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August 2, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

HILLSIDES HOME 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 Hillsides Home Group Home (The Group Home) in January 2013. The Group Home has four sites, three of which are located in the Fifth Supervisorial District, and one located in the First Supervisorial District. All sites provide services to DCFS foster youth. According to the Group Home's program statement, its purpose is, "to stabilize children, re-educate the families and reunify children with their families as soon as possible."

The Group Home is licensed to serve a capacity of 66 male and female children, ages 6 through 17. At the time of the review, the Group Home served eight placed DCFS children, as well as children placed through various school districts and child protective services agencies from other counties in California. The placed children's overall average length of placement was eight months, and their average age was 14.

SUMMARY

During OHCMD's review, the interviewed children reported having been provided with good care and appropriate services. However, one child reported that she did not feel safe at the group home. OHCMD brought this concern to the Director of Program Services and the child's therapist to ensure the child was safe.

The Group Home was in full compliance with 5 of 10 areas of our Contract compliance review: Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; and Discharged Children.

We noted deficiencies in the areas of Licensure/Contract Requirements, related to two of the Group Home's vehicles not having been properly maintained, Special Incident Reports not being submitted via I-TRACK System to OHCMD, Resident Sign-in/Sign-Out Logs were not maintained, and citations by Community Care Licensing (CCL); Facility and Environment, related to the Group Home's swimming pool gate not being equipped with a self-latching lock, an electrical socket was exposed in a Soothing Room, a Protective Separation Room had a broken door closer arm that was hanging, and the Main Campus kitchen contained several expired dry goods; Personal Rights and Social/Emotional Well-Being, related to an interviewed child having stated that she did not feel safe; Personal Needs/Survival and Economic Well-Being, related to a child not having a complete clothing inventory and; Personnel Records, related to three staff members not meeting their Job Description qualifications related to work experience at the time of employment.

Attached are the details of our review.

REVIEW OF REPORT

On May 22, 2013, the DCFS OHCMD monitor, Kristine Kropke Gay, held an Exit Conference with the Group Home representative Tom Johnson, Director of Program Services. The Group Home representative was in agreement with most of the findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in the Corrective Action Plan (CAP).

A copy of this report has been sent to the Auditor-Controller and CCL. The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. We will assess for implementation of recommendations during out next monitoring review.

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

PLB:EM:KR
RDS:PBG:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
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Deborah L. S. Booth, President, Board of Directors, Hillsides Home
Joseph M. Costa, Executive Director, Hillsides Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

HILLSIDES HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
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 January 2013 review. The purpose of this review was to assess Hillsides Home Group Home's (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, five discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, the four sampled children were prescribed psychotropic medication. OHCMD reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following five areas out of compliance.

Licensure/Contract Requirements

- Two of 16 group home vehicles used to transport the children were damaged. A four-door sedan had damage to the front driver-side fender. The front bumper and wheel well were damaged, with the tire nearly rubbing the wheel well. The Director of Program Services immediately took the vehicle in for repair.

Another vehicle, a Suburban, had damage to the rear bumper. The bumper was dented and not properly attached along the side of the vehicle. The Director of Program Services stated that vehicles are inspected by their maintenance staff and they determine which vehicles are considered unsafe; those vehicles are immediately sent for repair. He further stated that the maintenance staff will continue to inspect and evaluate the vehicles for damage on a weekly basis. The Director of Program Services also stated that to ensure compliance, he will talk to his staff regarding the importance of immediately submitting an incident report which will generate a vehicle work order. On May 22, 2013, both vehicles were not present for a follow-up inspection. OHCMD received documentation of the repaired sedan. The Maintenance Supervisor stated that the Suburban was in the auto repair shop and would provide documentation of the re-attached bumper when the repair is completed.

It was also noted that some of the vehicle's first aid kits were incomplete. The Director of Program Services stated that he discussed the deficient vehicle first aid kits with the Head Nurse. The Head Nurse then met with nursing staff and advised them that they are to inspect and replenish the first aid kits on a quarterly basis.

- A random sample of 65 Special Incident Reports (SIR) were reviewed; two were not submitted to OHCMD via I-TRACK System. The Director of Program Services stated that the two SIRs that were not cross-reported to OHCMD, were an isolated incident and that he will continue to monitor SIRs for compliance.

