County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

October 5, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

LIFECIRCLE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of LifeCircle Unlimited, d.b.a. Lifecircle Group Home (Lifecircle) in May 2012, at which time they had six DCFS placed boys.

Lifecircle is located in the Third Supervisorial District and provides services to DCFS and Probation youth. According to Lifecircle's program statement, its stated goal is "to provide a stable, constant, nurturing and normal environment that is responsive to the individual resident's needs, to minimize the risk factors that may impede the resident's on-going development, to encourage the bonding process and to strengthen parent/child attachment. Finally, our purpose is to support the parents' efforts to reunite with their child by providing parent education, advocacy, and support." Lifecircle has one six-bed group home site with a licensed capacity for six children, ages 12 through 17.

For the purpose of this review, four currently placed children were interviewed and their case files were reviewed. The placed children's average length of placement was four months and the average age was 14. Four discharged children's files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged according to their permanency plan. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Three of the four children were prescribed psychotropic medication. Their case files were reviewed to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

SCOPE OF REVIEW

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

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Lifecircle was providing services as outlined in the agency's program statement. The children interviewed reported feeling safe and satisfied with residing at Lifecircle.

A few deficiencies were noted during our review. Our review revealed the need for Lifecircle to address some physical plant deficiencies. A possible safety hazard that was identified during the inspection of the facility was addressed prior to the Exit Conference.

Lifecircle's management was receptive to implementing some systemic changes to improve their compliance with Title 22 Regulations and the County contract requirements. Lifecycle agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following were the notable findings of our review:

- Since our last review, CCL had cited Lifecircle as a result of deficiencies and findings noted during a CCL investigation. There was a substantiated allegation of general neglect on October 14, 2011 for roaches at the agency's previous Group Home (GH) location. CCL did not request a formal CAP; however, CCL directed Lifecircle to have the roaches exterminated. Lifecircle took necessary steps to eliminate the roaches, including cleaning and extermination treatment. Lifecircle has since moved to another location.

- The exterior of the group home site required maintenance. The landscape was noticeably overgrown and the lawns needed to be mowed. Lifecircle had their gardener provide maintenance to the landscape and lawn the following morning. Several cement blocks used to form a patio planter were loose and out of place. The blocks were properly in place at the time of the Exit Conference. The side security screen door to the house was missing the exterior door handle. This was replaced prior to the Exit Conference. A possible safety hazard was noted on the west side of the home as a half inch metal pipe was protruding upwards approximately 12 inches from the walkway. This was also removed prior to the Exit Conference.

- The common areas of the GH were comfortable. However, the carpeting in the living room was thin, worn and frayed. The Administrator stated that the carpeting would be replaced with tile by the end of August. OHCMD has since received copies of receipts and photos verifying that new carpeting has been installed.

- The children's bedrooms lacked sufficient lighting. The Administrator advised that she had placed table lamps in each room for additional lighting and the children threatened to throw the lamps at each other. At the time of the Exit Conference, the Monitor suggested that wall mounted lighting may avoid the damage to the lamps and may eliminate these behaviors. Further, he suggested that increased monitoring of the children in the bedrooms may assist in decreasing the property damage. The Administrator stated that she would replace the lamps back into the rooms. The carpeting in the bedrooms was also thin, worn, and frayed. The Administrator also stated that tile flooring will be installed in the rooms by the end of August. However, the Monitor suggested that area rugs be placed next to each bed to afford the children a comfortable floor surface by the bed. The Administrator was in agreement with the need for the rugs. OHCMD has since received documentation that new carpeting has been installed in each bedroom.

- The GH had an insufficient amount of on-grounds recreation equipment. The Administrator stated that the children go to the park to engage in recreational activities. The Monitor advised that the site needed to have equipment for the children's use at the GH. A sufficient supply of games was present on the site at the time of the Exit Conference.

- There was sufficient perishable and non-perishable food; however, the refrigerator-freezer in the kitchen had latches and padlocks. The OHCMD Monitor directed the Administrator to have the latches and padlocks removed from the appliance. The Administrator stated that the children have been taking other children's personal food items without permission. The Monitor advised the Administrator that staff should monitor the area more closely to prevent unauthorized taking of others' food. The latches and padlocks were removed.

- Two children's case files did not have copies of current Individual Educational Plans (IEP). The GH reported that the schools would not provide them with copies of the most current IEPs. The Monitor advised the GH to contact the DCFS Educational Liaison or each child's CSW to assist with obtaining the copies.

- Two children's clothing inventories did not meet the DCFS Clothing Standards for quantity. One child was lacking two pairs of pants and the other child was lacking a bathrobe and pair of slippers. Documentation received by OHCMD verified that additional pants were purchased to meet the DCFS Standards. The other child is currently in Juvenile Hall and unavailable to go clothes shopping to supplement the robe and slippers he was lacking.

- One staff member did not have a timely health screening or a timely Tuberculosis (TB) test (June 20, 2007) based on her start date (October 13, 2008), although she has since had another TB test (June 21, 2011). The Monitor advised the Administrator that the staff needed to obtain a current health screening and provide OHCMD Monitor documentation of the staff member's current health screening. OHCMD has received appropriate documentation of the staff member's current health screening.

EXIT CONFERENCE

The following are highlights from the Exit Conference held July 16, 2012.

In attendance:

Mamie Nelson, Administrator; Loretta Cogan, Social Worker, Lifecircle Group Home; and Donald Luther, Monitor, DCFS OHCMD.

