County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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November 30, 2010

To: Supervisor Gloria Molina, Chair
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From: Patricia S. Ploehn, LCSW
Director

ORANGE COUNTY CHILDREN'S FOUNDATION 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.

Orange County Children's Foundation has three sites: the Emancipation Institute, Harbor City Children's Foundation and Orange County Children's Foundation #3. The Emancipation Institute is located in the 4th Supervisorial District, the Harbor City Children's Foundation is located in the 2nd Supervisorial District, and the Orange County Children's Foundation #3 is located in Orange County. Orange County Children's Foundation provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation Department youth. According to the agency's program statement, its goal is "to enable these children to increase their independent adaptive skills and decrease their maladaptive behaviors in order to gain the necessary skills for successful adult adjustment." The Emancipation Institute is licensed to serve a capacity of six children, ages 12 through 17; the Harbor City Children's Foundation is licensed to serve a capacity of six children, ages 9 through 17; and the Orange County Children's Foundation #3 is licensed to serve a capacity of six children, ages 10 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Orange County Children's Foundation in February and March 2010, at which time it had three six-bed sites and 15 placed DCFS children. All 15 children were males. For the purpose of this review, 11 children placed at that time were interviewed and their case files were reviewed. The remaining four children had been placed with the agency for less than 30 days; their files were not reviewed and they were not interviewed. The sampled children's overall average length of placement was 16 months, and their

average age was 17. Nine staff files were reviewed for compliance with Title 22 regulations and contract requirements.

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

SCOPE OF REVIEW

The purpose of this review was to assess Orange County Children's Foundation's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, 11 placed children's case files, and a random sampling of personnel files. A visit was made to all three sites to assess the quality of care and supervision provided to the children, and we conducted interviews with children to assess the care and services they were receiving.

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

SUMMARY

Generally, Orange County Children's Foundation was providing good quality care to DCFS placed children, and the services were provided as outlined in the agency's program statement. Interviewed children expressed satisfaction with the services.

The direct care staff stated that they were pleased with the support that they received from the administrative staff. In fact, the facility manager reported that the Group Home administrative staff was attentive to the needs of the children and open to listening to the direct care staff's suggestions for improvement.

At the time of the review, the Group Home needed to address a minor physical plant deficiency, which did not pose a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSP), submit all Serious Incident Reports (SIR) in a timely manner, ensure staff members had a valid CPR certificate on file, and that staff complete initial and on-going training per Title 22 regulations and the Group Home's program statement. Further, the Group Home needed to conduct follow-up on requests for authorization of psychotropic medication and document all efforts made to obtain updated court approved psychotropic medication authorizations for two children.

Orange County Children's Foundation was receptive to implementing some systemic changes to improve its compliance with regulations and the Foster Care Agreement. Further, the Executive Director stated that she welcomed the findings in the review so that their current operating systems could be improved.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 42 initial and updated NSPs reviewed for the 11 children's case files, none were comprehensive in that they did not include all the required elements in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals as they related to permanency, life skills and visitation. Additionally, there was no documentation regarding progress toward the permanency plans. Six out of the 42 required NSPs were not approved by the DCFS CSWs for implementation. The A-C's prior review also noted that Orange County Children's Foundation had not always ensured that NSPs/Quarterly Reports were comprehensive. Subsequent to this review, DCFS provided Group Home Contractors with a refresher NSP training on January 12, 2010.

- Two of the nine children taking psychotropic medications did not have current psychotropic medication authorization forms for all of the psychotropic medications they were prescribed. Of these two children, one child had court authorization for Depakote only; for the remainder of his psychotropic medications, Seroquel, Fluoxetine and Temazepam, no current court authorization forms were on file. The other child was taking Sertraline, Geodon, Depakote and Perphenazine without current court authorization forms. There was no confirmation that Orange County Children's Foundation had conducted a follow up to obtain current authorization forms for either child's medications. This was brought to the Administrator's attention, and the provider stated that they would have both children re-evaluated by their psychiatrists and in the future, all court-approved authorizations for the administration of psychotropic medication would be current and on file.

