County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 4, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

HERITAGE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Heritage Group Homes, Inc., (Heritage) in April 2012, at which time they had five six-bed group home sites, each with a licensed capacity for six children, serving boys and girls ages 12 through 17, with a total population of 12 boys and 18 girls. Three sites served girls, and two sites served boys.

The five Heritage group home sites are located in the following areas: two in the First Supervisorial District; one in the Fourth Supervisorial District; and two in the Fifth Supervisorial District, each providing services to DCFS foster youth. According to Heritage's program statement, its stated overall goal is to "enable each child to develop the necessary interpersonal skills and self-esteem to successfully function as a self-sufficient and productive person in society."

For the purpose of this review, seven currently placed children were interviewed and their case files were reviewed. The placed children's overall average length of placement was four months and the average age was 17. Three discharged children's case files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged according to their permanency plan. Three staff files

were reviewed for compliance with Title 22 Regulations and County contract requirements.

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

SCOPE OF REVIEW

The purpose of this review was to assess Heritage's compliance with the County contract and State regulations. The visit included a review of Heritage's program statement, administrative internal policies and procedures, seven currently placed children's case files, three discharged children's case files, and a random sampling of personnel files. Visits were made to the sites to assess the quality of care and supervision provided to children, and we conducted interviews with seven 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

Overall, the children interviewed reported they were provided with good care and appropriate services, were comfortable in their environment, and were treated with respect and dignity. Heritage maintained sufficient, age-appropriate recreational equipment in good condition. There was an appropriate quantity and quality of reading material and educational resources.

Our review revealed that Heritage needed some repairs to the exterior and interior of the sites. A few of the deficiencies posed possible safety hazards and could have impacted the well-being of the placed children, yet had not risen to the level of abuse or neglect. These included dangling and loose television and telephone cables at two sites; two smoke detectors that were chirping; a stove top burner that did not light; and the need for Ground Fault Interrupter (GFI) electrical outlets around a vanity sink.

Heritage was receptive to implementing systemic improvements necessary to comply with Title 22 Regulations and the County contract requirements. The Administrator was cooperative and agreed to address the noted deficiencies in a Corrective Action Plan (CAP). Heritage has satisfactorily addressed each of these areas of concern.

NOTABLE FINDINGS

The following were the notable findings of our review:

- DCFS and CCL had substantiated an allegation of General Neglect and CCL cited Heritage as a result of findings during its investigation. The incident involved a child that had been transported to a visit and left with an unapproved party without verifying the identification and without authorization from the Children's Social Worker (CSW). Heritage implemented the requested CAP, including retraining staff in June 2011; developing a new procedure to ensure that all home-pass paperwork is appropriately completed; and directing staff to ask for a government issued identification to verify the child is dropped off with the approved adult.

- Deficiencies regarding the exterior of the sites were noted. The deficiencies included missing window screens and sliding screen doors; and debris alongside one of the homes. In addition, television and telephone leads needed to be secured or relocated. The noted possible safety hazards were discussed with the Administrator and were addressed. Heritage replaced the missing screens, removed the debris and secured the television and telephone leads.

- Deficiencies regarding the common areas of the homes were noted. The deficiencies included: a stove burner, which did not light; peeling paint on hallway cabinets; a loose sink faucet in the children's bathroom; a missing shower door handle; a water-damaged bathroom cabinet mirror; and a broken light switch plate. In addition, two smoke detectors were chirping, a bathroom light was not working, and some living room curtains were damaged. The noted possible safety hazards were discussed with the Administrator and were addressed. Heritage replaced the stove top; refinished the hallway cabinets; installed a faucet in the bathroom; replaced the shower door with a shower curtain; replaced the water damaged cabinet mirror and the broken light switch plate; and repaired the bathroom light. Heritage also replaced the battery-operated smoke detectors with hard-wired smoke detectors.

- In a master bedroom vanity area, standard electrical outlets needed to be replaced with GFI outlets; GFI outlets have been installed.