  It is noted that the Group Home's representatives attended the OHCMD SIR training in October 2011, and OHCMD sent the Group Home the Power-Point presentation for the SIR training.

- The Main Campus Sign-In/Sign-Out Log was not always completed in that the "Date & Time of Child's Return" and "Return Signature" sections of the log were not always completed. The OHCMD Monitor provided the Director of Program Services examples of some incomplete logs, including an example in which a Program Director did not know when a child had returned to campus and had to call the Cottage to ascertain when the child had returned to campus. The Director of Program Services acknowledged the deficiency and stated that he now requires the Program Directors to review the logs throughout the day to ensure that they are fully completed. In addition, he has implemented another level of oversight by having his assistant review the logs for thoroughness on a daily basis; any logs that are not completed will be brought to his attention for follow-up.

- Community Care Licensing (CCL) cited the Group Home during the period of March 2012 through February 2013, due to deficiencies noted during investigations and facility visits.

On January 8, 2013, CCL cited the Group Home for neglect of responsibility, as a child who was placed through Ventura County Children's Services was accidently dispensed another child's medication while both children were in the Program Director's office. According to the Director of Program Services, the Group Home provided CCL with a Plan of Correction (POC) stating that in the future, whenever possible, the child is to be brought to the Nurse's Office for dispensing of medication. CCL cleared the deficiency on January 28, 2013.

On January 25, 2013, CCL substantiated Needs and Services Plan violations, as a child placed through Ventura County Children's Services had the medication changed and subsequently taken off medication by the Group Home psychiatrist without notifying the parent. CCL requested the Group Home consult parent of any medication changes before the medication is changed or discontinued. CCL requested the Group Home "submit a statement indicating that this type of incident will not happen again." CCL cleared the deficiency on April 1, 2013.

On January 25, 2013, CCL substantiated a child's Personal Rights violation. The investigation revealed that a child placed through Santa Barbara County Children's Services had his personal rights violated when a child placed through a school district made sexual comments and touched/brushed the offended child's genital area. The Director of Program Services stated that the Group Home submitted a detailed POC of how, when, and where these children will be separated. CCL cleared the deficiency on April 18, 2013.

CCL conducted an Annual/Required Review on May 18, 2012. The following deficiencies were noted: 1) Fixtures, Furniture Equipment and Supplies: Hot water delivered to fixtures used by clients in Arroyo Cottage only delivered hot water at 100 degrees and a second bathroom delivered hot water at 130 degrees, which is above a safe temperature. The Canyon Cottage's two bathrooms delivered hot water at 135 degrees; 2) Health Related Services: "First Aid supplies shall include sterile first aid dressings, bandages or roller bandages, adhesive tape, scissors, tweezers, thermometer, and antiseptic solutions." At the time of the visit there were no tweezers in the first aid kits at two group home sites. CCL cleared both deficiencies on May 25, 2012. The Director of Program Services stated that Cottage staff will continue to submit a work order if they believe there is an issue with the water temperature. In addition, he stated that the maintenance staff will continue to conduct daily rounds to ensure compliance with Title 22 Regulations.

Recommendations

The Group Home's management shall ensure that:

1. The vehicles in which children are transported are maintained and in good repair.

2. SIRs are appropriately documented and cross-reported timely.

3. Detailed sign-in/sign-out logs are maintained.

4. The Group Home is compliant with Title 22 Regulations and County contract requirements.

Facility and Environment

- A walk-through of the facility grounds revealed that the swimming pool gate was not a self-latching gate. The Director of Program Services immediately padlocked the gate and stated that there will be no access to the pool until the gate is repaired. On April 12, 2013, the Monitor inspected the re-built self-latching gate. The Director of Program Services stated that only selected staff members have a key to the pool and will send a memo advising staff that upon entering and exiting the pool, they are to ensure the gate is self-latching and complete a work order if they find an issue with the gate.

