County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 10, 2011

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

From: Jackie Contreras, Ph.D.
Acting Director

DUBNOFF CENTER GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

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

Dubnoff Center Group Home is located in the 3rd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Dubnoff Center Group Home's program statement, its goal is to "serve court dependent children with behavior and emotionally disturbed problems," and the agency is licensed to serve a capacity of 12 boys ages 12 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Dubnoff Center Group Home in December 2010 at which time there were two six-bed sites with three DCFS children and nine Probation dependent youth. The placed children's overall average length of placement was nine months, and their average age was 15. For the purposes of this review, all three DCFS placed children were interviewed and their case files were reviewed. Five staff files were also reviewed for compliance with Title 22 regulations and contract requirements.

All three 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 Dubnoff Center Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, all 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 the DCFS 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, Dubnoff Center Group Home was providing services as outlined in its program statement. The children interviewed stated they were satisfied with the services they received. Additionally, the direct care staff stated they were pleased with the support they received from the administrative staff.

We noted some documentation and physical plant deficiencies. Dubnoff Center Group Home needed to develop comprehensive Needs and Services Plans (NSP) and meet all required staff training requirements. The agency also needed to ensure that children received medical and dental examinations and that the children's rooms were reflective of a home-like environment. Mr. Dixon, Program Administrator, indicated that all deficiencies would be corrected and he would submit a Corrective Action Plan (CAP).

During the exit conference, Mr. Dixon indicated that the agency would make corrections to improve its compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review.

- There were various physical plant deficiencies in the Clybourn site. The children's bedrooms lacked age-appropriate decorations, window springs throughout the Group Home needed to be replaced, and some furniture required repair or replacement. The staff indicated that the Group Home was in the process of replacing all missing window screens.

- Five NSPs were not comprehensive and needed accurate information and/or were missing medical information about initial exams; some NSPs had outdated court authorization approval dates for psychotropic medication and/or had incorrect dates for the period reviewed.

- There was no documentation in a child's file indicating that he had received an initial medical examination in accordance with contract requirements and/or the DCFS 709 form.

- Two children received untimely medical and dental care. One child's medical examination and another child's dental examination were late. Both children had received exams after the 30-day timeframe.

- Three staff members did not have signed acknowledgements of receipt of the Group Home's policy prohibiting physical discipline as means of punishment. The agency submitted copies of the agency's policy prohibiting physical discipline of children as means of punishment which were signed by the three staff. Further, a staff member who had been employed for five weeks did not have a complete file readily available for the monitor's review. Therefore, we could not ascertain if the Group Home had all this staff's required documents. The administration was instructed to immediately submit evidence of the staff member's valid driver's license or statement declaring that the employee was not to transport children; evidence of having received training in the areas of CPR, First-Aid, and Pro Act emergency intervention training; as well as proof of all required training hours. Dubnoff Center Group Home's administration indicated that the staff was no longer employed by the agency.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held December 6, 2010.

In attendance:

Ed Dixon, Program Administrator, Dubnoff Center Group Home, and Lilia Gonzalez Monitor, DCFS OHCMD.

Highlights:

Mr. Dixon was in agreement with our findings and recommendations. He stated that the physical plant site deficiencies at the Clybourn site would be corrected and that he would ensure children received initial medical and dental examinations within 30 days of placement. The agency would also work on addressing the deficient areas in NSPs and obtain all required employee related documentation.

Dubnoff Center Group Home was provided a draft copy of the report, however, Mr. Dixon, had no further responses to provide. As agreed, Dubnoff Center Group Home provided a timely CAP addressing each recommendation noted in this Compliance Report.

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

JC:RS:KR
EAH:DC:lg

Attachment

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 Sternig-Babcock, Dubnoff Center Group Home CEO, President
Jean Chen, Regional Manager, Community Care Licensing
Leonora Scott, Regional Manager, Community Care Licensing

DUBNOFF CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

SITE LOCATIONS

10526 Dubnoff Way
North Hollywood, CA 91606
(818) 755-4950

1610 N. Valley Street
Burbank, CA 91505
(818) 859-7377

	Contract Compliance Monitoring Review	**Findings: December 2010**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 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	Full Compliance (ALL)
II	**Facility And Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms / Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	**Program Services** (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed

IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance
VII	**Personal Rights** (11 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	Full Compliance (ALL)

VIII	**<u>Children's Clothing and Allowance</u>** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**<u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u>** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Improvement Needed 8. Improvement Needed 9. Improvement Needed 10. Improvement Needed 11. Full Compliance 12. Improvement Needed

DUBNOFF CENTER GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

SITE LOCATIONS

10526 Dubnoff Way
North Hollywood, CA 91606
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1610 N. Valley Street
Burbank, CA 91505
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The following report is based on a "point in time" monitoring visit and presents findings noted during the December 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of three children's files, six staff files and/or documentation from the provider, Dubnoff Center Group Home was in full compliance with five of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Educational and Emancipation Services; Recreation and Activities; Personal Rights; and Clothing and Allowance. The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review of three children's case files and/or documentation from the provider, Dubnoff Center Group Home, was in full compliance with four of six elements reviewed in the area of the Facility and Environment.

