County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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Chief Deputy Director

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July 9, 2013

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

From: Philip L. Browning
Director

DIAKONIA 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 Diakonia Group Home (The Group Home) in January 2013. The Group Home has three sites located in San Bernardino County and provides services to DCFS foster youth and Probation Department youth, as well as children from other counties. According to the Group Home's program statement, its purpose is "to provide therapeutic treatment services to clients that may be severely emotionally disturbed, focusing on behavior problems, interpersonal difficulties, low self-esteem, anger management, victims of abuse, poor school performance, substance abuse and family conflicts."

The Group Home has three six-bed sites and is licensed to serve a capacity of 18 boys and girls ages 13 through 18. At the time of the review, the Group Home served three placed DCFS children, five Los Angeles County Probation youth, and six youth from other counties. The placed children's overall average length of placement was 10 months, and their average age was 16.

SUMMARY

During our 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 four of 10 areas of our Contract compliance review: Facility and Environment; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Records.

Deficiencies were noted in the areas of: Licensure/Contract Requirements, related to Community Care Licensing (CCL) having cited the Group Home during their facility evaluation in December 2012, and substantiated allegations of physical and emotional abuse of a child by a staff at the Group Home; Maintenance of Required Documentation and Service Delivery, related to untimely development of Needs and Services Plans; Educational and Workforce Readiness, related to lack of increased academic performance and attendance; Health and Medical Needs, related to untimely initial medical exams; Psychotropic Medication, related to obtaining current court authorization; and Discharged Children, related to lack of documentation of the progress made for current and discharged children towards their NSP case plan goals. The DCFS OHCMD Monitor instructed the Group Home's 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 February 6, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home representatives, Sarah Wright, Administrator, and Ingrid Peyrefitte, Program Manager. The representatives agreed with the findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this 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.

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

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

PLB:EM:KR
RDS:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Frank Winkfield, President, Board of Directors, Diakonia Group Home
Leo Wright, Executive Director, Diakonia Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

DIAKONIA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the January 2013 review.

The purpose of this review was to assess Diakonia 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, four placed children, two Department of Children and Family Services (DCFS) and two Probation placed youth, were selected for the sample. The Out-of-Home Care Management Division (OHCMD) Monitor 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's compliance with permanency efforts. At the time of the review, one sampled child was prescribed psychotropic medication. We reviewed her case file to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

Five group home staff files were reviewed 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 six areas out of compliance.

Licensure/Contract Requirements

- Although the SIRs were appropriately documented, they were not cross-reported to all required parties. Fourteen Special Incident Reports (SIRs) were sent only to the Children Social Workers (CSWs) and not to the OHCMD and Community Care Licensing (CCL).

It is noted that the Group Home's representatives attended the OHCMD SIR training in October 2011. In addition, the Group Home Administration received a PowerPoint presentation for the SIR training from OHCMD in June 2012. The Group Home Administration planned to conduct an SIR retraining for staff, to ensure that future SIRs are submitted timely to all parties. The training was conducted on March 24, 26, and 28, 2013, and verification of training was provided to the OHCMD Monitor.

- CCL had cited the Group Home after substantiating a referral, dated January 12, 2012, alleging emotional and physical abuse of a male client by a female staff. During CCL's investigation, it was found that the facility failed to report the incident timely to all required parties, in compliance with Title 22 Regulations. The staff is currently on suspension as her appeal hearing is pending.

  DCFS investigated the incident and also substantiated the allegation. The Group Home was placed on an Investigative Hold in May 2012. A Review Conference was held in May 2012. The Group Home representatives agreed to the conditions recommended by the DCFS Third Party Representative; the one staff member will remain on administrative suspension, and her employee status will remain on "Inactive Employee" status, pending the outcome of her grievance hearing. It was further recommended that, as long as the physical abuse remains substantiated, the one staff member should also remain restricted from having any contact with the Group Home or clients.

Recommendation

The Group Home's management shall ensure that:

1. SIRs are cross-reported and submitted timely to all required parties, via I-Track.

2. All sites are in compliance with Title 22 Regulations and County contract requirements, and that placed children are free from abuse.

