County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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November 27, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

DANGERFIELD INSTITUTE OF URBAN PROBLEMS GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Dangerfield Institute of Urban Problems Group Home (the Group Home) in August 2013. The Group Home has three sites located in the Second Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is to provide "a stable, constant, nurturing and predictable environment, one that is responsive to the individual child's needs."

The Group Home has three 6-bed sites and is licensed to serve a capacity of 18 children; 6 males and 12 females, ages 7 through 19. At the time of review, the Group Home served 18 placed DCFS children. The placed children's overall average length of placement was 9 months, and their average age was 17.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 areas of our Contract compliance review: Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children. Psychotropic Medication was not applicable, as none of the sample children were prescribed psychotropic medication at the time of the review.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to clothing allowance logs not being appropriately maintained and Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings noted during an investigation; and Personnel Records, related to two staff members not having timely health screenings or TB clearances. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On August 27, 2013, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representatives Lorrie Irving, Administrator, and Wendy Suer, Group Home Social Worker. The Group Home representatives: agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

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

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

PLB:EM:KR
RDS:PBG:jlh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Lorrie Irving, Administrator, Dangerfield Institute of Urban Problems
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Robert Gomes, Regional Manager, Community Care Licensing, Orange County

DANGERFIELD INSTITUTE OF URBAN PROBLEMS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1433 W. 81st St.	4736 11th Ave.	2306 W. 73rd St.
Los Angeles, CA 90047	Los Angeles, CA 90047	Los Angeles, CA 90043
License # 191800563	License # 191801451	License # 198205013
Rate Classification Level: 11	Rate Classification: 11	Rate Classification: 11

	Contract Compliance Monitoring Review	Findings: August 2013
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Provided Children's Transportation Needs 3. Vehicle Maintained In Good Repair 4. Timely Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Improvement Needed
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	 Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Children's Social Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Children's Social Worker's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial	 Full Compliance (ALL)

	NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable (N/A)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Nutritious Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	Full Compliance (ALL)

	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

DANGERFIELD INSTITUTE OF URBAN PROBLEMS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the August 2013 review. The purpose of this review was to assess Dangerfield Institute of Urban Problems Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, six Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home compliance with permanency efforts. At the time of the review, none of the children were prescribed psychotropic medication.

OHCMD reviewed four group home staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following two areas out of compliance.

Licensure/Contract Requirements

- Clothing allowance logs at two Group Home sites, 11th Avenue Group Home and 73rd Street Group Home, were not properly maintained. Although the Group Home kept all receipts of clothing purchases, clothing allowance logs were missing the Group Home staff or child's signature or allowance balances. The Group Home Administrator stated that, in order to ensure clothing allowance logs are comprehensive, she will complete the clothing allowance logs, collect all clothing receipts from staff, document the purchased items, as well as the cost

of each item, ensure signatures obtained from staff and the placed child, and calculate the balance of each child's account, on a monthly basis.

- Community Care Licensing (CCL) cited the Group Home as a result of an investigation of a DCFS referral, dated August 30, 2012, alleging general neglect. CCL cited the Group Home's West 81st Street site on September 7, 2012, for a Building and Grounds violation, as there was an infestation of bed bugs/roaches. The Group Home Facility Administrator and staff reported that the problem was at the boys' facility and contained to one bedroom and the couch in the living room. Although the Group Home fumigated the bedroom, purchased six new beds and a new couch, CCL requested a written Plan of Correction (POC) to address how reoccurrences would be prevented. A POC was submitted by the Group Home by due date of September 21, 2012, and CCL cleared the deficiency. The DCFS Emergency Response Children's Social Worker (ER CSW) deemed the allegations of General Neglect unfounded, as the six placed children denied the allegations. Further, the children informed the ER CSW that the Group Home had immediately addressed the issue.

