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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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June 13, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

CASA EDITHA FOUNDATION/AVA-LYN'S GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Casa Editha Foundation/Ava-Lyn's Group Home (Casa Editha) in August 2011, at which time they had one six-bed site, and there were four placed DCFS children, one male and three females.

Casa Editha is located in a residential neighborhood in the Fifth Supervisorial District and provides services to DCFS foster youth. According to Casa Editha's program statement, its stated goal is "to enable these children to increase their independent adaptive skills and decrease their maladaptive behaviors in order to gain skills necessary for successful adult adjustment." Casa Editha is licensed to serve a capacity of six children, of which four may be non-ambulatory, ages 7 through 17.

The children at Casa Editha ranged from moderately to profoundly developmentally delayed. For purpose of this review, one currently placed child was interviewed and four case files were reviewed. The three other children were non-verbal.

The placed children's overall average length of placement was 38 months, and the average age was 14. Four discharged children's files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Three staff files were reviewed for compliance with Title 22 Regulations and the County contract requirements.

Three children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Casa Editha's compliance with the County contract and State regulations. The visit included a review of Casa Editha's program statement, administrative internal policies and procedures, four children's case files, and a random sampling of personnel files. Visits were made to the site to assess the quality of care and supervision provided to children, observation of the children's interaction with peers and staff, and we conducted an interview with the one verbal child and observed the non-verbal children to assess the care and services the children were receiving.

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

SUMMARY

During our review, the child interviewed reported feeling safe, being provided with good care and appropriate services, being comfortable in her environment and treated with respect and dignity.

Our review revealed the need for more thorough documentation in the updated NSPs, efforts by the group home to follow the visitation plans and develop and maintain important relationships, and provide timely initial dental exams. Further, Casa Editha needed to have the children be consistently seen each month regarding their evaluations of psychotropic medication.

Casa Editha's representatives were receptive to implementing systemic changes to improve compliance with regulations and the contract. The Director and her management staff agreed to address noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following are the notable findings of our review:

- Casa Editha had one outstanding CCL citation for an employee that had been working without documentation of Child Abuse Criminal Index (CACI) clearance. The OHCMD Monitor imposed an emergency CAP. OHCMD and CCL required that the staff not work at the facility with children until a clearance for the employee was received. OHCMD received a copy of the CACI clearance and the employee resumed her position.

- The updated NSPs did not show documentation of visits for children, or group home efforts to follow the visitation plans for three of the children to maintain these relationships. The Director and Administrator responded that they will contact the approved visitors to encourage visitation. For those children with no family members in their lives, they will

discuss with the Children's Social Workers (CSWs) options of a Court Appointed Special Advocate (CASA) or an approved volunteer to visit them on a regular basis.

- Casa Editha needed to develop comprehensive updated NSPs. Thirteen updated NSPs reviewed did not meet all the required elements in accordance with the NSP template. The deficient updated NSPs did not have sufficient details on the required monthly group home contacts with DCFS CSWs. The goals did not indicate appropriate start dates, but did have modified dates. For those NSP goals that were replaced, there were no dates indicated for "Date Goal Achieved." The Director and Administrator stated their social worker will provide detailed information to include dates, purposes and outcomes of all of their contacts with the DCFS CSWs. Additionally, NSP goals will include start dates and "Dates Goal Achieved" when a child achieves a goal. Casa Editha attended the NSP training conducted by OHCMD in January 2012 and it is expected that the training and implementation of their CAP will eliminate future NSP findings.

- Of the four current children's case files reviewed, one child's initial dental exam was not completed within the first 30 days of placement. The Administrator expressed that getting an appointment with a dentist who was able to treat children with severe developmental limitations and behaviors within the first 30 days of placement has been difficult.

- Not all children were receiving the required, monthly psychiatric evaluations for the psychotropic medication they were receiving. Three children were receiving psychotropic medication and had current psychiatric evaluations in August 2011. However, the children's previous evaluations were in March 2011. The Administrator reported that the Group Home has had difficulty locating a psychiatrist that will accept severely developmentally delayed children covered by Medi-Cal. However, they now have a psychiatrist that will be evaluating the children on a monthly basis. The Monitor provided Casa Editha with contact information to the Bureau of the Medical Director, Dr. Charles Sophy's office for resource information.

