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 30, 2010

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

From: Patricia S. Ploehn, LCSW
Director

STAR VIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY 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.

Star View Community Treatment Facility (Star View) is located in the 4th Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Star View's program statement, their stated goal is "to provide an organized and structured multi-disciplinary treatment program for youth who cannot be safely maintained in family homes or lower level group home care because of the severity of their emotional and behavioral problems and very high risk behaviors." Star View is licensed to serve a capacity of 40 children, ages 11 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Star View in September 2009, at which time it had one 40-bed site and 31 Los Angeles County DCFS placed children. Seven of the children were males and 24 were females. For the purpose of this review, 14 currently placed children were interviewed and 15 children's case files were reviewed. One child refused to be interviewed. Due to the unique challenges of the remaining 14 children, only eight children were able to engage in a complete and productive interview. However, those children who were unable to participate in the complete interview were able to answer some questions from the interview guide and address concerns regarding mistreatment. The placed children's average overall length of placement was eight months and average age was 15. Twelve staff files were reviewed for compliance with Title 22 regulations and contract requirements.

All 31 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 Star View's compliance with the contract and State regulations. The visit included a review of Star View's program statement, administrative internal policies and procedures, 15 placed children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to 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, Star View was providing adequate care to DCFS placed children, and the services were provided as outlined in the agency's program statement.

At the time of this review, the Group Home needed to address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSPs).

Star View management was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 32 initial and updated NSPs reviewed for the 15 children's case files, none were comprehensive in that they did not complete all of the required elements in accordance with the NSP template. The NSPs did not include specific and measurable treatment goals as they related to permanency, life skills and visitation. Additionally, there was no documentation regarding progress toward the permanency plans. DCFS previously provided the Group Home Contractors with a refresher NSP training on January 12, 2009. Star View management stated that the training and supervision of their therapist would be expanded to ensure that NSPs are comprehensive.

- Three of 14 children reported that they did not feel safe at Star View due to being physically restrained and yelled at by staff members. Star View management stated that they were currently conducting a series of focus groups to better assess the skills and needs of the staff in an effort to implement a well defined, evidence-based, trauma-sensitive program designed to improve the care and treatment of the children placed at Star View.

- Eleven of 14 children reported that they did not feel they were treated with respect and dignity, and several children reported alleged incidents of being injured by staff members during restraints. Star View management stated that they continually strived towards developing a restraint-free environment, in an effort to reduce the number of child injuries. Star View management also stated that they would continue to make extensive efforts to ensure that physical restraints were executed safely, correctly and only as an intervention of last resort.

- Five of 14 children reported that they were not informed of the reason they were prescribed psychotropic medication.

- Four of 14 children reported that they were not aware of their right to refuse psychotropic medication. Star View management stated that the children were routinely educated about their psychotropic medication and made aware of their right to refuse psychotropic medication. However, due to their unique mental health issues, some children could not readily retain the information. Further, Star View management stated that they would continue to inform and educate the children about their psychotropic medications.

- Eight of 14 children reported that they did not receive assistance in creating and updating a life book/photo album. Star View management agreed to make more

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held January 13, 2010:

In attendance:
Kent Dunlap, Executive Director of Stars Inc.; Ed Hoefle, Star View Administrator; Barbara Butler, DCFS OHCMD Manager; and Kristine Kropke Gay, DCFS OHCMD Monitor.

Highlights:
The Administrator was generally in agreement with our findings and recommendations. However, he did not believe that Star View should be cited because five of the sampled children did not receive an initial dental examination within 30 days of placement. The Administrator explained that all children are initially admitted to the Psychiatric Hospital Facility (PHF) component of Star View. He further explained that during the time children remain at the PHF, their behavior and status is often too acute for them to be safely transported off site for a non-emergent dental appointment. Star View management agreed to document in the child's file the reason that the child's initial dental examination was not timely, as well as the date of the child's rescheduled dental appointment.

Star View management initially expressed concern that the Compliance Report indicated that some children reported not feeling safe and not feeling that they were treated with respect and dignity due to injuries by staff members during physical restraint. The Administrator pointed out that they continued to strive towards a restraint-free environment; however, there were times when physical restraints were the only alternative.

Star View management also expressed concern about the duration of the Compliance Review process.

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

The Department met with Star View in August 2010 to review implementation of corrective action. Since the review was shared with them, Star View has hired a new Administrator and a Training Director. Star View has begun to implement a new trauma-informed treatment program called Attachment, Regulation and Competency (ARC) based on a model developed by the Trauma Center at the Justice Resource Institute in Brookline, MA.

The facility underwent major renovations in August and September 2010 renovating all client rooms, the units, main hallway, and reception area, as well as some exterior upgrades. A comfort room was also added to help clients with self-regulation.

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:MG
EAH:BB:kkg

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
Sandra Tobias, President, Board of Directors, Star View
Kent Dunlap, Executive Director, Star View Adolescent Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

STAR VIEW ADOLESCENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW

Star View Adolescent Center
4025 West 226th Street
Torrance, CA 90505
Phone: (310) 373-4556
License Number: 197803340
Rate Classification Level: Community Treatment Facility

The following report is based on a "point in time" monitoring visit and addresses findings noted during the September 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 15 children's files and 12 staff files, Star View Adolescent Center was in full compliance with three of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Education and Emancipation Services; and Recreation and Activities. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of 15 children's case files and/or documentation from the provider, Star View Adolescent Center fully compiled with all nine elements reviewed in the area of Licensure/Contract Requirements.

Recommendation:

None

PROGRAM SERVICES

Based on our review of 15 children's case files and/or documentation from the provider, Star View Adolescent Center fully complied with five of eight elements in the area of Program Services.

We noted that placed children met Star View's population criteria as outlined in its program statement and were assessed for needed services within 14 days of placement.

The treatment team developed and implemented the Needs and Services Plans (NSP) with input from the child. The NSPs were current; however none of the 32 required initial and updated NSPs were comprehensive. The NSPs did not include specific and measurable treatment goals as they relate to permanency, life skills and visitation. Additionally, the NSP goals did not indicate progress, as they either remained the same, or were not included in the subsequent NSP. Also, 23 of 32 required NSPs were not approved by the DCFS CSWs for implementation. Further, two of the children's files did not have the CSWs' monthly contacts appropriately documented.

Star View management stated that effective January 2010, they expanded its therapist supervision program to ensure that all aspects of the NSP/Quarterly Report issues would be resolved. Star View's CAP appropriately addresses action to implement regarding the NSP/Quarterly Report findings.

Recommendations:

Star View management shall ensure that:

1. NSPs are comprehensive and include all required elements.

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

3. Monthly contacts with DCFS CSWs are adequately documented.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review of Star View Adolescent Center and interviews with 14 children, Star View Adolescent Center 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 well maintained. The front and back yards were clean and adequately landscaped. The exterior had a few minor deficiencies, none of which posed any safety risks to placed children. Specifically, the Stars Unit patio picnic table was broken, and the wooden picnic table in the back field area was covered with graffiti.