- Two of the 11 sampled children did not receive their initial medical examination in a timely manner. One examination was ten days late and the other was 12 days late. Additionally, one of the 11 sampled children did not receive his initial dental examination in a timely manner. His appointment was 17 days late. Further, one child's case file included no documentation that he had received timely initial medical and dental examinations. There was no documentation indicating that the Group Home staff attempted to make timely appointments.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held June 15, 2010:

In attendance:

Pamela Cutchlow, Executive Director, Orange County Children's Foundation; Rachel Suit, Administrator, the Emancipation Institute and the Harbor City Children's

Foundation; Irene Yohn, Administrator, Orange County Children's Foundation #3; Stacy Brooks, Consultant, Orange County Children's Foundation; and Jui Ling Ho, Monitor, DCFS OHCMD.

Highlights:

The Executive Director was in agreement with our findings and recommendations. She stated that Orange County Children's Foundation would make all necessary corrections to the NSPs and follow up to ensure that updated court authorization forms for psychotropic medications were current and that all children's medical and dental examinations were done in a timely manner.

As agreed, Orange County Children's 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
EAH:BB:jh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Doris Stockstill, Board of Directors, Orange County Children's Foundation
Pamela Cutchlow, Executive Director, Orange County Children's Foundation
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland-Scott, Regional Manager, Community Care Licensing

ORANGE COUNTY CHILDREN'S FOUNDATION PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

SITE LOCATIONS

Emancipation Institute
1691 Gramercy Ave
Torrance, California 90501
Phone: (310) 320-0195
License Number: 198205893
Rate Classification Level: 11

Harbor City Children's Foundation
24507 Marbella Ave
Carson, California 90745
Phone: (310) 834-1198
License Number: 198200917
Rate Classification Level: 11

Orange County Children's Foundation# 3
1808 Stanley Ave
Placentia, California 92870
Phone: (714) 986-9451
License Number: 306000534
Rate Classification Level: 11

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

CONTRACTUAL COMPLIANCE

Based on our review of 11 children's files, nine staff files, and documentation from the provider, Orange County Children's Foundation was in full compliance with four of nine sections of our Contract Compliance review: Educational and Emancipation Services; Recreation and Activities; Personal Rights; and Children's Clothing and Allowance. The following report details the areas found to be out of compliance:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of 11 children's case files and documentation from the provider, Orange County Children's Foundation fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

Based on our review of the three licensed contracted facilities, all were in compliance with licensed capacity. All sites conducted disaster drills at least once every six months and maintained runaway procedures in accordance with the contract. The Group Home was also using all available resources to attempt to stabilize placements prior to requesting the removal of a child. Additionally, the agency was utilizing the I-Track system to report all SIRs; however, not all SIRs were submitted in a timely manner.

Recommendation:

Orange County Children's Foundation management shall ensure that:

1. All SIRs are submitted in a timely manner according to Exhibit A-VIII (Special Incident Reporting Guide for Group Homes).

PROGRAM SERVICES

Based on our review of 11 children's case files, Orange County Children's Foundation fully complied with six 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 its program statement, and they were assessed for needed services within thirty days of placement.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSPs) with input from the child. However, only 38 of the 42 required initial and updated NSPs were timely, and none of the 42 required NSPs were comprehensive. The NSPs did not include specific and measurable treatment goals as they relate to permanency, life skills and visitation. Additionally, there was no documentation regarding progress toward the permanency plans. Six of the 42 required NSPs were not approved by the DCFS CSWs for implementation. There was no documentation indicating the Group Home staff attempted to obtain DCFS CSW approval of implementation for the NSPs. The provider stated that they had re-trained the Group Home social workers so that any NSPs/Quarterly Reports issues could be resolved. Further, the Administrator stated that the Facility Manager will ensure that all NSPs are faxed to the CSWs to obtain signatures in a timely manner. Confirmation of the faxes will be placed in the case files. The A-C's prior year review also noted that Orange County Children's Foundation had not always ensured that NSPs were comprehensive.

