/Administrator.

III.) **Maintenance of Required Documentation and Service Delivery:**

(18) Are the sampled children progressing towards meeting the Needs and Service Plans case goals? (NO)

Finding: (T.S.) No documentation was found that (T.S) was making Progress towards meeting his NSP goals.(T.S.) 60 days NSP does not address the progress in the goals set in the initial 30 day NSP.

Status: The 30 days NSP was written using the old NSP format and the 60 day NSP was one of the very first NSP's we wrote using the new NSP format that became effective November 2012. The Lead Clinician, who is responsible for writing all the NSP's, was confused with the new NSP format and mistakenly left out (T.S.)'s progress towards his goals. The lead clinician has made sure all recent placements as well as currently placed client's progress are updated and documented correctly, the documentation will be clear and timely and will explain the client's progress towards their NSP goals.

Plan to prevent reoccurrence: A 3/27/13 NSP training has been scheduled with our OHCMD Monitor to train, CCFS NSP team, on areas of confusion in the new NSP format. Starting immediately the Agency is creating an NSP's Review Team that consists of the lead clinician, Administrator/s, and Facility Coordinator's. The Team will review each NSP's prior to its being sent to CSW's for their signatures.

Person responsible for implementing corrective action:

The Residential Director.

(22) Does the agency assist the children in maintaining important relationships? (NO)

Finding: (TS) disclosed that he does not have visits with family or a responsible adult, and is interested in having a mentor, according to him, no one at the group home has spoken to him about a mentor.

Status: Please see attachments (20#1), our Mentor Flyer, (20#2) our Mentor questionnaire and (20#3) our Volunteer/ Mentor application and contract. All of which have been tools used to help us when it comes to matching up a Mentor with a foster child, our goal has been looking for people who can give at least 12month commitment and spending 3-4hours a month with the child.

To ensure that Careprovider stays on top of supporting our youth with a caring adult, the Residential Director and the Facility Coordinator will interview each youth monthly to ensure that the youth has a caring adult in their life. We will also following up with the youth who already have mentors to make sure the mentor/youth relationship is still a healthy one. From this point forward the Residential Director will follow up with the CSW to see if they have already been able to match the youth with a mentor from previous placement, while also trying to see if we can get that caring adult from the same area or background to help with the connection process. The Facility coordinator will report out monthly to the Director, on the progress of finding mentors for children along with reporting out how things are going with the children with their mentors.

Plan to prevent reoccurrence: The Residential Director and Facility coordinator, and Clinician will meet monthly to discuss the status of each client, and the status of a mentor to ensure each client has a caring adult in their life.

Person responsible for implementing corrective action:
The Residential Director.

(23/24) Did the treatment team develop timely, comprehensive, initial Needs and Service Plan (NSP) with participation of the developmentally age-appropriate child? (NO)

Finding: (CO)'s updated NSP dated 5/18/12, 7/18/12 and 10/17/12 need more details for group home contacts with CSW and which staff is responsible to help her achieve her goals. (MV)'s initial NSP dated 10/26/12 NSO goals need to identify which staff is responsible to ensure that the youth is making progress towards achieving her NSP goals.

Status: In order to ensure that both initial and updated NSP's are comprehensive, Starting March of 2013, Careprovider is implementing a more team based approach to NSP's. The NSP team consists of the Facility coordinator, Clinician, and the Administrator. This team will meet and review each individual NSP prior to its submission to DCFS.

Plan to prevent reoccurrence: The Person responsible for preparing the initial Needs and Service Plans (NSP) is the lead Clinician, who attended the NSP training held at Monterey Park on 1/10/2013. A 3/27/13 NSP training has been scheduled with our OHCMD Monitor to train, CCFS NSP team, on areas of confusion in the new NSP format.

Person responsible for implementing corrective action:

The Facility Coordinator will lead the way as far as following up with the line staff to correct the required information, but the Director and the Clinician will be responsible for ensuring the information is understandable and timely.

V.) **Health and Medical Needs:**

32) Are initial dental examinations conducted timely? (NO)

Finding: (LA)'s dental exam was on 12/19/12, 30 days late.

Status: The tracking system that Careprovider currently has in place for ensuring that initial medical exams are conducted within the required 30 day window is that the Facility Coordinators have been instructed by the Facility Administrator to always schedule the required

medical appointments within the first week of child's placement. The Administrator conducts a weekly follow up with the Facility coordinator and receives a status report on the initial medical exams.

Case in point: The reason (LA's) dental exam was 30 days late was due to the fact that her Medi-Cal card was not working. Attachment (32#1), shows detailed email correspondence with CSW/child's guardian discussing this problem.

Plan to prevent reoccurrence: The Facility coordinator for each site will be responsible to ensure that all appointments take place and when concerns arise the Facility coordinator will notify the Residential Director and Administrator immediately. In order to ensure that initial dental exams are conducted timely for the children, in addition to our current tracking system explained above, Careprovider will pay for the initial dental exam or find a free clinic that offers the initial dental exam in the event that we encounter a problem with child's insurance.

Person responsible for implementing corrective action:
The Facility Coordinator and the Director

It is our policy and practice to make sure that we are in compliance with our contract, DCFS, Probation and Title 22 requirements. We will continue to monitor ourselves to ensure that we are in compliance.

Thank you for your time and assistance in helping us maintain our Title 22 requirements. If you have any questions, please contact our Residential Director.

Sincerely,



Shawn Bettencourt
Residential Director
(626) 274-3748