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DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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August 31, 2010

To: Supervisor Gloria Molina, Chair
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From: Patricia S. Ploehn, LCSW
Director

HATHAWAY-SYCAMORES 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.

Hathaway-Sycamores Group Home is located in the Fifth Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth and Probation youth. The agency is licensed to serve a capacity of 48 children, ages 10 through 17, and per its program statement, its goal is to "transition resourceful, responsible and resilient youths back to their family and community."

The Out-of-Home Care Management Division (OHCMD) conducted a review of Hathaway-Sycamores Group Home in November 2009, at which time there was one 48-bed site with 13 DCFS placed children. All 13 children were males. For the purpose of the review, ten placed children were interviewed and their case files reviewed. The children's average overall length of placement was nine months, and the average age was 15. Fifteen staff files were reviewed for compliance with Title 22 regulations and contract requirements.

All 13 DCFS placed children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that the medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Hathaway-Sycamores Group Home's compliance with the contract and State regulations. The visit included a review of Hathaway-Sycamores Group Home's program statement, internal administrative policies and procedures, 13 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 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, Hathaway-Sycamores Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in its program statement. Overall, the children interviewed were satisfied with the services they were receiving and the care provided by the staff.

At the time of the review, the Group Home needed to maintain comprehensive allowance logs and address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Needs and Services Plans (NSPs) were not comprehensive, and the Group Home needed to obtain Children Social Worker (CSW) approval to implement initial NSPs and appropriately document monthly contacts with CSWs.

Further, the Group Home needed to ensure that all children had current court authorizations for all psychotropic medications and ensure that all children felt safe in the Group Home. Additionally, the Group Home needed to provide all children with adequate quantities of clothing and opportunities to shop and select their own clothes. Still further, the Group Home needed to encourage all children to create and maintain a life book/photo album.

With regard to other requirements, the Group Home needed to ensure that all staff had current signed criminal background statements, timely health screenings and required trainings.

The Residential Director expressed an understanding of each of the findings.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 31 initial and updated NSPs reviewed, 26 were not comprehensive as some of the required elements were not completed in accordance with the NSP template. Some lacked documentation of attempts to obtain CSW approval for implementation of the NSPs, clear methods for children to obtain identified goals, and appropriate documentation of the Group Home contacts with CSWs.

- One of the thirteen children taking psychotropic medications had no current, approved psychotropic medication authorization for the psychotropic medications he was receiving.

- Nine out of ten reviewed children reported that they felt safe in the Group Home and were provided with appropriate staff supervision. However, one child reported that he had been physically abused by one staff and did not feel safe around him. This was immediately brought to the Residential Director's attention, and OHCMD made a referral to the Child Protection Hotline. The DCFS investigation of the referral deemed the allegation of physical abuse to be "unfounded."

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on January 5, 2010:

In attendance:

Shawn Bettencourt, Residential Director, Hathaway-Sycamores Group Home and Donald Luther, Monitor, Out-of-Home Care Management Division, DCFS.

Highlights:

The Residential Director indicated that obtaining a copy of the review instruments was very helpful as it provided information on the scope of the review.

As agreed, Hathaway-Sycamores Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

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 recommendations.

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

PSP:LP:MG
EAH:DC:dl

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Donald H. Blevins, Chief Probation Officer
Sybil Brand Commission
Henry Matson, Chairman of the Board, Hathaway-Sycamores Children and Family Services
William Martone, Executive Director, Hathaway-Sycamores Children and Family Services
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

HATHAWAY-SYCAMORES GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

Hathaway-Sycamores Group Home
2933 North El Nido Drive
Altadena, California 91001
License Number: 197804907
Rate Classification Level: 14

The following report is based on a "point in time" monitoring visit in November 2009 and addresses findings noted during the review.

