County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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April 16, 2015

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

From: Philip L. Browning
Director

JUNIOR BLIND OF AMERICA GROUP HOME CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Junior Blind of America (the Group Home) in May 2014. The Group Home has one site located in the Second Supervisorial District and provides services to DCFS and Regional Center clients. According to the Group Home's program statement, its stated purpose is "to enhance the lives of students with visual impairment/multiple disabilities and/or medically fragile by providing them with the means to achieve maximum independence."

The Group Home maintains a 40-bed residential site and is licensed to serve a capacity of 40 girls and boys, ages 6 through 17. At the time of the review, the Group Home served 30 placed DCFS youth. The placed children's overall average length of placement was 17 months, and the average age for the children was 15.

SUMMARY

During CAD's review, the Group Home was in compliance with 3 of 10 areas of our Contract Compliance Review: Health and Medical Needs, Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the following areas: Licensure/Contract Requirements, related to not maintaining all vehicles in its fleet, Special Incident Reports not being cross reported timely, inadequate sign in/out logs for placed children, and Community Care Licensing Division (CCLD) citations; Facility and Environment, related to expired spices and condiments; Maintenance of Required Documentation and Service Delivery section, related to not obtaining the Children's Social Workers authorization to implement the Needs Services Plan (NSPs), the NSPs not being discussed with group home staff, children not progressing toward meeting their NSP goals, children not receiving the required therapeutic services,

recommended assessments/evaluations not being implemented, not maintaining documentation of contacts with CSWs, failure to assist all children in maintaining important relationships, and initial and updated NSPs were not comprehensive; Education and Workforce Readiness, related to not ensuring children attend school and meet their educational goals, inadequate maintenance of report cards, not ensuring that children's academic or attendance increase, and failure to facilitate age-appropriate participation in Youth Development Services; Psychotropic Medication, related to not obtaining current Court authorization for the administration of medication and not having current psychiatric evaluations on file for each child; Personal Rights and Social/Emotional Well-Being, related to children not being informed about the Group Home's policies and procedures, children reporting not feeling safe during the initial review, children reporting not being treated with respect and dignity during the initial review, inappropriate rewards and discipline system, children reporting that they were not free to attend or not attend religious services/activities, one child reported that the chores were not reasonable, and their right to refuse medication or voluntary medical, dental, and psychiatric care, and children not being given opportunities to plan and participate in extra-curricular, enrichment and social activities; Personnel Records, related to some staff not meeting educational/experience requirements, untimely health/TB screenings, not having signed agency policies/procedures, and a lack of documentation that staff received all required training.

On December 18, 2014, and again in January and February 2015, CAD conducted additional visits to ensure the Group Home's implementation of its Corrective Action Plan (CAP). During the additional visits, 10 additional children were interviewed to assess the overall safety of children in the Group Home. All children reported feeling safe and no concerns were reported.

Attached are the details of our review.

REVIEW OF REPORT

On June 26, 2014, the DCFS CAD Children's Services Administrator (CSA I) Christina Lee, held an exit conference with staff from Junior Blind of America: Barry Feinberg, Vice President of Children's Services; Corina Casco, Associate Vice President of Children's Services; Lisa Dozier, Director of Children's Services; and Joanne Olalia, Residential Therapeutic and Administrative Supervisor. DCFS staff included Ali Bhatti, Children's Services Administrator II, and Mary Espinoza, DCFS Out-of-Home Care Management Division (OHCMD) Monitor. The Group Home representatives agreed with the review findings and recommendations, and were receptive to implementing systemic changes to improve the agency's compliance with regulatory standards. They were also in agreement with addressing the noted deficiencies in the CAP.

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

The Group Home provided the attached approved CAP, addressing the recommendations noted in this compliance report. Following receipt of the CAP, CAD conducted follow-up visits to ensure the Group Home's implementation of their CAP. CAD will continue to verify that

these recommendations have been implemented in 90 days. OHCMD will provide ongoing technical assistance prior to the next contract compliance review.

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

PLB:EM:LTI
DLF:AB:cl

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
Barry Feinberg, Vice President of Children's Services, Junior Blind of America
Corina Casco, Associate Vice President of Children's Services, Junior Blind of America
Lenora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

JUNIOR BLIND OF AMERICA
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

5300 Angeles Vista Boulevard
Los Angeles CA 90043
License Number: 191800260
Rate Classification Level: 12

Program #1479.00.01

	Contract Compliance Monitoring Review	**Findings: June 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. 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. CCLD Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms Well 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	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Improvement Needed
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Improvement Needed
	6. Recommended Assessment/Evaluations Implemented	6. Improvement Needed
	7. County Children's Social Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Improvement Needed

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Improvement Needed
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	1. Improvement Needed 2. Improvement Needed
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	1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Improvement Needed 7. Full Compliance 8. Improvement Needed 9. Improvement Needed 10. Improvement Needed 11. Improvement Needed

	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)	12. Improvement Needed 13. Improvement Needed
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	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. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Improvement Needed

JUNIOR BLIND OF AMERICA
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 May 2014 review. The purpose of this review was to assess Junior Blind of America's (the Group Home) compliance with its County contract and with 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, seven Department of Children and Family Services (DCFS) placed 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 reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, three 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 five staff files for compliance with Title 22 Regulations and County contract requirements and conducted site visits to assess the quality of care and supervision provided.

CONTRACTUAL COMPLIANCE

CAD found the following seven areas out of compliance.

Licensure/Contract Requirements

- Vehicles were not maintained in good repair.

Two of the Group Home's 19 fleet vehicles needed further repair and/or inspection: vehicle #9 needed two seatbelts repaired and a headlight replacement and vehicle #1 was not available for review during CAD's numerous attempts to inspect the vehicle. As part of the Group Home's Corrective Action Plan (CAP), three vehicles (#1, #24, and #25) were permanently assigned as the only vehicles to be used by the Group Home. The Director of Children's

Services, Lisa Dozier, placed logs in the three vehicles to record any service issues and now speaks to the vehicle maintenance department regularly to ensure that any noted problems are being addressed.

Anthony Curry, CAD Contracts Compliance Administrator, conducted an on-site follow-up visit at the Group Home on January 9, 2015 and met with Lisa Dozier, Director of Children's Services. It was verified that vehicle #9 was decommissioned following an accident while servicing another program. Currently, the vehicle is parked and is not being used; however, the headlights were previously repaired. The accident report was requested and provided. If and when the vehicle is returned to service, the Group Home will fix the seat belts. Further, CAD staff inspected vehicle #1, and there were no problems noted.

During the Exit Conference, the Director of Children's Services Lisa Dozier agreed to review the agency reporting procedures and ensure that all Group Home vehicles are regularly inspected for maintenance issues.

- Three Serious Incident Reports (SIRs) were not cross reported.

The Group Home Therapists/Case Managers and the Director attended a training conducted by DCFS in conjunction with Community Care Licensing Division (CCLD) on SIR reporting on July 11, 2014. The Group Home also provided refresher training on July 16, 2014 to all staff responsible for submission of SIRs, which included the Program Manager and Coordinators.

- The Group Home did not maintain appropriate sign-in/out logs.

The Group Home revised their policy to state that each visitor upon entering the facility must speak with the supervisor on duty to inform them of the nature of their visit. The supervisor will ensure that each visitor signs his or her name/agency, time of arrival, and identify the resident they are visiting on the Visitation Log. After the visit is completed, the visitor will bring the resident back to the supervisor to be handed off to their respective staff and will be instructed to sign-out at the time of departure.

