



PHILIP L. BROWNING  
Director

**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020  
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July 24, 2012

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

From: Philip L. Browning  
Director

Board of Supervisors  
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**FIVE ACRES 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 Five Acres Group Home (Five Acres) in August 2011, at which time they had one six-bed site and one 80-bed site. Fifty-six DCFS children were placed with the agency at that time; 36 were males and 20 were females.

Five Acres has two sites located in the Fifth Supervisorial District. Five Acres provides services to DCFS foster youth. According to Five Acres' program statement, its stated purpose is "to provide services to male and female court dependent seriously emotionally disturbed children." Five Acres is licensed to serve a capacity of 86 children, ages six through 18.

For the purpose of this review, seven placed children were interviewed, and their case files were reviewed. The placed children's overall average length of placement was 13 months, and the average age was 12. Three discharged children's files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Five staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Seven children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

*"To Enrich Lives Through Effective and Caring Services"*

## **SCOPE OF REVIEW**

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

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

## **SUMMARY**

Generally, interviewed children reported feeling safe at Five Acres. They also reported being provided with good care and appropriate services, being comfortable in their environment, and were treated with respect and dignity.

Our review revealed the need for Five Acres to develop comprehensive NSPs that meet all the required elements in accordance with the NSP template.

The Administrator was not in agreement with all the findings and recommendations. However, she was receptive to implementing systemic changes to improve compliance with State regulations and the County contract.

## **NOTABLE FINDING**

The following are the notable findings of our review:

- None of the seven initial NSPs and none of the six updated NSPs reviewed were comprehensive or met all the required elements in accordance with the NSP template.
- We specifically noted that some goals in the initial and updated NSPs were not correctly identified, were not individualized, or did not report on the feasibility of the child returning home. We also noted that some NSPs did not identify the child's educational needs, report on the child's participation in school activities or identify the children's visitation plans, and one NSP did not provide a health goal for a child that was overweight. Five Acres did, however, provide a diet and exercise program for the child.
- The Administrator was not in full agreement with our findings, but stated that they planned to ensure all required elements are appropriately documented in the NSP. Five Acres' representatives attended the NSP training in January 2012, and it is anticipated improvement will be made in this area.

A detailed report of our findings is attached.

### **EXIT CONFERENCE**

The following are highlights from the Exit Conference held September 15, 2011:

#### **In attendance:**

Joe Ford, Director of Residential Treatment; Donna LeCesne, Director of Milieu Services; Chinling Chen, Solita Group Home site Administrator; Missy Spragg, Director of Clinical Services; and Edward Preer, Monitor, DCFS OHCMD.

#### **Highlights:**

The Administrator was not in agreement with the findings and recommendations. The Out-of-Home Care Management Division conducted a Dispute Resolution Conference with Five Acres on September 27, 2011, and agreed to remove one finding, as Five Acres could not participate in school activities as one child was not attending school during summer break. All other findings were upheld. The Administrator stated that Five Acres planned to follow-up to ensure that the initial and updated NSPs are comprehensive.

Five Acres provided an approved Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report.

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

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

PLB:RRS:KR:  
EAH:PBG:ep

#### **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
- Elizabeth Gonzalez, Director of Residential Treatment Services, Five Acres GH
- Jean Chen, Regional Manager, Community Care Licensing
- Lenora Scott, Regional Manager, Community Care Licensing

**FIVE ACRES GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**Residential Treatment Center  
760 West Mountain View St.  
Altadena, CA 91001  
License Number: 191200236  
Rate Classification Level: 12**

