County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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Director

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May 20, 2015

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

From: Philip L. Browning
Director

HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Hathaway-Sycamores Child and Family Services Group Home (the Group Home) in March 2014. The Group Home has a site located in the Fifth Supervisorial District and provides services to DCFS and Probation foster youth. According to the Group Home's program statement, its stated purpose is "Cultivating hope and resilience to enrich the well-being of children, adults, families and communities."

The Group Home maintains a 48-bed site licensed to serve a capacity of 48 male youth, ages 6 through 18. At the time of review, the Group Home served 12 DCFS and 6 Probation youth. The placed youth's overall average length of placement was 5 months, and their average age was 15.

SUMMARY

During CAD'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 being treated with respect and dignity.

The Group Home was in full compliance with 6 of 10 areas of our Contract Compliance Review: Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Deficiencies were noted in the following areas: Licensure/Contract Requirements section, related to the Group Home not maintaining accurate clothing allowance logs; Facility and Environment, related to expired food products; Maintenance of Required Documentation and Service Delivery,

related to the Group Home not obtaining the County Children's Social Worker's (CSW's) authorization to implement the Needs and Services Plan (NSP), not maintaining documentation of contacts with the CSW, and not developing timely initial and updated NSPs; and Personnel Records, related to the Group Home not meeting all training requirements.

REVIEW OF REPORT

On May 21, 2014, DCFS CAD Children's Services Administrator Is Maria Rosas and Chinelo Maduike and Children's Services Administrator II Amy Kim held an Exit Conference with the Group Home representatives, Joe Ford, Vice President; Tasian Taylor, Program Manager; Mia Williams, Director of Residential Based Services; Nick Ryan, Assistant Vice President; Julie Flores, Clinical Supervisor; Kemeelah Wilkerson, Quality Management; and Debra McConnel of Workability. The Group Home representatives agreed with the review findings and recommendations; and were receptive to implementing systemic changes to improve compliance with regulation standards; and to addressing the noted deficiencies.

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 noted in this compliance report. CAD verified implementation of the recommendations on September 16, 2014, and will verify continued compliance during the next monitoring review. The Out-of-Home Care Management Division will provide on-going technical assistance prior to the next contract compliance review.

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

PLB:EM:LTI
DF:SM:mr

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
William Martone, Executive Director, Hathaway-Sycamores
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Acting Regional Manager, Community Care Licensing Division

HATHAWAY-SYCAMORES CHILD AND FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2933 North El Nido Drive
Altadena, CA 91001
License Number: 1978049071
Rate Classification Level: 14

	Contract Compliance Monitoring Review	**Findings: March 2014**
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. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	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. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Improvement Needed

III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Children's 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 or Evaluations Implemented 7. County Children's Social Worker's 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
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/Progress Reports 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 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)	Full Compliance (All)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children 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. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed

HATHAWAY- SYCAMORES CHILD AND FAMILY SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the March 2014 review. The purpose of this monitoring review was to assess Hathaway-Sycamores Child and Family Services Group Home's (the Group Home's) 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, one Probation and four Department of Children and Family Services (DCFS) children were selected for the sample. The Contracts Administration Division (CAD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were also reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, four of the sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed 41 staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the quality care and supervision provided.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance.

Licensure/Contract Requirements

- Clothing allowance logs were not maintained.

The clothing allowance logs were written in pencil and balance amounts were incorrect for all five sample files reviewed. The log showed inaccurate balances resulting from either missed monthly allowances or miscalculations. The Clothing allowance logs were adjusted by agency staff to reflect the correct balances due to the five affected children. Staff also agreed to have future log entries and signatures written in pen and to require children that agree to roll-over their clothing

allowance balances to future months to sign the log that states this information.

Recommendation

The Group Home's management shall ensure that:

1. Comprehensive clothing allowance logs are maintained.

Facility and Environment

- Adequate perishable and non-perishable foods were not maintained.

Expired canned goods and milk cartons were located in the refrigerator and cabinets of the cafeteria and/or Rowland Cottage. However, during the review, Group Home staff removed all the expired food items that were discovered.

Recommendation

The Group Home's management shall ensure that:

2. Adequate perishable and non-perishable foods are maintained.

Maintenance of Required Documentation and Service Delivery

- County Children Social Worker's (CSW) authorization to implement Needs and Services Plans (NSPs) was not obtained.

One NSP was missing the CSW's signature authorizing implementation and a review of the file failed to reveal evidence of efforts made to secure the CSW's authorization.

- County CSW monthly contacts were not documented.

One NSP reviewed did not contain documentation of the Group Home social worker's contacts with the CSW on a monthly basis.

- Development of timely, comprehensive initial NSPs with child's participation was not conducted.

One initial NSP reviewed was not developed timely with participation of the age-appropriate child; the child's signature was late.

- Development of timely, comprehensive updated NSPs with child's participation was not conducted.

One updated NSP was not developed timely with participation of the age-appropriate child as evidenced by the child's missing signature.

Recommendation

The Group Home's management shall ensure that:

3. County CSW's authorization to implement the NSP is obtained.

4. CSW's monthly contacts are documented.

5. Timely and comprehensive initial NSPs with the child's participation are developed.

6. Timely and comprehensive updated NSPs with the child's participation are developed.

Personnel Records

- All required training was not conducted.