Maintenance of Required Documentation and Service Delivery

Three initial Needs and Services Plans (NSPs) and seven updated NSPs were reviewed. All NSPs were timely. It is further noted that the NSPs reviewed were developed after the OHCMD NSP training, which Group Home representatives attended, in January 2012.

- Updated NSPs for three of the four current children, whose files were reviewed, did not include documentation of the children's progress made towards achieving their NSP case goals. The Group Home Program Manager will ensure the children's progress toward achieving their NSP goals is clearly documented in their NSPs. Further, the Group Home's therapist will review all NSPs to ensure that the children's progress is clearly documented.

- One child's NSP revealed that the Group Home staff had not assisted the child in maintaining important relationships. The NSP documented that the child's last visit with her mother was in September 2012, and the mother's involvement with the child was described as minimal. During the interview with the child, she shared that she was not having visits with any relatives or a responsible adult; her last visit with a relative

was approximately one month prior to the review. The child also shared that she wanted a mentor, but she was never informed that she could have a mentor.

The Group Home Program Manager stated that she was unaware the child wanted a mentor. She planned to utilize the Mentor Network Agency, a community-based services program for youth located in the Inland Empire, to assist the Group Home in finding a mentor for the youth and other placed youth who may not be having visits with family or a responsible adult.

- Seven updated NSPs were reviewed; none were comprehensive. The updated NSPs did not provide the dates for the period for which they were written. Some required detailed information on the children's visits with relatives, as well as on the Group Home staff's monthly contacts with CSWs and Probation Officers. Furthermore, the NSP goals in four updated NSPs were not measurable.

  The Group Home's therapist will ensure that monthly contacts with County workers are detailed, clearly document the dates for the period they were written to cover, and include more details on the children's visits with relatives. Additionally, the Group Home plans to provide staff with additional NSP training by March 31, 2013, on the newly formatted NSP template, which the Group Home began using in December 2012.

Recommendations

The Group Home's management shall ensure that:

3. The children are progressing toward meeting their NSP goals.

4. Children are assisted in maintaining important relationships.

5. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

EDUCATION AND WORKFORCE READINESS

- During a review of the sample children's academic records, it was noted that one child's academic performance and/or attendance did not increase. According to the Group Home Program Manager, the Group Home staff did provide the child with the necessary services, but the child showed little interest in going to school and showed no interest in academics. The Group Home staff will continue to make efforts to assist the child in improving academically by taking her to school daily and providing a tutor to work closely with the child.

Recommendation

The Group Home's management shall ensure that:

6. Children attend school daily as required, and provide the necessary services to assist them in improving academic performance and attendance.

HEALTH AND MEDICAL NEEDS

- One Probation placed child's initial medical examination was late. The child was placed on June 21, 2012 and did not receive her initial medical examination until August 8, 2012. Reportedly child was placed with an incomplete placement packet, and Medi-cal was not yet activated. According to the child's NSP, the Group Home staff were making monthly contacts with the Probation Officer to discuss the child's concerns and functioning. The Group Home staff did ensure that, as soon as the child's Medi-cal had been processed and activated, she received her medical examination.

Recommendation

The Group Home's management shall ensure that:

7. Children's initial medical examinations are timely.

PSYCHOTROPIC MEDICATION

- One child who was on psychotropic medication did not have a current court- approved Psychotropic Medication Authorization for the administration of psychotropic medication because the group home failed to submit the request for court approval. The Group Home Program Manager stated that the authorization was required just two months before the child would turn 18, and as a result they felt that the authorization was not needed. The Group Home Program Manager will ensure that court authorization for psychotropic medication is obtained for all youth who are prescribed psychotropic medication, as long as the child is a minor and is not a Non-Minor Dependent.

Recommendation

The Group Home's management shall ensure that:

8. Children on psychotropic medication have a current court approved Psychotropic Medication Authorization for the administration of psychotropic medication.