Recommendations:

Orange County Children's Foundation management shall ensure that:

2. NSPs are timely, comprehensive and include all required elements.

3. Documentation is maintained as verification that DCFS CSWs approve the implementation of NSPs.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review of Orange County Children's Foundation and interviews with 11 children, the agency fully complied with five 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.

The interior of the Group Home was well maintained and provided a home-like environment. All rooms were adequately furnished with drawers and storage spaces. All bedrooms were orderly and currently occupied by two children per room. The mattresses were in good repair, and the beds all had a full complement of linens. Window coverings and window screens were also in good repair, and the fireplace was properly screened. All hazardous items were properly secured. Medications were locked and stored in the locked cabinet.

Generally, the exterior of the Group Home was well maintained. The front yards were clean and adequately landscaped. However, they had a minor deficiency, which did not pose any safety hazards to placed children. Specifically, a sprinkler pipe in the backyard of Orange County Children's Foundation # 3 was sticking out of the ground approximately six inches and the only safe way to resolve the problem was to remove the pipe.

The A-C's prior year review also noted that Orange County Children's Foundation did not always ensure that the Group Home's facilities were maintained in accordance with CDSS Title 22 regulations.

Recommendation:

Orange County Children's Foundation management shall ensure that:

4. The Group Home site is maintained and in good repair in accordance with Title 22 regulations.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 11 children's case files and interviews with the 11 children, Orange County Children's Foundation fully complied with four of nine elements in the area of Children's Health Related-Services, including Psychotropic Medication.

The Group Home had ensured that all children's follow-up physical and dental examinations were conducted in a timely manner and were well documented in their case files. There was also a current psychiatric evaluation/review for each child on psychotropic medication. However, two of the 11 sampled children had not received their initial medical examination in a timely manner. One examination was ten days late and the other was 12 days late. Also one of the 11 sampled children had not received his initial dental examination in a timely manner. His appointment was 17 days late. Additionally, one child's case file included no documentation that he had received timely initial medical and dental examinations. The provider stated that, in the future, during the intake process, the Facility Manager would immediately schedule appointments for placed child's initial medical and dental examinations. Initial examinations will occur within the required 30 days. If for any reason a child missed an appointment(s), the Facility Manager would continue to document all details/efforts in the child's file.

Orange County Children's Foundation appropriately addressed this finding in the attached CAP.

Two of the nine children taking psychotropic medications did not have current psychotropic medication authorization forms for all the psychotropic medications they were taking. Of these two children, one child had court authorization for Depakote only; for the remainder of his psychotropic medications, Seroquel, Fluoxetine and Temazepam, no current court authorization forms were on file. The other child was taking Sertraline, Geodon, Depakote and Perphenazine without current court authorization forms. There was no confirmation that Orange County Children's Foundation had conducted follow up to obtain current authorization forms for either child's medications. This was brought to the provider's attention and the provider stated that they would have both children re-evaluated by their psychiatrists and in the future, all court-approved authorizations for the administration of psychotropic medication would be current and on file.

Recommendations:

Orange County Children's Foundation management shall ensure that:

5. All children's physical and dental examinations are done in a timely manner.

6. All children who take psychotropic medications have current Court authorization forms.

PERSONNEL RECORDS

Based on our review of nine staff personnel files, Orange County Children's Foundation fully complied with eight of 12 elements in the area of Personnel Records.

All nine reviewed staff met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Central Index (CACI) and signed criminal background statements in a timely manner. They also signed copies of the Group Home policies and procedures, had valid driver's licenses, and completed First-Aid as required per the Group Home's program statement. However, one staff's TB screening was not done in a timely manner, as it was past the seven day requirement, another staff did not have a valid CPR certificate. Additionally, four staff members did not complete their initial and on-going training as required per Title 22 and Orange County Children's Foundation's program statement. Two of the four staff members did not complete their initial 24 hour training in a timely manner, and the other two staff members were missing five and ten hours of the required 30 on-going training hours. The provider stated the Agency would ensure that staff members received CPR training and timely health screenings and would also ensure that all required trainings were done in accordance with Title 22 regulations and the Group Home program statement.