While the common quarters were generally well maintained, there were a few physical plant issues, none of which posed any safety risks to placed children. Specifically, in the Stars Unit office, there was food and debris on the floor next to the refrigerator. The wall plug below the children's files contained exposed wires, which were not accessible to the children.

Some of the children's bedrooms were fairly well maintained and orderly. Generally, the bedrooms contained age-appropriate, personalized items, with enough space for the children's personal belongings. The mattresses were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate. The windows contained drapes that were clean, safe and in good condition. However, some of the bedrooms had piles of clothing in the corners of the room and in the closets.

Recommendation:

Star View management shall ensure that:

4. Star View is maintained and in good repair in accordance with Title 22 Regulations.

EDUCATION AND EMANCIPATION SERVICES

Based on our review of 15 children's case files and/or documentation from the provider, Star View Adolescent Center fully complied with all four elements in the area of Education and Emancipation Services.

Recommendation:

None

RECREATION AND ACTIVITIES

Based on our review of 15 children's case files and/or documentation from the provider, Star View Adolescent Center fully complied with all three elements in the area of Recreation and Activities.

Recommendation:

None

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 15 children's case files and/or documentation from the provider, Star View Adolescent Center fully complied with eight of nine elements in the areas of Children's Health Related-Services, including Psychotropic Medication.

The Group Home had ensured that all Court approved psychotropic medication authorizations and bi-monthly psychiatric assessments were current and timely, and the medication logs were properly maintained. The reviewed children had timely initial and follow-up physical examinations and had timely follow up dental examinations. Although all 15 reviewed children's files had an initial dental examination, five were not timely. Star View management stated that some of the reviewed children may not have received a timely initial dental examination as they were not stable enough to leave the acute unit. The provider agreed that in the future, the children's files would document the reason they were unable to attend the initial dental appointment, as well as the date of the newly scheduled dental appointment.

Recommendation:

Star View CTF management shall ensure that:

5. All children's initial dental examinations are completed in a timely manner and include documentation explaining the reasons children did not receive timely initial dental examinations.

PERSONAL RIGHTS

Based on our review of 15 children's case files and interviews with the 14 children, and/or documentation from the provider, Star View Adolescent Center fully complied with four of 11 elements in the area of Personal Rights.

All 14 children who were able to answer the interview questions reported that they were informed of the Group Home's policies and procedures; free to receive or reject medical, dental, psychiatric care; allowed private visits and telephone calls; and that their chores were reasonable.

However, three of the 14 interviewed children reported that they did not feel safe at the Group Home. One of the three children stated that she did not feel safe because her peers gave her objects such as broken mirrors and razor blades to use for cutting herself. Star View management stated that they were in the process of implementing a new program designed to increase the level of supervision that the children received. OHCMD called in Child Protection Hotline referrals so that the DCFS emergency response social workers could investigate and address these issues.

Four of 14 interviewed children reported that they were not satisfied with the meals and snacks. These four children complained that the food did not taste good, there was no variety in meal selections and snacks were too healthy. Star View management stated that they had hired a consultant to review meal planning.

Eleven of 14 interviewed children reported that they did not feel they were being treated with respect and dignity in that they were injured during physical restraints and yelled at by staff members. Star View management stated that even with the utilization of appropriate emergency intervention techniques, it was possible for children to sustain injuries. Management further stated that Star View was making it a priority to lower the number of physical restraints by implementing a new training process.

Two of the children did not believe that the rewards and discipline system was fair in that they did not believe the loss of outdoor time should be a consequence for misbehavior.

Two of 14 children reported that they were not free to attend religious services, as there were no religious services held on campus. Star View management stated that they were currently evaluating the situation, as they had recently determined that religious services were not held on a consistent basis on campus.

Five of 14 children reported that they were not informed about their prescribed psychotropic medication. Four of 14 children reported that they were not aware of their right to refuse psychotropic medication. Star View management stated that the children were regularly educated about their medications, their right to refuse medication and the purpose for taking their prescribed medications by their psychiatrist and rehabilitation staff members. Management also stated that due to some of the children's challenges, they may experience difficulty in adequately processing and retaining this information. Star View management stated that they would continue to advise and educate the children about their prescribed psychotropic medication.

Recommendations:

Star View management shall ensure that:

6. All children are made to feel safe.

7. All children are satisfied with their meal and snack selections.

8. All children's personal rights are honored by treating the children with respect and dignity.

9. An appropriate rewards and discipline system is in place in accordance with Title 22 Regulations and Star View Adolescent's Center's Program Statement.

10. All children are allowed to attend religious services of their choice.

11. All children are regularly advised and educated about their prescribed psychotropic medications and are informed of their right to refuse them.

CLOTHING AND ALLOWANCE

Based on our review of 15 children's case files, interviews with 14 children and/or documentation from the provider, Star View Adolescent Center fully complied with seven of eight elements. While one child complained about her clothing inventory, the element regarding an adequate quantity of clothing was not considered a deficiency because the child was discharged before her complaint of missing blouses could be investigated. We noted that all of the children were satisfied with the quality of their clothing, were involved in the selection of their clothing, and always received their full clothing allowance. Additionally, all of the reviewed children reported that they always received their weekly allowance and were free to spend their weekly allowance as they choose.

Five of the 14 children reported that they were provided with adequate personal care items appropriate to their ethnic needs. However, one child reported that she did not have an adequate supply of personal toiletries; she was unable to elaborate further or identify the personal toiletries.

Eight of the 14 children reported that they were not encouraged and assisted in creating and updating a life book/photo album. Star View management stated that the Rehabilitation staff members will put more effort into assisting the children with a life book/photo album.

Recommendations:

Star View management shall ensure that:

12. All children receive an adequate supply of personal toiletries.

13. All children are encouraged and assisted in creating and updating their life books/photo albums.

PERSONNEL RECORDS

Based on our review of 12 staff personnel files and/or documentation from the provider, Star View Adolescent Center fully complied with six of 12 elements in the area of Personnel Records.

All 12 reviewed staff members submitted timely criminal fingerprint cards, Child Abuse Central Index Clearances (CACI), and signed criminal background statements in a timely manner. Only three of the 12 sampled staff members were authorized to transport children, and each had a valid driver's license. All 12 reviewed staff members completed the required initial training and had signed copies of the Star View policies and procedures.

Four staff members did not meet the job qualifications listed in their personnel file. Star View management acknowledged this and re-classified one staff member to a lower position and transferred another staff member who had no verifiable work experience to the PHF Unit. Star View contacted CCL to request that the requirements for the two Lead Youth Counselor positions be lowered. Additionally, one staff member had no current health screening. Two staff members had expired CPR certifications, and one staff member had an expired First Aid certification. Two staff members did not have adequate annual training as required per Title 22 regulations and the Star View program statement. Two staff members did not receive timely emergency intervention training.