During the facility inspection, we noticed that the Group Home's exteriors and grounds were well maintained. Sufficient age-appropriate recreational equipment was observed. We also observed appropriate quantity and quality of reading materials, and educational resources and supplies.

However, during the inspection of the interior of the Clybourn site, we noted that window screens were missing for one bathroom and other windows throughout the Group Home site. The staff indicated that the Group Home was in the process of replacing all missing window screens.

Also, the children's bedrooms at the Clybourn site were not well maintained and lacked age-appropriate decorations reflective of a home-like environment. The rooms were painted with a dull color. Two wooden cabinets where children's personal belongings were stored had broken drawers which were difficult to open and shut. The cabinets were scratched with graffiti and gave a negative appearance. A sheet of plywood was placed underneath the mattress and protruded about six inches off the end of a child's bed. Administration stated that the plywood sheet was something a former child had requested for additional support. According to the Agency's approved Corrective Action Plan (CAP), the plywood sheet was removed and a new mattress installed. A sliding closet door in a child's bedroom was loose and had fallen off the rail; however, the staff placed it back on the rail during the visit.

Recommendations:

Dubnoff Center Group Home Management shall ensure that:

1. Common quarters are well maintained.

2. Children's bedrooms are well maintained.

PROGRAM SERVICES

Based on our review of three children's files and/or documentation from the provider, Dubnoff Center Group Home fully complied with seven of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement. We also noted that the Group Home obtained the CSW's authorization to implement the Needs and Services Plans (NSP) and the plans were implemented and discussed with the Group Home staff. In addition, children reported that they participated in the development of the NSPs and that they were receiving therapeutic services such as individual and group therapy.

However, we noted that NSP updates were not comprehensive. Of the six NSPs reviewed, three included inaccurate information and/or were missing information about initial medical and dental exams children had received. One NSP update did not indicate the most current date of the court approval for the authorization for psychotropic medication. Further, the updated NSPs indicated incorrect dates for the period reviewed and reflected the same periods specified for the quarterly reports. The NSP Quarterly Report section did not reference the identified goals and did not indicate if children had progressed toward their specified goals nor did they indicate which goals the child had met during the previous period. NSP Quarterly Report sections did not specify the types of life skills children were learning.

Recommendation:

Dubnoff Center Group Home Management shall ensure that:

3. NSPs are comprehensive and include all the required information.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of three children's files and/or documentation from the provider, Dubnoff Center Group Home fully complied with six of nine elements reviewed in the area of Children's Health-Related Services, including Psychotropic Medication.

A review of the three children who were prescribed psychotropic medication revealed that all three children had current court-approved authorizations for psychotropic medication in their files including current medical evaluations. Medication distribution logs were also found to be proper.

There was no documentation in a child's file indicating that he had received an initial medical examination. One child received an untimely medical examination and another child received an untimely dental examination. Both children had received the exams after the 30-day timeframe.

Recommendations:

Dubnoff Center Group Home Management shall ensure that:

4. Initial medical exams are conducted in a timely manner.

5. Dental exams are conducted timely.

6. Initial medical exams are conducted as required per the Group Home contract.

PERSONNEL RECORDS

Based on our review of six staff files and/or documentation from the provider, Dubnoff Center Group Home fully complied with six of twelve elements reviewed in the area of Personnel Records.

A review of Personnel Records revealed that the staff met the educational and experience requirements. All staff received timely criminal clearances and Child Abuse Central Index (CACI) clearances. Also, staff signed criminal background statements and received initial health-screenings in a timely manner.

However, we found that three staff members did not have signed acknowledgements of having received the Group Home's policy prohibiting physical discipline as means of punishment. The Dubnoff Center Group Home submitted copies of the agency's policy prohibiting physical discipline of children as means of punishment which were signed by the three staff. Further, a staff member who had been employed for five weeks did not have a complete file readily available for the Monitor's review. Therefore, we could not ascertain if the Group Home had all the required documents. The administration was instructed to immediately submit evidence of the staff member's valid driver's license or statement declaring that the employee was not to transport children; evidence of having received training in the areas of CPR, First-Aid, and Pro Act emergency intervention training; and proof of all required training hours. Dubnoff Center Group Home's Administration indicated that the staff was no longer employed by the Agency.