- A walk-through of the facility revealed that four of five Protective Separation Rooms (PSR) and/or "Soothing Rooms" required maintenance. A "Soothing Room" located in the Children's Resource Center's Program Director's Office was in the process of being converted from a PSR; therefore, the carpet on the walls and ceiling had been removed. The walls had not yet been painted. The Director of Program Services stated that the room will be painted as soon as possible; however, maintenance issues requiring immediate attention have priority over "cosmetic" repairs.

  Two additional rooms, Rooms #2 and #3 are also located in the Children's Resource Center's school area. In Room #2, a wall had an exposed electrical socket. This was brought to the Director of Program Services' attention; he reported that the electrical socket would be immediately covered. On the following day, April 12, 2013, the electrical socket was observed to have a cover plate in place.

  Room #3 was in the process of being converted from a PSR to a "Soothing Room." The carpet from the walls and ceiling had been removed, the walls were in need of paint, and there was a wall vent that needed a cover. The walls will be painted, as stated above.

  Room #5, a PSR located in the high school building, was in need of repair, as the window in the door was missing and the metal door closer was broken. The Director of Program Services stated that the damage had occurred on April 8, 2013 and that the door window has been custom ordered. On May 22, 2013, during a follow-up visit, the OHCMD Monitor observed that the repairs for this room had been completed; new carpet had been installed and the window and

door closure had been replaced. The Director of Program Services stated that with the challenging children they serve, at any given time there are repairs being made throughout the facility. To ensure compliance, the maintenance staff will make daily rounds of the facility.

- The Main Campus kitchen contained a variety of fresh vegetables, fruits, frozen and dry goods; however, there were several food items, including corn muffin mix, dry soup mix, and cake and icing mix, which had expired. A few items, including a very large plastic container of peanut butter, did not have a date of expiration or date noting when the item had been received at the Group Home. The Director of Program Services immediately instructed kitchen staff to discard all of the expired and undated food products. He brought this deficiency to the attention of the Director of Operations, and the following day the Director of Operations held a meeting with all kitchen staff to discuss the proper handling of food, including food rotation and discarding of expired food. A meeting was also held with a kitchen staff member who received disciplinary action for not discarding expired food.

Recommendations

The Group Home's management shall ensure that:

5. The exterior and grounds of the group home are well-maintained.

6. The common quarters are well-maintained.

7. The Group Home adheres to food expiration dates and that all food products are dated when they are received at the Group Home.

Personal Rights and Social/Emotional Well-Being

- One child reported that she did not feel safe when she was restrained and taken to a time-out room. Although the OHCMD Monitor met with the child on two separate occasions, in different office locations, in the presence of a Program Director, and her Cottage Supervisor and alone, the OHCMD Monitor was not able to obtain any further information from the child. OHCMD brought this concern to the attention of the Director of Program Services. He stated that the child can be very aggressive and present a danger to herself and to others. He stated that from January to March 2013, the child has been restrained on seven occasions due to being "extremely violent." He stated that the child's aggressive acts have "tapered off." He assured that the child is safe and is receiving good care at the Group Home.

  OHCMD followed-up with the child's therapist to ensure the child was safe and felt safe at the facility. The therapist related that she had met with the child and will continue to address all of the child's concerns. Furthermore, the OHCMD Monitor met with the child on two separate occasions, in different office locations in the

presence of a Program Director and Cottage Supervisor and alone, the Monitor was unable to obtain any further information from the child. During the last attempted interview, the child appeared very comfortable in her environment.

Recommendation

The Group Home's management shall ensure that:

8. Children feel safe in the Group Home.

Personal Needs/Survival and Economic Well-Being

- One child did not have an adequate clothing inventory. Although the Group Home exceeded the child's clothing allowance expenditure, the child had an inadequate supply of underwear and so advised the OHCMD Monitor. In speaking with the child's therapist, the OHCMD Monitor was informed that the child had told her that she needed underwear and the child's therapist purchased "a pack of underwear" with group home funds.

  Records reviewed determined that the child had not been clothes shopping for approximately seven months (September 2012 to April 2013). Specifically, the most recent clothing receipts were August 2012, totaling approximately $369.62, a school uniform purchase of $35.37, in September 2012, and not another clothing purchase until April 2013, of $222.24. The Director of Program Services stated that there was no excuse for the child not receiving clothing for such a lengthy period of time. He believes this incident occurred as a result of poor communication between staff members when the child transferred from the Girls Satellite Home back to the Main Campus. He stated that going forward; the staff will be instructed to better communicate during a child's transition from one site to another, to ensure there is not a lapse in the child receiving clothes.