One employee was not Pro-Act certified as required for his direct-care position; five employees failed to renew their expired CPR/First Aid training certificates timely; and four employees did not receive the minimum annual on-going training requirement of 20 hours.

Recommendation

The Group Home's management shall ensure that:

7. All required training is provided.

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

The last compliance report dated August 15, 2013, identified 4 recommendations.

Results

Based on OHCMD's follow-up, the Group Home fully implemented 2 of the 4 recommendations for which they were to ensure that:

- The Group Home is in compliance with Title 22 Regulations.

- All children are treated with respect and dignity at all times.

Based on OHCMD's follow-up, the Group Home did not fully implement 2 previous recommendations for which they were to ensure that:

- The Group Home staff obtains or documents efforts to timely obtain the DCFS CSW's authorization to implement the NSPs.

- Comprehensive updated NSPs are developed and address all needs and services elements

in accordance with the NSP template.

Recommendation

8. The outstanding recommendations from the 2012-2013 monitoring report dated August 15, 2013, which are noted in this report as Recommendations 3 and 6 are fully implemented.

During the Exit Conference held on May 21, 2014, the Group Home's Vice President expressed a desire to remain in compliance with Title 22 Regulations and Contract requirements. CAD verified full compliance with the recommendations on September 16, 2014. Out-of-Home Care Management Division will provide ongoing technical assistance and CAD will verify continued implementation of the recommendations during our next monitoring review.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

Hathaway-Sycamores
CHILD AND FAMILY SERVICES

Ms. Maria Rosas
Department of Children & Family Services
3530 Wilshire Boulevard, 4th Floor #36
Los Angeles, CA. 90010

June 24, 2014

Dear Ms. Rosas,
This letter is written per your request for Hathaway-Sycamores to provide a Corrective Action Plan (CAP) to address the issue of ensuring documentation deficiencies from occurring in the future for our facility # 197804907 that is due to you by June 26th, 2014.

The Plan of Correction is as follows:

Finding #7

- **Clothing allowance logs were inaccurate.**
- **Logs not written in pen**

Action Required #7
It is recommended that there be a greater oversight of these financial transactions to ensure there is an accurate accounting of clothing payments and expenditures

CAP:

- Logs will be written in pen effective May 28, 2014
- A check and balance system has been developed for clothing allowances effective May 28, 2014.
- Direct care staff will review clothing allowance on weekly basis. Lead staffs are required to oversee and maintain the clothing allowance on a weekly basis. Each Friday program managers will randomly select clothing documentation to be reviewed to ensure more accurate outcomes in logs.

Finding #14:

- **The Rowland Cottage refrigerator and kitchen cabinets were nearly empty but contained expired milk and canned goods stored inside. In the cafeteria expired milk was located on the floor. Expired cans of food were found in the storage area.**

Action Required #14

CAP:

- Foodservice staff will be re-trained on the food expiration procedure to ensure that expired food is discarded according to protocol. This training will take place by August 30, 2014.
- Remind staff to not use cans as door stops and expired food will be discarded.
- Create and implement a process of identifying, utilizing and rotating products to enhance savings and avoid waste/loss.

Finding #16:

- **CSW's signature of approval was missing on NSP.**

Action Required #16

NSP need to have county CSWs signature.

CAP:

- Staffs who are responsible for supervising those who create NSPs will attend the County mandated NSP training on July 11, 2014.
- Those staff who attended the County training will train staff responsible for creating the NSPs by August 6, 2014.
- Supervisors will regularly review NSPs for accuracy and presence of signatures required.
- Timeliness of NSP will be reviewed in regular supervision session and program meetings with staff who create NSPs.

Finding # 21:

NSP did not show GH facilitator initiating monthly contact with CSW.

CAP:

- Supervisors will regularly review NSPs for accuracy and presence of signatures required.
- Timeliness of NSP will be reviewed in regular supervision session and program meetings with staff who create NSPs.

Finding #23:

- **One Initial NSP was untimely.**

Action Required #23

Produce timely NSPs that address the child's well-being

CAP:

- Supervisors will regularly review NSPs for accuracy and presence of signatures required.

- Timeliness of NSP will be reviewed in regular supervision session and program meetings with staff who create NSPs.

Finding #24
NSP updates were untimely.

Action Required #24

Produce timely NSPs that address the child's well-being.
CAP:

- Supervisors will regularly review NSPs for accuracy and presence of signatures required.
- Timeliness of NSP will be reviewed in regular supervision session and program meetings with staff who create NSPs.

Finding #65:

- **4 employees were short of hours for the 20 hour annual training requirement. 1 employee record (in direct child care service) was missing Pro-Act training. 5 employees were missing current CPR/FA training.**

Action Required #65
CCL's employee continuing training requirement is to complete 20 credits in addition to CPR and FA training.

CAP:

- In order to maintain contract compliance with staff receiving the appropriate amount of training per calendar year we will revise/retrain our current tracking process and implement it by August 30, 2014. This will also address the issue with any staff having gaps with required Pro Act training hours.

It is our policy and practice to make sure that we are in compliance with our contract obligations with DCFS and Title 22 requirements. We will continue to monitor ourselves to ensure that we are in compliance.

Thank you for your time and consideration. Please contact me if you have any questions.

Sincerely,

Tasian Taylor
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