- The Group Home received CCLD complaints/citations.

On January 15, 2014, CCLD cited the Group Home for Neglect and Lack of Supervision when it was discovered that a non DCFS client with Autism, Epilepsy, and Attention Deficit Hyperactive Disorder placed at the Group Home arrived at school with bruises on her face. This client also was prescribed a protective helmet and was known to inflict self-injurious wounds and would fall down a lot. This client was taking the following medications:

Zyprexa 10 mg tab
Multi-Vitamins tab
Onfi 5 mg
Clorazepate Dipotass 7.5 mg
Trileptal Oral Suspension 300 mg/5ml
Exonzaole Nitrate 1% cream
Zonsiamide 100 mg/Cap
Flucinolone Aceoni 0.025%
Fiasepam Rectal Gel 15 ml

The Group Home was subsequently fined, and submitted Plan of Correction (POC), which included the re-training of their staff. CCLD cleared the POC on January 31, 2014 and received payment for the fine on February 10, 2014. At the time of this incident, the Out-of-Home Care Investigations Section (OHCIS) was not charged with the responsibility of investigating Group Homes.

On January 30, 2014, CCLD cited the Group Home for failure to obtain a death certificate for a youth that passed while hospitalized. The Group Home reported it was not able to obtain the Death Certificate from DCFS, and obtained a copy for CCLD from the Funeral Home and CCLD cleared the POC on February 5, 2014. This 14-year-old child died from heart failure while hospitalized at Centinela Hospital on August 21, 2012. The child was transported to the hospital from the Group Home, by the paramedics. This child had a diagnosed heart condition when placed at the Group Home. The child had previously been removed from the transplant list for failure to comply with medical orders. The Group Home reported at the time of the hospitalization that the child was being considered for replacement on the transplant list.

On February 11, 2014, CCLD cited the Group Home for a Building and Grounds violation. The POC required the repair of a leaking faucet, a clogged sink and toilet, and the hinges on one of the bathroom doors. The Group Home demonstrated completion of the repairs to DCFS. However, CCLD's clearance of the POC is still pending.

On March 6, 2014, CCLD cited the Group Home for a Neglect/Lack of Supervision complaint and for not cross reporting the SIR for this incident to them. This incident was only reported to DCFS and not entered into iTrack. A resident climbed a locked gate to the roof of the gym and then used a ladder to climb onto a second roof. The child refused to come down and law enforcement was called. The client in the incident was being visually supervised and additional staff and support was requested as this incident occurred. The POC included training of the Group Home's new therapist on SIR cross reporting requirements and CCLD cleared the POC on March 27, 2014.

During the Exit Conference, the Director of Children's Services Lisa Dozier indicated that the Group Home has increased overall supervision of residents with particular focus on documenting the results of visual inspections for non-verbal clients that arrive from school and transition to the assigned counselors for the shift and during breaks. On December 18, 2014, during an on-site follow up visit, CAD Compliance confirmed that refresher training on Title 22 and CCLD reporting requirements was conducted for submission of SIRs and on proper reporting protocol.

Recommendation

The Group Home's management shall ensure that:

1. All vehicles are maintained in good repair.

2. All SIRs are submitted timely and appropriately cross-reported.

3. Detailed sign-in and sign-out logs for placed children are maintained.

4. The Group Home is in compliance with Title 22 and free from CCLD citations.

The Facility and Environment

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

Perishable food in the residential facility's refrigerator did not have use-by or expiration dates labeled. The main kitchen where all food is prepared contained some expired spices. The Group Home immediately discarded all expired food during the compliance review. The agency created a log to record the date to use-by and expiration dates for food kept in their kitchens. A log was also created to document expiration dates for juices and milk (which correlates with dates indicated on the packages that the items were delivered in). Staff will record the expiration date and number of juices/milk provided, prior to the items being unpacked and placed in the refrigerator.

Recommendation

The Group Home's management shall ensure that:

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

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker (CSW) authorization to Implement Needs and Services Plans (NSP).

The Group Home did not obtain County CSWs' authorization to implement Needs and Service Plans (NSPs) in any of the seven sampled cases. At least one NSP for each child was not signed by the CSW.

A new protocol has been implemented to ensure that all parties are involved in the development of the goals and treatment plan. At the time the initial or quarterly NSP is scheduled, it must include a resident, DCFS CSW, therapist/case manager, rehabilitation specialist, and if applicable, parent, parent partner and nurse.

All parties will be involved in the development and discussion of goals. If all agree, signatures are obtained and copies are given to all parties. If there are changes or amendments needed, the therapist/case manager will make the necessary changes and send the amended copy via email for signatures. The therapist/case manager will keep progress notes in the file documenting the changes made and efforts to obtain signatures.

Ms. Lisa Dozier, stated that a case manager was hired since the CAD compliance review in May to complete and document all case contacts, NSPs, and case work done on behalf of the children, to allow the agency therapists to focus on the treatment aspect of the Group Home's services. The newly hired case manager documents all contacts and relevant information on progress notes that are kept for each child.

- Implemented NSPs were not discussed with staff.

Seven of the sampled NSPs were not implemented and discussed with Group Home staff. One NSP for each of six sampled children was missing a signature page and/or all of the required signatures on the signature page. For the remaining child, one NSP was almost a complete duplicate of the previous NSP and contained no new information on the child.

It was clarified that each therapist/case manager will provide regular case summaries of the residents for direct care staff and review of new goals during the shift change. A copy of these goals will be provided to the program manager for on-going review and assessment with the direct care staff. Per Ms. Lisa Dozier, Group Home staff members are now present at the meeting when developing NSP goals for the children, so they are aware of each child's needs. Ms. Lisa Dozier stated that the Group Home also implemented a practice where the therapy goals, daily activity goals, and NSP goals correlate, so that everyone involved with the children are working towards the same goals for each child.

- Children were not progressing toward meeting NSP case goals.

The NSP goals were not updated for four of the seven sampled children and remained the same on subsequent NSPs. One of these children had two identical goals and identified services on the same NSP. Goals for three of the four children did not reflect the areas of need. One child failed at least two classes for more than a year and this was never addressed in any of his goals. Another child had previous cutting and drug use behaviors in addition to suicide ideations, which were not addressed in any of the NSPs.

Therapists/Case Managers and the Director attended a NSP training provided by DCFS OHCMD on July 11, 2014. A training flyer and in-service sign in sheet were submitted. Therapists/Case Managers will assess progress towards goals each quarter; utilizing information provided by direct care staff, resident, CSW and family (if involved). If the resident is not meeting their goals, the goal will be modified and interventions will be changed. If after six months the resident is having difficulty meeting a particular goal, this goal will be changed to a new goal and revisited when necessary.

- Children were not receiving recommended therapeutic services.

Five of the seven sampled children did not receive the recommended therapeutic treatment/treatment services identified in their respective NSPs. One child was placed at the Group Home on September 25, 2013, but was not assessed for therapy until November 25, 2013, despite the child's disclosure of previous cutting, drug use, and suicide ideation. Another child was placed on September 10, 2013, and received the therapy assessment on November 27, 2013.

- Recommended assessments/evaluations were not implemented.

Recommended assessments/evaluations were not implemented for five of the seven children.