  On May 22, 2013, OHCMD requested a current Clothing Inventory for this child. The Clothing Inventory documented that the child had an adequate supply of clothing, except for some undergarments. The Cottage Supervisor had requested funds to purchase additional undergarments for this child. On June 3, 2013, the monitor received documentation that the child received the needed undergarments.

Recommendation

The Group Home's management shall ensure that:

9. All children are provided adequate clothing to meet DCFS standards for quantity.

Personnel Records

- OHCMD noted that three of five staff members did not meet their Job Description qualification of "Minimum one year experience working with SED children" when they were initially hired. They have subsequently fulfilled this requirement via working at the Group Home for more than one year.

  The Director of Program Services acknowledged this deficiency and stated that the agency strives to employ a "quality person" based on a person's integrity, honesty, and willingness to be trained and eagerness to work with challenging children. Due to this finding, the Director of Program Services has begun the process to revise the Child Care Worker Job Description in order to be congruent with the type of staff they seek. He explained that it is a lengthy process, as it must be approved by many levels within the agency before it is submitted to DCFS Contracts and CCL for a request to revise their program statement's Job Description.

Recommendation

The Group Home's management shall ensure that:

10. Staff meets the Job Description requirements.

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

The OHCMD's last compliance report, dated August 12, 2012, identified six recommendations.

Results

Based on our follow-up, the Group Home fully implemented two of six recommendations, for which they were to ensure that:

- SIRs are appropriately documented and cross-reported in a timely manner,
- The Group Home is free from safety and/or physical plant deficiencies,
- The children feel safe in the Group Home,
- The consequences are fair,
- The children are provided with adequate personal care items, and
- The outstanding recommendations from the prior monitoring report are fully implemented.

The Group Home did not implement the recommendations for which they were to ensure appropriate documenting and cross-reporting of SIRs to all required parties; the

Group Home is free from safety and/or physical plant deficiencies; the children feel safe in the Group Home; and full implementation of the outstanding recommendations from OHCMD's prior monitor report.

Recommendation

The Group Home's management shall ensure that:

11. The outstanding recommendations from the 2011 monitoring reported, dated August 10, 2012, which are noted in this report as Recommendations 2, 4, and 8 are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

HILLSIDES HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Main Campus
940 Avenue 64
Pasadena, CA 91105
License # 19200313
Rate Classification Level: 12

On-Campus Satellite (OCS)
940 Avenues 65
Los Angeles, CA 90042
Licenses # 191801995
Rate Classification Level: 12

Boys Satellite Home (BSH)
222 Maiden Lane
Altadena, CA 91001
License # 191200838
Rate Classification Level: 12

Girls Satellite Home (GSH)
873 North Hill Avenue
Pasadena, CA 91104
Licenses # 191290630
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: January 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. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	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	Full Compliance (ALL)
	2. County 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 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance

	8. Children Free to Attend or not Attend Religious Services/Activities	8. Full Compliance
	9. Reasonable Chores	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Full Compliance
	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements)	
	1. $50 Clothing Allowance	1. Full Compliance
	2. Adequate Quantity and Quality of Clothing Inventory	2. Improvement Needed
	3. Children Involved in Selection of Their Clothing	3. Full Compliance
	4. Provision of Clean Towels and Adequate Ethnic Personal Care Items	4. Full Compliance
	5. Minimum Monetary Allowances	5. Full Compliance
	6. Management of Allowance/Earnings	6. Full Compliance
	7. Encouragement and Assistance with Life Book	7. Full Compliance
IX	**Discharged Children** (3 Elements)	
	1. Children Discharged According to Permanency Plan	Full Compliance (ALL)
	2. Children Made Progress Toward NSP Goals	
	3. Attempts to Stabilize Children's Placement	
X	**Personnel Records** (7 Elements)	
	1. DOJ, FBI, and CACIs Submitted Timely	1. Full Compliance
	2. Signed Criminal Background Statement Timely	2. Full Compliance
	3. Education/Experience Requirement	3. Improvement Needed
	4. Employee Health Screening/TB Clearances Timely	4. Full Compliance
	5. Valid Driver's License	5. Full Compliance
	6. Signed Copies of Group Home Policies and Procedures	6. Full Compliance
	7. All Required Training	7. Full Compliance