CONTRACTUAL COMPLIANCE

Based on our review of ten children's files and fifteen staff files, Hathaway-Sycamores Group Home was in full compliance with two of nine sections of our Contract Compliance Monitoring Review: Educational and Emancipation Services, and Recreation and Activities. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of all placed children's case files and documentation from the provider, Hathaway-Sycamores Group Home fully complied with seven of eight elements reviewed. A ninth element regarding relocation of a child to a new group home site was not applicable (N/A) as this was a one site group home. The Group Home utilized all available resources to stabilize a child's placement prior to requesting removal. Transportation was provided to meet the children's needs as necessary. Special Incident Reports were appropriately documented and cross-reported, and the capacity was maintained in compliance with the agency's license. Disaster drills were conducted at least every six months, and logs were appropriately maintained. The Group Home maintained runaway procedures in accordance with its approved contract. While appropriate and comprehensive formats for Clothing and Personal Allowance logs were used, not all children signed for their allowances.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

1. Children sign for their allowances.

PROGRAM SERVICES

Based on our review of ten children's case files and documentation from the provider, Hathaway-Sycamores Group Home fully complied with five out 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 the approved program statement and were assessed for needed services within thirty days of placement.

Based on our review, we found that some members of the treatment team did not develop and implement the Needs and Services Plans (NSPs) with input from the child, a finding that was noted in the A-C's prior year review. The initial NSPs for three of the ten reviewed case files had no documentation of the DCFS Children's Social Worker's (CSW) approval of the NSPs or efforts to obtain CSWs' signatures to implement the NSPs. Although the Residential Director indicated that the Group Home maintained monthly contact with DCFS CSWs, seven required case files lacked appropriate documentation of those contacts in the updated NSPs. Three children had not been placed long enough to require updated NSPs. The NSPs did include specific and measureable treatment goals as they relate to permanency and life skills. However, three of the ten reviewed case files did not define how the child was to obtain the goals. The updated NSPs for seven children had documentation of specific information regarding visits such as the dates of visits, who the child visited, how the visit went, and the transportation arrangement. One of the ten reviewed case files did not have NSPs that contained a visitation plan.

The ten reviewed children were receiving recommended treatment services based on their NSPs and psychological assessments/evaluations.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

2. All NSPs are comprehensive and include CSW approval of their implementation; and appropriate documentation of visitation plans, specific and clear goals, and specific monthly contacts with CSWs.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review and interviews with ten children, Hathaway-Sycamores Group Home fully complied with three of six elements in the area of Facility and Environment.

The Group Home is located in a residential community, and the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped. However, two window screens from the Hunter unit "A" Hall dayroom windows and one screen from "B" Hall office window were missing.

Overall, the common quarters were maintained and clean. There was adequate furniture, lighting, and storage space. However, the main dining room carpet was dirty, stained and worn, a finding that was noted in the A-C's prior year review. Padding on a

wall in the time-out room in Hunter unit "B" Hall was missing. Also, the left rear burner on the stove in Hunter "B" Hall was not working. This was another finding that was noted in the A-C's prior year review.

Children's bedrooms were well maintained. The rooms were clean and orderly and had appropriate personalized decorations. However, one child's bulletin board was marked with profanity and graffiti, a finding that was noted in the A-C's prior year review. There was adequate furniture, lighting, and storage space. Window coverings were in good repair. The mattresses were comfortable and the children's sleeping arrangements were appropriate. However, nine of the 37 beds did not have full complements of linen.

There were board games, TVs and DVD players. Books and resource materials, including computers with a variety of programs, were also available. The Group Home maintained age-appropriate and accessible recreational equipment.

Recommendations:

Hathaway-Sycamores Group Home management shall ensure that:

3. The Group Home is well maintained, including replacement of missing window screens, proper maintenance of carpeting, replacement of missing time-out room wall padding, and repair of appliances.

4. All bedrooms are properly maintained, timely repaired, and all beds have a full complement of linen.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on interviews with the ten children and review of their case files, Hathaway-Sycamores Group Home fully complied with all four elements in the area of Educational and Emancipation Services.

Recommendation:

None

RECREATION AND ACTIVITIES

Based on interviews with the ten children and review of their case files, Hathaway-Sycamores Group Home fully complied with all three elements in the area of Recreation and Activities.