DISCHARGED CHILDREN

- It was noted that the NSP for one discharged child, who had been placed at least 30 days, did not include documentation regarding progress made toward meeting NSP goals. The Monitor informed the Group Home Program Manager that although the Group Home staff documents information in separate files, a child's progress toward meeting NSP goals must be documented in the NSP. The Group Home Program Manager agreed to ensure that staff document children's progress toward achieving/meeting their NSP goals in the NSPs.

Recommendation

The Group Home's management shall ensure that:

9. Documentation of progress toward meeting NSP goals is maintained in NSPs for children placed at least 30 days.

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

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

Results

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

- SIRs are appropriately documented and cross reported timely to all required parties via I-Track,
- Children's bedrooms are well maintained,
- The recreation equipment is well maintained,
- DCFS CSW's authorization is obtained to implement NSP case goals,
- The children are progressing toward meeting their NSP goals,
- Initial and updated NSPs are developed timely,
- Comprehensive initial and updated NSPs are developed,
- DCFS CSW's monthly contacts are documented,
- Children are enrolled in school timely,
- Children receive timely dental examinations, and
- Children on psychotropic medication have a current court authorization for the administration of the medication.

The Group Home did not implement the recommendations regarding SIRs being appropriately documented and cross reported timely to all required parties via I-Track; ensuring children are progressing toward meeting their NSP goals; developing comprehensive updated NSPs; and ensuring children on psychotropic medication have a current court authorization for the administration of psychotropic medication.

Recommendation

The Group Home's management shall ensure that:

10. The outstanding recommendations from the June 13, 2012 monitoring report, which are noted in this report as Recommendations 1, 3, 5 and 8, are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller (A-C) conducted a fiscal review of the Group Home for the period January 1, 2009 through December 31, 2009. The fiscal report, dated March 19, 2012, identified $629 in unallowable expenditures and $18,692 in unsupported/inadequately supported expenditures. The Group Home submitted a revised fiscal CAP on February 7, 2012 in response to the A-C's final fiscal audit. DCFS Fiscal Monitoring Section accepted the Group Home's request for a three-month repayment plan. The Group Home has since paid off the overpayments.

DIAKONIA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

5589 N. Riverside Ave.
Rialto, CA 92376
License # 366401135
Rate Classification Level: 10

2133 Cedar Ave.
Rialto, CA 92367
License # 360911242
Rate Classification Level: 10

1264 S. Lilac
Rialto, CA 92367
License # 360911229
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: January 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 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. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 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 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance

	7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Improvement Needed
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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance
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	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	1. Improvement Needed 2. Full Compliance
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 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. Reasonable Chores	Full Compliance (ALL)

	10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 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's 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	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	1. Full Compliance 2. Improvement Needed 3. Full Compliance
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	Full Compliance (ALL)

March 19, 2013

Patricia Bolanos-Gonzalez, CSA II
Out-of Home Care Management Division
9320 Telstar Ave #216
El Monte, CA 91731

RE: Diakonia Corrective Action Plan (CAP) 2013

Dear Patricia Bolanos-Gonzalez:

Attached is Diakonia CAP 2013 following the recent review conducted by Kirk Barrows, Monitor, in January 2013. Included you will find the Client Daily Progress Sheet Form designed for staff to clearly document information as noted in the deficiencies. The sign in sheet for SIR training shall be submitted by March 29, 2013.

Sincerely,

Leo Wright
Executive Director

cc: Kirk Barrows

DT

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P.O. Box 700 Rialto, California 92377 | 951.453.6908

DIAKONIA CORRECTIVE ACTION PLAN
2013

I. LICENSING/CONTRACT REQUIREMENTS

4. Are all special incident reports (SIRs) appropriately documented and cross-reported timely? (SAFETY)

The agency shall submit and cross-report SIRs to appropriate agencies within 24 hours from knowledge of the incident, except in cases where SIRs need to be sent immediately (e.g. serious injury). An addendum referencing the original SIR shall be followed up in within 24 hours of receiving additional knowledge relevant to the incident. Staff Administrator who is responsible for submitting final copies of SIRs shall receive training from Program Consultant/Therapist, MFT by March 23, 2013 on reporting guidelines provided by the Association of Community Human Service Agencies. Verification of training shall be submitted to OHCMD the next business day following the training. Program Consultant/Therapist shall be responsible to ensure SIRs are accurate and cross-reported to the appropriate agencies within the required timeline by reviewing all SIRs submitted by staff before its final submission to meet the 24-hour timeline.

