County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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April 25, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

FRED JEFFERSON MEMORIAL HOME FOR BOYS GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of the Fred Jefferson Memorial Home for Boys Group Home (Fred Jefferson GH) in November 2010, at which time, they had two six-bed sites and 11 placed male DCFS children. The placed children's overall average length of placement was eight months, and the average age was 16.

Fred Jefferson GH is located in the 2nd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Fred Jefferson GH, its stated goal is "to provide adolescents in need of out-of-home placement with a safe and secure home to live in. We offer a program of services designed to meet individual needs. As appropriate, we will work with families toward re-unification. We coordinate our efforts to provide continuity and quality of programming." The Fred Jefferson GH is licensed to serve a capacity of 12 children, ages 13 through 17.

For purposes of this review, eight placed children were interviewed and their case files were reviewed. Three children did not make themselves available to be interviewed but their case files were reviewed. Ten staff files were reviewed for compliance with Title 22 regulations and contract requirements.

There was one child on psychotropic medication. We reviewed his case file to assess the timeliness of psychotropic medication authorizations; to confirm that the medication logs documented correct dosages, and that correct dosages were being administered as prescribed.

We also conducted a follow-up review in September 2011 to determine the status of our prior findings at which time we reviewed two children's case files.

SCOPE OF REVIEW

The purpose of the review was to assess Fred Jefferson GH's compliance with the contract and State regulations. The visit included a review of Fred Jefferson GH program statement, administrative internal policies and procedures, all placed children's case files, and a random sampling of personnel files. Visits were made to the facilities to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

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

SUMMARY

Generally, Fred Jefferson GH was providing adequate care to the DCFS placed children, and the services were provided as outlined in their program statement. The children interviewed stated that the staff treated them with respect and dignity and services were made available to them. The direct care staff stated that the needs of the children were met in a timely fashion by the administrative staff.

At the time of the review, the GH needed to address several physical plant deficiencies, none of which posed a safety hazard to any placed children. In addition, the GH needed to develop comprehensive Needs and Service Plans (NSPs), ensure goals are updated and modified, and the DCFS Children's Social Workers' (CSWs) authorizations of the implementation of the NSPs are documented.

NOTABLE FINDINGS

The following are the notable findings of our review:

- The NSPs were not comprehensive and did not include all elements; many of the goals were not updated and modified.

- One out of the 10 NSPs reviewed, one was not approved by the DCFS CSW for implementation.

The GH representative expressed concern regarding the missing information in the NSPs, and stated that she would make the necessary adjustments.

During the follow-up review, two NSPs reviewed were not comprehensive. NSPs goals needed to be updated and modified. The NSPs reviewed had been authorized by the

DCFS CSW for implementation. Representatives from Fred Jefferson GH attended the NSPs training provided by OHCMD in January 2012.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held April 25, 2011:

In attendance:

Cecelia Jefferson-Freeman, Ph.D., Executive Director, Fred Jefferson Memorial Home and Greta F. Walters, Monitor, DCFS, OHCMD.

Highlights:

The Executive Director expressed an understanding of the findings and recommendations.

As agreed, Fred Jefferson GH provided an approved written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess the recommendations for full implementation 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:RS:KR
EAH:gfw:sn

Attachment

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
Bonita Dent, Chairperson, Board of Directors, Fred Jefferson Memorial Home
Cecelia Jefferson-Freeman, Executive Director, Fred Jefferson Memorial Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

Fred Jefferson Memorial Home for Boys Group Home
CONTRACT COMPLIANCE MONITORING REVIEW – SUMMARY

Fred Jefferson Memorial Home #1
1000 West 152nd Street
Compton, California 90220
License Number: 1982000050
Rate Classification Level: 10

Fred Jefferson Memorial Home #2
1448 East 142nd Street
Compton, CA 90220
License Number: 198206276
Rate Classification Level: 10

	Contract Compliance Monitoring Review	**Findings: November 2010**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. Special Incident Reports 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Log 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. Improvement Needed 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 Individual Education Plans 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 Psychotropic 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	Full Compliance (All)
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	**Children's Clothing and Allowance** (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 Allowances 8. Encouragement and Assistance with Life Book	Full Compliance (All)
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's 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	Full Compliance (All)

FRED JEFFERSON MEMORIAL HOME FOR BOYS PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

Fred Jefferson Memorial Home #1
1000 West 152nd Street
Compton, California 90220
License Number: 1982000050
Rate Classification Level: 10

Fred Jefferson Memorial Home #2
1448 East 142nd Street
Compton, CA 90220
License Number: 198206276
Rate Classification Level: 10

The following report is based on a "point in time" monitoring visit and is only intended to report on findings noted during the November 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 11 children's files and ten staff files and/or documentation from the provider, Fred Jefferson GH was in full compliance with seven out of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Educational and Emancipation Requirements; Recreation and Activities Requirements; Children's Health Related-Services; including Psychotropic Medication; Personal Rights Requirements; Clothing and Allowance; and Personnel Records requirements. The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review of Fred Jefferson GH's two sites and interviews with ten children, Fred Jefferson GH fully complied with four of the six elements in the area of Facility and Environment.

The GH maintained age-appropriate and accessible recreational equipment and on-site educational resources; maintained a sufficient supply of perishable and non-perishable foods. Further, the exterior of the Compton Sites were adequately maintained, and the interior of both sites were neat and orderly.

At the Compton #1 Site, there was insufficient lighting in the bathroom and the phone room chair was damaged. At the Compton #2 Site, the kitchen floor was damaged and the sink and cabinets were dirty, the bathtub in the bathroom was dirty, and the hallway heater vent was dirty.