Recommendation:

None

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our interviews with the ten children, review of their case files, and documentation from the provider, Hathaway-Sycamores Group Home fully complied with eight of nine elements in the area of Children's Health Related Services, including Psychotropic Medication. .

The Group Home had ensured that all children's initial and follow-up physical and dental examinations were conducted in a timely manner.

There was a current psychiatric evaluation/review for each child on psychotropic medication, and children were routinely seen by the prescribing psychiatrist. All children were aware of their right to refuse medication. Twelve of the 13 children taking psychotropic medications had current approved psychotropic medication authorizations. However, one child has no current approved psychotropic medication authorization for the Diphenhydramine (Benadryl) he was taking for insomnia and Cogentin he had been prescribed on a PRN basis. It was brought to the attention of the Residential Director during the exit conference that when Diphenhydramine is used to aid with insomnia it is categorized as a psychotropic medication. He indicated that he would advise the nursing personnel. In response, the Vice President of Residential Services indicated that one child has a PRN for Diphenhydramine which is used at times to help the child sleep. Further, having a PRN and using this for sleep as prescribed by the psychiatrist was a standard practice and Hathaway-Sycamores had never gotten a Psychotropic Medication Authorization for this. In addition, the nurse stated they obtained a Psychotropic Medication Authorization if what was being prescribed was a psychotropic relaxer but that this medication is not psychotropic. The Cogentin was not addressed in the response.

The OHCMD monitor consulted with Dr. Creceluis at Juvenile Court Mental Health Services who confirmed that Diphenhydramine, when used for insomnia, and Cogentin, whether administered as a PRN or not, require Psychotropic Medication Authorization.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

5. Current court authorizations are obtained and maintained for the psychotropic medication that each child is receiving.

PERSONAL RIGHTS

Based on our review of ten children's case files and interviews with the ten children, Hathaway-Sycamores Group Home fully complied with ten out of 11 elements in the area of Personal Rights.

All ten children reported that their assigned chores were reasonable and not too demanding. They also reported that they were allowed to make and receive personal telephone calls, send and receive unopened mail, and have private visitors. They

reported that they had the opportunity to attend the religious services of their choice. They reported satisfaction with meals and snacks and that they received requested medical, dental, and psychiatric care. All ten children expressed satisfaction with the quality of their interactions with staff and reported that the staff members treated them with respect and dignity. They also reported that they were given information about the Group Home's policies and procedures regarding discipline, personal rights, house rules, and children's complaint grievance procedures.

Nine out of ten reviewed children reported that they felt safe in the Group Home and were provided with appropriate staff supervision. However, one child reported that he had been physically abused by one staff and did not feel safe around him. This was immediately brought to the Residential Director's attention, and OHCMD made a referral to the Child Protection Hotline. The DCFS investigation of the referral deemed the allegation of physical abuse to be "unfounded."

All ten reviewed children reported that the discipline policies were consistently enforced and that there were fair and appropriate consequences for inappropriate behavior.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

6. All children are safe and feel safe in the Group Home and that staff receive on-going training on appropriate and positive discipline techniques.

CLOTHING AND ALLOWANCE

Based on our interviews with the ten children and review of their case files, Hathaway-Sycamores Group Home fully complied with five of eight elements in the area of Clothing and Allowance.

The Group Home provided appropriate clothing, items of necessity, and the required $50 monthly clothing allowance to children. Clothing provided to children was of good quality. However, one child reported that he did not have a sufficient quantity of clothing. Based on the length of placement and clothing inventory, he was in need of additional outfits, slippers, and jacket. The child further reported that he had not been provided the opportunity to shop in the community and select his own clothing since being placed in the Group Home. These issues were brought to the attention of the Residential Director during the review and exit conference. The response provided by the Vice President of Residential Services indicated that it was Hathaway-Sycamores' understanding that the monitor had looked and confirmed that there was adequate clothing. Further, Hathaway-Sycamores' response expressed concern that the OHCMD monitor based these findings solely on the child's report. The Residential Director expressed concern that the clothing was found insufficient for one child. However, upon conversation with the OHCMD monitor, he understood the finding. The OHCMD monitor and Residential Director observed clothes that appeared in good condition in the child's room. The monitor requested a current inventory of clothing from the Residential Director and based the lack of sufficient clothing on what Hathaway-Sycamores provided from the review. The findings were confirmed based on the review of clothing allowance logs, receipts, and clothing inventories.