Star View management acknowledged all of the personnel deficiencies and stated that they had revised their tracking and training oversight system and were working to improve the oversight of their personnel records to ensure that their staff members were qualified and trained to work in their job assignments.

Recommendations:

Star View management shall ensure that:

14. All staff members meet Star View's educational/experience requirements.

15. All staff members receive a timely health screening.

16. All staff members receive timely training in CPR, First Aid, Annual and Emergency Intervention training.

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

Star View had not been recently monitored by the Auditor-Controller's office.

STAR VIEW ADOLESCENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

4025 West 226th Street
Torrance, CA 90505
Phone: (310 373-4556
License Number: 197803340
Rate Classification Level: CTF

	Contract Compliance Monitoring Review	September 2009
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	Full Compliance (ALL)
	2. Stabilization to Prevent Removal of Child	
	3. Transportation	
	4. SIRs	
	5. Compliance with Licensed Capacity	
	6. Disaster Drills Conducted	
	7. Disaster Drill Logs Maintenance	
	8. Runaway Procedures	
	9. Allowance Logs	
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. Improvement Needed
	8. NSPs Comprehensive	8. Improvement Needed
III	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms/Interior Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non Perishable Food	6. Full Compliance
IV	**Educational and Emancipation Services**(4 Elements)	
	1. Emancipation/Vocational Programs Provided	Full Compliance (ALL)
	2. ILP and 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.	 1. Full Compliance 2. Full Compliance 3. Full Compliance
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. 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
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	 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Improvement Needed 11. Improvement Needed
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	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance

	5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
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. On Going Training Documentation 12. Emergency Intervention Training Documentation	 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed 10. Improvement Needed 11. Improvement Needed 12. Improvement Needed

Star View Children & Family Services
4025 W. 226th St.
Torrance, CA 90505
(310) 373-4556
(310) 373-2828

July 14, 2010

Department of Child and Family Services
OHCMD
9320 Telstar Avenue Suite 214
El Monte, CA 91731

Attn: Kristine Kropke-Gay

Re: Addendum to Corrective Action Plan for Compliance Review, Dated January 20, 2010

Dear Kristine:

As requested, we are providing the job title and name of current person filling the position. This is a new request and expectation from DCFS; and we wish to object to it. No other regulatory agency (CDMH, LAC DMH, or CCL) requires such specificity in their plans of correction. Often, POCs for specific items will involve multiple staff. We also want to reserve the right to make changes in work assignments, as operating needs change. We request that DCFS accept that the responsible party for all POCs is the Administrator going forward.

10. and 11. Facility and Environment: The maintenance of the building is the responsibility of our Director of Operations, Juan Garcia, and his maintenance staff. Every day they check the exterior environment groups to ensure that the building is safe and the grounds are well-maintained. This includes lights, locks, fences, doors, windows, screens, air-conditioning system, tables, benches, etc. They are also responsible for ensuring that the common quarters are clean and safe.

The SVAC facility is undergoing major construction which will be completed approximately at the end of August, beginning of September. The construction includes a renovation of all of the client rooms, units, main, hallway, and reception areas.

17. Needs and Services Plan: The primary therapists are responsible for ensuring that the NSPs are completed in a timely manner and faxed to the CSW for signature. A confirmation of the fax is maintained in the clients' charts. The Director of Treatment Services, Susan Hull, supervises all the primary therapists and ensures that all documentation is completed in a timely manner.
20. Monthly Contacts: The primary therapists are responsible maintaining the contact logs and the Director of Treatment Services, supervises the primary therapists to ensure they complete all required documentation.
37. Initial Dental Exams: The Director of Nursing, Susan Petrillo, is responsible to ensure that the nurses are scheduling the initial dental exams for all clients in a timely manner. When there is a concern about a client's safety and a dental appointment has to be postponed, the nurse reschedules the dental appointment for a later time when it is safe to send the child off-grounds.
40. Personal Rights: Susan Hull, Director of Treatment Services is the person responsible for handling any client complaint. The Clinical Director has a sign up sheet to schedule meetings with clients to address their complaints, concerns or ideas for improving the program. This is posted on the Clinical Director's door. The Clinical Director talks to clients on a daily basis.
42. SVAC has implemented a trauma informed care treatment program, called ARC, Attachment, Regulation and Competence, to address the unique needs of traumatized children. As part of this approach, each unit will have a comfort room which they can utilize to learn how to self-regulate. The goal is to reduce the use of the time out room and reduce restraints and secusions.
43. Discipline System: On June 1, 2010 the new point and level system was implemented which includes an incentive and client recognition programs, as well as the ARC curriculum to teach the clients self-regulation skills.
46. Religious Services: Every Sunday, the clients are invited to attend a local church with one Youth Counselor. The goal is to find a non-denominational service to bring on-site.
48 and 49. The two consulting psychiatrists are responsible for informing children about their psychotropic medications. The Director of Nursing, Susan Petrillo, and all the nurses are available to answer any questions the clients may have about their medications. They meet with the clients on a daily basis. These personnel also inform the clients of their right to refuse medication.
54. Personal care items: The nurses, Director of Nursing, the Shift Leaders, the youth counselors and the Rehab staff all ensure that each child has adequate personal care items.
57. Life Books: The Director of Group Services, Dale Young, and her Rehab staff are responsible for ensuring that all clients complete a life book, which is stored in the Rehab room.
58 and 62: Educational Requirements: The Director of Training, Dana Wynn, ensures that staff meets educational requirements. She enters the information into our e-learning tracking system. The Human Resources Director, Sheri Lewis, is responsible for ensuring that staff meets internal job requirements as well as that they receive timely initial health screenings.

66, 67, 68, 69: The Director of Training, Dana Wyse, is responsible for ensuring that all staff receives CPR and First Aid training, as well as training in child abuse identification and reporting. The Training Director is also responsible for ensuring that employees receive all required on-going trainings, as well as initial and refresher pro-act trainings.

If you need any further information

Sincerely,

Ellen Kimmel, LCSW
Clinical Director
4025 W. 226th Street
Torrance, CA 90505

CLAP VIEW - JOB DESCRIPTION

Youth Counselor I

DRAFT

JOB TITLE	Youth Counselor I	LEVEL: 5 NON-EXEMPT
DEPARTMENT	Nursing	DATE CREATED: 07/31/06
SUPERVISOR	Program Manager	LAST REVISION: 12/13/06
SUPERVISES	No one	

JOB SUMMARY: The Youth Counselor is the treatment team member who is responsible for providing direct care to meet the physical and psychosocial needs of the adolescents through direct and indirect physical and verbal interaction. Duties are performed under direct supervision of the Program Manager or Shift Lead; some tasks are accomplished independently.