Recommendations:

Orange County Children's Foundation management shall ensure that:

7. All staff members complete health screening in a timely manner.

8. All staff members have a current CPR certificate on file.

9. All staff members receive the required training per Title 22 regulations and the Group Home's program statement.

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

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the last monitoring review were implemented. The last report was issued on August 28, 2009.

Results

The A-C's prior monitoring report contained three outstanding recommendations. Specifically, Orange County Children's Foundation was to ensure that it developed comprehensive NSPs that included short and long term goals, and that the Group Home was maintained in good repair in accordance with Title 22 regulations. Additionally, the Group Home needed to provide children with the required $50 monthly clothing allowance. Based on our follow up of these recommendations, the A-C's recommendation that the facility provide the children with the required $50 monthly clothing allowance was fully implemented. However the remaining two A-C's recommendations were only partially implemented. As noted, two recommendations were not fully implemented, and corrective action was requested of Orange County Children's Foundation to further address these findings.

Recommendation:

Orange County Children's Foundation management shall ensure that:

10. It fully implements the two outstanding recommendations from the A-C's August 28, 2009 monitoring report, which are noted in this report as Recommendations 2 and 4.

ORANGE COUNTY CHILDREN'S FOUNDATION PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

SITE LOCATIONS

Emancipation Institute
1691 Gramercy Ave
Torrance, California 90501
Phone: (310) 320-0195
License Number: 198205893
Rate Classification Level: 11

Harbor City Children's Foundation
24507 Marbella Ave
Carson, California 90745
Phone: (310) 834-1198
License Number: 198200917
Rate Classification Level: 11

Orange County Children's Foundation# 3
1808 Stanley Ave
Placentia, California 92870
Phone: (714) 986-9451
License Number: 306000534
Rate Classification Level: 11

	Contract Compliance Monitoring Review	March 2010
I	**Licensure/Contract Requirements (9 Elements)**	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Stabilization to Prevent Removal of Child	2. Full Compliance
	3. Transportation	3. Full Compliance
	4. SIRs	4. Improvement Needed
	5. Compliance with Licensed Capacity	5. Full Compliance
	6. Disaster Drills Conducted	6. Full Compliance
	7. Disaster Drill Logs Maintenance	7. Full Compliance
	8. Runaway Procedures	8. Full Compliance
	9. Allowance Logs	9. Full Compliance
II	**Program Services** (8 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Improvement Needed
	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
III	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed

	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	2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance
IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards maintained	Full Compliance (ALL)
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 Psychiatric 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	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Improvement Needed 8. Improvement Needed 9. Full Compliance
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	Full Compliance (ALL)

	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	
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Personnel Records (Including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (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 Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. Ongoing Training Documentation 12. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Improvement Needed 10. Full Compliance 11. Improvement Needed 12. Full Compliance

Orange County Children's Foundation, Inc.
Harbor City Children's Foundation, Inc.
Examination Institute

August 16th, 2010

County of Los Angeles
Dept. of Children & Family Services
Out of Home Care Management Division
9320 Telstar Avenue, #206
El Monte, CA. 91731

Attn: Ms. Barbara Butler, OHCMD Manager
Subject: Addendum to Corrective Action Plan Dated 7/27/10

VI. CHILDREN'S HEALTH RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

OHCMD Findings: Four (80%) out of the five children taking psychotropic medications had current psychotropic authorization forms. The child who did not have current PMA was taking psychotropic medications of Sertraline, Geodon, Depakote, and Perphenazine. However, this child was approved on 11/9/09 for psychotropic medications of Risperdal, Remeron, and Tenex for 30 days to allow resubmission with additional/correct information. It's unclear why the child was taking different psychotropic medications at this time and there is no current PMA for these medications. This was brought to the provider's attention.