All ten reviewed children reported that the Group Home provided them with the required minimum weekly monetary allowance and that they spent their allowances as they chose.

The Group Home provided children with adequate personal care items. However, all children were not encouraged or assisted in creating and maintaining life books/photo albums. One child reported that he had not been provided a life book/photo album or encouraged to maintain a life book/photo album. Further, during the review and exit conference, the monitor discussed this with the Residential Director. The response from the Vice President of Residential Services expressed concern that the OHCMD monitor based the finding solely on what the child reported. The Residential Director's response dated June 11, 2010, to the Compliance Report draft stated, "It was our understanding that at the time when the Residential Director discussed the procedures regarding the life book and showed the life book for that child that that was sufficient." No documentation was provided to the OHCMD monitor that the child had a life book. The Residential Director felt that the life book had been produced for the OHCMD monitor. However, upon discussion with the monitor, he understood that there was no documentation that the child had a life book that belonged to him.

Recommendations:

Hathaway-Sycamores Group Home management shall ensure that:

7. All children are provided with required clothing items.

8. All children are provided with the opportunity to shop in the community and select their own clothes.

9. All children are encouraged and assisted in creating and maintaining photo albums/life books.

PERSONNEL RECORDS

Based on our review of 15 staff personnel files and documentation from the provider, Hathaway-Sycamores Group Home fully complied with six of 12 elements in the area of Personnel Records.

All 15 staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards and Child Abuse Index Clearances (CAI). One staff's personnel file did not have a current signed criminal background statement or documentation of receiving a timely initial health-screening. Seven staff files were not reviewed for a valid driver's license as they were not required to transport children based on their employee job classification. Eight reviewed staff were required and had documentation of valid driver's licenses. All 15 staff files had signed copies of the Group Home policies and procedures. Seven staff files were not reviewed for initial training, as they were not required to complete initial training based on their job classification. Three of the eight reviewed staff files did not have documentation of having completed the required initial training. Eight required staff files contained documentation of a valid CPR and/or First-Aid card. All 15 staff files had documentation of completing emergency intervention training. Seven staff files were not reviewed for

annual training, as the staff were not required to complete annual training based on their job classification. Three of eight required staff files had no documentation of completion of annual training as required per Title 22. One reviewed staff did not require completion of the annual training at the time of the review.

Recommendations:

Hathaway-Sycamores Group Home management shall ensure that:

10. Current criminal background statements are maintained and signed in a timely manner.

11. All hired staff have completed an initial health-screening in a timely manner.

12. Required staff receive the required initial training.

13. Required staff receive CPR training and maintain current verification.

14. Required staff receive First-Aid training and maintain current verification.

15. Required staff receive the required annual training.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's last monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C's monitoring review were implemented. The A-C report was issued on August 28, 2009.

Results

The Auditor-Controller's prior monitoring report contained three outstanding recommendations. Specifically, Hathaway-Sycamores Group Home was to ensure that the facility and environment of the Group Home are maintained in good repair in accordance with Title 22 regulations, include input from the treatment team in the development and implementation of the NSPs, and provide all children with the required minimum weekly allowance. Based on our follow up of these recommendations, Hathaway-Sycamores Group Home fully implemented one of the A-C recommendations as it related to the provision of required minimum weekly allowances. The A-C's recommendation that the facility and environment be maintained in good repair in accordance with Title 22 regulations was partially implemented. However, Hathaway-Sycamores Group Home did not implement the recommendation regarding input from the treatment team in the development and implementation of the NSPs. As two

recommendations were not fully implemented, corrective action was requested of Hathaway-Sycamores Group Home to further address these findings.