Each of these conditions were satisfactorily addressed as verified by the Monitor during a follow-up visit to each site on July 11, 2012.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held June 25, 2012:

In attendance:

Maria Serratos, Administrator; Tami Tutolo, Administrator, Heritage; and Donald Luther, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with most of the findings and recommendations. During the Exit Conference, she indicated that she welcomes suggestions that assist in improving in areas where needed. She expressed concern that Heritage was required to replace missing sliding screen doors as there had not been patio doors in the past. The Monitor explained that Title 22 Regulations require window screens.

Heritage provided an approved written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

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

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

PLB:RRS:KR:
EAH:PBG:dl

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Shelly Johnson, President, Board of Directors, Heritage Group Homes, Inc.
Sandi Heyer, Executive Director, Heritage Group Homes, Incorporated
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

HERITAGE GROUP HOMES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Phillips Ranch, Site #1
30 Country Wood Drive
Phillips Ranch, CA 91766
License #197804150
Rate Classification: 11

Valinda, Site #2
16226 Benwick Street
Valinda, CA 91744
License #191500101
Rate Classification: 11

West Covina, Site #3
1923 East Eckerman Avenue
West Covina, CA 91791
License #197801967
Rate Classification: 11

Whittier, Site #4
8814 Santa Fe Springs Road
Whittier, CA 90606
License #197802215
Rate Classification: 11

La Verne, Site #5
1940 Baseline Road
La Verne, CA 91750
License #197804065
Rate Classification: 11

	Contract Compliance Monitoring Review	Findings: April 2012
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. Special Incident Reports	3. Full Compliance
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies	8. Improvement Needed
	9. Detailed Sign In/Out Logs for Placed Children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms/Interior Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non-Perishable Food	6. Full Compliance

III	**Maintenance of Required Documentation and Service Delivery** (13 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. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Initial/Updated NSPs	Full Compliance (ALL)
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourage Children's Participation in YDS	Full Compliance (ALL)
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams 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** (15 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. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VIII	**Personal Needs/Survival And Economic Well-Being** (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 Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)

X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

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CONTRACT COMPLIANCE MONITORING REVIEW

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Rate Classification: 11

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1940 Baseline Road
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License #197804065
Rate Classification: 11

The following report is based on a "point in time" monitoring visit and addresses findings during the April 2012 monitoring review.

CONTRACTUAL COMPLIANCE

We reviewed seven currently placed children's files, three discharged children's files and five staff files, and/or documentation from the provider. Heritage Group Homes, Inc., (Heritage) fully complied with eight of 10 sections of our Contract Compliance Review: Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENT

Based on our review of seven children's case files and/or documentation from the provider, Heritage fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

DCFS and CCL had substantiated an allegation of General Neglect and CCL cited Heritage as a result of the findings. The incident involved a child that had been transported to a visit and left with an unapproved party without verifying the identification of the person and without authorization from the CSW. Heritage

implemented the requested CAP including retraining staff in June of 2011; developing a new procedure to ensure all home-pass paperwork is appropriately completed; and directing staff to ask for a government issued identification to verify that children are dropped off with adults approved for visits.

Recommendation:

Heritage management shall ensure:

1. All sites are in compliance with Title 22 Regulations and the County contract requirements.

FACILITY AND ENVIRONMENT

Based on our review, Heritage complied with three of six elements reviewed in the area of Facility and Environment.

We noted some deficiencies regarding the exteriors of each site. A few window screens were missing, one at the Phillips Ranch site, one at the Valinda site, and one at the La Verne site, all of which have been replaced. Sliding screen doors were missing at the Phillips Ranch and La Verne sites, and have since been replaced. An outdoor patio swing needed reupholstering or removal and debris on the side of the Valinda site needed removal; completed on June 29, 2012. Additionally, television and telephone leads were loose and dangling from the backyard eaves at the La Verne site and a television lead across the base of the patio door at the Valinda site needed to be relocated. Further, the wooden construction around the chimney at the West Covina site was weathered and separated: it was repaired on July 5, 2012. The exterior areas had two deficiencies that posed possible safety hazards of which the Monitor advised the Administrator and were addressed by Heritage. The dangling television and telephone leads were secured, and the lead at the base of the patio door was relocated on July 4, 2012.