The Group Home will ensure that all residents will be assessed for therapeutic services and seen by the Group Home consulting psychiatrist for initial assessment within the first thirty days of placement. These systems in place will allow the Group Home to better track the transferring of cases, and assessments ensuring evaluations are being implemented timely and appropriately. Since the compliance review was done, the Group Home hired a new

therapist and is now at full capacity with respect to their treatment staff. The children were assigned new therapists. The therapists are also required to bring their notes and "productivity" information to clinical supervision sessions for review by the Clinical Director.

- County CSW monthly contact was not documented.

Therapists/Case Managers are now required to have at a minimum, one monthly contact with the CSW. At least three dates of CSW contacts are required for the quarterly NSP, one for each month of the quarter. The Group Home Director will ensure that all three dates are on the NSPs before being presented to the CSW for approval and signature.

- Children were not assisted in maintaining important relationships.

The agency did not assist one child with maintaining important relationships; she had no contact with any family and was not given the opportunity to be linked with a mentor.

The Group Home's therapist/case manager will contact the CSW if residents are refusing visits with their families. Additionally, this will be addressed in therapy and documentation of attempts to schedule visits, the resident/family response, communication of the issues with CSW and the plan will be documented in the file and on the NSP. If unable to facilitate contact with family, the therapist/case manager will explore other alternatives with the residents and DCFS, such as the CASA worker, mentor, or Big Sister/Brother to aid in developing connections with others in the community.

- The development of timely, comprehensive Initial NSPs with the child's participation was not conducted.

The treatment team did not develop timely and/or comprehensive initial NSPs with the participation of the age-appropriate child in four of the seven sampled cases. One initial NSP was dated January 28, 2014, but was corrected to April 10, 2014, although the date should have been May 10, 2014 (based on the placement date of April 10, 2014). Three other NSPs did not have proper CSW signatures/approval for implementation.

The Group Home implemented a new protocol to ensure that all parties are involved in the development of the goals and treatment plan. The therapist/case manager will keep progress notes in the file documenting the changes needed and efforts to obtain signatures.

- The development of timely, comprehensive Updated NSPs with the child's participation was not conducted.

The treatment team did not develop timely and/or comprehensive updated NSPs with the participation of the age-appropriate child in four of the seven sampled cases. Some NSPs were incomplete, listed the wrong birthdates, had identical goals on the same NSP, did not have updated goals to reflect areas of need, and did not have all the required signatures/approvals for implementation.

The Group Home implemented a new protocol to ensure that all parties are involved in the development of the goals and treatment plan. Prior to completion of the initial or updated NSP, a meeting will be scheduled to include, resident, DCFS CSW, therapist/case manager and rehabilitation specialist. If applicable, the parent, parent partner and nurse will also be invited. All parties will be involved in the development and discussion of the goals.

During the Exit Conference, Vice President Barry Feinberg, acknowledged the need for improvement in documenting the services delivered by the Group Home.

Recommendation

The Group Home's management shall ensure that:

6. The County CSW's authorization is obtained to implement NSPs.

7. All NSPs are discussed with Group Home staff and implemented.

8. Children are progressing toward meeting their NSP case goals.

9. Children receive all recommended therapeutic services.

10. Recommended assessment/evaluations are implemented.

11. Monthly contacts with the County CSWs are documented.

12. Children are assisted in maintaining important relationships.

13. Timely and comprehensive Initial NSPs are developed with the child's participation.

14. Timely and comprehensive Updated NSPs are developed with the child's participation.

Educational and Workforce Readiness

- The Group Home did not ensure children attended school and facilitated meeting their educational goals.

For five of the seven sampled children, the Group Home did not ensure that the children attended school or facilitate the meeting of each child's respective educational needs and goals. One child was enrolled in school more than a month after his/her placement at the Group Home. Another child was discharged from Carlson Home Hospital School on April 10, 2014, but there were no records on file to indicate that they were enrolled in school elsewhere. Two children did not have current Independent Education Plans (IEP) on file and another child has been failing at least two subjects, since May, 2013. The first documented correspondence about this issue did not occur until April 25, 2014 and this child is presently failing all subjects.

The Group Home's therapists/case managers will document all efforts and actions taken to ensure and facilitate the residents' educational needs and goals are met. The therapist/case managers will attend all IEPs, parent teacher conferences, Back to School Nights and maintain contact with teachers to discuss children's progress. Additionally, tutoring is provided at the

Group Home two nights per week and several residents participate in after school tutoring offered through their school.

- The Group Home did not maintain current report cards.

Two of the seven sampled children sampled for this review did not have current school information. The therapists/case managers have successfully signed up all residents attending Crenshaw High School on School Loop, which is an online program that allows the viewing of academic performance and electronic communication with their teachers. This online program also has the most recent grades posted for all subjects. For those enrolled in schools that do not subscribe to online services, the therapists/case managers will maintain regular contact with teachers to discuss issues and concerns. The Director compiled a list of residents that attended the various schools with the contact information for their therapist/case manager to contact for any immediate concerns.

- Children's academic or attendance did not increase.

Only four of the seven sampled children showed improvement in their academic performance and/or attendance since placement at the Group Home. The therapists/case managers have successfully signed up all residents attending Crenshaw High School on School Loop. This online program also has most recent grades in all subjects. For those enrolled in schools that do not subscribe to online services, the therapist/case managers are to maintain regular contact with teachers to discuss issues and concerns. Per Ms. Lisa Dozier, the case manager now maintains contact with teachers and school staff and ensures that children who need tutoring are receiving services at school. She stated that the agency has even arranged for tutors to help children at the Group Home site when such services are not available at the schools.

- The Group Home did not encourage age-appropriate participation in Youth Development Services (YDS) for one eligible child.

The therapist/case manager will work with the CSW to develop a Transitional Independent Living Program (TILP) for each child placed over the age of 14 and will receive an updated signed TILP for any placed child every 6 months after the initial TILP is received. The therapist/case manager and the treatment team will work with the resident to develop short and long-term goals and objectives that are appropriate to the developmental level of the resident. These goals will be included in the NSP, including the youth's strengths, interests, educational possibilities, and career plans. Ms. Lisa Dozier stated that the Group Home has set aside specific tasks for certain days of the week to work on skills with the children. For example, Thursday is laundry day, so all the residents do their laundry and work towards developing independent living habits.

At the Exit Review, the Group Home representatives acknowledged the need to maintain better documentation with respect to school records and attendance.

Recommendation

The Group Home's management shall ensure that:

15. Children attend school and that their educational goals are facilitated.

16. Copies of report cards are maintained.

17. Children's school attendance and academic performance is increased.

18. Eligible children to participate in YDS and/or vocational programs.

Psychotropic Medication

- Current Court authorization of the administration of psychotropic medication was not obtained.

Two of the three sampled children on psychotropic medication did not have a current psychotropic medication authorization on file. One child's psychotropic medication authorization was approved on December 3, 2013, but only for a 45-day period. Although the Group Home stated that their prescribing physician spoke with the Court physician regarding the issue, there was no documentation of the conversation or any paperwork stating that a new authorization need not be submitted.

Psychotropic Medication Authorizations will be required as part of placement paperwork for all residents currently on psychotropic medication. If residents are prescribed medication during their stay or medication changes are needed, no medication can be administered until proper authorization has been received from the Court.

- Current psychotropic evaluations were not conducted.