Recommendation:

Hathaway-Sycamores Group Home management shall ensure that:

16. It fully implements the outstanding recommendations from the A-C's Fiscal Year 2008-09 monitoring report, which are noted in this report as Recommendations 2, 3, and 4.

Hathaway-Sycamores Children & Family Services Group Home
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

2933 North El Nido Drive
Altadena, CA 91001
License Number: 197804907
Rate Classification Level: 14

	Contract Compliance Monitoring Review	Findings: October 2009
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 Log Maintenance 8. Runaway Procedures 9. Allowance Logs	 1. N/A 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed
II	**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. Improvement Needed 8. Improvement Needed
III	**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. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance

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 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	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	**Personal Rights** (11 Elements) 1. Children Informed of 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance

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	 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
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. CAIs 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. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Improvement Needed 10. Improvement Needed 11. Improvement Needed 12. Full Compliance

Hathaway-Sycamores Children and Family Services
Group Home Program Contract Compliance Monitoring Review
Corrective Action Plans

June 11, 2010

I. Licensure/Contract Requirements

Recommendation 1: Children sign for their allowances.

Status: An account sheet detailing income and expenses is maintained for each child/youth. Children were required to sign for any cash withdrawn from their account. As of January 1, 2010 the process changed so that the child/ youth signing/initialing receiving allowance as well as withdrawing from their account.

Plan to prevent reoccurrence: The supervisor will audit the monthly allowance log to ensure compliance.

Person responsible for implementing corrective Action: Unit Supervisor

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director

II. Program Services

Recommendation 2: All NSPs are comprehensive and include authorization of the DCFS CSW's approval of their implementation appropriate documentation, visitation plans, goals that are specific and clear, and monthly contacts with CSWs that are specific and appropriately documented.

Status: Residential Social workers will ensure that all NSPs are comprehensive and will include CSW's signature or proof of attempts to receive signatures. Charts and records staff will continue to mail the NSP/QPR out to request a signature and return of the signature page.

Plan to prevent reoccurrence: As of January 1, 2010 the child's Residential Social worker will collect fax confirmations to prove additional attempts to receive the CSW signature. Beginning July 1, 2010 additional support to collect signatures will come from the Residential Administrative Assistant. Training occurred on 1/22/10 with the Residential Social Workers to review all elements of a comprehensive NSP.

Person responsible for implementing corrective action: Charts and Records staff will continue to mail out to each child's NSP/QPRs while the assigned social worker will in addition fax the NSP/QPRs for signatures attempts from the CSW. Additionally, the

Residential Administrative Assistant will assist with ensuring this process occurs. Residential Social Workers will write all NSP's in a comprehensive manner.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Documentation Specialist and Program Director.

III. Facility and Environment

Recommendation 3: The Group Home is well maintained to include replacement of missing window screens, proper maintenance of carpeting, replacement of missing time out room wall padding, and repair of appliances.

Status: The missing screens were replaced, carpet in the cafeteria was cleaned, the time out room wall padding has been replacement, and appliance repair all occurred by 3/31/10.

Plan to prevent reoccurrence: The unit supervisor will ensure that maintenance request are submitted while also keeping a copy of the submitted maintenance request, the maintenance staff will then ensure that the repairs are completed in a timely manner.

Person responsible for implementing corrective action The unit supervisor

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director.

Recommendation 4: All bedrooms are properly maintained, timely repaired, and all beds have a full compliment of linens.

Status: The unit supervisor supervises the shift leads around maintaining the bedrooms. If any bedroom maintenance is required the unit supervisor will then submit a maintenance request for repair while also keeping a copy for their own record to ensure the boy's rooms are kept up to standard, the maintenance staff will ensure repairs are completed in a timely manner. Clean bed linens are issued weekly if the youth has not soiled his bed. If the child or youth is a bed wetter, clean linen are given to them as needed.