MINIMUM QUALIFICATIONS

Education:
High School diploma or equivalent or AA degree

Experience:
High School Diploma or equivalent and Four (4) years experience with seriously emotionally disturbed children or adults, or
AA degree and One (1) year experience with seriously emotionally disturbed children or Two (2) years experience with seriously emotionally disturbed adults

License or Certification:
Valid California Driver's License, preferred
Valid California Class "B" Driver's License, preferred

Specialized Skills:
Ability to interact and communicate both verbally and in writing with seriously emotionally disturbed adolescents, other staff and the public

Physical Requirements:
Ability to physically perform containment, escort, and restraint procedures with assaultive adolescents
Ability to physically assist in lifting and carrying assaultive adolescents weighing up to 200 lbs.
Ability to visually and audibly assess adolescent's behavior and needs.
Ability to walk, run and play active games with the adolescents

POTENTIAL JOB HAZARDS:
Assaultive adolescents
Blood and Body Fluid Contact
Operation of company vehicle

STAR VIEW - JOB DESCRIPTION

Shift Leader (Youth Counselor)

JOB TITLE	Shift Leader	LEVEL	NON-EXEMPT
DEPARTMENT	Nursing	DATE CREATED	10/25/96
SUPERVISOR	Program Mgr/Charge Nurse	LAST REVISION	1/28/03
SUPERVISES	No one		

JOB SUMMARY: The Shift Leader is the treatment team member who provides leadership through direct example to the Youth Counselor staff in the provision of direct care to meet the physical and psychosocial needs of the adolescents through direct and indirect physical and verbal interaction. Duties are performed under direct supervision of the Charge Nurse, On-Duty Manager, and Cottage Coordinator. But some activities are completed independently.

MINIMUM QUALIFICATIONS

Education

60 semester units from an accredited college or equivalent required.
Bachelor's degree, particularly in Social Services, Psychology, or Child Development or Counseling, preferred, High School diploma or equivalent [illegible] course.

Experience

Four (4) years residential child care experience or equivalent inpatient psychiatric experience or with seriously emotionally disturbed children or adults and demonstrated leadership abilities.

[illegible]

AA degree and Two (2) years experience with [illegible] or Bachelor's Degree [illegible]

License or Certification

Valid California Driver's License, required.
Valid California Class "B" Driver's License, preferred.

Specialized Skills

Ability to interact and communicate both verbally and in writing with seriously emotionally disturbed adolescents, other staff and the public.
[illegible] reading, [illegible], and modeling to YC staff.

Physical Requirements

Ability to physically perform containment, escort, and restraint procedures with assaultive adolescents.
Ability to physically assist in lifting and carrying assaultive adolescents weighing up to 200 lbs.
Ability to visually and audibly assess adolescent's behavior and needs.
Ability to walk, run and play active games with the adolescents.

JOB DESCRIPTION, CONTINUED: Shift Leader/Youth Counselor

[illegible] PRECAUTIONS REQUIRED

[illegible] use of [illegible]

[illegible] use of Standard Precautions

[illegible] with [illegible]

DUTIES AND RESPONSIBILITIES

1. Provides direct supervision, instruction, orientation and coaching to Youth Counselor staff in the delivery of YC duties. Assures that there are assignment sheets for each shift and that staff are working according to the assignment sheets.
2. Assists Charge Nurse in [illegible] residents.
3. [illegible] adolescents with self-help skills in [illegible] areas of [illegible] and other activities of daily living.
4. Monitors adolescent's attendance at assigned activities and maximizes adolescent participation through appropriate motivational techniques.
5. Conducts or assists both large and small activity groups and outings independently but under the supervision of the Shift Managers or his/her designee.
6. Encourages adolescent's interaction and socialization with other peers, providing feedback to adolescents on appropriate behavior while acting as a role model.
7. Accurately documents in writing each adolescent's attendance and response to activity and therapeutic groups or individual counseling in the individual medical record.
8. Attends and actively participates in Treatment Team meetings.
9. [illegible] and [illegible] observes and reports on adolescent's physical and psychiatric [illegible] and reports significant changes to the Charge Nurse while documenting the [illegible] observations in writing in the medical record.
10. Implements the individualized Treatment Plan.
11. Transports adolescents in facility vehicles as directed.
12. Maintains a safe and clean environment at the nursing station and throughout his/her work area.
13. Demonstrates knowledge of nursing and safety policies utilizing Policy and Procedure manuals on the unit.
14. Performs [illegible] as required by State and facility regulations.
15. This job description is not intended to be all-inclusive and employees will also perform other reasonably related duties as assigned by the Manager or their designee as [illegible].

American Red Cross

This recognizes that

Edgar Davis

has completed the requirements for

CPR/AED–Adult

conducted by

Edgar Madrigal

Date completed 9/1/2004

The American Red Cross recognizes this certificate as valid for year(s) from completion date

Ok

Hire Checklist

Date of Hire: 11/3/07

American Red Cross

This recognizes that

Tank Blair

has completed the requirements for

conducted by

Date Completed

The American Red Cross recognizes this certificate as valid for years from completion date.

American Red Cross

This recognizes that

Tank Blair

has completed the requirements for

conducted by

Date Completed

The American Red Cross recognizes this certificate as valid for years from completion date.

Star View Children & Family Services
[illegible] W. 2[illegible] Street
Torrance, California 90505
Telephone (310) 373-4556
[illegible]

January [illegible], 2010

Department of Children and Family Services
[illegible]
[illegible] Federal Avenue, Suite #2
[illegible] Monte[illegible] 91[illegible]
Attn: Kristine Kropke-Gay

RE: Correction Action Plan for Contract Compliance Review

Dear [illegible]:

This Corrective Action Plan is submitted in response to the [illegible] the Contract Compliance Review Field Exit Summary signed January [illegible], 2010. The items for which a response is provided are those that received a [illegible] designation during the review. Corrective actions and/or comments are provided for those respective items. Bold items are DCFS comments; our responses follow.

11. FACILITY AND ENVIRONMENT
10. Are the group home's exterior and grounds well maintained?
1a. Administrator Ed Koefle stated that the mesh was re-attached along the back fence and will submit a statement of the above-mentioned. 1c. Exterior/grounds (windows/screens/entry doors/outdoor furniture) Stars Patio had plastic picnic table with broken area on table top. The wooden picnic table/bench (field area) was covered in graffiti (etched/permanent marker). 1d. Field perimeter areas had broken recreation items – broken Orange Home Depot bucket attached to wooden post.

Fence screen material has been refinished or reordered if reattachment was not adequate to correct the issue. The plastic picnic table was removed at the time it was identified in the Exit. The wooden picnic table has been refinished. The bucket in question has been discarded. The broken recreation items have been discarded.

11. Are common quarters well maintained?
2a. Walk through inspection on 9/15/09, 9/16/09 revealed several areas that were unclean; great improvement on 10/29/09 inspection. Stars office dirty; food/debris side of fridge, wall plug w/ hanging wires (below child files). 2c.