The children's bedrooms were not well maintained as some of the bedrooms were messy. At Compton #1 Site, there was gang writing in the bedrooms and the bed pillows were worn. At Compton #2 Site, the bedroom walls and carpet throughout the bedrooms were dirty, and the bed linens, pillows and mattresses were worn. In bedroom #1, there was insufficient lighting. In bedroom #3, the paint was peeling off of the ceiling. The Executive Director stated that she would address all findings with the GH staff members and make the needed improvements.

Recommendation:

Fred Jefferson Memorial Home management shall ensure that:

1. The GH Sites are maintained and in good repair in accordance with Title 22 regulations.

During the follow-up review, there was no sign of gang writing on any walls and the GH purchased new pillows, new bed linen and new mattresses. The carpet and bedroom walls were clean. The lighting in all bedrooms was sufficient and the walls had been painted.

PROGRAM SERVICES

Based on our review of the ten children's case files, Fred Jefferson GH fully complied with six out of the eight elements reviewed in the area of Program Services.

We noted placed children met the GH population criteria as outlined in their program statement, and were assessed for needed services within thirty days of placement.

Based on our review, we found the Needs and Services Plans (NSPs) included input from the children. However, one of the reviewed NSPs was not approved by the DCFS CSW for implementation. The NSPs goals were not comprehensive; the goals were not measurable, attainable or realistic and many of the goals had not been modified. The Executive Director stated that the GH's Clinical Director would be retrained on comprehensive NSPs.

Recommendations:

Fred Jefferson GH management shall ensure that:

2. NSPs are comprehensive including all required elements.

3. Documentation is maintained and that DCFS CSWs approve the implementation of the NSPs.

During the follow-up review, Fred Jefferson GH had received the CSWs authorization to implement NSPs; however, the NSPs reviewed were not comprehensive as the goals were not updated or modified. Fred Jefferson Memorial representatives attended the NSP training conducted by OHCMD in January 2012.

FOLLOW-UP FROM 2009 OHCMD MONITORING REPORT

Objective

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

Verification

We verified whether the outstanding recommendations from the monitoring review were implemented. The report was issued on September 3, 2010.

Results

The OHCMD's prior monitoring report contained four outstanding recommendations. Specifically, Fred Jefferson GH was to maintain the facility in good condition in compliance with the Title 22 regulations; develop comprehensive NSPs with all required elements; maintain documentation that the DCFS CSWs approved the implementation of the NSPs and ensure that the monthly contacts with the DCFS CSWs were adequately documented. The GH Staff was to ensure that all children's dental exams were completed in a timely manner. In addition, the GH was to encourage and assist children in creating and updating photo albums/life books. Based on our follow-up of these recommendations, all recommendations were not fully implemented. Corrective action was requested of Fred Jefferson GH to further address these findings.

Recommendation:

Fred Jefferson Memorial Home management shall ensure that:

4. They implement the four outstanding recommendations from the September 3, 2010 monitoring report, which are noted in this report as Recommendations 1, 2, 3 and 4.

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

The A-C conducted a fiscal review and issued a report dated March 6, 2007. A summary of findings states that the A-C questioned a $358,606 loan of program funds made to Freeman Enrichment Center; a private school operated by the Agency's management and identified $8,889 in unallowable costs. Fred Jefferson GH submitted a fiscal CAP, which was monitored by the Fiscal Monitoring Section who confirmed that Fred Jefferson GH made full restitution on April 12, 2010.

Fred Jefferson Memorial Homes For Boys
152 W. Walnut St. Suite 150
Gardena, California 90248

Phone # (310) 763-1660 Fax # (310) 763-0357

June 24, 2011

Dorothy Channel, Manager
Department of Children and Family Services
Out of Home Care Management Division
9323 Telestar Avenue Suite 216
El Monte, California 91731

Dear Ms. Channel,

Please find attached the CAP for Compliance Review for the Fred Jefferson Memorial Homes For Boys .

If you need additional information please feel free to call me at 310.763.1660.

Respectfully,

Cecilia Jefferson Freeman, Ph.D.
Chief Executive Officer

Where Children Come First!

COMPLIANCE CORRECTIVE ACTION PLAN

II. Facility and Environment

11. Are common quarters well maintained?
The facility manager and the child care workers will ensure that common quarters are clean and well maintained. The named staff will document in the logs at the end of each shift that common quarters are cleaned. Kitchen cabinets and sink will be cleaned on a daily basis and documented at the end of each shift. The carpet will be replaced by June 30, 2011. In the bathroom sufficient lighting will be installed and the bath tub will be cleaned after each use. The floor tile will be replaced in the kitchen by June 30, 2011. The administrator will ensure that this cap is implemented and monitored.

12. Are children's bedrooms well maintained?
The administrator will ensure that all worn mattresses, linens and bed pillows be replaced. Dirty carpet will be replaced. Painting has been done. Trash can will be replaced. Dresser and mirror will be replaced. Sufficient lighting will be installed in each bedroom. All repairs will be done by June 30, 2011. The CEO will ensure that the CAP is implemented and maintained.

III. Program Services

22. The social worker and therapist will ensure that NSP's goals are comprehensive, measurable, realistic, and attainable. The goals will be developed with each resident. The clinical director will monitor and ensure the CAP is implemented and maintained. Dr. Judy Lafferty will be re-trained on NSP's by the FFA social work supervisor. The training will include but not be limited to measureable goals as well as reachable goals. The goals will be set with each resident. Training will also include modifying goals as needed. The clinical director will ensure CAP is implemented.

Respectfully Submitted,

Cecilia Jefferson Freeman, Ph.D.