Recommendations:

Dubnoff Center Group Home Management shall ensure that:

7. Employees have a valid driver's license.

8. Employees receive required initial training.

9. Employees sign copies of the Group Home policies and procedures.

10. Employees receive appropriate CPR training.

11. Employees receive appropriate First-Aid training.

12. Employees receive appropriate Emergency Intervention training.

PRIOR YEAR FOLLOW-UP FROM COMPLIANCE REPORT

Objective

Determine the status of the recommendations reported in the prior monitoring review.

Verification

We verified whether the outstanding recommendations from last compliance review of August 2009 which were provided in the report dated June 30, 2010 were implemented.

Results

The prior compliance report contained two outstanding recommendations, and Dubnoff Center Group Home management was to ensure that all identified areas were corrected. Dubnoff Center Group Home was to ensure that NSPs were complete and comprehensive including all required elements. Additionally, Dubnoff Center Group Home was to ensure that management encouraged and assisted children in creating and maintaining life books/photo albums. Based on our follow-up of these recommendations, Dubnoff Center Group Home fully implemented the recommendation related to encouraging and assisting children in creating and maintaining life books/photo albums. The recommendation to ensure that NSPs are complete and comprehensive including all required elements was not fully implemented.

Recommendation:

Dubnoff Center Group Home Management shall ensure that:

13. It fully implements the outstanding recommendation from the previous report dated June 30, 2010, which is noted in this report as recommendation 3.

Dubnoff Center
for Child Development

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N. Hollywood, CA 91606
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dubnoffcenter.org

Date: March 14, 2011

To: Dorothy Channel, CSA II

CC: Lilia Gonzalez, Group Home Monitor

From: Ed Dixon, Program Administrator

Subject: Group Home Contract and Compliance Review Corrective Action Plan

II. Facility & Environment

11. All screens have been replaced and the facility manager will inspect every 30 days to ensure there are no torn or missing screens. If so, they will be replaced within 48 hours. Program Administrator will supervise this process.

12. At the Clybourn site (T.B.) bed has new box springs and mattresses. All dressers are being replaced and the sliding doors have been repaired. Residents have been encouraged to place more age appropriate decorations on the wall so it will reflect a more home-like environment. Group home supervisor will be responsible for the maintenance of the environment.

III. Program Services

Program Administrator, will be assigned to review and ensure that updated Needs and Service Plans are comprehensive and the dates are accurate per Group home Contract Statement of Work Performance Measure 2.0 Division 6, Chapter 5, Section 84068-2(b-c0) and 84068 .3(3). Group Home Contract Statement of Work, Performance 3.1.

VI. Children's Health Related Services

To ensure that all initial medical and dental examinations are conducted in a timely manner. The Dubnoff Center nurse will schedule the initial appointments upon the resident's arrival. The appointments will be made and completed within the first 30 days. Once the appointment is made the nurse will notify residential department. The residential department will be responsible to transport the resident to his appointment. The nurse will be responsible for all documents and documentation. She will send the dates and times to the Program Designer who will ensure it is incorporated in the Needs and Service Plan. The Program Administrator will make sure that the process is completed.

IX. Personnel Records

1. Ms. Lakay Bullard/Balleia is no longer employed by Dubnoff Center as of December 28, 2010; (the documents requested will not be forwarded)

Mr. Brown and Mr. Littles have signed the No Corporal Punishment Policy and it will be attached to this CAP.

To ensure that those issues do not occur again the following CAP has been implemented. Human Resources will be responsible to ensure that all documents are signed upon hiring employees. I.e. No Corporal Punishment Policies, etc. Human Resources will also be responsible for ensuring that California Driver License is valid and in the Personnel folder at the time of hiring. The Administrative Assistant will review all personnel folders with the check list to ensure that all documents are present and current. The Program Administrator will be responsible for ensuring that all trainings are completed and done within the time frame as specific in the Title 22 Section 84065(1) (6) 84265.

Ed Dixon
Program Administrator

Dubnoff Center
for Child Development

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Date: March 14, 2011

To: Dorothy Channel, CSA II

CC: Lilia Gonzalez, Group Home Monitor

From: Ed Dixon, Program Administrator

Subject: Group Home Contract and Compliance Review

1x. Personnel Records

1. Ms. Lakay Bullard/Ballela is no longer employed by Dubnoff Center since December 28, 2010; (the documents will not be forwarded)

Mr. Brown and Mr. Littles have signed the No Corporal Punishment Policy and it will be attached to this CAP.

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Ed Dixon
Program Administrator