For one of three children, there was no current psychiatric evaluation. The child was placed at the Group Home on April 10, 2014 and did not receive a psychiatric evaluation until June 4, 2014.

Upon placement, the therapists/case managers will make the referral for psychiatric evaluation. During the Exit Conference, Ms. Lisa Dozier, agreed to review all policies, submit all required psychotropic medication authorizations, and keep records of all pertinent conversations regarding the authorizations.

Recommendation

The Group Home's management shall ensure that:

19. Current Court authorization for the administration of psychotropic medication is obtained.

20. Current psychiatric evaluation reviews are conducted.

Personal Rights and Social/Emotional Well-Being

- Children were not informed of the Group Home's policies and procedures.

One of the seven sampled children reported that they were not apprised of the Group Home's policies and procedures when they were placed at the Group Home.

The Group Home representatives indicated that residents are given information and offered a copy of the house rules, discipline procedures, level system, activities, and grievance policy (on the day of their placement). The Group Home has now posted the personal rights and level system on each floor for the residents to review anytime. To ensure that all residents are informed about group home policies and procedures, each bi-weekly meeting will now be started with a review of house rules, level system updates and the grievance policy.

- Children reported not feeling safe in the Group Home.

Two of the seven sampled children reported that they did not feel safe at the Group Home. One child could not explicitly articulate the reason for not feeling safe at the Group Home, but stated that they could not shake the feeling that "some adult" was going to "hurt" or "abuse" them and further stated having felt this way since being removed from their mother. Another child reported not feeling safe at the facility, but demonstrated enough comfort to ask three different staff members for "a dollar" to buy a snack to eat.

The Program Manager and Coordinators have started meeting regularly with the residents individually to allow them the opportunity to share any issues or concerns. The residents will be chosen randomly and the Program Manager and Director will promptly respond to the resident's complaints, issues, and concerns. Information and a flyer about the Group Home's Ombudsman are posted on both floors. The Ombudsman was on-site and provided residents with information about their services and distributed pamphlets to each resident.

Additionally, on December 18, 2014, ten additional children were interviewed to further assess the overall safety of children in the Group Home. All of the ten children interviewed reported feeling safe at the Group Home. Each child reported that there is enough staff present to address their needs and stated that there is adequate supervision by the staff on duty. At that time, none of the children reported any concerns regarding their safety or well-being.

- Staff is not treating children with respect and dignity.

One of the seven sampled children reported that there is one particular staff that taunts them.

Residents will participate in bi-weekly meetings with the Program Manger and Coordinators, where these concerns will be regularly reviewed and they are given the opportunity to ask questions or express issues or concerns. The Program Manager will immediately resolve any issues or concerns that arise. If the residents do not feel that the issue was resolved, they are all aware that they can speak with the Director to seek resolution. This process has been very instrumental in identifying training issues for staff and providing resolution to staff/residents and resident/resident issues.

- Children reported that the rewards and discipline system is not appropriate.

Two of the seven sampled children reported that the rewards and discipline system in place at the Group Home is not fair.

The residents will participate in bi-weekly meetings where residents will be given the opportunity to ask questions or express issues or concerns. The level system utilized for behavior management is regularly reviewed and inquiries are made of the residents as to what incentives they would like to add and how it can be improved. Additionally, during the monthly Manager's Meeting attended by the Director, Program Manager, Therapeutic Activity Supervisor and Coordinators for all shifts, the level system and activities are discussed. As a result, there may be revisions to the level system, as needed, to add more incentives or additional areas to address issues that have come about across all shifts related to residents' behavior/requests. The level system will be regularly reviewed with the residents so they have a better understanding of how it works and the incentives they can earn. Since this was implemented in late June 2014, the Group Home reports having seen a steady improvement in the residents' behaviors and they are moving up the levels and are able to participate in many of the incentives they suggested.

- Children reported they are not free to attend or not attend religious services/activities.

Three of the seven sampled children reported that they were not free to attend religious services or activities of their choice.

The Director and Therapeutic Activity Supervisor explored local churches of different denominations and will ensure that the residents are provided the opportunity to attend church. This information was shared with the residents during the bi-weekly meeting. The children are now given the opportunity to attend church and can choose one of several within the neighborhood.

- One of the seven sampled children reported the chores were not reasonable and that they are "hardish."

The therapist/case manager and the treatment team will work with the residents to develop short and long term goals and objectives that are appropriate to the developmental level of the individual resident. As this is a regional center provider, these goals will be included in the NSP and will be related to his/her strengths, interests, educational possibilities, career plans and level of chore complexity.

- Children reported not being informed of their right to refuse medication.

Three of the seven sampled children reported not being informed about their right to refuse medication.

All residents will be advised of their personal rights and will be provided with a copy at the time of their placement. Personal Rights are posted on both floors for residents to review at any time. The residents participate in bi-weekly meetings where these items are regularly reviewed and they are given the opportunity to ask questions or express issues or concerns. Additionally, during their session with the psychiatrist, they will be informed about their rights. This will be reviewed on an on-going basis.

- Children reported they are not free to receive or reject voluntary medical, dental and psychiatric care.

Three of the seven sampled children stated they either did not know if they were or were not free to receive or reject voluntary medical, dental, and psychiatric care.

All residents will be advised of their personal rights and will be provided with a copy. Personal Rights are posted on both floors for residents to review at any time. The residents participate in bi-weekly meetings where these items are regularly reviewed and they are given the opportunity to ask questions or express issues or concerns.

- Children reported not being given the opportunity to plan activities in extra-curricular, enrichment and social activities.

- Children reported not being given the opportunity to participate in extra-curricular, enrichment and social activities.

Two of the seven sampled children reported being denied the opportunity to plan or participate in extra-curricular, enrichment and social activities.

All children are encouraged to participate in extra-curricular activities in the school setting. There are several residents in the ROTC program and several that have tried out for sports teams. The residents are free to attend dances, home school sporting events and events held by their peers in the community with prior approval from the CSW, therapist /case manager and if they have achieved the necessary level in the behavior management system. These types of activities have been included in the level system and are managed under the guidelines of the Prudent Parent protocol.

It is noted that two unhappy children placed at the Group Home provided many of the negative answers. The Group Home representative did not agree entirely with the findings and asserted that the Group Home always reviews all agency policies and procedures with children at the initial time of placement. Barry Feinberg, Vice President, also stated that their psychiatrist is very thorough in explaining voluntary medical and psychiatric care to the residents and was skeptical of some of the information reported by these two specific children.

Recommendation

The Group Home's management shall ensure that:

21. All children are informed of the Group Home's policies and procedures.

22. All children feel safe.

23. Staff treats children with respect and dignity.

24. An appropriate rewards and discipline system is maintained.

25. Children are free to attend or not attend religious services and activities.

26. Chores are reasonable.

27. Children are informed about their medication and their right to refuse medication.

28. Children are free to receive or reject voluntary medical, dental, and psychiatric care.

29. Children are given the opportunities to plan activities in extra-curricular, enrichment, and social activities (GH, School, and Community).

30. Children are given the opportunities to participate in extra-curricular, enrichment, and social activities (GH, School, and Community).

Personnel Records

- Staff did not meet the education and experience requirements.

All five of the sampled Group Home employees did not meet the education/experience requirement. Three staff members did not have the required education or necessary work experience listed on the agency job descriptions and two staff members files' did not contain any verification of education and/or work experience.

