County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PATRICIA S. PLOEHN, LCSW
Director

November 29, 2010

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From: Patricia S. Ploehn, LCSW
Director

CASA EDITHA FOUNDATION dba AVA LYN'S GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Casa Editha Foundation Group Home is located in the 5th Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Casa Editha Foundation Group Home's program statement, the agency's 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 Foundation Group Home is licensed to serve a capacity of six children, ages 7 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of the Casa Editha Foundation Group Home in March 2010, at which time the agency had one six-bed site and three placed DCFS children. Two of the children were males and one child was female. The children at Casa Editha Foundation Group Home range from moderately to profoundly developmentally delayed. Two of the children were non-verbal, and for purposes of this review, only one of the placed children was interviewed. All three children's case files were reviewed. The placed children's average overall length of placement was three years, and the average age was 15. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

The three placed children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Casa Editha Foundation Group Home's compliance with the contract and State regulations. The visit included a review of Casa Editha Foundation's program statement, administrative internal policies and procedures, all placed children's case files, and a random sampling of personnel files. Visits were made to the facilities to assess the quality of care and supervision provided to children, and we conducted an interview with one child to assess the care and services he received.

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

SUMMARY

Generally, Casa Editha Foundation Group Home was providing adequate care to DCFS placed children, and the services were provided as outlined in the agency's program statement. The child who was interviewed stated that the staff treated him with respect and dignity and that services were made available to him.

The direct care staff stated that the needs of the children were met in a timely fashion by the administrative staff.

At the time of the review, the Group Home needed to address a few physical plant deficiencies, one of which could have potentially posed a safety hazard to placed children, yet did not rise to the level of abuse or neglect. The Group Home also needed to ensure that the Needs and Services Plans (NSP) were comprehensive and that case plan goals were updated.

NOTABLE FINDINGS

The following are the notable findings of our review:

- There was a large amount of debris in the backyard that could have potentially posed a safety hazard to placed children, yet did not rise to the level of abuse or neglect.

- Of the NSPs reviewed for the three children's case files, none were comprehensive. The NSPs did not include specific, measurable and attainable treatment goals. The case plan goals were not updated. Further, the NSP case plans did not address whether progress had been made by the children.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held April 5, 2010.

In attendance:

Luis Araullo, Administrator, Casa Editha Foundation, and Greta F. Walters, Monitor, DCFS OHCMD.

Highlights:

The Group Home Administrator expressed an understanding of our findings and recommendations.

As agreed, Casa Editha Foundation provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

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

PSP:LP:KR
EAH:BB:gfw

Attachment

c: William T Fujioka, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Erwin Bautista, Chairperson, Board of Directors, Casa Editha Foundation
Edith C. Avanzado, Executive Director, Casa Editha Foundation
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional, Manager, Community Care Licensing

CASA EDITHA FOUNDATION PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

Ava-Lyn's Group Home
1756 N. Hill Avenue
Pasadena, California 91104
License Number: 191222785
Rate Classification Level: 10

The following report is based on a "point in time" monitoring visit and addresses findings noted during the March 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of three children's files and five staff files, Casa Editha Foundation was in full compliance with seven of nine sections of our Contract Compliance review: Licensure/Contract Requirements, Educational and Emancipation Services, Recreation and Activities, Children's Health-Related Services, Including Psychotropic Medication, Personal Rights, Children's Clothing and Allowance, and Personnel Records. The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review of Casa Editha Foundation Group Home and interview with one child, Casa Editha Foundation Group Home fully complied with four of six elements in the area of Facility and Environment.

The Group Home maintained age-appropriate and accessible recreational equipment and on-site educational resources. The Group Home maintained a sufficient supply of perishable and non-perishable foods.

Generally, the exterior of the Group Home was adequately maintained. The front yard was clean and adequately landscaped. However, there was a large amount of debris in the backyard that could pose a safety hazard to the children if they were to play in the yard. This finding did not rise to the level of abuse or neglect. This was immediately brought to the attention of the Group Home Administrator who reported that items would be removed from the property as soon as possible.

The interior of the Group Home was well maintained. The Group Home provided a home-like environment. The children's bedrooms were neat and orderly. The mattresses were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate. Window coverings and window screens were in good repair. However, in bedroom #2, there were cracks in the ceiling.