Star View is working to make the facility more of a home-like setting: Sun Unit had children's art work on butcher paper along the hallway and in one child's room; Moon Unit had a hand painted mural in their Community Room; Star Unit had hand-written inspirational messages along the hallway. (LYC Vernice stated that child R.R. had not made holes in the wall since the messages had gone up!) Graffiti on furniture and walls has improved; more improvement is needed. 2d. Several girls bathrooms had contained garbage bags of unknown items, as well as observable contraband/unsafe items. All greatly improved on the 10/29/09 inspection. 2e. Common Areas safe? 10/29/09 Sun Unit large T.O. Room had black bra strap hanging from the ceiling sprinkler fixture. LYC immediately removed it when brought to his attention by OHCMD Monitor.

Star View Adolescent Center brought a new administrator on October 1, 2009. He is working with staff to instill in them the recognition that the physical environment is a critical component of care. As such we are all in a mindset to address like issues in real time. There will however be moments when damage or other items have just [illegible]. These are corrected as they occur and our goal is to ultimately prevent their [illegible].

17. Did the group home obtain the DCFS CSW's authorization to implement the Needs and Services Plan.
Child #15 – 1 of 4 reviewed NSP's had the CSW's signature. Therapists are not documenting CSW contacts. Children's File under "Daily Notes" – Rehab/Therapist states, "Collateral Contacts and Dates, Notification all incidents with next working day client's legal representative" (Many are blank)

It was noted that the CSW had not signed the NSP. We have reviewed those instances and found that the CSW was contacted and provided the plan but the fax transmittal documentation was missing. Clinical services will insure that any and all contacts with the child's CSW will be documented. We will continue to obtain timely signatures but should those not be forthcoming we will have documentation of our efforts to obtain these. Regarding notification of incidents, we had been notifying all affected parties of any and all incidents but documentation again is lacking in some instances. Clinical services will work more closely with staff to achieve consistent documentation.

22. Are DCFS CSWs contacted monthly and are the contacts appropriately documented?

As noted in item 17 above a review of activities by our staff does indicate that CSWs were contacted but there were 2 instances of 15 reviewed where documentation was lacking. We are working with staff to insure that they maintain a contact log of their interactions with CSWs, attorneys, parents, and others regarding each child on their [illegible].

39. CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

37. "Are initial dental examinations timely"

[illegible] of [illegible] client reviews that dental examinations were not timely. It should be [illegible] at the [illegible] from the client's admission to CTF [illegible] considering the [illegible] behaviors present at the time of admission. CPH [illegible] removing the child from that setting to receive non-emergency dental services would be inappropriate. That being the case we believe that a more realistic timeline would be admission to CTF services as determining whether dental services were timely or not. Even within the CTF setting there is an issue that children will refuse dental services and we need to ensure that this refusal is documented.

40. PERSONAL RIGHTS

40. Do children feel safe in the group home?

Child "sometimes no, sometimes yes" to feeling safe at 85

Of [illegible] children interviewed [illegible] yes, and 3 no. Anxiety and an absence of feeling safe is an unfortunate characteristic of the children in our care. Nevertheless, we do understand that safety is a critical part of providing a therapeutic environment and to that end work on an ongoing basis with staff to address any and all instances in which a child expresses a feeling of not being safe.

41. Do children report satisfaction with meals and snacks?

Of [illegible] children interviewed [illegible] expressed a problem with meals and snacks. One expressed [illegible] snacks [illegible] "too healthy". We recognize that food and snacks are a [illegible] of the children in our care and regularly survey their preferences, likes and dislikes. We have also brought in a food service consultant to offer more variety. We recognize that this is an ongoing issue and will continue to address it on a regular [illegible].

42. Is staff treating children with respect and dignity?

Many children discussed being thrown or pushed into the Time Out Room and hurt or injured during Containment, or yelled at by staff. Monitor made [illegible] CPH referrals, involving six children.

We recognize that any containment is an event with the potential for injury for staff and [illegible]. That being the case we are working to utilize this activity as infrequently as possible. This is a major goal. With the addition of a new Administrator and Clinical Director we expect that there will be fewer issues associated with the children's perception of treatment with dignity. While we do not feel that we have treated the children with anything other than dignity we do agree that improvement in interpersonal actions is possible. To that end we will continue to train staff on crisis intervention with the emphasis on de-escalation as the favored means of intervention and with hands on intervention as the intervention of [illegible] resort.

[illegible] materials showing receipt of first-aid training. Our new Director of Staff Training has been instructed to insure that all staff receive first-aid training and that the receipt of these services is documented [illegible] and [illegible] a [illegible].

68. Have appropriate employees received the required on-going training?

Two staff were identified as not having received pro-act training as required every six months. As noted in item 67 our new Director of Staff Training has developed a system to insure that regular refresher training is received.

[illegible] Have appropriate employees received emergency intervention training [illegible] the [illegible] Program Statement?

[illegible] were identified as not having received pro-act training as required every six months. As noted in item 67 our new Director of Staff Training has developed a system to insure that regular refresher training is received.

Please let me know if you have any questions regarding the above responses or need any additional information. We thank you for the time spent reviewing the program and look forward to a greater understanding of the review format as we go forward.

[illegible]

[illegible]

[illegible]

Star View Children & Family Services
4025 W. 226th St.
Torrance, CA 90505
(310) 373-4555
(310) 373-2826

July 14, 2010

Department of Child and Family Services
OHCMD
9320 Telstar Avenue Suite 216
El Monte, CA 91731

Attn: Kristine Kropke-Gay

Re: Addendum to Corrective Action Plan for Compliance Review, Dated January 20, 2010

Dear Kristine:

As requested, we are providing the job title and name of current person filling the position. This is a new request and expectation from DCFS; and we wish to object to it. No other regulatory agency (CDMH, LAC DMH, or CCL) requires such specificity in their plans of correction. Often, POCs for specific items will involve multiple staff. We also want to reserve the right to make changes in work assignments, as operating needs change. We request that DCFS accept that the responsible party for all POCs is the Administrator going forward.

10. and 11. Facility and Environment: The maintenance of the building is the responsibility of our Director of Operations, Juan Garcia, and his maintenance staff. Every day they check the exterior environment groups to ensure that the building is safe and the grounds are well-maintained. This includes lights, locks, fences, doors, windows, screens, air-conditioning system, tables, benches, etc. They are also responsible for ensuring that the common quarters are clean and safe.

The SVAC facility is undergoing major construction which will be completed approximately at the end of August, beginning of September. The construction includes a renovation of all of the client rooms, units, main hallway, and reception areas.