The Group Home's Human Resources Department will ensure that all applicants meet the education requirements for the position they are applying for prior to scheduling the candidate for interview. Once an applicant is hired, the Human Resources Department will ensure that all applicants submit verification of education and that there is appropriate documentation of verification of work experience. Human Resources will make minor changes to the existing job descriptions to broaden the qualifying degrees for some of the positions.

- Employees did not have timely health screenings/TB clearances.

All five of the sampled employees did not have timely health screenings and/or TB clearances. The staff members did have medical clearance forms in their personnel files, however, the TB test was read after the employees start date.

The Group Home's Human Resources Department will ensure that all new hires have the appropriate health screenings and TB test prior to their start date. The Human Resources Department will also ensure all health screenings have the doctor's stamp or office information with phone number on the health screening and TB test.

- Employees did not have copies of the Group Home policies and procedures in their file.

Three of the five sampled employees did not have completed/signed copies of the Group Home policies and procedures on file.

The Orientation Checklist was modified and included more specific procedures related to training of new hires. This will be conducted with each new hire and submitted to the Human Resources Department within the first 2 weeks of employment.

- Employees did not meet training requirements.

Five of the five sampled employees did not complete all the required training for employment with the Group Home. Specifically, five of the sampled staff did not have child abuse training, two did not have current CPR/First Aid training, and three did not have current emergency intervention training. The Group Home did not have a proper documentation system in place to accurately reflect the hours of initial training each staff member completed.

Forms have been revised to now clearly identify the days of training and topics covered on each day. A signature line was added for each day. Many of the staff has now been trained in Child Abuse Reporting, which was held on May 7, 2014. The title was Zero Tolerance on Consumer Abuse. This training will now be reviewed on a quarterly basis to capture any new hires or those that have not participated in prior trainings. Several staff participated in CPR/First Aid while auditors were still on site and Emergency Intervention trainings, which were conducted on June 30, 2014, July 1, 2014, and July 2, 2014. To avoid this issue in the future, the Group Home's Human Resources Department will send a monthly report to notify each department of what trainings are set to expire for their respective staff. The Administrative Assistant will review this list and set up the necessary trainings for the staff. Once completed, the certificates and documentation of training will be submitted to their Human Resources Department for their records.

The Group Home representatives recognized there was insufficient training documentation and immediately began revising their forms to include specific information including training dates, training topics, training duration, etc. The Group Home also scheduled CPR/First Aid and emergency intervention classes during the course of the compliance review to get all staff current in the required safety trainings.

Recommendation

The Group Home's management shall ensure that:

31. All staff meets the education/experience requirement.

32. All employee health screenings/TB clearances are conducted timely.

33. It documents that all Group Home staff receive all agency policies and procedures upon hire.

34. It provides all required training to their staff.

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

The OHCMD's last compliance report dated November 5, 2013 identified four recommendations.

Results

Based on CAD's follow-up, the Group Home implemented 3 of the prior 4 recommendations for which the Group Home was to ensure:

- Common areas are well maintained.
- Children's bedrooms are well maintained.
- That all required documents are in the personnel file.

The Group Home did not implement one previous recommendation for which the Group Home was to ensure:

- The Group Home is in compliance with Title 22 Regulations and County contract requirements.

35. The outstanding recommendation from the 2012-2013 monitoring report dated November 5, 2013, which is noted in this report as Recommendation 4.

The Group Home representatives expressed their desire to remain in compliance with Title 22 regulations and Contract requirements. Barry Feinberg, Vice President of Children's Services, stated that the Group Home would make efforts to utilize components in this compliance report to conduct internal audits within the Group Home as a measure to strive towards greater compliance. The Group Home will consult with OHCMD for additional support and technical assistance, and CAD will continue to assess implementation of the recommendations in 90 days.

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.

JUNIOR BLIND OF AMERICA

April 3, 2015

Christina Lee, MSW

Children Services Administrator 1

Contracts Administration Division

Department of Children and Family Services

3530 Wilshire Blvd., 4th Floor

Los Angeles, CA 90010

Junior Blind Corrective Action Plan (CAP)

This letter is in response to Junior Blind's Group Home Monitoring Performance Review Results in June 2014. The following is the Corrective Action Plan to address noted deficiencies with revisions:

Final Monitoring Review Field Exit Summarv 6/26/14

I. Licensure/Contract Requirements

#3 Does group home maintain vehicles in which the children are transported in good repair?

Finding #1: One vehicle in need of a new right headlight and 2 seatbelt repairs, one out of service and one not available for inspection.

CAP
Vehicles will be inspected on an ongoing basis by maintenance staff. Director of Maintenance will provide monthly update to Director of Children's Residential Program.
#4 Are all Special Incident Reports {SIR's) appropriately documented and cross -reported in timely?

#4 Are all Special Incident Reports (SIRs) appropriately documented and cross reported timely?

Finding #2: Of the SIR's on file from May 2013 -August 2013, 22 of the reports were not completed properly in accordance with the Special Incident Reporting guide for Group Homes. Some Incidents were not reported to the CSW, OHCMD or CCL and some were not reported within the appropriate time frames.

CAP

Therapists/Case Managers and Director of CRP attended a training conducted by DCFS in conjunction with CCL on SIR reporting on 7/11/14. See attached flyer and sign in sheet.

Refresher training provided to all staff responsible for submission of SIR's, which includes, Program Manager and CRP Coordinators on 7/16/14. Ongoing trainings will be conducted by Director or Program Manager to all applicable staff to include information required when submitting SIR's. Prior to submission of SIR's staff must ensure that that following information is included:

1) What types of incidents require SIR
2) Who was involved in the incident
3) Where the incident occurred
4) Time of incident
5) Clear description of the incident, including, antecedent, behavior, intervention, response and plan.
6) All parties that must be included in cross reports, such as, CCL, OHCMD and CSW
7) Appropriate timeframes for reporting incidents.

#8 Does the facility maintain a detailed sign in/out log for placed children?

Finding #3: Sign in/out logs are kept but not completed fully, making it difficult to determine what was happening during each logged event.

CAP

Each visitor upon entering the Children's Residential Placement (CRP) must speak with the supervisor on duty to inform them of the nature of their visit. The supervisor will ensure that each visitor signs their name/agency, time of arrival and resident they are visiting on the Visitation Log. After the visit is completed the visitor will bring the resident back to the supervisor to be handed off to their respective staff and will be instructed to sign out the time of departure. See attached revised Visitation Log implemented as of 7/24/14.

#9 Is the group home free of any substantiated Community Care licensing complaints on safety and/or physical plant deficiencies since last review?

Finding #4:

This review period there were four substantiated CCL complaints.

1/15/14- Appeal submitted.

1/30/14- Failure to obtain a death certificate. CCLD cleared the POC on 2/5/14.

2/11/14- Deficiencies corrected on 2/11/14. CCLD cleared the POC on 3/11/15.

3/6/14- CAP submitted to CCL on 3/20/14. CCLD cleared POC on 3/27/14.

CAP

Increased overall supervision of residents with particular focus on arrival from school and transitions to assigned counselors for the shift and during breaks.
Conducted refresher training on Title 22 and CCL requirements.
Conducted training for all staff responsible for submitting incident reports on required timelines for submission of reports and proper reporting protocol including the appropriate parties required for submission of the reports.