- None of the reviewed discharged children's files had discharge summaries. One child was not making progress toward NSP goals at time of discharge. Another child's file did not have an NSP. The OHCMD Monitor provided the administration the template for the required discharge summary.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held September 13, 2011:

In attendance:

Edith Avanzado, Executive Director; Luis Araullio, Administrator, Casa Editha Foundation/Ava-Lyn's Group Home, and Donald Luther, Monitor, DCFS OHCMD.

Highlights:

The Executive Director indicated that the review was helpful for Casa Editha.

The Executive Director and Administrator advised the Monitor that they had been in contact with CCL in Sacramento and that they had received the request and fee for the CACI clearance process. The Monitor requested that when they received the clearance, they forward a copy to their Licensed Public Accountant and OHCMD in order to permit the staff's return to working at the facility with the children. Casa Editha complied with this CAP.

The Executive Director felt the review provided them the opportunity to improve on their documentation in the NSPs.

Casa Editha provided an approved written CAP addressing each recommendation noted in this compliance report. The CAP is attached.

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

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

PLB:RS:KR:
EAH:PBG:dl

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
Emelinda P. Mayuga, RN, President, Board of Directors, Casa Editha Foundation/ Ava- Lyn's Group Home
Edith Avanzado, Executive Director, Casa Editha Foundation/Ava-Lyn's Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

CASA EDITHA FOUNDATION/AVA-LYN'S GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1756 N. Hill Avenue
Pasadena, CA 91104
License # 191723785
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: August 2011**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non-Perishable Food	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance

	7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Improvement Needed 12. Full Compliance 13. Improvement Needed
IV	**Educational and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourage Children's Participation in YDS	Full Compliance (ALL)
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	1. Full Compliance 2. Improvement Needed
VII	**Personal Rights And Social/Emotional Well-Being** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences	Full Compliance (ALL)

	7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival And Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Full Compliance 2. Improvement Needed 3. Full Compliance
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance

	12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	12. Full Compliance 13. Full Compliance 14. Full Compliance

CASA EDITHA FOUNDATION/AVA-LYN'S GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

1756 N. Hill Avenue
Pasadena, CA 91104
License # 191723785
Rate Classification Level: 10

The following report is based on a "point in time" monitoring visit and addresses findings noted during the August 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Casa Editha fully complied with four of 10 sections of our contract compliance review: Facility and Environment; Education and Workforce Readiness; Personal Rights and Social/Emotional Well-Being; and Personal Needs/Survival and Economic Well-Being. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENT

Based on our review of four children's case files and/or documentation from the provider, Casa Editha fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

Based on our review, Casa Editha had one outstanding CCL citation for an employee that had been working without documentation of CACI clearance. The DCFS OHCMD Monitor imposed an emergency CAP. OHCMD and CCL required that the staff not work at the facility with children until a clearance for the employee was received. OHCMD received a copy of the CACI clearance and the employee resumed her position.

Recommendation:

Casa Editha's management shall ensure:

1. All staff have current CACI clearance before working at the Group Home with children.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of eight children's case files and/or documentation from the provider, Casa Editha fully complied with 10 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

Based on our review, we found the non-verbal children were limited in participating in the development of their NSPs. It was noted, however, some NSPs did not show documentation of visits for children per the visitation plans, or group home efforts to follow the visitation plans for three children to maintain these relationships were not documented. The Administrator said that visitors approved in their visitation plans have not shown interest in visiting the children, and the CSWs have attempted to encourage them to visit. The OHCMD Monitor

advised the Executive Director and Administrator that since there were no apparent relationships being maintained or accessible for the children, they must explore developing mentors for each child per Statement of Work Section 2.3. The Monitor provided the administration with the telephone number of the DCFS Mentoring Division for assistance.

Three initial and 39 updated NSPs were previously reviewed during our last visit. For the purpose of this visit, updated NSPs since our last visit were reviewed. The 13 updated NSPs reviewed were not comprehensive and did not meet all the required elements in accordance with the NSP template. The deficient updated NSPs did not have sufficient details on the required monthly group home contacts with DCFS CSWs. The goals did not indicate appropriate start dates, but did have modified dates. For those NSP goals that were replaced, there were no dates indicated for "Date Goal Achieved." The Director and Administrator stated their social worker will provide detailed information to include dates, purposes and outcomes of all of their contacts with the DCFS CSWs. Additionally, NSP goals will include start dates and "Dates Goal Achieved" when a child achieves a goal. Casa Editha attended OHCMD NSP training in January 2012.