Hillsides

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July 1, 2013

Patrica Bolanos-Gonzalez, Manager
Out of Home Care Management Division, DCFS
9320 Telstar Avenue, Suite 216
El Monte, Ca. 91731

I am submitting Hillsides' revised Corrective Action Plan.

Sincerely,

Tom Johnson, LCSW
Director of Program Services

HILLSIDES NURSES OFF. Fax:1-323-254-0134 Jul 1 2013 14:00 P.02

LICENSURE/CONTRACT REQUIREMENTS

1.The vehicles in which the children are transported are maintained and in good repair.

Damage was noted on two of the vehicles inspected. One had a large dent in a front fender, which needed repair, but this was not considered a safety issue as the dent did not impede the safe operation of the vehicle. The part described as unsafe on the other van is not a bumper or fender, but a plastic "inner fender liner" per the dealer. It has no structural purpose on the van in terms of providing for the safety of passengers, nor does its looseness impair safe driving. Again, while needing repair, it was not considered a safety issue.

All staff receive information on vehicle safety and procedures for reporting safety issues at New Staff Orientation, and driving staff review this material with the staff member assigned to orient new staff to the agency vehicles.

Our maintenance staff checks all vehicles twice weekly using a written safety check list. Those requiring repairs to address possible safety issues are pulled off line and taken in for repairs at that time. Staff driving the vehicles are expected to report any problems they notice, either before, during or after they have driven the vehicle. The Client Sign In/Sign Out Log will be changed to include a place to note any problems with a vehicle. Child Care Workers, Program Directors and other drivers have been re-instructed in writing what to check for and how to report it, and how to take a vehicle out of service until it can be repaired. The Maintenance Supervisor will conduct safety checks on an intermittent basis. Please see attached. Also, please see attached photos and repair documents for the vehicles.

The agency's Safety Committee meets on a quarterly basis to review all agency safety issues, specifically focusing up on the maintenance of agency vehicles.

Maintenance Supervisor and Director of Program Services are responsible.

Nursing Director will check and replenish vehicle first aid kits quarterly.

2.SIRs are appropriately documented and cross-reported to I-TRACK in a timely manner.

Two out of 65 SIRs were not submitted to OHCMD via I-TRACK.

The eight Hillsides staff responsible for reporting incidents through I-TRACK work together to identify and address issues that require an I-TRACK response. To efficiently manage this process they use a shared e-file that includes general SIR/I-TRACK instructions and information. Because the Hillsides

clients include children from RBS, non-RBS, Post-Adopt, out-of-county, etc. there appears to have been two instances when the SIR was not I-TRACKed to correct site.

To increase the accuracy of the system, a complete roster of all clients has been added to the shared file that identifies where each client's I-TRACK SIRs should be sent, and where cross reports are to be sent. This allows I-TRACK reporting staff to work from a checklist each time they submit an SIR. The information in the roster is updated by supervisors, who receive intake, discharge and status change information on clients from the Treatment Services Secretary. Please see attached sample.

Director of Program Services and Program Supervisors are responsible for correct cross reporting of SIRs.

3.Detailed Sign In/Out logs are maintained.

Some sign in/out log entries were not complete. Although staff were consistently signing children out, at times both the staff and the Program Directors became distracted by many other concerns on their return to campus.

To address this issue, Program Directors, who manage the log on a daily basis, have been instructed to check the log numerous times during their shifts, to insure that all children are accounted for and have staff correct any deficiencies or failures to complete the log correctly. As a back-up, an Administrative Secretary, will go through each log entry the following morning, pull an incomplete or incorrect log entry and turn them over to the Director of Program Services. Supervisors have been instructed to review log protocols with driving staff, and follow up with staff who do not correctly use the Sign In/Out log. Please see attachment.