Recommendations

The Group Home's management shall ensure that:

1. Comprehensive clothing allowance logs are maintained and includes staff and child's signatures.

2. All Group Home sites are in compliance with Title 22 Regulations and County contract requirements.

Personnel Records

- Two staff members did not have copies of timely health screenings or TB clearances in their personnel files. The Group Home Administrator reported that her assistant failed to gather all the required health screening documentation prior to their employment. In order to ensure compliance in the future, all new staff will complete health screenings and TB tests prior to employment with the Group Home, or they will not be permitted to report to work. The staff completed the required health screenings with valid TB clearances. OHCMD received verification of the updated health records.

Recommendation

The Group Home's management shall ensure that:

3. All employees receive timely health screenings and TB clearances.

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

The OHCMD's last compliance report, dated December 13 2012, identified 11 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 8 of 11 recommendations for which they were to ensure that:

- The resident Sign In/Out Log is always completed,
- The exterior of the group home is well maintained in accordance with Title 22 Regulations,
- All placed children are progressing toward meeting their NSP goals,
- Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template,
- Children improve academic performance and/or attendance,
- All children receive timely follow-up dental examinations,
- All discharged children make progress toward meeting their NSP goals, and
- Full implementation of the outstanding recommendations from the OHCMD's 2011-2012 monitoring report regarding adequately completing Sign In/Out log, development of comprehensive NSPs, ensuring children are progressing toward meeting their NSP goals, assisting children in improving academic performance and/or attendance, and ensuring children were making progress toward meeting their NSP goals prior to their discharge.

The Group Home did not implement the recommendations to ensure:

- The clothing allowance logs are properly maintained,
- All sites are in compliance with Title 22 Regulations and County contract requirements, and
- All employees receive timely health screenings.

Recommendation:

The Group Home's management shall ensure that:

4. The outstanding recommendations from the 2011-2012 fiscal year monitoring report dated December 13, 2012, which are noted in this report as Recommendations 1, 2 and 3 are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and County contract requirements. The Group Home will ensure all efforts are made to maintain comprehensive clothing allowance logs and that all staff members receive timely health-screenings and TB clearances. The Group Home's Administrator will be responsible for completing the clothing allowance logs and no staff members will be allowed to work at the Group Home without being in compliance with Health screening and TB clearance requirements. The Group Home's Executive Director and the Administrator will conduct periodic monitoring checks to ensure compliance with the CAP.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER (A-C)

The A-C conducted a fiscal review of the Group Home's fiscal operations for the period of January 1 through December 31, 2010. The fiscal report, dated July 10, 2012, states the Group

Home had $13,680 in unallowable expenditures and $59,434 in unsupported/inadequately supported expenditures.

The DCFS Fiscal Monitoring and Special Payments Section informed OHCMD that the Group Home has signed an agreement with the Los Angeles County Treasurer and Tax Collector to pay the identified unallowable and unsupported/inadequately supported expenditures. The Group Home is current with its payments.

The DANGERFIELD INSTITUTE

"Finding a Safe Harbor"

NON-PROFIT ORGANIZATION
[illegible]

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323/299-7160 FAX

September 30, 2013

TO: Patricia Bolanos-Gonzalez, DCFS MANAGER
OUT-OF-HOME CARE MANAGEMENT DIVISION
Via e-mail to Jui Ling Ho, Monitor

FROM: LORRIE IRVING, ASSISTANT EXECUTIVE DIRECTOR
DANGERFIELD GROUP HOME PROGRAM

CORRECTIVE ACTION PLAN (CAP)

Dangerfield Group Home is providing the Out-of-Home Care Management Division (OHCMD) with a Corrective Action Plan as requested regarding the findings revealed during the monitoring of our facilities.

RE: Final Monitoring Review Field Exit Summary August 23, 2013

I. Licensure/Contract Requirements

Element #7

Are appropriate and comprehensive monetary and clothing allowance logs maintained? (WELL-BEING)

Finding(s)

During the monitoring review, there were no appropriate and comprehensive clothing allowance logs maintained in both girls' facilities. Although these girls' facilities kept all receipts of clothing shopping, there was no comprehensive clothing allowance logs maintained. Some logs were missing staff's or child's signature. Some were missing the allowance balance information.

