County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 25, 2013

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

From: Philip L. Browning, Director

GARCES RESIDENTIAL CARE SERVICES 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 Garces Residential Care Services (the Group Home) in March 2013. The Group Home has one site located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to provide services to court dependent developmentally disabled children."

The Group Home has one six-bed site and is licensed to serve a capacity of six boys, ages 7 through 18. At the time of review, the Group Home served six placed DCFS children. The placed children's overall average length of placement was 16 months, and their average age was 15.

SUMMARY

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

The Group Home was in full compliance with 7 of 10 areas of our contract compliance review: 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/Social and Economic Well-Being; and Discharged Children.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to untimely submission of Special Incident Reports and the vehicle used to transport the children had a

cracked windshield; Facility and Environment, related to the interior and the exterior of the group home requiring repairs; and Personnel Records, related to a staff member having been hired prior to obtaining the required medical clearance.

REVIEW OF REPORT

On April 8, 2013, DCFS OHCMD Monitor, Mary Espinoza, held an Exit Conference with the Group Home representative, David Cuevas, Administrator. The Group Home representative: agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

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

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

PLB:EM:KR
RDS:PBG:me

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy L. Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Carlos Garces, Executive Director, Garces Residential Care Services
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

GARCES RESIDENTIAL CARE SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY
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 March 2013 review. The purpose of this review was to assess Garces Residential Care Services' (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 were selected for the sample. The Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, two discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of review, one placed child was prescribed psychotropic medication. OHCMD reviewed the child's case file to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following three areas out of compliance.

Licensure/Contract Requirements

- Four of nine Special Incident Reports (SIRs) were not submitted in a timely manner. One SIR was submitted four days late, and three SIRs were submitted two days late. In an effort to ensure compliance with the timely reporting of SIRs, the Group Home Administrator attended training provided by a contracted trainer on March 22, 2013. Additionally, on May 9, 2013, the Group Home Administrator provided SIR training to the Group Home staff responsible for

submitting SIRs. Verification of training was submitted to OHCMD. During the Exit Conference, the Executive Director informed OHCMD that the Group Home Administrator will be responsible for ensuring SIRs are submitted in a timely manner.

- The group home vehicle in which children are transported had a cracked windshield. The Group Home Administrator immediately had the windshield replaced and submitted photographs of the repair. OHCMD verified the repair during a follow-up visit.

Recommendations

The Group Home's management shall ensure that:

1. SIRs are submitted timely.

2. The vehicle in which children are transported is maintained in good repair.

FACILITY AND ENVIRONMENT

- It was noted that a patch of dirt in the backyard was not level with the cement and surrounding grass. There were also loose wires hanging from the exterior wall on the side of the group home. These findings presented potential safety hazards. The Group Home Administrator was present during the inspection of the grounds and was immediately informed of the deficiencies. The dirt patch in the backyard was repaired; the dirt was leveled and cement was applied. The hanging wires were secured to the wall of the group home. OHCMD verified the repairs during a follow-up visit.

- A walk-through of the facility revealed that the hard-wired fire alarm/smoke detectors were not operable; however, there were battery-operated smoke detectors in other areas of the home that were working. It was also noted there was no carbon monoxide detector in the home. In addition, lighting in the common areas, including the restroom, was poor; light bulbs were missing from the sockets, or some light bulbs were burned out and needed to be replaced. The sofas in the living room were worn and sunken in; there were tears in the upholstery. A kitchen drawer was broken and could not be opened. The cover to the heater/air-conditioning vent was loose and the paint was chipping.

  The Group Home Administrator was present during the walk through of the facility; these findings were immediately brought to his attention. The hard-wired detectors were replaced with battery operated smoke detectors. A carbon monoxide detector was purchased and installed. The Administrator explained that the children complained about the intensity of the lighting and heat emitted from light fixtures requiring multiple bulbs, such as the one in the restroom and the one above the dining table. Missing or burned out light bulbs were replaced and lower wattage bulbs were purchased for light fixtures requiring multiple light bulbs. A new sofa set was purchased, and the kitchen drawer was repaired. The vent cover was repainted and properly secured to the wall. OHCMD verified the repairs during a follow-up visit.

- The children's bedrooms were not well maintained. All the beds were missing mattress covers. Pillows were stained and needed to be replaced. Several of the linoleum floor tiles in one bedroom were chipped and had holes. The lighting in the bedrooms was poor; light bulbs were missing from the sockets or some light bulbs were burned out and needed to be replaced. The threshold between the master bedroom and the master restroom required repair, as the tile in the restroom was higher than the flooring in the bedroom; edges of the tile were exposed and sharp.

  The Administrator explained that the children preferred dim lighting and often closed the blinds in the bedrooms. He added that the children also complained about the intensity of the lighting and heat emitted from light fixtures requiring multiple bulbs, such as the ones located in the dining room and restrooms.

  The Group Home immediately addressed the deficiencies. OHCMD verified the repairs during a follow-up visit. The Group Home also provided OHCMD with verification that new flooring had been installed in all the bedrooms.

- Although there was a variety of recreational equipment available for the children's use, a computer was not readily accessible to the children for completion of school assignments, as the computer was located in the staff office. When this finding was discussed with the Administrator, he explained that the Group Home did allow the children to use the computer in the staff office and that the children were also regularly transported to the local library and were permitted to use the computers there. During the Exit Conference, the Administrator informed OHCMD that a computer will be purchased for the children by July 31, 2013, and it will be placed in the activity room where it will be more accessible to the children. OHCMD verified the purchase and installation of a new computer for the children's use.