CAP: Upon placement, if a child is on Psychotropic Medication the Facility Manager will request a copy of the current Psychotropic Medication Authorization (PMA) along with the placement packet. If the child does not have a current PMA, the Facility Manager will contact the CSW and/or childs previous placement on the day of placement. If for any reason the Facility Manager is unable to obtain the current PMA, the Facility Manager will schedule an appointment with the facilities Psychiatrist to complete the PMA immediately. The Psychiatrist will attach a copy of the fax verification form verifying the

PMA has been sent to the court and approval is pending. The Facility Manager will closely review all PMA's to ensure the medication listed is consistent with the childs current medication and dosage instructions. When a physician changes or adjusts a child's medication, Group Home Management will make sure the PMA is revised accordingly and submitted to court and approval is pending. **IF A PSYCHIATRIST PRESCRIBES A CLIENT MEDICATION ON AN EMERGENCY BASIS:** Medication can be issued to the child on an emergency basis if it is according to the DCFS Policy. In this case, a copy of the PMA will be completed by the prescribing Psychiatrist immediately and sent to court for approval. The Psychiatrist will attach a copy of the fax verification form verifying the PMA has been sent to the court and approval is pending. This process will be overseen by Asst. Exec. Director Irene Yohn (OC) and Asst. Exec. Director Rachel Suit (LA) to ensure compliance.

Should you have questions or require additional information, please feel free to contact me at (714) 213-1429.

Respectfully Submitted,

Rachel Suit
Asst. Executive Director
Orange County Children's Fd. Inc.

Orange County Children's Foundation, Inc.
Harbor City Children's Foundation, Inc.
Emancipation Institute

July 27st, 2010

County of Los Angeles
Dept. of Children & Family Services
Out of Home Care Management Division
9320 Telstar Avenue, #206
El Monte, CA. 91731

Attn: Ms. Barbara Butler, OHCMD Manager
Subject: Addendum to Corrective Action Plan Dated 7/01/10

In response to the Group Home Contract Compliance Review findings, our agency's Corrective Action Plan (CAP) is as follows:

I. LICENSURE / CONTRACT REQUIREMENTS

OHCMD Findings: Although the agency is fully utilizing the ITRACK system to report all SIR's; however not all of the SIRs were submitted timely.

CAP: On April 30th, 2010, a memorandum was developed for all staff defining SIR Reporting Requirements as listed in STATEMENT OF WORK EXHIBIT A-VIII . All staff were required to sign the memorandum acknowledging they understood its requirements. In addition, effective July 2010, all newly hired staff will receive training on SIR Reporting Requirements STATEMENT OF WORK EXHIBIT A-VIII during the initial 4 hour training. The Facility Trainer will be responsible for providing the additional training. Asst. Exec. Director Irene Yohn (OC) and Asst. Exec. Director Rachel Suit (LA) will monitor this plan to ensure compliance.

II. FACILITY AND ENVIRONMENT

OHCMD Findings: There was a sprinkler pipe poked out of the ground about 6 inches and needs to be removed.

CAP: The sprinkler pipe was removed on March 30, 2010. Effective immediately, Child Care Counselors are responsible for checking the facility grounds for safety hazards at the beginning and end of their shift. This process will take place on AM & PM shifts. In addition, the Facility Manager is also responsible for making sure the facility grounds are secure and free from safety hazards. If a safety hazard is found, the Facility Manager will contact the group homes maintenance person for timely repair. This process will be overseen by Asst. Exec. Director Irene Yohn (OC) and Asst. Exec. Director Rachel Suit (LA).

III. PROGRAM SERVICES

OHCMD Findings: Child #4—There was no CSW's signature in three out of four updated NSP's. Child #6—There was no CSW's signature in one out of four updated NSP's. Child #8—There was no CSW's signature in three out of four updated NSPs. Implemented NSPs discussed with staff through in-services training and daily staff notes. Of the 42 required NSPs, only 38 NSPs were done timely and none of the NSSPs were comprehensive.