The Director of Program Services, is responsible for fully completed Sign In/Out logs.

4.Title 22 Regulations

Hillsides provided a Plan of Correction and was cleared of the following violations: January 8, 2013, involving medication, January 25, involving a Needs and Services Plan, January 25, personal rights violation, and May 18, related to water temperature.

A medication error was made by a Hillsides Nurse who is assigned to dispense medication to the children.

A primary responsibility of each Nurse is to follow all procedures for safely dispensing medication. In this instance, the nurse was dispensing medication under less than ideal circumstances where the surroundings were distracting. The Nurse was asked to dispense medication within the Program Directors office while several crises were being dealt with by the staff in charge.

Plan of Correction:

The Nursing Supervisor modified the procedure instructing Hillsides Nurses, whenever safety allows, to have the children brought to the Nurse's office rather than dispensing medication in the Program director's office.
This would allow the Nurse to give her full attention to the process of safely dispensing medication.

In the event that a child cannot be safely moved to the Nurse's office, the procedure will be to move the child to a private area of the office, away from other distractions.

This policy has been added to the training manual and is a part of the on-going training curriculum. In the process of reviewing this policy, the nursing staff were reminded of the need to create a "zone" around the dispensing of medication that allows them to focus only on the safe practices that are a mandatory aspect of this process.

Responsibility for Correction
The Nursing Supervisor is responsible for corrections as listed above and for maintaining the Corrective Action Plan.

Medication Issue: The parent of a resident was not notified of a mediation being discontinued in a timely manner. The Hillsides Psychiatrist based on his medical judgment, discontinued a medication that he had previously prescribed for a resident.

Hillsides obtains consent and/or authorization for medication as per regulations.
In addition, it is Hillsides policy to inform the parent or guardian when a medication is recommended/prescribed for a child and to inform a parent if there is a decision, for medical reasons, to discontinue a medication.

In this instance, the parent was not notified in a timely manner in keeping with Hillsides policy. The policy permits the psychiatrist or the nursing staff to notify a parent when specific medical information is being provided. It is the responsibility of the Hillsides therapist to inform a parent or legal guardian of any significant change in a child's medication plan.

Plan of Correction:
It is routine procedure for the Hillsides social worker to notify parents of the prescribing of a medication by the psychiatrist, to facilitate communication between the psychiatrist and the parents if there are questions or concerns and to notify parents of a medication being discontinued by the physician.
In this instance, the procedure did not occur per policy.

As a result of this oversight, a written system of notifying the social worker will now have a follow up: the Clinical Director has initiated a procedure that documents the notification of parents and communicates that notification as needed. Each instance of a medication being prescribed or discontinued will be accompanied by written documentation of the parent or legal guardian who was notified and the date of that notification.
The social work staff have been trained by the Clinical Director in the use of this procedure.

Staff Responsible: It is the responsibility of the Clinical Director to oversee the above process to insure that the system adequately addresses and monitors the notification of parents.

Hot water temperatures varied from the normal range in two bathrooms in two units.

Staff are instructed to use a work order to alert maintenance if water temperatures are too hot or too cold. In cases where the water temperature in a facility is too hot to be used safely, staff will take the facility out of service until it can be checked by maintenance, and write an Incident Report. Maintenance staff will check and document the water temperature in all facilities bi-monthly, on an on going basis. Please see attached memo to supervisory staff.

Cottage supervisors and Maintenance Supervisor are responsible for maintaining safe and comfortable water temperature, and for seeing to it that any variance is corrected.

Tweezers were missing from two cottage first aid kits.

Nursing staff currently check cottage first aid kits on a monthly basis. All of the cottage supervisors have been given an adequate supply of replacement tweezers, and when missing, either the staff who notices them missing, or nursing staff during their monthly check, will replace them.

Nursing staff and Cottage Supervisors are responsible for keeping tweezers in the first aid kit.

Personal Rights Violation

Please see attached Corrective Action Plan.

FACILITY AND ENVIRONMENT

5.The self-closing pool gate did not close as the result of equipment malfunction.