Recommendation:

Casa Editha Foundation management shall ensure that:

1. The Group Home site is free of debris and maintained in good repair in accordance with Title 22 regulations.

PROGRAM SERVICES

Based on our review of three children's case files, Casa Editha Foundation fully complied with seven of eight elements reviewed in the area of Program Services. We noted that placed children met the Group Home's population criteria as outlined in the agency's program statement, and the children were assessed for needed services within thirty days of placement.

Based on our review, we found that the Needs and Services Plans (NSP) included input from the child. The NSPs were approved by the DCFS CSWs for implementation, and the NSPs were implemented and discussed with the Group Home staff. There was documentation that the children were receiving required therapeutic services. However, none of the reviewed NSPs were comprehensive. The NSPs did not include specific, measurable and attainable treatment goals. Further, many of the NSP case plans goals were repeated and did not address any progress being made or lack thereof.

Recommendation:

Casa Editha Foundation management shall ensure that:

2. NSPs are comprehensive and include all required elements.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the Auditor-Controller (A-C) prior monitoring review.

Verification

We verified whether the outstanding recommendations from the monitoring review were implemented. The report was issued on June 26, 2009.

Results

The A-C's prior report contained three outstanding recommendations. Specifically, Casa Editha Foundation was to repaint the hallway closet, maintain current court authorizations for all children on psychotropic medication, and maintain documentation to support that children taking psychotropic medication are routinely seen by the prescribing psychiatrist.

The Casa Editha Group Home fully implemented the three outstanding recommendations from the A-C report dated June 26, 2009.

Recommendations:

None.

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

1756 N. Hill Avenue
Pasadena, CA 91104
License Number: 191871781
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: March 2010**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. N/A
	2. Stabilization to Prevent Removal of Child	2. Full Compliance
	3. Transportation	3. Full Compliance
	4. SIRs	4. Full Compliance
	5. Compliance with Licensed Capacity	5. Full Compliance
	6. Disaster Drills Conducted	6. Full Compliance
	7. Disaster Drill Log Maintenance	7. Full Compliance
	8. Runaway Procedures	8. Full Compliance
	9. Allowance Logs	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms/Interior Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non Perishable Food	6. Full Compliance
III	**Program Services** (8 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Full Compliance
	3. Children's participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessments/Evaluations Implemented	6. Full Compliance
	7. DCFS CSWs Monthly Contacts Documented	7. Full Compliance
	8. Comprehensive NSPs	8. Improvement Needed
IV	**Educational and Emancipation Services** (4 Elements)	
	1. Emancipation/Vocational Programs Provided	Full Compliance (All)
	2. ILP Emancipation Planning	
	3. Current IEPs Maintained	
	4. Current Report Cards Maintained	

V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-curricular, Enrichment and Social Activities	Full Compliance (All)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychotropic Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-up Dental Exams Timely	Full Compliance (All)
VII	**Personal Rights** (11 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. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	Full Compliance (All)
VIII	**Children's Clothing and Allowance** (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 Personal Care Items 6. Minimum Monetary Allowances	Full Compliance (All)

	7. Management of Allowances 8. Encouragement and Assistance with Life Book	
IX	**<u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u>** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	Full Compliance (All)

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Recommendation:

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Recommendation:

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PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

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Results

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The Casa Editha Group Home fully implemented the three outstanding recommendations from the A-C report dated June 26, 2009.

Recommendations:

None.

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

Issues Noted	Providers Plan of Correction
1- Facility And Environment	
Large amount of debris in the backyard that could pose a safety hazard to the children while if they were to play in the yard and cracks in the ceiling of room #2.	The debris in the backyard was removed immediately after the findings noted during the April 2010 monitoring review and the ceiling in room #2 was plastered and re-painted.
Ensure that group home remains in good repair in accordance with Title 22 regulations.	Facility administrator will thoroughly inspect the facility weekly and will make all necessary repairs or will immediately notify the appropriate technicians and or repair personnel to perform the necessary repairs in a timely manner.
2- Program Services	NSP goals for all group home residents will be reviewed monthly and will be modified or changed every three to six months to reflect changes and growth in each resident. The facility social worker and administrator will be responsible for reviewing and modifying all NSP goals. NSP goals start dates will be changed every three months.

Luis L. Araujo
Administrator
October 27, 2010