**Solita Group Home  
1236 Solita Rd.  
Pasadena, CA 91103  
License Number: 191290123  
Rate Classification Level: 12**

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: August 2011</b>
I	<p><b><u>Licensure/Contract Requirements</u></b> (9 Elements)</p> <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Transportation</li> <li>3. Special Incident Reports</li> <li>4. Compliance with Licensed Capacity</li> <li>5. Disaster Drills Conducted &amp; Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Allowance Logs</li> <li>8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies</li> <li>9. Detailed Sign In/Out Logs for Placed Children</li> </ol>	Full Compliance (ALL)
II	<p><b><u>Facility and Environment</u></b> (6 Elements)</p> <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Areas Maintained</li> <li>3. Children's Bedrooms/Interior Maintained</li> <li>4. Sufficient Recreational Equipment</li> <li>5. Sufficient Educational Resources</li> <li>6. Adequate Perishable and Non Perishable Food</li> </ol>	Full Compliance (ALL)

<p>III</p>	<p><b><u>Maintenance of Required Documentation and Service Delivery</u></b> (13 Elements)</p> <ol style="list-style-type: none"> <li>1. Child Population Consistent with Program Statement</li> <li>2. DCFS CSW Authorization to Implement Needs and Services Plans (NSPs)</li> <li>3. Children's Participation in the Development of NSPs</li> <li>4. NSPs Implemented and Discussed with Staff</li> <li>5. Children Progressing Toward Meeting NSP Case Goals</li> <li>6. Development of Timely Initial NSPs</li> <li>7. Development of Comprehensive Initial NSPs</li> <li>8. Therapeutic Services Received</li> <li>9. Recommended Assessment/Evaluations Implemented</li> <li>10. DCFS CSWs Monthly Contacts Documented</li> <li>11. Children Assisted in Maintaining Important Relationship</li> <li>12. Development of Timely Updated NSPs</li> <li>13. Development of Comprehensive Updated NSPs</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Improvement Needed</li> <li>8. Full Compliance</li> <li>9. Full Compliance</li> <li>10. Full Compliance</li> <li>11. Full Compliance</li> <li>12. Full Compliance</li> <li>13. Improvement Needed</li> </ol>
<p>IV</p>	<p><b><u>Education and Workforce Readiness</u></b> (8 Elements)</p> <ol style="list-style-type: none"> <li>1. Children Enrolled in School Timely</li> <li>2. Children Attending School</li> <li>3. Children Facilitated in Meeting Educational Goals</li> <li>4. Children's Academic or Attendance Increase</li> <li>5. Current IEPs Maintained</li> <li>6. Current Report Cards Maintained</li> <li>7. YDS/Vocational Programs Opportunities Provided</li> <li>8. Group Home Encourage Children's Participation in Youth Development Services</li> </ol>	<p>Full Compliance (ALL)</p>
<p>V</p>	<p><b><u>Health And Medical Needs</u></b> (6 Elements)</p> <ol style="list-style-type: none"> <li>1. Initial Medical Exams Conducted</li> <li>2. Initial Medical Exams Timely</li> <li>3. Follow-Up Medical Exams Timely</li> <li>4. Initial Dental Exams Conducted</li> <li>5. Initial Dental Exams Timely</li> <li>6. Follow-Up Dental Exams Timely</li> </ol>	<p>Full Compliance (ALL)</p>

VI	<p><b><u>Psychotropic Medication</u></b> (2 Elements)</p> <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> </ol>	Full Compliance (ALL)
VII	<p><b><u>Personal Rights and Social/Emotional Well-being</u></b> (15 Elements)</p> <ol style="list-style-type: none"> <li>1. Children Informed of Group Home's Policies and Procedures</li> <li>2. Children Feel Safe</li> <li>3. Satisfaction with Meals and Snacks</li> <li>4. Staff Treatment of Children with Respect and Dignity</li> <li>5. Appropriate Rewards and Discipline System</li> <li>6. Fair Consequences</li> <li>7. Children Allowed Private Visits, Calls and Correspondence</li> <li>8. Children Free to Attend Religious Services/Activities</li> <li>9. Reasonable Chores</li> <li>10. Children Informed About Their Medication</li> <li>11. Children Aware of Right to Refuse Medication</li> <li>12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care</li> <li>13. Children Given Opportunities to Plan Activities</li> <li>14. Children Participate in Activities (GH, School, Community)</li> <li>15. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities</li> </ol>	Full Compliance (ALL)
VIII	<p><b><u>Personal Needs/Survival and Economic Well-being</u></b> (8 Elements)</p> <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity of Clothing Inventory</li> <li>3. Adequate Quality of Clothing Inventory</li> <li>4. Involvement in Selection of Clothing</li> <li>5. Provision of Ethnic Personal Care Items</li> <li>6. Minimum Monetary Allowances</li> <li>7. Management of Allowance/Earnings</li> <li>8. Encouragement and Assistance with Life Book</li> </ol>	Full Compliance (ALL)