There were some deficiencies regarding the common areas of the sites. At the Phillips Ranch site, the right rear burner on the stove top did not light. At the Valinda site, the painted hallway cabinets were peeling and needed to be refinished; they were refinished on July 5, 2012. At the West Covina site, the faucet in the children's bathroom was loose on the vanity, and the shower door handle was missing. The shower enclosure was replaced with a shower curtain on July 3, 2012, and a new faucet was installed on July 4, 2012. At the Whittier site, the smoke detectors in the hallway and in bedroom two were chirping. At the La Verne site, the light over the sink in the bathroom off bedroom one was not working, the medicine cabinet mirror was water-damaged and the light switch plate was broken in the main bathroom. These were repaired on July 4, 2012. The sheer curtain behind the living room curtains was damaged, and a new curtain was installed on June 14, 2012. A few common areas had deficiencies that posed possible safety hazards of which the Monitor advised the Administrator and were addressed by Heritage. A new stove top was installed on

June 7, 2012, new smoke detectors were installed on July 3, 2012, and the broken switch plate was replaced on July 4, 2012.

At the West Covina site the standard electrical outlets around the sink on the vanity in the master bedroom needed to be replaced with GFI outlets. The Monitor advised the Administrator of the concern. The GFI outlets were installed on June 13, 2012.

Each of these conditions was satisfactorily addressed, as verified by the Monitor during a follow-up visit to each site on July 11, 2012.

Recommendations:

Heritage management shall ensure:

2. All window screens and sliding screen doors are maintained, in place, and in good condition.

3. All appliances are in good working condition.

4. The exterior and interior of the facilities are properly maintained and are free of any possible safety hazards.

5. Electrical outlets around sinks and water fixtures are GFI outlets.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued September 15, 2011.

Results

The OHCMD's prior monitoring report contained seven outstanding recommendations. Specifically, Heritage was to ensure the exterior of the sites were in good repair; all appliances were in good operating condition; bedroom walls were free of damage and bedrooms had sufficient lighting; recreation equipment was properly maintained and secured; all Needs and Services Plans (NSPs) were comprehensive and include all required elements; all children are provided with sufficient quantities of clothing; and children are encouraged and assisted in developing and maintaining Life Books/Photo Albums. Based on our follow-up of these recommendations, Heritage fully implemented three of the seven recommendations.

Recommendation:

Heritage management shall ensure:

6. Full implementation of the outstanding recommendations from OHCMD's prior Monitoring Report which are noted in this compliance report as Recommendations 2, 3, and 4.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Heritage has not been posted by the Auditor-Controller.

HERITAGE

08/03/2012

Patricia Bolanos-Gonzalez
Dept. Children and Family Services
Out of Home Care Management Division
9320 Telstar Ave,.
El Monte, CA 91731

Compliance Corrective Action Plan

Please accept this Corrective Action Plan as result of in the finding regarding the compliance evaluation that was conducted by Donald Luther starting on 04/16/2012 and doing the exit interview on 6/25/2012 .

DCFS Citation	Corrective Action Plan
Screen missing from rear sliding door, Screen missing from master bedroom window. Right rear burner not working on stove. At the Phillips Ranch Location.	A screen was placed on the sliding back door on 06/29/2012 A screen was placed on the master bedroom window on 06/29/2012 A new stove was installed on 6/07/2012
Debris on west side, Patio swing in pool area is ripped, Screen missing on upstairs hallway window. TV cable on ground where residents can trip over. Hallway paint is chipping. At the Valinda Location.	Debris from west side was taken to dump on 6/29/2012 along with Patio swing. Screen on upstairs hallway was replaced on 7/02/2012 Hallway was repainted on 7/05/2012 TV cable was nailed around the door and is no longer on the floor.
Wood construction on side of chimney was weathered and separating. Faucet loose on Children's bathroom sink and handle missing on shower door. GFI electrical outlets in master bedroom above vanity sing. At the West Covina Location.	Wood construction was re-nailed on 7/05/2012. New Faucet was installed on 7/04/2012 Shower in closure was removed and curtain was installed on 7/03/2012 GFI outlets were installed in 06/13/2012 Screen was installed in Glass sliding door on 07/02/2012