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)

There was one substantiated CCL complaint since the last review of physical/emotional abuse by an employee. Employee is on administrative suspension this individual is no longer permitted to have contact with any clients or be on the premises of any facility. All staff received additional training in personal rights, mandated reporting, and restraint training including non-physical verbal interventions and GLBT. The training was conducted by a licensed mental health professional on June 27, 2012.

Diakonia will continue to make every effort to prevent substantiated complaints from CCL as we continue to provide indepth training and staff development. Topics covered are but not limited to the following that will emphasize ethics, understanding personal rights of clients as well as non-physical positive interventions to de-escalate crisis situations, the use of manual restraints. Another strategy is regular and frequent daily group sessions at each facility to give minors a voice of their feelings and complaints. Administrative staff will meet with minors on case-by-case basis to discuss any grievances, complaints and areas that can help promote the needs of all minors.

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III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

18. Are the sampled children progressing toward meeting the Needs and Services Plans case goals? (WELL-BEING)

The sampled children are progressing toward meeting their case goals. Minors are observed the first two weeks prior to formulating the NSP during our initial observation period upon entry of the program. This two-week observation period allows observing staff to make a credible and accurate initial observation and starting point for the client's assessment and to appropriately draft a beneficial Needs and Services plan tailored for the individual client. The observation of clients does not cease after the initial two weeks. It is continued and compared with the initial observation as a means to accurately determine progress towards the goals and allows for real-time assessment and adjustment to there specific plan to ensure that their needs, as they evolve are addressed professionally and accurately to improve outcomes. A client daily progress form was designed to assist staff in tracking client's daily progress based on the NSP case goals. Instructions are printed at the top of the form. Group home staff on every shift is expected to document daily progress or obstacles to progress of each client based on their NSP case goals. NSP case goals shall be updated quarterly by the treatment team. Program Therapist will ensure the CAP comments are implemented for the Needs or Services Plan case goals.

22. Does the agency assist the children in maintaining important relationships? (PERMANENCY)

Clients with unavailable family support will be offered the opportunity to have a mentor to develop a positive connection with a responsible adult. We will utilize the Mentor Network located in the Inland Empire, a national network of local human services providers offering an array of quality community-based services to youth with emotional, behavioral and medically complex challenges as well as their families. Lead Staff shall be responsible for coordinating a mentor match within three months of placement.

24. Did the treatment team develop comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child? (WELL-BEING)

Updated NSPs are completed quarterly by the team in collaboration with the client after progress of previous goals has been assessed at the bimonthly treatment team meetings. Goals are written in realistic, concrete, and measurable terms. Contact with DPOs or CSWs shall be clearly noted detailing the nature of the communication and found in the DPO/CSW Contact Log Book. Program Consultant/Therapist shall be responsible for facilitating treatment team meetings and writing updated NSPs every 90 days and make sure the progress of clients and contact with DPOs/CSWs are clearly documented in the NSP specific to that individual client.

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IV. EDUCATION AND WORKFORCE READINESS

28. Based on the services provided by the facility has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals)? (WELL-BEING)

Sampled child's academic performance and/or attendance did not increase due to expulsion and then AWOL. Diakonia provides supplemental academic support for all clients. All minors have access to tutoring, school project support and homework assistance facilitated by Agency academic tutor. All clients are required to participate in "study time" where they receive assistance after school with all assigned homework and any school curriculum or subjects where they may be experiencing problems or desire to get ahead. Agency requires minors to bring progress reports for review with the academic tutor once the first report card is issued. This allows staff to develop an action plan to address any problems that minors may be facing pertaining to grades and academic performance. Attendance records for all clients are checked weekly each respective facility manager to ensure the accuracy of said records between the school and agency and make sure that client is receiving the maximize benefit of their education.