IX	<p><b><u>Discharged Children</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children Discharged According to Permanency Plan</li> <li>2. Children Making Progress Toward NSP Goals</li> <li>3. Attempts to Stabilize Children's Placement</li> </ol>	Full Compliance (ALL)
X	<p><b><u>Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)</u></b> (14 Elements)</p> <ol style="list-style-type: none"> <li>1. DOJ Submitted Timely</li> <li>2. FBI Submitted Timely</li> <li>3. Child Abuse Central Index's Timely Submitted</li> <li>4. Signed Criminal Background Statement Timely</li> <li>5. Education/Experience Requirement</li> <li>6. Employee Health Screening Timely</li> <li>7. Valid Driver's License</li> <li>8. Signed Copies of GH Policies and Procedures</li> <li>9. Initial Training Documentation</li> <li>10. One-Hour Child Abuse and Reporting Training</li> <li>11. CPR Training Documentation</li> <li>12. First Aid Training Documentation</li> <li>13. On-going Training Documentation</li> <li>14. Emergency Intervention Training Documentation</li> </ol>	Full Compliance (ALL)

**FIVE ACRES GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW**

**Residential Treatment Center  
760 West Mountain View Street  
Altadena, CA 91001  
License Number: 191200236  
Rate Classification Level: 12**

**Solita Group Home  
1236 Solita Rd.  
Pasadena, CA 91103  
License Number: 191290123  
Rate Classification Level: 12**

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the August 2011 monitoring review.

**CONTRACTUAL COMPLIANCE**

Based on our review, Five Acres was in full compliance with 9 of 10 sections of our contract compliance review: Licensure/Contract Requirements; Facility and Environment; Education 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. The following report details the results of our review.

**MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY**

Based on our review of seven children's files and/or documentation from the provider, Five Acres fully complied with 11 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

The initial and updated NSPs were not comprehensive or did not include all the NSP required elements. Some of the goals in the initial and updated NSPs were not correctly identified, were not individualized, or did not report on the feasibility of the child returning home. Some NSPs did not identify the child's educational needs or report on the child's participation in school activities, while other NSPs did not identify visitation plans for the children. One NSP did not provide a health goal for a child that was overweight. The child was provided, however, with a diet and exercise program.

The Five Acres' Administrator and Social Workers attended the January 2012 NSP training conducted by the OHCMD. Five Acres' management planned to follow-up to ensure the development of NSPs which are comprehensive, include all the required elements in accordance with the NSP template, contain realistic goals, address identified concerns, and contain appropriately documented information.

**Recommendations:**

Five Acres' management shall ensure:

1. The treatment team develops comprehensive initial NSPs which address all required elements in accordance with the NSP template.
2. The treatment team develops comprehensive updated NSPs which address all required elements in accordance with the NSP template.

**FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW**

**Objective**

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

**Verification**

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued May 19, 2011.

**Results**

The OHCMD's prior monitoring report contained two outstanding recommendations. Specifically, Five Acres was to ensure the NSPs were comprehensive and the initial dental exams were timely. Based on our follow-up of these recommendations, Five Acres fully implemented one recommendation. Five Acres did not implement the recommendation regarding the development of comprehensive NSPs. As noted, corrective action was requested of Five Acres to further address the recommendations that had not been implemented.

**Recommendation:**

Five Acres' management shall ensure:

3. Full implementation of the outstanding recommendations from the 2011 monitoring report, which are noted in this report as Recommendations 1 and 2.

**MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER**

A current fiscal review of Five Acres has not been posted by the A-C.



October 24, 2011

Attention: Edward Preer  
Department of Children and Family Services  
Out of Home Care Management Division  
9320 Telestar Ave, Room #216  
El Monte, CA 91731

**RE: Five Acres Corrective Action Plan (CAP)**

Dear Mr. Preer:

This letter is in response to Five Acres Group Home Final Performance Review Results dated September 15, 2011, completed by Mr. Edward Preer. Five Acres Group Home was asked to submit a Corrective Action Plan to address the deficiencies.

**Final Monitoring Review Field Exit Summary – September 15, 2011:**

III. Maintenance of Required Documentation and Services Delivery

22/28 Did the Treatment Team develop comprehensive Initial Needs and Services Plans (NSP) with the child?

**Findings:** The Treatment Team did not develop comprehensive initial and updated Needs and Services Plans (NSP) with the children.

- ( [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED] ) NSP did not accurately report goals under the correct category (example: goal listed on the NSP was under the category of Independent Living Skills, but was really a behavioral goal)
- ( [REDACTED] ) NSP did not report visitation plan with Special Friend or Mentor
- ( [REDACTED]; [REDACTED]; [REDACTED] ) NSP did not report child and GH participation in school activities
- ( [REDACTED] ) NSP reflects goals all pertaining to the same problem
- ( [REDACTED]; [REDACTED]; [REDACTED]; [REDACTED] ) NSP did not label goal, plan, method on goals section
- ( [REDACTED] ) NSP listed visitation in the wrong section
- ( [REDACTED]; [REDACTED]; [REDACTED] ) NSP did not report visitation plan, instead stated "See 709"
- ( [REDACTED]; [REDACTED] ) NSP did not report educational needs, stating instead "See IEP"

**CAP:**

- Five Acres will accurately report goals under the correct category on all NSP documents
- Five Acres will accurately report client's visitation plan with a Special Friend and/or Mentor, specifically on those NSPs whereby the client does not have any visits with family/friends; In addition, Five Acres will ensure that the visitation section is completed accurately and documented in the correct section on the NSP document

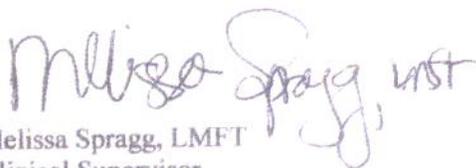
- Five Acres will document the child and GH participation in school-related activities on the NSP documents.
- Five Acres will clearly separate out the goals, ensuring that goals address different areas of treatment, and are clearly labeled with "Goal, Plan, Method"
- Five Acres will document accurately and thoroughly client's Visitation plan, as identified on the 709 Form, but will document this on the NSP document, rather than stating, "See 709"
- Five Acres will document accurately and thoroughly client's educational needs, per the IEP, on the NSP document, rather than stating, "See IEP"

**In Addition:**

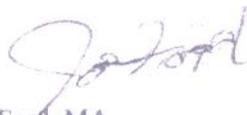
- Facility Clinicians (Melissa Spragg, Manuel Mercado, Chinling Chen, Max Ruiz, Monique Ambrester, Irene Garcia, Ivy Arvizo, Rachel Ward, Rita Elkaddoum, Evelio Franco, Thomas Richardson, Jeremy O'Brien, Crystal Howard, Chris Minassian, Candice Clayton) will attend LA County NSP Training, dated 1.6.12 and will attend second training in 2.6.12
- Group Home Administrator/Clinical Supervisor, Melissa Spragg, will review Facility Clinician's NSPs prior to submission to ensure standards are met

Please do not hesitate to contact me if you have any further questions.

Sincerely,



Melissa Spragg, LMFT  
Clinical Supervisor  
Five Acres  
(626) 798-6793, ext. 2269



Joe Ford, MA  
Director of Residential Treatment/Wraparound/RBS  
Five Acres  
(626) 798-6793, ext. 2268