17. Needs and Services Plans: The primary therapists are responsible for ensuring that the NSPs are completed in a timely manner and faxed to the CSW for signature. A confirmation of the fax is maintained in the clients' charts. The Director of Treatment Services, Susan Hull, supervises all the primary therapists and ensures that all documentation is completed in a timely manner.
22. Monthly Contacts: The primary therapists are responsible maintaining the contact logs; and the Director of Treatment Services, supervises the primary therapists to ensure they complete all required documentation.
37. Initial Dental Exams: The Director of Nursing, Susan Petrillo, is responsible to ensure that the nurses are scheduling the initial dental exams for all clients in a timely manner. When there is a concern about a client's safety and a dental appointment has to be postponed, the nurse reschedules the dental appointment for a later time when it is safe to send the child off-grounds.
40. Personal Rights: Susan Hull, Director of Treatment Services is the person responsible for handling any client complaint. The Clinical Director has a sign-up sheet to schedule meetings with clients to address their complaints, concerns or ideas for improving the program. This is posted on the Clinical Director's door. The Clinical Director talks to clients on a daily basis.
43. SVAC has implemented a trauma informed care treatment program, called ARC, Attachment, Regulation and Competence, to address the unique needs of traumatized children. As part of this approach, each unit will have a comfort room which they can utilize to learn how to self-regulate. The goal is to reduce the use of the time out room and reduce restraints and seclusions.
45. Discipline System: On June 1, 2010 the new point and level system was implemented which includes an incentive and client recognition programs, as well as the ARC curriculum to teach the clients self-regulation skills.
46. Religious Services: Every Sunday, the clients are invited to attend a local church with one Youth Counselor. The goal is to find a non-denominational service to bring on –site.
48 and 49. The two consulting psychiatrists are responsible for informing children about their psychotropic medications. The Director of Nursing, Susan Petrillo, and all the nurses are available to answer any questions the clients may have about their medications. They meet with the clients on a daily basis. These personnel also inform the clients of their right to refuse medication.
54. Personal care items: The nurses, Director of Nursing, the Shift Leaders, he youth counselors and the Rehab staff all ensure that each child has adequate personal care items.
57. Life Books: The Director of Group Services, Dale Young, and her Rehab staff are responsible for ensuring that all clients complete a life book, which is stored in the Rehab room.
58 and 62: Educational Requirements: The Director of Training, Dena Wyse, ensures that staff meets educational requirements. She enters the information into our e-learning tracking system. The Human Resources Director, Sheri Lewis, is responsible for ensuring that staff meets internal job requirements, as well as that they receive timely initial health screenings.

66, 67, 68, 69: The Director of Training, Dana Wyss, is responsible for ensuring that all staff receives CPR and First Aid training, as well as training in child abuse identification and reporting. The Training Director is also responsible for ensuring that employees receive all required on-going trainings, as well as initial and refresher pro-act trainings.

If you need any further information.

Sincerely,

Ellen Kimmel, LCSW
Clinical Director
4025 W. 226th Street
Torrance, CA 90505

STAR VIEW - JOB DESCRIPTION

Youth Counselor II

DRAFT

JOB TITLE: Youth Counselor II
DEPARTMENT: Nursing
SUPERVISOR: Program Manager
SUPERVISES: No one

LEVEL: 5 NON-EXEMPT
DATE CREATED: 07/31/00
LAST REVISION: 12/13/06

JOB SUMMARY: The Youth Counselor is the treatment team member who is responsible for providing direct care to meet the physical and psychosocial needs of the adolescents through direct and indirect physical and verbal interaction. Duties are performed under direct supervision of the Program Manager or Shift Lead; some tasks are accomplished independently.

MINIMUM QUALIFICATIONS

Education
High School diploma or equivalent, or AA degree.

Experience
High School Diploma or equivalent and Four (4) years experience with seriously emotionally disturbed children or adults, or
AA degree and One (1) year experience with seriously emotionally disturbed children or Two (2) years experience with seriously emotionally disturbed adults.

License or Certification
Valid California Driver's License, preferred.
Valid California Class "B" Driver's License, preferred.

Specialized Skills
Ability to interact and communicate both verbally and in writing with seriously emotionally disturbed adolescents, other staff and the public.

Physical Requirements
Ability to physically perform containment, escort, and restraint procedures with assaultive adolescents.
Ability to physically assist in lifting and carrying assaultive adolescents weighing up to 200 lbs.
Ability to visually and audibly assess adolescent's behavior and needs.
Ability to walk, run and play active games with the adolescents.

POTENTIAL JOB HAZARDS
Assaultive adolescents
Blood and Body Fluid Contact
Operation of company vehicle.

JOB DESCRIPTION CONTINUED: YOUTH COUNSELOR II

SAFETY PRECAUTIONS REQUIRED

Demonstrated use of ProAct Training.
Demonstrated use of Standard Precautions.
Demonstrated safe driving record with DMV and attendance at vehicle orientation.

DUTIES AND RESPONSIBILITIES:

Child Care Duties:

1. Supervise, protect, and care for children individually and in groups at all times.
2. Promotes and assists adolescents with self-help skills in the areas of eating, hygiene and grooming and other activities.
3. Assist children in working in groups and in handling individual problems.
4. Provide day to-day supervision and care of children, including assistance with activities of daily living, personal care, planned activities, and school.
5. Models and supports positive youth development and positive behavioral self-management through praise, attention, and use of behavioral incentive system.
6. Attend and participate in morning rounds, change of shift meetings, and treatment team meetings as scheduled on the assignment sheet.
7. Conducts or assists both large and small activity groups.
8. Encourages adolescent's interaction and socialization with other peers, providing feedback to adolescents on appropriate behavior while acting as a role model.
9. Participate in ProAct Team assignments and activities.
10. Note children's progress in daily progress notes.
11. Make sure children get up each morning; attend to their personal hygiene (bathing, tooth brushing, toileting, etc.)
12. Assist and direct children with making beds, clean their rooms, dressing appropriately, and getting ready for school or activities.
13. Get clients to their meals and monitor their eating behavior and dietary intake.
14. Make sure clients get to school each morning, to Day Treatment Groups, and provide supervision while they are in school and groups.
15. Assist clients in making sure they wash their clothes.
16. Assist clients with getting ready for bedtime.
17. Assist with client point cards.
18. Participates in agency's efforts to improve quality.
19. Inventory new client's belongings and add and subtract as changes occur.
20. Participates in in-service education as required by State and facility regulations.
21. Transports adolescents or conducts facility business in facility vehicles as directed.
22. This list of duties is illustrative of duties and not a complete list of all duties and assignments that may be required of the Youth Counselor.

DRAFT

STAR VIEW - JOB DESCRIPTION

Shift Leader (Youth Counselor)

JOB TITLE: Shift Leader
DEPARTMENT: Nursing
SUPERVISOR: Program Mgr/Charge Nurse
SUPERVISES: No one

LEVEL: 5, 7, or 9 NON-EXEMPT
DATE CREATED: 10/25/96
LAST REVISION: 1/28/03

JOB SUMMARY: The Shift Leader is the treatment team member who provides leadership through direct example to the Youth Counselor staff in the provision of direct care to meet the physical and psychosocial needs of the adolescents through direct and indirect physical and verbal interaction. Duties are performed under direct supervision of the Charge Nurse, On-Duty Managers, and Cottage Coordinators. But some activities are completed independently

MINIMUM QUALIFICATIONS

Education
~~60 semester units from an accredited college or equivalent, required.~~
~~Bachelor's degree, particularly in Social Services, Psychology, or Child Development or Counseling, preferred.~~ High School diploma or equivalent, or AA degree.