II. Facility and Environment

#14 Does the group home maintain adequate nutritious perishable and non-perishable foods and adhere to product "used or freeze by", "best by", "sell by" or expiration dates.

Finding #5: There were chocolate milk, juice and cereal bars in the residential facility refrigerator that did not have use by/expiration dates. The main kitchen where all food is prepared for the residential facility contained expired: cumin, baking powder, nutmeg, cayenne and Heinz Taco Sauce.

CAP
A log was created to write expiration dates for juices and milk that come over with the expiration date on the box the items are packaged in. The expiration date and number of juices/milk provided will be recorded by staff prior to the items being unpacked and placed in the refrigerator.

All cereal bars remain in their respective boxes until empty. The kitchen has discarded all expired items.

III. Maintenance of Required Documentation and Service Delivery

#16 Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan?

Finding #6: There were no CSW signatures on any of the NSP's

CAP
New protocol has been implemented to ensure that all parties are involved in the development of the goals and treatment plan. At the time the Initial or quarterly NSP is due a meeting is scheduled to include, resident, DCFS CSW, Therapist/Case Manager and Rehabilitation Specialist. If applicable, parent, parent partner and nurse. During this meeting the following is discussed:

1. Case Plan/Permanency
2. Education- academic progress
3. Medical/Dental
4. Mental Health- treatment goals, interventions and response to treatment
5. ILP services (if applicable)
6. NSP goals

All parties are involved in the development and discussion of goals. If all are in agreement signatures are obtained and copies given to all parties. If there are changes or amendments needed the therapist/case manager makes the necessary changes and sends via email the amended copy for signatures.

Therapist/Case Manager will keep progress notes in the file documenting the changes needed and efforts to obtain signatures if not successful.

#17 Are NSP's implemented and discussed with the group home staff?

Finding #7: Seven of the sampled NSP's were not implemented and discussed with the Group Home Staff.

CAP
Therapist/Case Manager will provide regular case summaries of the residents for direct care staff and review of new goals during shift change. A copy of these goals will be provided to the Program Manager for ongoing review and assessment with the direct care staff.

It is the responsibility of the Program Manager to ensure that direct care staff is implementing and promoting stated goals for each resident as listed in the NSP.

#18 Are the sampled children progressing toward meeting the Needs and Services case goals?

Finding #8: Of the 7 residents sampled, 4 were found not to be meeting their NSP goals.

CAP

Therapist/Case Managers and Director of Children's Residential Program attended a training provided by DCFS OHCMD on 7/11/14 on NSP's, see attached flyer and in service sign in sheet.

Therapist/Case Manager will assess progress towards goals each quarter, utilizing information provided by direct care staff, resident, CSW and family if involved. If the resident is not meeting their goals, the goal will be modified and interventions will be changed. If after 6 months the resident is having difficulty meeting a particular goal, this goal will be changed to a new goal and revisited at a later date if appropriate.

Director of Children's Residential will be responsible for reviewing and approving all NSP's prior to being submitted to CSW.

#19 Are children receiving required therapeutic services? (i.e indiv, group therapy, substance abuse counseling, etc.)

Finding#9: Of the 7 residents sampled, 5 were found not be receiving required therapeutic services.

#20 Are recommendations on required and/or recommended assessments/evaluations implemented (psychological, psychiatric, medical evaluations/assessments)?

Finding #10: Of the 6 residents sampled, it was noted that recommendations on required and/or recommended assessments/evaluations were not being implemented.

CAP

We had some residents who were not assigned to a therapist/case manager for a little over a month due to two therapists leaving the agency within a week of each other. During the hiring process the residents were being provided increased support by their rehabilitation specialists and had regular check in's with remaining therapist and Director of CRP, however, these services were not documented via progress note. Additionally, once the

new therapists were hired, although they were meeting with the residents to develop rapport, they were being trained on our electronic records system, Welligent and were not inputting their contact with the residents during their training.

In the future whenever, therapists leave the agency or are on extended leave that will impact the therapeutic services provided, the case will be assigned to another therapist to provide interim services as outlined in the resident's treatment plan and all contacts will be input into the Welligent system.

In the instance where a resident comes into placement and their case is open at another mental health agency the plan to get their cases transferred to JBA will be as follows:

1. The Mental Health Program Assistant will contact the agency with the open case to request that case be closed and send a "Transfer of Single Fixed Point of Responsibility" form via fax.
2. After 2-3 days the MH Program Assistant will check the Integrated System (IS) to confirm that the agency has closed the case. If the case has not been closed then another request is sent via fax, marked 'Urgent".
3. The IS system is checked again in 2-3 days and if still not closed the agency's Director is contacted to request the case be closed. All efforts will be documented in the file to explain any delays.

JBA will ensure that all residents will begin assessment for therapeutic services and seen by the JBA consulting psychiatrist for initial assessment within the first thirty days of placement. With these systems in place it will allow JBA to better track the transferring of cases when needed and if required assessments and evaluations are being implemented timely and appropriately.

#21Are County workers contacted monthly by the GH and are contacts appropriately documented in the case file?

Finding #11: There is no current system of documenting contacts with the CSW

CAP
Therapist/Case Managers need to have at minimum one monthly contact with CSW. There needs to be at least 3 dates of contact for the quarterly NSP, one for each month of the quarter. Director of Children's Residential will ensure that all three dates are on the NSP's before being presented to the CSW for approval and signature.

Therapist/Case Managers will document dates and nature of the contact in the file to ensure accuracy and supporting documentation for NSP.

#22 Does the agency assist the children in maintaining important relationships?

Finding #12: Of the 7 residents, 1 was not having visits with his/her mother or anyone else.

CAP
This resident had issues with family and refused visits with her mother and mother did not force the issue. This is being addressed in her individual therapy sessions and will be documented more thoroughly in her NSP.

In the future, if residents are refusing visits with their families, therapist/case manager will contact the CSW to make them aware. Additionally, this will be addressed in therapy and documentation of attempts to schedule visits, resident/family response, communication of the issues with CSW and plan will be documented in the file and on the NSP. If unable to facilitate contact with family the therapist/case manager will explore other alternatives with the residents and DCFS, such as, CASA worker, mentor or Big Sister/Brother to aid in developing connections with others in the community.

#23 Did treatment team develop timely, comprehensive, Initial Needs and Services Plans {NSP) with the participation of the developmentally age appropriate child?

Finding #13: Four residents were noted to be deficient in this area.

CAP
New protocol has been implemented to ensure that all parties are involved in the development of the goals and treatment plan. At the time the Initial or quarterly NSP is due a meeting is scheduled to include, resident, DCFS CSW, Therapist/Case Manager and Rehabilitation Specialist. If applicable, parent, parent partner and nurse. During this meeting the following is discussed:

1. Case Plan/Permanency
2. Education- academic progress
3. Medical/Dental
4. Mental Health- treatment goals, interventions and response to treatment
5. ILP services (if applicable)
6. NSP goals

All parties are involved in the development and discussion of goals. If all are in agreement signatures are obtained and copies given to all parties. If there are change or amendments needed the therapist/case manager makes the necessary changes and sends via email the amended copy for signatures.

Therapist/Case Manager will keep progress notes in the file documenting the changes needed and efforts to obtain signatures if not successful.

#24 Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age appropriate child?

Finding #14: Four residents were noted to be deficient in this area.