CAP: OCCF Management will conduct a meeting with all contracted therapists to address NSP requirements. The comprehensive factor will be stressed. If additional training or clarification is needed, the contract therapist will be required to meet with the group homes OHCMD Monitor. All future NSPs will include the following:

1) Case Plan Goal (Permanency) will be specific and congruent with the comments field. The concurrent case plan goal will be documented. This information will be requested from each childs CSW upon intake.

2) Education section will be comprehensive and will address all fields specific to the child (GPA, CAHSEE status, IEP status, etc.) as well as child's academic strengths/ deficits. The child's file will contain all educational information.

3) NSP Treatment & Visitation section will be thorough. It will include specifics (who, where, when, how). If for any reason the child does not have visits, there will be an explanation of the interventions being made and /or efforts to locate a significant person.

4) Life Skills Training/ Emancipation Preparation section will be specific. Although OCCF already focuses on life skills and emancipation preparation, it was not clearly documented for the therapists to include in the NSP's. However, OCCF Management has developed and implemented a form to document all life skill training and emancipation activities which will be included in this section.

5) All SIR's will be clearly documented in the Special Incident Reports section.

6) Identified Treatment Needs/ Outcome Goals will be child specific and pertinent to each child. Goals will be measurable and attainable. If goals are not met in the 90-day timeframe, goals will be modified and the date extended for the child to achieve.

7) Upon receipt of initial NSP's and updates, The Facility Manager will be responsible for immediately faxing to DCFS Social Workers for approval. The Facility Manager will attach a copy of the fax confirmation sheet verifying the date and time the NSP was faxed. The Facility Manager will follow up via telephone. If unable to reach the DCFS Social Worker, the Facility Manager will contact the DCFS Social Worker Supervisor or the DCFS On-Duty Social Worker for approval. The Facility Manager will ensure all NSP's are approved and signed by all required parties.

Asst. Exec. Director Irene Yohn (OC) and Asst. Exec. Director Rachel Suit (LA) will review all NSP's on a monthly basis to ensure this process is followed and all NSP's are comprehensive and meet its requirements.

VI. CHILDREN'S HEALTH RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

OHCMD Findings: Four (80%) out of the five children taking psychotropic medications had current psychotropic authorization forms. The child who did not have current PMA was taking psychotropic medications of Sertraline, Geodon, Depakote, and Perphenazine. However, this child was approved on 11/9/09 for psychotropic medications of Risperdal, Remeron, and Tenex for 30 days to allow resubmission with additional/correct information. It's unclear why the child was taking different psychotropic medications at this time and there is no current PMA for these medications. This was brought to the provider's attention.

CAP: Upon placement, if a child is on Psychotropic Medication the Facility Manager will request a copy of the current Psychotropic Medication Authorization (PMA) along with the placement packet. If the child does not have a current PMA, the Facility Manager will contact the CSW and/or childs previous placement on the day of placement. If for any reason the Facility Manager is unable to obtain the current PMA within one week, the Facility Manager will schedule an appointment with the facilities Psychiatrist to complete the PMA within two weeks of placement. The Psychiatrist will attach a copy of the fax verification form verifying the PMA has been sent to the court and approval is pending. The Facility Manager will closely review all PMA's to ensure the medication listed is consistent with the childs current medication and dosage instructions. When a physician changes or adjusts a child's medication, Group Home Management will make sure the PMA is revised accordingly and submitted to court for approval. Asst. Exec. Director Irene Yohn (OC) and Asst. Exec. Director Rachel Suit (LA) will be responsible for ensuring compliance.