Plan to prevent reoccurrence: The unit staff currently monitors maintenance of the bedrooms as well as distributes linen as needed.

Person responsible for implementing corrective action: The unit staff

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Unit Supervisor

IV. Education and Emancipation Service.

There were no recommendations for this section.

V. Recreation and Activities

There were no recommendations for this section.

VI. Children's Health Related-services including Psychotropic Medication

Recommendation 5: Current court authorizations are obtained and maintained for psychotropic medications that each child is receiving.

Status: Current court authorizations will continue to be obtained and maintained for all psychotropic medications that each child receives.

Plan to Prevent Reoccurrence: Nursing Department will ensure that all court authorizations will be obtained and maintained for all psychotropic medications including any medication that is not a psychotropic medication but that is being utilized for reduction of psychotropic symptoms.

Person responsible for implementing corrective action: On duty nurse

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Nursing Supervisor

VII. Personal Rights

Recommendation 6: All children are and feel safe in the group home and the staff receive ongoing training on appropriate and positive discipline techniques.

Status: The Group Home will continue to ensure safety for all children as well as continued ongoing training, including training on appropriate and positive discipline techniques.

Plan to Prevent Reoccurrence: Administrators will conduct periodic surveys with random youth regarding safety and concerns within the group home. Monthly ongoing training will occur for staff. Training will be implemented in accordance with Title 22 regulation 84065(J).

Person responsible for implementing corrective action: Program Director

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director

VIII. Clothing and Allowance

Recommendation 7: All children are provided with required clothing items.

Status: All children will continue to be provided with required clothing items.

Person responsible for implementing corrective action: The unit supervisor supervises the shift leads regarding meeting the required clothing items for each youth as well as documentation on each client clothing inventory.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director

Recommendation 8: All children are provided an opportunity to shop within the community and select their own clothing.

Status: All children will continue to be provided opportunity to shop within the community and select their own clothing.

Person responsible for implementing corrective action: The unit staff will continue to provide opportunities to shop in the community and allowing the youth to select their own clothes within the residential dress code. Outings to clothing stores occur a minimum of once a quarter.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Unit Supervisor.

Recommendation 9: All children are encouraged and assisted in creating and maintaining photo album/life book.

Status: All children are provided with a photo/album/life book and will continue to be encouraged and assisted in maintaining their books.

Person responsible for implementing corrective action: The unit lead staff will ensure that all children have a life book/photo album and will ensure the children are encouraged and assisted to actively maintain their books.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Unit Supervisor.

IX. Personal Records

Recommendation 10: Current criminal background statements are maintained and signed in a timely manner.

Status: Current criminal background statements will continue to be maintained and signed in a timely manner. A new procedure regarding documentation standards has been implemented to ensure that any staff that quits and returns in a short period of time will have newly signed required documentation.

Plan to prevent reoccurrence: Human resources has changed procedure regarding re-hiring for staff so that all newly hired and any re-hired staff will have current criminal background statement signed in a timely manner.

Person responsible for implementing corrective action: Human resources staff.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Director of Human resources.

Recommendation 11: All hired staff has completed an initial health-screening in a timely manner.

Status: Initial health-screenings will continue to be completed in a timely manner. A new procedure regarding staff that quit and return in a short period of time has been implemented to ensure all documentation standards are met.

Plan to prevent reoccurrence: Human resources has changed procedure regarding re-hiring for staff so that all newly hired and any re-hired staff will have a completed initial health screening in a timely manner.

Person responsible for implementing corrective action: Human resources staff.

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Director of Human resources.

Recommendation 12: Required staff receive the required initial training.

Status: Procedure for initial training will continue in which all new hired staff complete participate in full two week training. A completed tracking passport that documents employees participating in this training is completed at time of training.

Plan to prevent reoccurrence: Unit supervisor will ensure that the tracking passport for each hired staff member will be collected and turned into Human Resources.

Person responsible for implementing corrective action: Unit supervisor

Person responsible for monitoring to ensure corrective action remains implemented and is working as intended: Program Director