The proper functioning of the gate will be checked several times daily by lifeguards entering and leaving the fenced pool area. If the gate is not closing properly, they will immediately use a pad lock to secure the gate when the pool is not in use. The gate will also be checked on an intermittent basis by the maintenance supervisor.

Recreation Director and Maintenance Supervisor are responsible for ensuring that the gate is self-closing, and for its repair when necessary.

6.Three of the five protective separation rooms required maintenance.

Due to mental illness and severe Posttraumatic Stress Disorder, Hillsides' clients are destructive towards agency property. Program areas are damaged on a daily basis, and the Soothing Rooms in particular, due to their use in de-escalating clients, are damaged multiple times per day. On any given day, an inspection of the agency would find damage that had not yet been repaired, because it had just occurred. In some instances, replacement parts may need to be ordered for the repairs to be completed, resulting in unavoidable delay. Maintenance staff will continue to make daily rounds of the agency and make repairs as quickly as possible on an on going basis, giving priority to areas used by

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clients.Staff using the Soothing Rooms will continue to check the room for safety issues prior to use. Damage that results in a safety issue that cannot be corrected right away will result in suspended use by clients until repairs can be made.

Director of Operations and Maintenance Supervisor are responsible for repairs.

7.Food items in containers or original packaging in the main campus kitchen had expired, and/or had not been dated when received .

Director of Operations and Chartwells' kitchen manager met with all kitchen staff on 4-11-13 to review protocols for dating incoming food items and discarding expired items. The kitchen manager was instructed in writing regarding this issue the following day for not following established procedures. Please see attached memo.

Director of Operations and Chartwells' Company/ Kitchen Manager are responsible for keeping food supplies properly labeled and up to date.

PERSONAL RIGHTS AND SOCIAL-EMOTIONAL WELL-BEING

8.One child reported that she did not feel safe when she was restrained and taken to a Soothing Room.

A child's perception of safety at Hillsides is influenced by a number of factors, including separation from loved ones, placement in a group home, past PTSD, mental illness, living with other highly disturbed children and use of approved ProAct interventions in violent, aggressive or dangerous situations. Hillsides' clinical staff complete a Safety and Calming Assessment for each child within 72 hours of intake. These assessments will be reviewed with all program staff more thoroughly in terms of helping them anticipate safety issues and use the interventions specified by the clinician to increase clients' sense of well-being here. The assessments are updated as needed, and annually. In addition to line staff, clients have access to a variety of staff and others, such as clinicians, mental health staff, supervisors, nursing staff, senior administrators, CCWs, group home evaluators, licensing representatives, families/significant others and the group home Ombudsman to address their issues regarding safety here. We realize that it may be difficult for some children to articulate their concerns, so program staff are instructed to carefully observe children, interpret their behavior and check in with them as to any concerns. This information is shared with other program staff, and safety planning with the entire team ensues. Please see attached sample of a Safety and Calming assessment.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

9.All children are provided adequate clothing to meet DCFS standard.

One client had two garments less than the required number of clothing items, although more than the specified amount of money was spent in providing the client with clothing. Supervisors have been instructed to shop for clients quarterly, and as needed in between.

Director of Program Services and Cottage Supervisors are responsible for maintaining this schedule.

PERSONNEL RECORDS

10.Staff shall meet the job description requirements.

Three staff did not have adequate experience specifically with SED children. We have found that experience with SED children is only one of a number of attributes that contribute to the well-being and recovery of traumatized children. Others include certain values, breadth of experience with children in a variety of settings, interpersonal skills, empathy, orientation to work, enhanced qualification for employment here (for example, life guard certificate, foreign language fluency, etc.), and stability in previous employment, to name a few. We will begin the process of changing the Child Care Worker Job Description, modifying the SED experience requirement to recognize other criteria for employment. This is a somewhat of a lengthy process in that it requires Board approval, Community Care Licensing and DCFS approval, re-signing all CCW and Re-hab Job Descriptions, changing our Program Statement, etc., and may take up to 6 months. The proposed new Job Description will be forwarded to OHCMD once it has been written.

Human Resources and Director of Program Services responsible for modification of the job description and hiring practices that match the job qualifications.

The Associate Executive Director and the Director of Program Services are responsible for the implementation and on going maintenance of this Corrective Action Plan.

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