OHCMD Findings: Child #7 – Initial physical information could not be located. Child #8 – Initial physical exam was done 10 days late. Child #10—Initial physical exam was done 12 days late. Child #5 was late 17 days for his initial dental exam. Child #7 – Initial dental exam could not be located. Child #9 – Efforts made by the agency (1st appointment was cancelled due to minor late from school. 2nd was due to minor detained by school police. Minor finally received his dental exam on 2/6/10.) Child #10 – Efforts made by the agency. Child #11 –

Efforts made by the agency (Minor was on 5150 hold for nine days in the first month of placement.)
CAP: During the intake process, the Facility Manager will immediately schedule appointments for placed childs Initial Medical and Dental Exams. Initial exams will occur within the required 30 days. If for any reason the child misses an appointment(s), the Facility Manager will continue to document all details/efforts in the childs file. The Facility Manager will review the medical & dental exam forms on a quarterly basis to ensure all youth remain up to date with their medical and dental care. Asst. Exec. Director Irene Yohn (OC) and Asst. Exec. Director Rachel Suit (LA) will oversee this process to ensure compliance.

IX. PERSONNEL RECORDS

OHCMD Findings: Staff 1, 6, 8 & 9 are old staff. The deficiencies were cited previously. Staff #2 – TB Test was done on 9/30/10 (OHCMD error was incorrect - correct date was 9/30/09) which is beyond 7 day requirement.
CAP: Effective immediately, all newly hired staff will be required to submit Health Screenings and TB Tests prior to their start date. Asst. Exec. Director Irene Yohn and Asst. Exec. Director Rachel Suit will be responsible for ensuring compliance.

OHCMD Findings: Staff #4 & 5 --- 24 hours initial training was not done timely.
CAP: In addition to the required 24 hours initial training (within 90 days for full-time employees and 180 days for part time employees), an additional 10 hours will be made available within 60 days of the employees date of hire. This will ensure all newly hired staff are in compliance with the initial training requirement. The Facility Trainer will be responsible for providing the additional 10 hours. The Facility Manager will be responsible for reviewing training hours on a quarterly basis to ensure all staff are in compliance. Asst. Exec. Director Irene Yohn and Asst. Exec. Director Rachel Suit will ensure this process is followed.

OHCMD Findings: Staff #9 – CPR certificate expired on 5/30/09.
CAP: Effective immediately, all newly hired employees will be required to be CPR and First Aid Certified prior to their start date. The

group home will offer CPR and First Aid Certification annually to ensure all staff remain current. Training compliance and records will be monitored by Asst. Exec. Director Irene Yohn and Asst. Exec. Director Rachel Suit.

OHCMD Findings: Staff #2 & 7 were not due for on-going training yet. Staff #8 was short for 5 hours on-going training requirement. Staff #9 was short for 10 hours on-going training requirement.
CAP: Effective immediately, if a staff misses a scheduled training they automatically receive a written warning which includes the training hours needed to make up, outside training resources and a specified 30 day timeframe. If the training hours are made up within the specified 30 day timeframe, the written notice is immediately removed from their personnel file and destroyed. If the training hours are not made up within the required 30 day timeframe, the written notice remains in their personnel file and they are given an additional 30 days. If staff again fails to complete the training, further disciplinary action will occur. The intent of this process is to increase staff accountability and ensure compliance with the on-going training requirement.
The Facility Manager is responsible for reviewing the on-going training hours on a quarterly basis. Asst. Exec. Director Irene Yohn and Asst. Exec. Director Rachel Suit will also be responsible for quarterly monitoring of the training hours to ensure compliance.

Should you have questions or require additional information, please feel free to contact me at (714) 213-1429.

Respectfully Submitted,

Rachel Suit
Asst. Exec. Director
Orange County Children's Fd. Inc.