Recommendations

The Group Home's management shall ensure that:

3. The exterior of the home is maintained and free from potential safety hazards.

4. Common areas are well maintained.

5. Children's bedrooms are well maintained.

6. There are sufficient educational resources available for the children's use.

PERSONNEL RECORDS

- One employee's medical clearance was not conducted timely. The employee started working at the Group Home on July 15, 2008, before obtaining medical clearance; the employee completed his physical examination on July 17, 2008. When the Administrator was informed of the finding, he stated that in the future employees will not be permitted to begin working until their health screening and other clearances have been completed.

Recommendation

The Group Home's management shall ensure that:

7. All employees complete their medical screenings and obtain clearance prior to their date of hire.

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

The OHCMD's last compliance report dated October 13, 2012 identified three recommendations.

Results

Based on our follow-up, the Group Home fully implemented all three recommendations for which they were to ensure:

- Compliance with Title 22 Regulations and the County contract requirements,
- The treatment team develops comprehensive initial NSPs, and
- The treatment team is to develop comprehensive updated NSPs.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller conducted a fiscal review of the Group Home for the period January 1, 2008 to December 31, 2008. The fiscal report, dated November 30, 2010, identified $2,587 in unallowable costs and $76,042 in unsupported/inadequately supported costs. The Group Home submitted a fiscal Corrective Action Plan and signed an agreement to repay the unallowable and questionable costs. The DCFS Fiscal Monitoring and Special Payments Section informed OHCMD that the Group Home is current on its payments.

GARCES RESIDENTIAL CARE SERVICES GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2243 N. Mountain Avenue
Claremont, CA 91711
License # 197803661
Rate Level Classification: 12

	Contract Compliance Monitoring Review	**Findings: March 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	Full Compliance (ALL)
	2. County Children Social Worker's Authorization to Implement NSPs	
	3. NSPs Implemented and Discussed with Staff	
	4. Children Progressing Toward Meeting NSP Case Goals	
	5. Therapeutic Services Received	
	6. Recommended Assessment/Evaluations Implemented	
	7. County Children Social 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	
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	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
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 10. Children Informed About Their Medication and Right to Refuse Medication	Full Compliance (ALL)

	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	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

Bright Horizon Group Home

2243N. Mountain C.A. 91711

County of Los Angeles
Department of Children and Family Services
OHCMD
9320 Telstar Ave Suite #206
El Monte, Ca 91731
Attn: Patricia Bolanos-Gonzalez/ Mary Espinoza

July 30, 2013

RE: CAP Addendum

GRCS is providing OHCMD with a Corrective Action Plan (CAP) Addendum as requested regarding the findings revealed during the monitoring of our facility.

I. License Contract Requirement

A. Findings: All SIR (Special Incident Reports) must be submitted to the proper reporting agencies within the 24 hours of occurrence.

CAP:

- The Administrator will ensure to follow SIR guidelines and time frames to report incidents.
- The Administrator will conduct SIR training every six months to keep staff up to date of changes to regulations and DCFS requirements.
- The Administrator will be responsible for implementing this CAP.

II. Facility and Environment

Findings: Some areas of the home both outside and inside of home needed repair.

The following items have been repaired, installed or provided inside the home.

- (1) Facility did not have carbon monoxide detector new one was purchase and installed in hall way of home.
- (2) Old bedding covers and pillows were replaced with new ones for all clients.
- (3) Air vent next to air condition unit was repainted and safety secured back to place.
- (4) Non functional smoke detector has been replaced with battery operated smoke detector in bedroom #3.
- (5) Burned out light bulb in dining room has been replaced.
- (6) Bathroom light bulbs in bathroom were replaced all functional and working.
- (7) Broken down kitchen drawer was fixed and replaced.
- (8) Bedroom #1 had a worn out electrical outlet that was replaced and tested.
- (9) A transitional molding was placed along the bathroom threshold that leads to the master bedroom to ensure a safe floor.

- (10) New couches were purchase to replace old ones.
- (11) New flooring will be installed to all the bedrooms of the home. Expected completion date for this will be August 16, 2013.
- (12) Group home will Purchase a second computer that will be located in the activity room for clients to use as needed. Computer will be purchase by July 31, 2013.

The following items have been repaired, provided or removed from outside the home.

- (13) Loose T.V. cable wires that belong to a satellite dish had become loose. Contactor was hired to climb roof and inspect area to ensure there was no further safety concerns. After inspection problem was apparent and repairs soon began. Contractor realigned cable line and safely re-clamped using nails that were secured to the frame of the house.
- (14) Small dirt gap in back yard was filled in with cement; contractor was hired to do the job.

CAP:

- The Program Manager will conduct a physical plant walk through every day to document items for repair and maintenance.
- The PM will then document findings in the facility maintenance log.
- The Administrator will then review the log on a weekly basis and commence arranging for the repairs to be addressed.
- Then ADM will then submit for required monies if needed for major repairs.
- For minor repairs funds will be drawn from the petty cash kept at the facility.
- The PM will have all repairs requiring immediate attention completed as soon as possible.
- ADM will document completion dates in the log and have the log readily available upon request.
- Vehicle windshield was replaced, to ensure proper maintenance of the vehicle daily inspections will be conducted by program manager. Any repairs that are needed will be document and address on a timely manner.

III. Personnel records

A. Findings: Health screening needs to be completed according to the hiring requirements per Title 22 Regulations Sections 80066 (a) 10) and 80065 (g) (1)

CAP:

- The Administrator will ensure that all possible candidates have acquired proper health screening before applying to position.

- Title 22 Regulations and requirements regarding health screening will be reviewed and implement in any future hiring at Garces Residential.

Respectfully,

David Cuevas