Experience
Four (4) years residential ~~child care~~ experience ~~or equivalent inpatient psychiatric experience~~ or with seriously emotionally disturbed children or adults and demonstrated leadership abilities.
or
AA degree and Two (2) years experience with seriously emotionally disturbed children and demonstrated leadership abilities or Bachelor's Degree plus (2) One (1) year experience with seriously emotionally disturbed children or adults and demonstrated leadership abilities.
Must qualify for YC II or above

License or Certification
Valid California Driver's License, required.
Valid California Class "B" Driver's License, preferred.

Specialized Skills
Ability to interact and communicate both verbally and in writing with seriously emotionally disturbed adolescents, other staff and the public.
Able to provide direct teaching, coaching, and modeling to YC staff.

Physical Requirements
Ability to physically perform containment, escort, and restraint procedures with assaultive adolescents.
Ability to physically assist in lifting and carrying assaultive adolescents weighing up to 200 lbs.
Ability to visually and audibly assess adolescent's behavior and needs.
Ability to walk, run and play active games with the adolescents

POTENTIAL JOB HAZARDS
Assaultive adolescents
Blood and Body Fluid Contact (Category I)
Operation of company vehicle.

JOB DESCRIPTION, CONTINUED: Shift Leader (Youth Counselor)

SAFETY PRECAUTIONS REQUIRED
Demonstrated use of Professional Assault Response Training.
Demonstrated use of Standard Precautions.
Demonstrated safe driving record with DMV and attendance at vehicle orientation

DUTIES AND RESPONSIBILITIES

1. Provides direct supervision, instruction, orientation and coaching to Youth Counselor staff in the delivery of YC duties. Assures that there are assignment sheets for each shift and that staff are working according to the assignment sheets.
2. Assists Charge Nurse in care for residents.
3. Promotes and assists adolescents with self-help skills in the areas of eating, hygiene and grooming and other activities of daily living.
4. Monitors adolescent's attendance at assigned activities and maximizes adolescent participation through appropriate motivational techniques.
5. Conducts or assists both large and small activity groups and outings independently but under the supervision of the Shift Managers or his/her designee.
6. Encourages adolescent's interaction and socialization with other peers, providing feedback to adolescents on appropriate behavior while acting as a role model.
7. Accurately documents in writing each adolescent's attendance and response to activity and therapeutic groups or individual counseling in the individual medical record.
8. Attends and actively participates in Treatment Team meetings.
9. Visually and audibly observes and reports on adolescent's physical and psychiatric conditions and reports significant changes to the Charge Nurse while documenting those observations in writing in the medical record.
10. Implements the individualized Treatment Plan.
11. Transports adolescents in facility vehicles as directed.
12. Maintains a safe and clean environment at the nursing station and throughout his/her work area.
13. Demonstrates knowledge of nursing and safety policies utilizing Policy and Procedure manuals on the unit.
14. Participates in in-service education as required by State and facility regulations.
15. This job description is not intended to be all-inclusive and employees will also perform other reasonably related duties as assigned by the Manager, or their designee as needed.

OK
HPL

American Red Cross

Together we can save a life

This recognizes that

Lahsat Davis

has completed the requirements for

CPR/AED–Adult

conducted by

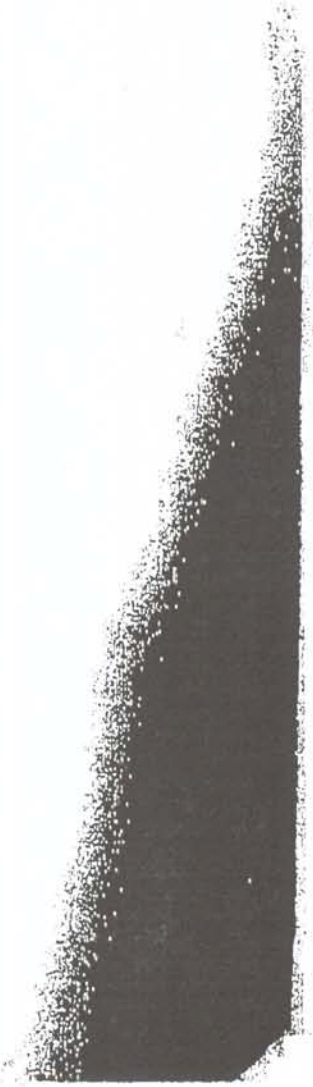
Edgar Madrigal

Date completed 2/1/2009

The American Red Cross recognizes this certificate as valid for 1 year(s) from completion date.

Hire Checklist

Date of Hire: 11/3/07



2010-04-08 11:05 VERNELL 3109550936 >>

American Red Cross

This recognizes that

Tarik Muir

has completed the requirements for

Standard First Aid

conducted by

Sondra Plaza

Date Completed 1-29-2010

The American Red Cross recognizes this certificate as valid for 3 year(s) from completion date.

American Red Cross

This recognizes that

Tarik Muir

has completed the requirements for

CPR-Adult

conducted by

Sondra Plaza

Date Completed 1-29-2010

The American Red Cross recognizes this certificate as valid for 1 year(s) from completion date.

Star View Children & Family Services
4025 W. 226 Street
Torrance, California 90505
Telephone: (310) 373-4556
Fax: (310) 373-2826

January 20, 2010

Department of Children and Family Services
OHCMD
9320 Telstar Avenue, Suite #216
El Monte, CA 91731
Attn: Kristine Kropke-Gay

RE: Correction Action Plan for Contract Compliance Review

Dear Kristine:

This Corrective Action Plan is submitted in response to the in to the Contract Compliance Review Field Exit Summary signed January 13, 2010. The items for which a response is provided are those that received a "NO" designation during the review. Corrective actions and /or comments are provided for those respective items. Bold items are DCFS comments, our responses follow.

II. FACILITY AND ENVIRONMENT

10. Are the group home's exterior and grounds well maintained?
1a. Administrator Ed Hoefle stated that the mesh was re-attached along the back fence and will submit a statement of the above-mentioned. 1c. Exterior/grounds (windows/screens/entry doors/outdoor furniture) Stars Patio had plastic picnic table with broken area on table top. The wooden picnic table/bench (field area) was covered in graffiti (etched/permanent marker). 1d. Field perimeter areas had broken recreation items – broken Orange Home Depot bucket attached to wooden post.

Fence screen material has been reattached or reordered if reattachment was not adequate to correct the issue. The plastic picnic table was removed at the time it was identified in the Fall. The wooden picnic table has been refinished. The bucket in question has been discarded. The broken recreation items have been discarded.

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Star View Adolescent Center brought in a new administrator November 1, 2009. He is working with staff to instill in them the recognition that the physical environment is a critical component of care. As such we are all making strides to address like issues in real time. There will however be moments when damage or other items have just happened. These are corrected as they occur and our goal is to ultimately prevent their occurrence.