Smoke detectors chirping in hallway and Bedroom #2. At our Whittier location.	New smoke detectors were installed on 07/03/2012
Light over sink in bedroom #1 not working. Sheer curtain in master bedroom torn. Medicine Cabinet mirror in main bathroom has water damaged. Broken Switch plate in main bathroom broken. Screen missing from Bedroom window #1. TV cables/Phone lines dangling under eaves in backyard. Missing Screen in sliding doors. At our La Verne Location.	Light was fixed on 07/04/2012. Sheer curtains were removed and new curtains were replaced on 06/14/2012 Medicine cabinet was replaced on 07/04/2012. Switch plate was replaced on 07/04/2012. Screen in window was replaced on 07/02/2012. TV cables/phone lines were tacked to face board on 07/04/2012. Screens were installed on sliding doors on 07/04/2012.
Referral# 0473-9666-82991069955 Foster child was permitted to have unmonitored visit to his mother's home and had been transported to her residence without the permission of the child's CSW.	Group Home administrator and Supervisor will ensure that home-pass paperwork will be filled out before the weekend. Each child will also have a face sheet where it will state the address and whom they are allowed to be dropped off per their CSW. If any changes are made to by the CSW group home will insure that it is made in writing by the CSW before any child is dropped off on a home-pass. All persons authorized by CSW will be asked to show government issued ID to verify identity.

Please do not hesitate to contact me at 562-556-2495 should you have any additional questions or concerns. In closing, our administrative team would also like to thank the auditor for his suggestions and comments in regard to our program that will help us continue to provide the best service to the youth entrusted in our care.

Respectfully Submitted,

Maria Serratos
Program Administrator

P.O. Box 8400, La Verne, CA 91750
Ph. (626) 650 - 0405 ~ FAX (626) 650 - 0406

HERITAGE

07/11/2012

Patricia Bolanos-Gonzalez
Dept. Children and Family Services
Out of Home Care Management Division
9320 Telstar Ave,.
El Monte, CA 91731

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Debris on west side, Patio swing in pool area is ripped, Screen missing on upstairs hallway window. TV cable on ground where residents can trip over. Hallway paint is chipping. At the Valinda Location.	Debris from west side was taken to dump on 6/29/2012 along with Patio swing. Screen on upstairs hallway was replaced on 7/02/2012 Hallway was repainted on 7/05/2012 TV cable was nailed around the door and is no longer on the floor.
Wood construction on side of chimney was weathered and separating. Faucet loose on Children's bathroom sink and handle missing on shower door. GFI electrical outlets in master bedroom above vanity sing. At the West Covina Location.	Wood construction was re-nailed on 7/05/2012. New Faucet was installed on 7/04/2012 Shower in closure was removed and curtain was installed on 7/03/2012 GFI outlets were installed in 06/13/2012 Screen was installed in Glass sliding door on 07/02/2012

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Referral# 0473-9666-82991069955 Foster child Gary F. was permitted to have unmonitored visit to his mother's home and had been transported to her residence without the permission of the child's CSW.	Group Home administrator and Supervisor will ensure that home-pass paperwork will be filled out before the weekend. Each child will also have a face sheet where it will state the address and whom they are allowed to be dropped off per their CSW. If any changes are made to by the CSW group home will insure that it is made in writing by the CSW before any child is dropped off on a home-pass. All persons authorized by CSW will be asked to show government issued ID to verify identity.

Please do not hesitate to contact me at 562-556-2495 should you have any additional questions or concerns. In closing, our administrative team would also like to thank the auditor for his suggestions and comments in regard to our program that will help us continue to provide the best service to the youth entrusted in our care.

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