Recommendations:

Casa Editha's management shall ensure:

2. Monthly contacts by the Group Home to the CSWs are appropriately documented in the NSPs.

3. NSPs show documentation of group home efforts to follow the visitation plans.

4. Mentors are developed for each of the children not having important relationships in their lives.

5. Comprehensive updated NSPs are developed for each child.

HEALTH AND MEDICAL NEEDS

Based on our review of four children's files, interviews with the children and/or documentation from the provider, Casa Editha Foundation/Ava-Lyn's Group Home fully complied with five of six elements in the area of Health and Medical Needs.

We found that one child had her initial dental exam three days after the first 30 days of placement had elapsed. The Administrator expressed that getting an appointment with a dentist who was able to treat children with severe developmental limitations and behaviors within the first 30 days of placement has been difficult.

Recommendation:

Casa Editha Foundation/Ava-Lyn's Group Home management shall ensure:

6. Initial dental examinations are conducted within 30 days of placement.

PSYCHOTROPIC MEDICATION

Three children were prescribed psychotropic medication. There were current psychiatric evaluations of the children for their medication. However, prior to the current evaluations, the children's last evaluations were in March 2011. There was no documentation indicating evaluations were necessary less than monthly. The Administrator reported that they have had difficulty locating a psychiatrist who will accept severely developmentally delayed children covered by Medi-Cal. However, they now have a psychiatrist who will be evaluating the children on a monthly basis. The Monitor provided Casa Editha with contact information to the Bureau of the Medical Director, Dr. Charles Sophy's office, for resource information.

Recommendation:

Casa Editha's management shall ensure:

7. Per the Contract, Statement of Work, (SOW) Section 3.4.5 (a), children receive monthly evaluations with the prescribing physician, unless otherwise documented by the physician.

DISCHARGED CHILDREN

Based on our review of four discharged children's files and/or documentation from the provider, we noted that none of the reviewed discharged case files had completed discharge summaries. Per the Administrator, three children were discharged per the court's direction; one child was released to another group home, and two children were released to the home of their parents. The fourth child did not have an NSP to determine a permanency plan. The child was replaced by her CSW to a relative.

One child had made progress toward meeting the NSP goals; one child had made no significant progress toward meeting the NSP goals; one child had not been in placement long enough to require an updated NSP; and another child was removed per court order before the child could meet the goals.

Recommendations:

Casa Editha's management shall ensure:

8. Required discharge summaries are completed per SOW Section 17.5 and that children are discharged in accordance to the permanency plan.

9. All placed children make progress toward meeting their NSP goals prior to discharge.

PERSONNEL RECORDS

Based on our review of three staff personnel files and/or documentation from the provider, Casa Editha fully complied with 13 of 14 elements reviewed in the area of Personnel Records.

We found that the Group Home had one employee who had been working without documentation of CACI clearance. The OHCMD Monitor imposed an emergency CAP. OHCMD and CCL required that the staff not work at the facility with children until a clearance for the employee was received. OHCMD received a copy of the CACI clearance and the employee resumed her position.

Recommendation:

Casa Editha's management shall ensure:

10. All staff have current CACI clearance before working at the Group Home with children.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior review per report issued November 29, 2010 were implemented.

Results

The OHCMD prior monitoring report contained two outstanding recommendations. Specifically, Casa Editha was to ensure the Group Home site was free of debris and maintained in good repair in accordance with Title 22 Regulations, and that the NSPs were comprehensive and included all required elements. Casa Editha fully implemented one of two recommendations of the prior monitoring review. Further corrective action was requested of Casa Editha to address the recommendation that was not implemented.

Recommendation:

Casa Editha's management shall ensure:

11. Full implementation of the outstanding recommendation from the OHCMD's prior monitoring report, noted in this compliance report as Recommendation 4.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Casa Editha has not been posted by the A-C.

AVA-LYN'S GROUP HOME
1756 N. HILL AVE.
PASADENA, CA 91104
PHONE: (626) 794-3916
FAX: (626) 696-3926

Ms. Patricia Bolanos-Gonzalez, Manager
Children's Service Administrator II
Out of Home Care Management Division
County Of Los Angeles
Department of Children and Family Services
9230 Telestar Ave. Suite 216
El Monte, CA 91731

March 20, 2012

Dear Ms. Bolanos-Gonzalez:

Attached please find an addendum to the CAP (Corrective Action Plan) for Ava-Lyn's Group Home that was originally submitted on November 9, 2011.