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It was noted that the CSW had not signed the NSP. We have reviewed those instances and found that the CSW was contacted and provided the plan but the fax transmittal documentation was missing. Clinical services will insure that any and all contacts with the child's CSW will be documented. We will continue to obtain timely signatures but should those not be forthcoming we will have documentation of our efforts to obtain these. Regarding notification of incidents, we had been notifying all affected parties of any and all incidents but documentation again is lacking in some instances. Clinical services will work more closely with staff to achieve consistent documentation.

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As noted in item 17 above a review of activities by our staff does indicate that CSWs were contacted but there were 2 instances of 15 reviewed where documentation was lacking. We are working with staff to insure that they maintain a contact log of their interactions with CSWs, attorneys, parents, and others regarding each child on their caseloads.

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

37. Are initial dental examinations timely?

It was noted that in 5 of 15 client reviews that dental examinations were not timely. It should be pointed out that several of the timelines were from the client's admission to PHF services. Considering the intensity of behaviors present at the time of admission to PHF services, removing the child from that setting to receive non-emergency dental services would be inappropriate. That being the case we believe that a more realistic timeline would be admission to CTF services as determining whether dental services were timely or not. Even within the CTF setting there is an issue that children will refuse dental services and we need to insure that this refusal is documented.

VII. PERSONAL RIGHTS.

40. Do children feel safe in the group home?
Child – "sometimes no, sometimes yes" to feeling safe at SV

Of 12 children interviewed 9 answered yes, and 3 no. Anxiety and an absence of feeling safe is an unfortunate characteristic of the children in our care. Nevertheless, we do understand that safety is a critical part of providing a therapeutic environment and to that end work on an ongoing basis with staff to address any and all instances in which a child expresses a feeling of not being safe.

41. Do children report satisfaction with meals and snacks?

Of 13 children interviewed 4 expressed a problem with meals and snacks. One expressed a concern that snacks were "too healthy". We recognize that food and snacks are a significant focus of the children in our care and regularly survey their preferences, likes and dislikes. We have also brought in a food service consultant to offer more variety. We recognize that this is an ongoing issue and will continue to address it on a regular basis.

42. Is staff treating children with respect and dignity?
Many children discussed being thrown or pushed into the Time Out Room and hurt or injured during Containment, or yelled at by staff. Monitor made four CPHL referrals, involving six children.

We recognize that any containment is an event with the potential for injury for staff and/or client. That being the case we are working to utilize this activity as infrequently as possible. This is a major goal. With the addition of a new Administrator and Clinical Director we expect that there will be fewer issues associated with the children's perception of treatment with dignity. While we do not feel that we have treated the children with anything other than dignity we do agree that improvement in interpersonal actions is possible. To that end we will continue to train staff on crisis intervention with the emphasis on de-escalation as the favored means of intervention and with hands on intervention as the intervention of last resort.

The CPHL reports which were made were not substantiated and we wish to reiterate that we report any and all reportable events and those which are questionable in terms of reporting requirements are reported as well.

43. Is an appropriate discipline system in place?

Our programming goal is to insure that there are positive reinforcements in place for behaviors. This question was presented to 15 children 13 of whom had no opinion and 2 who said that there was not an appropriate discipline system in place. We believe that we have emphasized the reinforcement of positive behaviors and have minimized consequences for negative behavior whenever possible.

46. Are children free to attend religious services and activities of their choice?

Seven children said yes, 2 said no and 6 did not answer. In the past we have had non-sectarian services on site. The group providing these was unable to continue so we are seeking an alternative provider. Children may attend religious services off site with family or guardians. The requirement for off site activities is primarily safety and any time a child leaves the facility we need to assess them for their ability to remain safe while off-site.

47. Are children informed about their psychotropic medication?

Each child meets with a nurse regarding their medication. They are informed as to the expected results as well as any side effects the medication may produce. Eight children indicated that we did inform them, 5 said no and 2 had no opinion. We provide regular education regarding new medications, assess the effects of current medications and actively involve the clients in understanding their medications, the reasons for their use, outcomes and monitoring for any potential side effects.

48. Are children aware of their right to refuse psychotropic medication?

Ten children answered that they were aware of their right to refuse medication, 1 did not answer and 4 said that they were not aware. Each child is instructed about their rights and one of those is the right to refuse psychotropic medication. We will continue to provide this education to our current and new clients.

VIII CLOTHING AND ALLOWANCE

51. Are children's on-going clothing inventories of adequate quantity?

We attempt to work with the children to assure that they have adequate and appropriate clothing. To that end we inventory clothing and attempt to remove items which are no longer wearable. In this instance 1 of 15 children interviewed felt that the inventory was

not an adequate. We expect that on occasion we will get differences of opinion, nevertheless, it is our stated goal to insure adequate clothing in terms of type, quantity and condition for all of the children in our care.

52. Are children provided with adequate personal care items appropriate to their ethnic needs, and are these items readily accessible?

One child of 15 interviewed said that her personal care items were not appropriate but "did not elaborate". We believe that we provide personal care items and services which are sensitive to each child's cultural norms. For example, we have salon and barber services for the children on a regular basis and take into account their preferences when providing personal care items.

57. Are children encouraged and assisted in creating and updating a life book/photo album?

IX PERSONNEL RECORDS

58. Do group home staff meet the educational/experience requirements?

In three instances we allowed staff to be placed into Youth Counselor positions for which they did not meet our internal job requirement. We have reviewed these requirements and have adjusted them to be more reflective of our actual experience regarding employee qualifications. In none of these three instances did the employee not meet the minimum statutory employment requirement.

In one instance we could not verify past employment and this employee has been removed.

62. Have employees received timely initial health-screenings?

One employee was identified as not having a timely health-screening. There was a question of whether this employee re-entered employment or went into a different status. It is our position that all employees need initial health-screenings as well as annual reviews. We will insure that pre-employment examinations are completed as well as annual reviews.

66. Have appropriate employees received CPR (sic) training in the area of child abuse identification and reporting.

A part of orientation staff receive training in child abuse identification and reporting. We will insure that this is documented in all staff files.

67. Have appropriate employees received First-Aid Training?

Two staff did not have documented materials showing receipt of first-aid training. Our new Director of Training has been instructed to insure that all staff receive first-aid training and that the receipt of these services is documented initially and repeated as needed.

68. Have appropriate employees received the required on-going training?

Two staff were identified as not having received pro-act training as required every six months. As noted in item 67 our new Director of Staff Training has developed a system to insure that regular refresher training is received.

69. Have appropriate employees received emergency intervention training per the GH's Program Statement?

Two staff were identified as not having received pro-act training as required every six months. As noted in item 67 our new Director of Staff Training has developed a system to insure that regular refresher training is received.

Please let me know if you have any questions regarding the above responses or need any additional information. We thank you for the time spent reviewing the program and look forward to a greater understanding of the review format as we go forward.

Sincerely,

Edward C. Hoefle, MA, CBHE
Administrator
Star View Adolescent Center

cc:
Barbara Butler