Orange County Children's Foundation, Inc.
Harbor City Children's Foundation, Inc.
Emancipation Institute

July 1st, 2010

County of Los Angeles - Department of Children & Family Services
Out of Home Care Management Division
9320 Telstar Avenue, #206
El Monte, CA. 91731

Attn: Ms. Barbara Butler, OHCMD Manager
Mrs. Jui Ling Ho, OHCMD Monitor

Subject: Corrective Action Plan (CAP) – Group Home Contract Compliance Review Findings Summary
Corporation Name: Orange County Children's Foundation, Inc.
License Numbers: 306000534 - Placentia
198205893 - Torrance
198200917 – Carson

DEFICIENCIES	CORRECTIVE ACTION PLAN (CAP)
I. LICENSURE CONTRACT REQUIREMENTS Special Incident Reports timely?	On April 30, 2010, a memorandum was circulated to all staff defining SIR Reporting Requirements as listed in STATEMENT OF WORK EXHIBIT A-VIII. All staff were required to sign the memorandum acknowledging they understood its requirements. In addition, effective July 2010 SIR Reporting Requirements STATEMENT OF WORK EXHIBIT A-VIII will an added component to the initial 4 hour training. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will be responsible for ensuring compliance.

II. FACILITY AND ENVIRONMENT No issues noted.	n/a
III. PROGRAM SERVICES Did the group home obtain the DCFS CSW's authorization to implement the Needs and Service Plan?	Upon receipt of initial N & S Plans and updates, Group home Management will immediately fax to DCFS CSW's and follow up with a telephone call. If unable to reach CSW, Management will make contact with CSW's Supervisor. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will be responsible for ensuring compliance.
IV. EDUCATIONAL AND EMANCIPATION SERVICES No issues noted.	n/a
V. RECREATIONAL ACTIVITIES No issues noted.	n/a
VI. CHILDREN'S HEALTH RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION Are there current court- approved authorizations for the administration of psychotropic medication?	Group home Management will obtain psychotropic court authorizations PMA's prior to administering psychotropic medication. When medication is changed or adjusted, group home Management will make sure the PMA is revised accordingly and is reviewed for accuracy.

	Group home Management has developed a PMA Log which will be reviewed on a monthly basis to ensure compliance in this area. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will be responsible for reviewing the PMA log on a quarterly basis to ensure compliance.
Are initial medical exams conducted?	During the client's intake process, OCCF Management will immediately schedule appointments for Initial Medical Exams. Initial Exams will occur within the required 30 days. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will be responsible for ensuring compliance.
Are initial medical exams timely?	During the client's intake process, OCCF Management will immediately schedule appointments for Initial Medical Exams. Initial Exams will occur within the required 30 days. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will be responsible for ensuring compliance.
Are initial dental exams conducted?	During the client's intake process, OCCF Management will immediately schedule appointments for Initial Dental Exams. Initial Exams will occur within the required 30 days. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will be responsible for ensuring compliance.
Are initial dental exams timely?	During the intake process, Group Home Management will immediately schedule

	appointments for Initial Dental Exams. Initial Exams will occur within the required 30 days. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will be responsible for ensuring compliance.
VII. PERSONAL RIGHTS No issues noted.	n/a
VIII. CLOTHING ALLOWANCE No issues noted.	n/a
IX. PERSONNEL RECORDS	
Have employees received timely health screenings?	Effective immediately, all newly hired staff will be required to submit their Health Care Screenings & TB tests prior to their start date. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will be responsible for ensuring compliance.
Have appropriate employees received the required initial training?	In addition to the required 24 hours initial training (within 90 days for full-time employees and 180 days for part time employees), an additional 10 hours will be made available to ensure all newly hired staff are in compliance with the initial training requirement. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will review the training hours on a quarterly basis to ensure compliance.
Have appropriate employees received CPR training?	Effective immediately, all newly hired staff will be required to be CPR & First Aid

	certified prior to working with the client's. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will be responsible for ensuring timely renewals of CPR & First Aid Training.
Have appropriate employees received the required on-going training?	Training hours will be reviewed by Management on a quarterly basis. If staff falls deficient with the required training hours, the OCCF Trainer or designee will provide the make-up training. Asst. Exec. Directors Irene Yohn (OC) and Rachel Suit (LA) will ensure that all staff are in compliance with the required on-going training.

Should you have questions or require additional information, please feel free to contact me at (714) 213-1429.

Respectfully Submitted,

Rachel Suit
Asst. Executive Director

Cc: Pamela Cutchlow, Executive Director