CAP
New protocol has been implemented to ensure that all parties are involved in the development of the goals and treatment plan. At the time the Initial or quarterly NSP is due a meeting is scheduled to include, resident, DCFS CSW, Therapist/Case Manager and Rehabilitation Specialist. If applicable, parent, parent partner and nurse. During this meeting the following is discussed:

1. Case Plan/Permanency
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All parties are involved in the development and discussion of goals. If all are in agreement signatures are obtained and copies given to all parties. If there are change or amendments needed the therapist/case manager makes the necessary changes and sends via email the amended copy for signatures.

Therapist/Case Manager will keep progress notes in the file documenting the changes needed and efforts to obtain signatures if not successful.

IV. Education and Workforce Readiness

#26 Does the agency ensure that child attend school as required and facilitate in meeting the child's educational needs and goals (IEP conference, tutoring, parent/teacher conference, homework, etc.), if applicable for children placed over 90 days?

Finding #15: Documentation of meetings held, tutoring provided, parent/teacher conferences attended and assistance with homework not sufficiently documented for 5 residents.

CAP
Therapist/Case Managers will document all efforts and actions taken to ensure and facilitate the resident are meeting their educational needs and goals. The therapist/case

managers attend all IEP's, parent teacher conferences, Back to School Night and maintain contact with teachers to discuss individual's progress. Additionally, tutoring is provided at the Junior Blind two nights per week and several residents participate in after school tutoring offered through their school.

#27 Are current copies of the children's report cards or progress reports maintained?

Finding #16: 2 of the 7 residents sampled did not have current report cards or progress reports in their files.

CAP

Therapist/Case Managers have successfully signed up all of our residents attending Crenshaw High School on School Loop which is an online program that allows us to view the resident's academic performance and communicate with their teacher's online. This online program also has most recent grades in all subjects. For those enrolled in schools that do not subscribe to online services, the therapist/case managers maintain regular contact with teachers to discuss issues and concerns. The Director of Children's Residential compiled a list of residents that attend the various schools with the contact information for their therapist/case manager to contact for any immediate concerns.

#28 Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g.improved grades, test scores, promotion to the next level, H.S, grad, IEP goals)?

Finding #17: One resident's grades have dropped since placement and another resident has been failing classes since October 2013.

CAP

Therapist/Case Managers have successfully signed up all of our residents attending Crenshaw High School on School Loop which is an online program that allows us to view the resident's academic performance and communicate with their teacher's online. This online program also has most recent grades in all subjects. For those enrolled in schools that do not subscribe to online services, the therapist/case managers maintain regular contact with teachers to discuss issues and concerns. The Director of Children's Residential compiled a list of residents that attend the various schools with the contact information for their therapist/case manager and sent it to the dean at each school to ensure that they are able to contact the appropriate person to discuss issues and concerns related to our resident's.

#29 Does the GH facilitate (encourage} the age appropriate children's participation in YDS or equivalent services and vocational training programs or document barriers to obtaining such services and efforts to resolve issues, when applicable?

Finding #18: One resident only identified daily room cleaning and hygiene as ILP goals

CAP
Therapist/Case manager will work with CSW to develop a TILP for each child placed over the age of 14 years old and will receive an updated signed TILP for any placed child every 6 months after the initial TILP is received.

The therapist/case manager and the treatment team will work with the resident to develop short and long term goals and objectives that are appropriate to the developmental level of the resident. These goals will be included in the NSP and will be related to his/her strengths, interests, educational possibilities and career plans.

V. No deficiencies.

VI. Psychotropic Medication

#34 Are there current court-approved authorizations for the administration of psychotropic medication or did the GH document effort to obtain?

Finding #19: No PMA submitted for one resident. JBA thought the child was placed on a voluntary basis and that the mother was able to provide authorization. Another resident has a current PMA approved on 12/3/13, but only for a 45-day period. JBA was instructed to submit a new PMA by 1/16/14, as it was indicated that kids should not be taking 4+ medications at a time. Though JBA stated that their doctor spoke to the Juvenile Court's doctor regarding the issue, there is no documentation of the conversation or any paperwork stating that a new PMA need not be submitted.

CAP
Psychotropic Medication Authorizations will be required as part of placement paperwork for all residents currently on psychotropic medication.

If residents are prescribed medication during their stay or medication changes are needed, no medication can be administered until proper authorization has been received from the court.

#35 Is there a current psychiatric evaluation/review for each child on psychotropic medication?

Finding #20: No documentation of a psychiatric evaluation.

CAP

All children placed at JBA must have a psychiatric evaluation within the first thirty days of placement. Upon placement the therapist/case managers will make the referral for psychiatric evaluation.

VII. Personal Rights and Social/Emotional Well Being

#36. Are children informed of the group home policies and procedures (house rules, discipline, and grievance)?

Finding #21: One child denied receiving information regarding policies.

CAP
All residents on the day of placement are given information and offered a copy of the house rules, discipline procedures, level system, activities and grievance policy. We also have posted on each floor, personal rights and level system in the milieu for the residents to review anytime.

To ensure that all residents are informed about group home policies and procedures each biweekly meeting will now be started with a review of a few house rules, level system updates and grievance policy. After all policies and procedures have been reviewed, the cycle will begin again so that these policies are regularly being reviewed with the residents. The review of these procedures will be presented in a game or bingo format to make it fun for the residents.

#37 Do children feel safe in the group home?

Finding #22: 2 residents stated that they did not feel safe. However, it was noted that one also stated that he/she did not feel safe in any home other that his/her mother's home. It was also noted that the other resident felt comfortable enough with two different staff members to request $1 to purchase a snack and stated to a nurse that he wanted a snack.

CAP
The Program Manager and Coordinators have started meeting regularly with the residents individually to allow them the opportunity to share any issues or concerns. The residents will be chosen randomly and Program Manager and Director of Children's Residential

will promptly respond to the resident's complaints, issues and concerns. Director of Children's Residential and Program Manager will continue to actively explore any issues or concerns made by the resident's and provide feedback and follow up to the resident as to how the issues has or is being resolved. Additionally, information and flyer about the Foster Care Ombudsman is posted on both floors. The Ombudsman came to placement and provided residents with information about their services and passed out pamphlets to each resident. Residents will be made aware that the Foster Care Ombudsman is also an option and will make contact information readily available for the residents.

#40 Do children report feeling treated with respect and dignity?

Finding #23: One resident reported that he/she is not treated with respect and stated that one particular staff member acts like "just another middle school kid, taunting me".

CAP

The residents participate in biweekly meetings where these items will be regularly reviewed and they are given the opportunity to ask questions or express issues or concerns. Any issues that are brought are immediately addressed by the Program Manager. If the residents do not feel that the issue was resolved they all are aware that they can speak with the Director of Children's Residential to find resolution. This process has been very instrumental in identifying training issues for staff and providing resolution to staff/residents and resident/resident issues.

Additionally, The Program Manager and Coordinators have started meeting regularly with the residents individually to allow them the opportunity to share any issues or concerns. The residents will be chosen randomly and Program Manager and Director of Children's Residential will promptly respond to the resident's complaints, issues and concerns. Director of Children's Residential and Program Manager will continue to actively explore any issues or concerns made by the resident's and provide feedback and follow up to the resident as to how the issues has or is being resolved

#4l ls a fair rewards and discipline system in place?

Finding #24: 2 residents stated that the rewards and system in place is not fair.