Corrective Action Plan

Dangerfield Group Home will ensure that appropriate and comprehensive clothing allowance logs are maintained by the Group Home Administrator assuming responsibility for completing and maintaining the clothing allowance logs on a monthly basis. Specifically, the Group Home Administrator will retrieve the clothing receipts from Child Care Staff. All youth will sign their names on the original clothing receipts. The Group Home Administrator will make two copies of the clothing receipts providing the Group Home Bookkeeper with the original receipts and keeping copies for her own records. The Group Home Administrator will document the purchased items on Dangerfield Group Home Clothing Purchase Form. The clothing purchase form itemizes all items purchased for the youth and the cost of each item. The Group Home Administrator will ensure the clothing purchase form has appropriate signatures including the youth's signature and the Child Care Staff's signature. If signatures are missing, the Group Home Administrator will obtain them. The Group Home Administrator will calculate the balance of each

youth's account on a monthly basis. The balance of each youth's account will be documented on Dangerfield Group Home Resident's Quarterly Clothing Allowance Balance. In addition, to ensure new procedural guidelines are properly implemented, the Group Home Administrator will be providing an In-Service Training to all Group Home Facility Managers and Dangerfield Administrative Assistant on September 24, 2013. Upon completion of the In-Service Training, a copy of the attendance sheet will be forwarded to the OHCMD Group Home Monitor.

Person(s) Responsible for Implementation of CAP

Dangerfield Group Home Administrator will ensure implementation of the CAP.

Time Frame of Implementation

The CAP will be implemented immediately following the In-Service Training scheduled for September 24, 2013.

Element #9

Is the Group Home free of any substantiated Community Care Licensing Complaints on safety and/or physical plant deficiencies since the last review? (SAFETY)

Finding(s)

Dangerfield Group Home (Site #1) had one substantiated complaint/deficiency since the last review that was rectified.

Corrective Action Plan

On September 7, 2012 Community Care Licensing cited Dangerfield Group Home Site #1 (West 81st Street) for an infestation of bed bugs/roaches. Based on the investigative findings, Dangerfield Group Home fumigated the West 81st Street Group Home Site and purchased new bedroom furniture (six new beds) and a new couch. While the deficiency had been corrected as of August 2012, Dangerfield Group Home was required to provide a written Plan of Correction to Community Care Licensing By September 21, 2012, addressing how this deficiency would be prevented from occurring in the future at the West 81st Street Group Home Site. Dangerfield Group Home submitted a Written Plan of Correction to Community Care Licensing on September 14, 2012. In order to prevent a reoccurrence of infestation, Dangerfield Group Home would fumigate the Group Home on a quarterly basis, effective October 1, 2012. All beds would be broken down and cleaned by maintenance personnel who would report findings and outcome of fumigation directly to Assistant Director. Further, all Child Care Staff would adhere to the following steps:

1. Facility Manager or staff designee shall notify the Assistant Director immediately of insect occurrence;
2. The Assistant Director of designee shall notify maintenance personnel within the first 2 hours of the initial notification;

3. The Assistant Director shall notify Community Care Licensing of the event immediately or, no later than the next working day.

As of November 29, 2012, the initial citation was cleared by Community Care licensing. Please see attached letter. Letter of Deficiency Citations.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator ensured implementation of this CAP.

Time Frame of Implementation

The CAP has been implemented.

X. Personnel Records

Element #62

Have employees received timely health screenings/TB clearances? (SAFETY)

Finding(s)

Staff member #1didn't have a valid TB clearance. Staff member #3 did not have a health- screening on file.

Corrective Action Plan

Dangerfield Group Home will ensure that for all prospective employees' health screenings and TB clearances will be completed prior to their hire date.

Dangerfield Administrative Assistant will no longer be responsible for retrieving prospective employees' paperwork. Group Administrator will assume the role of handling all prospective employees' New Hire Packet.

Person(s) Responsible for Implementation of the CAP

Dangerfield Group Home Administrator will ensure implementation of CAP.

Time Frame for implementation

The CAP has been implemented