Sincerely,

Luis Araullo
Administrator

Stephen R. Goodman, M.S.W.
Facility Social Worker

1. Re: Licensure/Contract Requirements, # 8 was not addressed.

CAP: A pre-employment verification check-list form has been developed by the group home which includes CACI clearance and is currently in force. Applicants can not begin employment at the group home until all pre-employment requirements have been completed and documented. (Please refer to attached form "Technical Support Program Group Home Staff Record.")

Person responsible: Group Home Administrator.

2. Re: Maintenance Of Required Documentation and Services # 25 response does not address that the Agency should include the specific dates, reason for contacts and outcome of contacts.

CAP: All DCFS CSWS will be contacted a least monthly by the group home social worker and /or administrator. These contacts will be documented in each group home residents' Quarterly Assessment/ NSP. Documentation will include the specific dates of contacts, the reasons for the contacts and the outcome of the contacts.

Persons responsible: Group Home Administrator and Group Home Social Worker.

3. Re: Maintenance Of required Documentation and Services #26 response does not specifically indicate how the Group Home will make contacts for the children and advocate for the children in maintaining important relationships. Further, what will the group home do to assist in developing and encouraging mentors for those children that have no one in their lives?

CAP: Group home social worker and administrator will contact known family members of group home residents and encourage them to visit them on a consistent basis as per their visitation plan. These efforts and the results of these efforts will take place at least bi-weekly and will be documented in each resident's Quarterly Assessment/NSP.
Group home social worker will contact CSWS of residents who have no family members in their lives and will discuss and request the assignment of a CASA or an approved volunteer to visit them on a regular basis. These efforts will be documented in each resident's Quarterly Assessment/NSP.

Persons responsible: Group Home Administrator and Group Home Social Worker.

5. Re: Maintenance of Required Documentation and Services #28.
NSPs were not comprehensive due to little documentation of Group Home efforts to approved visitors to encourage visits to children. This issue was addressed in section # 3.
Specific documentation of required contacts to the CSW was addressed in section # 2.
NSP Goals did not indicate appropriate start dates and "Dates of Completion."

CAP: All NSP goals for group home residents now include the appropriate start dates and dates of completion and are now included in all group home residents NSPS.

Person Responsible: Group Home Social Worker.

6. Re: Health and Medical Needs #41 the agency needs to document the efforts, including the dates of the attempts to have timely initial dental exams for the children in the NSPS. The Group Home should develop a list of alternative dental providers to contact that will provide services

For children with special needs. OHCMD requests the Agency address how delays will be avoided in the future.

CAP: Upon admission to the group home, at least two dental providers that provide services to children with profound special needs will be contacted to schedule a dental appointment in a timely manner. Additional referral sources will be contacted. All efforts will be documented and included in the Quarterly Assessment/NSP of each group home resident.

Person responsible: Group Home Administrator.

7- Re: Psychotropic Medication #44. The Group Home shall arrange for children to receive monthly evaluations with the prescribed physician unless otherwise documented by the physician. The Group Home should also develop a list of alternative mental health providers to contact that provide service for children with special needs. OHMCD requests how the Agency will address this requirement in the future if the prescribed physican(s) is not available to continue service or can not see the children to ensure that they are evaluated monthly.

CAP: Additional mental health providers who provide services to this population will be contacted and these efforts will be documented and included in each child's NSP in the event that the prescribing physician is unable to see them monthly. Additional contingency plans including utilizing local county psychiatric emergency and out patient psychiatric services will be explored and documented in each child's NSP

Person Responsible: Group Home Administrator

8. Re; Discharged Children # 70 the discharge summary is required under the Statement of Work Section 17.5

CAP: A discharge summary is now completed and placed in the chart of all group home children who are discharged from the facility within 30 days of discharge.

Person Responsible: Group Home Social Worker.

9. Re: Discharging Children # 71 all children are expected to be making progress toward or meeting the NSP goals. OHCMD requests the Agency to provide how they will assist children in progressing toward or meeting these NSP goals.

CAP: All efforts and interventions made by group home staff and others to assist residents in meeting their NSP goals will continue to be documented and highlighted in each resident's Quarterly Assessment/NSP.

Person Responsible: Group Home Social Worker.

10. Re: Personnel Records # 75 OHCMD requests a corrective action as to what measures Casa Editha Foundation/Ava-Lyn's Group Home will take to ensure that all staff has current CACI clearance before working at the Group Home with children.
This issue was addressed in section # 1.