CAP

The residents participate in biweekly meetings where these items are regularly reviewed and they are given the opportunity to ask questions or express issues or concerns. The level system utilized for behavior management is regularly reviewed and inquiries to the residents as to what incentives they would like to be added and how it can be improved. Additionally, during the monthly Manager's Meeting attended by the Director of CRP, Program Manager, Therapeutic Activity Supervisor and Coordinators for all shifts and the Level System and activities are discussed. As a result, there may be revisions to the

level system as needed to add more incentives or additional areas to address issues that have come about across all shifts related to residents' behavior/requests.

The Level System will be regularly reviewed with the residents so they have a better understanding of how it works and the incentives they can earn. Since this was implemented in late June we have seen a steady improvement in the resident's behaviors and they are moving up the levels and able to participate in many of the incentives they suggested.

#43 Are children free to attend religious services and activities of their choice?

Finding #25: 3 residents stated that they were not free to attend religious services

CAP
Director of Children's Residential and Therapeutic Activity Supervisor explored local churches of different denominations and will ensure that the residents are provided the opportunity to attend church. This information was shared with the resident's during the biweekly meeting.

#44 Are children's chores reasonable and age appropriate?

Finding #26: One resident stated that the chores were "hardish"

CAP
The therapist/case manager and the treatment team will work with the resident to develop short and long term goals and objectives that are appropriate to the developmental level of the resident. These goals will be included in the NSP and will be related to his/her strengths, interests, educational possibilities and career plans.

#45 Are children informed about their medication and right to refuse their medication?

Finding #27: 3 residents indicated that they were not aware he/she could refuse medication

CAP
Upon placement all residents review their personal rights and are provided with a copy. Personal Rights are posted on both floors for residents to review at any time. The residents participate in biweekly meetings where these items are regularly reviewed and they are given the opportunity to ask questions or express issues or concerns. Additionally, during their session with the psychiatrist they are informed about their rights. This will be reviewed with them ongoing to ensure that they fully understand their rights related to medication.

#46 Are children free to receive or reject voluntary medical, dental and psychiatric care?

Finding #28: 3 residents stated that they were not aware that they could refuse medication or voluntary medical, dental or psychiatric care.

CAP
Upon placement all residents review their personal rights and are provided with a copy. Personal Rights are posted on both floors for residents to review at any time. The residents participate in biweekly meetings where these items are regularly reviewed and they are given the opportunity to ask questions or express issues or concerns. This will be reviewed with the residents on an ongoing basis to ensure that they fully understand their rights related to medical, dental and psychiatric care.

#47 Are children given opportunities to plan age appropriate, extra-curricular, enrichment and social activities in which they have an interest, at school, in the community, or at the group home?

#48 Are children given opportunities to participate in age appropriate, extra-curricular, enrichment and social activities in which they have an interest, at school, in the community, or at the group home?

Finding #29: #47- 2 residents stated that they do not plan activities

Finding #30: #48-1 resident stated that they wanted to participate in art classes

CAP
All children are encouraged to participate in extra-curricular activities in the school setting. We have several residents in the ROTC program and several that have tried out for sports teams. The residents
are free to attend dances, home school sporting events and events held by their peers in the community with prior approval from CSW, therapist /case manager and if they have achieved the necessary level in the behavior management system. These types of activities have been included in the level system and are managed under the guidelines of the Prudent Parent protocol.

The residents are regularly polled by the Therapeutic Activity Supervisor and Program Manager about activities that they would like to attend in the community or participate in at the group home and these are always taken into consideration when planning activities. Some more recent activities include horseback riding, trip to a recording studio, make-up artist on campus providing tips to our female residents, hip hop class for all residents and drama class where the residents will culminate with a play that was written specifically for them.

X. Personnel Records

#61 Do GH staff who have direct contact with children meet the educational/experience requirements?

Finding #31: Of the 5 sampled employees, none met the job qualifications/requirements and 2 files did not contain verification of education and/or work experience.

CAP
Human Resources will ensure that all applicants meet the education requirements for the position they are applying prior to submitting candidate for interview.

Once an applicant is hired the Human Resources Department will ensure that all applicants submit verification of education and that there is appropriate documentation of verification of work experience.

Human Resources will make minor changes to the existing Job Descriptions to broaden the qualifying degrees for some of the positions.

#62 Have employees received timely health screenings /TB clearances?

Finding #32: Of the 5 sampled employee files, there were medical clearance forms in the file, and however, TB tests were read after the employees start date.

CAP
The Human Resources Department will ensure that all new hires have the appropriate health screenings and TB test prior to their start date. HR Department will ensure all health screenings have the doctor's stamp or office information with phone number on the health screening and TB test. The Director of Human Resources will ensure that prior to start date that all processing clearances and paperwork is completed and verified.

#64 Have appropriate GH employees signed copies of the GH policies and procedures?

Finding#33: 3 of the 5 staff did not have completed/signed policies and procedures in their files.

CAP
The Orientation Checklist was modified and included more specific procedures related to training of new hires. This will be conducted with each new hire and submitted to the Human Resources Department within the first 2 weeks of employment.

#65 Have appropriate employees received all required training (initial, minimum of one hour child abuse reporting, CPR, First Aid, required annual and emergency intervention)?

Finding#34: 0 of the 18 sampled employees completed all of the required training. The GH did not have a proper documentation system in place to accurately reflect the hours of initial training each staff member completed.

14 of the 18 did not have child abuse training

8 of the 18 did not have current CPR/FA or Emergency Intervention Training

CAP

While the staff were participating in their initial training the checklists for the direct care staff, Coordinators and Program Manager did not clearly depict the required amount of hours and days for the training. The therapist/case managers and rehab specialist participate in an intensive training but there was no formal orientation checklist completed to document the topics and length of training.

These forms were revised and forms developed for the therapist/case manager and rehabilitation specialists once this was brought to our attention. The forms now clearly identify the days of training and topics covered on each day. A signature line was added for each day.

Many of the staff has been trained in Child Abuse Reporting, the training was held on 5/7/14. The title was Zero Tolerance on Consumer Abuse. This training will now be reviewed on a quarterly basis to capture any new hires or those that have not participated in prior trainings.

Also, several staff participated in CPR/FA while auditors were still on site and Emergency Intervention training conducted on 6/30/14, 7/1/14 and 7/2/14.

To avoid this in the future, Human Resources will send a monthly report to notify each department of what trainings are set to expire for their respective staff. The Administrative Assistant for CRP will review this list and set up the necessary trainings for the staff. Once completed the certificates and documentation of training will be submitted to HR for their records.

JUNIOR BLIND OF AMERICA

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

The Group Home did not implement one previous recommendation for which the Group Home was to ensure.

Finding #35: The Group Home was not in compliance with Title 22 regulations and County Contract requirements due to receiving CCL citations.

CAP

The Group Home administrators continue to work closely with CCL, DCFS and OHCM to ensure that we are in compliance with Title 22 regulations and County Contract requirements. We are utilizing the compliance report and components to develop internal procedures to assist in meeting the necessary requirements and Title 22 regulations.

If you have any further questions please feel free to contact me at 323/295-6391or email at ldozier@juniorblind.org.

Sincerely,

, LMFT

Lisa Dozier, LMFT
Director of Children's Residential Program

JUNIOR BLIND OF AMERICA

5300 Angeles Vista Boulevard Los Angeles, California 90043 Phone: (323) 295-4555 Fax: (323) 296-0424 www.juniorblind.org