V. HEALTH AND MEDICAL NEEDS

30. Are initial medical examinations conducted timely? (WELL-BEING)

Authorization for medi-cal is usually not a problem in meeting the required health exam timelines. There are rare exceptions outside the control of the group home whereby a client's medi-cal is not authorized within a reasonable time. All efforts to obtain medi-cal authorization timely to ensure clients receive medical attention within the 30-day timeline and clearly documented in the client's file. Facility Managers are responsible for obtaining authorization and documenting efforts. Administrator shall ensure that timelines or efforts are documented in the client's file.

VI. PSYCHOTROPIC MEDICATION

34. Are the current court-approved authorizations for the administration of psychotropic medication or did the GH document effort to obtain? (WELL-BEING)

Diakonia will ensure monitoring of each psychotropic medication has court authorization submitted by the prescribing physician by reviewing the form and making a notation of the date on the client progress sheet and advancing the date on the calendar just prior to the 6 months of review provided there are no changes in medication during that time. Any change in psychotropic medication will require court authorization to administer at which time the Facility Manager or designee shall request the prescribing physician to complete and submit another application to the court. The Facility Manager shall contact the appropriate agency representative should the application not be court authorized within a reasonable time (e.g. seven to ten days). The Facility Manager or designee for each facility will ensure a copy of a court-authorized PMA is placed in the client's case record. The Assistant Administrator shall be responsible for periodic record checks, which include ensuring a current PMA court-authorization is for every psychotropic medication taken by any client.

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P.O. Box 700 Rialto, California 92377 | 951.453.6908

IX. DISCHARGED CHILDREN

57. For children placed at least 30 days, did the child make progress toward meeting their NSP goals? (PERMANENCY)

The discharge of the identified client was premature and the decision of the county social worker against the recommendation of the agency. Program Consultant/Therapist will make sure the client's progress is clearly documented in the discharge report consisted with the previous NSP reports. The report will indicate the type of discharge and the reason for the discharge with diagnosis, recommendations, and prognosis.

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CLIENT DAILY PROGRESS SHEET

DIRECTIONS: Enter CLIENT NAME, AGE and DATE OF ADMISSION (DOA). Enter DATE, TIME, and GOAL in each column. Under **NARRATIVE DESCRIPTION** record a **detailed description** of your observations of what client does and says in interaction with you or others (or phone) in chronological order and contexts (setting and situation) in which behaviors occur. Observe client **in periods of 15 to 30 minutes.** A good narrative description should enable the reader to close their eyes and get a mental picture of the scene.

THIS IS A LEGAL DOCUMENT PRINT YOUR FULL NAME AND SIGN WITH LEGAL SIGNATURE ONLY

CLIENT NAME	AGE	DOA

DATE	TIME	GOAL	NARRATIVE DESCRIPTION

Diakonia Inc.

LGB Sensitivity Staff Training

Wednesday, June 27, 2012

Print Name	Signature
Kevin CHeval	Kevin Cheval
JACKIE HAley	Jackie Haley
Sheila EVAns.	Sheila Evans
A.L. WILLIAMS	A.L. Williams
Melanie Harrison	Melanie Harrison
Janice L. McDowell	Janice L. McDowell
STACEY WALKER	Stacey Walker
Jerome Jordan	[illegible]
Patrique Stuart	[illegible]
Sheila Tompkins	Sheila Tompkins
FRANK HAWKINS JR	Frank Hawkins Jr
Ms. Monica Williams	[illegible]
Mahsum Oruc	[illegible]
Rolandra Murray	Rolandra Murray
Janet Winkfield	Janet Winkfield
Ebony Jones	Ebony Jones
Robert Sherman	[illegible]
Betty Castaneda	

NAME	SIGNATURE
LEO WRIGHT	Leo Wright
SARAH WRIGHT	Sarah Wright
Catrina Bell	Catrina Bell
Sonia Greer	Sonia Greer