AVA LYN'S GROUP HOME STAFF RECORDS

This tool is designed to assist facility operators to perform periodic self-assessments of their staff records. It includes the most commonly required staff records. It is not an exhaustive list of all staff records and ***cannot be used as a substitute for a good working knowledge of all records required by regulation.*** Be sure that all documents are signed and complete. It is recommended that each box and / or space is marked to demonstrate that the entire form has been reviewed.

R = Reviewed U = Updated N/A = Not Applicable

Staff Name: _____ Position: _____

Review Date									Expires/ Update Due
Personnel Record LIC 501									
Health Screening / TB Test Results LIC 503									
Criminal Record Statement LIC 508									
First Aid and CPR Card									
Verification of Education/Experience									
Fingerprint Clearance									
Child Abuse Index Clearance LIC 198									
Driver's License or DMV Printout									
Documentation of Training									
Job Description									
Work Performance Evaluation									
Water Safety Certification									
Statement Acknowledging Requirement to Report Child Abuse LIC 9108									
Administrator Certification									
* Discipline Policies and Procedures									
* Complaint Procedures									

AVA-LYN'S GROUP HOME
1756 N. HILL AVE.
PASADENA, CA 91104
PHONE: (626) 794-3916
FAX: (626) 794-6832

Mr. Donald Luther
Children's Service Administrator 1
Out of Home Care Management Division
County Of Los Angeles
Department of Children and Family Services
9230 Telestar Ave. Suite 216
El Monte, CA 91731

November 9, 2011

Dear Mr. Luther,

Attached please find the CAP (Corrective Action Plan) for Ava-Lyn's Group Home.

Sincerely,

Luis Araujo
Administrator

Stephen R. Goodman, M.S.W.
Facility Social Worker

III Maintenance Of Required Documentation and Service Delivery

25 – Are DCFS CSWS contacted monthly by group home and are the contacts appropriately documented?

CAP: All DCFS CSWS will be contacted monthly by the group home social worker and /or administrator and these contacts will be documented in each child's Quarterly Assessment/ NSP

Person's responsible: Group Home Administrator and Social Worker.

26- Does the agency assist the children in maintaining important relationships?

CAP: All contacts and attempts to contact family members and significant others will be documented in each child's Quarterly Assessment/ NSP.

Person responsible: Group Home Social Worker.

27- Did the treatment team develop timely updated Needs and Services Plans (NSP) with the child?

28- Did the treatment team develop comprehensive updated Needs and Services Plans (NSP) with the child?

A- Goals did not indicate appropriate start date but correct modified dates.

CAP: (We were instructed by the previous OHMC coordinator to date the goals in this manner for each group home resident.)

Effective immediately all goals will reflect actual start dates and completion dates.

Person Responsible: Group Home Social Worker.

28

B- and may have monitored visits with mother but no documentation noted of any visits

CAP: Mother of has not been located for several years despite efforts by CSW and group home social worker to make contact with her. No contact from mother of prior to placement at this group home. CSW has made efforts to locate her but with no success. It is believed that she may be residing in Mexico.

C- may have visits with legal guardian and brother but only one documented visit noted.

CAP: Every effort has been made by CSW and group home social worker and administrator to encourage these visits. Legal guardian is hesitant to visit because she no longer feels able to care for the child and is relinquishing her foster mother status.
now has a CASA assigned to her.

Persons Responsible: Group Home Social Worker and Administrator.

V- HEALTH AND MEDICAL NEEDS

Client Initial physical exam 3/10/11. Admit date 12/1/10. initial dental exam was 3/9/11. Admit Date 12/1/10

CAP: Initial physical exam for was 12-5-10 not 3-9-11 and is documented in her chart.
Initial dental exam was 1-4-11 not 3-9-11 and is documented in her chart. This was the earliest possible appointment available despite efforts by group home administrator to schedule an earlier appointment.

Person Responsible: Group Home Administrator

Psychotropic Medication

Clients and have a current medication evaluation on 8-20-11. The last month they were seen previously was in March 2011.

CAP: Multiple efforts were made to schedule psychiatric medication evaluation for the group home clients by the group home administrator after the previous psychiatrist left. A Psychiatrist was finally located and now sees the clients monthly.

Person Responsible: Group Home Administrator.

IX. Discharged Children

None of the discharged children had a discharge summary.

CAP: Effective immediately a discharge summary will be completed for all discharged children within thirty days of discharge.

Person Responsible: Group Home Social Worker