Highlights:

The Administrator indicated that the review was helpful for Lifecircle and that she was in agreement with most of the findings. She stated that she would consider having tile flooring installed, rather than carpeting, in the bedrooms and living areas by the end of August. She further stated that they are still in the process of acclimating to the new GH location, but are happy at the site.

The OHCMD Monitor verified that Lifecircle had addressed the concerns with the carpeting; Lifecircle provided photos and copies of receipts verifying that new carpeting had been installed in the living room and bedrooms.

As agreed, Lifecircle provided an approved CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of the recommendations during our next review. If you have further questions, please call me or your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:RRS:KR:
EAH:PBG:dl

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Dewayne Winrow, PhD, Executive Director, Lifecircle Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing

LIFECIRCLE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

12681 Louvre Street
Pacoima, CA 91331
License Number: 198207474
Rate Classification: 12

	Contract Compliance Monitoring Review	**Findings: May 2012**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non-Perishable Food	1. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Improvement Needed
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received Recommended Assessment/Evaluations Implemented	Full Compliance (ALL)

	9. DCFS CSWs Monthly Contacts Documented 10. Children Assisted in Maintaining Important Relationship 11. Development of Timely Updated NSPs 12. Development of Comprehensive Updated NSPs	
IV	**Educational and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. Children Facilitated in Meeting Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourage Children's Participation in YDS	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-Up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights And Social/Emotional Well-Being** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities	Full Compliance (ALL)

	9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival And Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance

	14. Emergency Intervention Training Documentation	14. Full Compliance

LIFECIRCLE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

12681 Louvre Street
Pacoima, CA 91331
License Number: 198207474
Rate Classification: 12

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

CONTRACTUAL COMPLIANCE

Based on our review, Lifecircle complied with five of 10 sections of our Contract Compliance Review: Maintenance of Required Documentation and Service Delivery; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; and Discharged Children. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

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

Furthermore, CCL had cited Lifecircle as a result of deficiencies and findings during a prior CCL investigation. There was a substantiated allegation of general neglect on October 14, 2011 for roaches at the agency's previous GH location. CCL did not request a formal CAP; however, CCL directed Lifecircle to have the roaches exterminated. Lifecircle took necessary steps to eliminate the roaches, including cleaning and exterminator treatment. Lifecircle has since moved to another location.

Recommendation:

Lifecircle's management shall ensure:

1. Compliance with Title 22 Regulations and the County contract requirements.

FACILITY AND ENVIRONMENT

Based on our review, Lifecircle fully complied with one of six elements reviewed in the area of Facility and Environment.

Several deficiencies were noted. The exterior of the group home site required maintenance. The landscape was noticeably overgrown and the lawns needed to be mowed. Lifecircle had their gardener provide maintenance to the landscape and lawn

the following morning. Several cement blocks used to form a patio planter were loose and out of place. The side security screen door to the house was missing the exterior door handle. A possible safety hazard was noted on the west side of the home as a half inch metal pipe was protruding upwards approximately 12 inches from the walkway. Each of these findings was appropriately addressed prior to the Exit Conference held July 17, 2012.

The common areas of the group home were comfortable, but the carpeting in the living room was thin, worn and frayed. The Administrator stated that the carpeting would be replaced by the end of August with tile flooring. OHCMD has since received copies of receipts and photos verifying that new carpeting has been installed.

The children's bedrooms lacked sufficient lighting. The Administrator advised that she had placed table lamps in each room for additional lighting at the time of the review. The children threatened to throw the lamps at each other and the lamps were removed. At the time of the Exit Conference, the Monitor suggested that wall mounted lighting may avoid the damage to the lamps and may eliminate the issue. Further, he suggested that increased monitoring of the children in the bedrooms may also assist in decreasing the property damage. The Administrator stated that she would replace the lamps back into the rooms. The carpeting in the bedrooms was thin, worn, and frayed. The Administrator stated that tile flooring will be installed in the rooms by the end of August. The Monitor suggested that area rugs be placed next to each bed to afford the children a comfortable floor surface. The Administrator was in agreement with the need for the rugs. OHCMD has since received documentation that new carpeting has been installed in each bedroom.

The GH had an insufficient amount of on-grounds recreation equipment on site. The Administrator stated that the children go to the park to engage in recreational activities. The Monitor advised the Administrator to have on-site equipment for the children's use at the Group Home. At the time of the Exit Conference, games were present at the Group Home for the children's use.

There was sufficient perishable and non-perishable food; however, the refrigerator-freezer in the kitchen were locked and opened by staff at the children's request. The OHCMD Monitor directed the Administrator to have the locks removed from the appliance. The Administrator stated that the children have been taking other children's personal food items without permission. The Monitor advised the Administrator that staff should monitor the area more closely to prevent unauthorized taking of other's food. The locks were removed.

Recommendations:

Lifecircle's management shall ensure:

2. All GH exteriors and grounds are well maintained and free of hazardous conditions.

3. The worn carpeting in the common areas and bedrooms is replaced.

4. All children's bedrooms are supplied with sufficient lighting.

5. The GH maintains a variety of recreation equipment on-site for the children to use at the group home.

6. Sufficient supplies of perishable and non-perishable foods are properly stored and readily accessible by the children.

EDUCATION AND WORKFORCE READINESS

Based on our review, Lifecircle fully complied with seven of eight elements reviewed in the area of Education and Workforce Readiness.

Our review revealed two children's case files did not contain copies or documentation of their current Individual Educational Plans (IEPs). The Group Home reported that the schools would not provide them with copies of the most current IEPs. The Monitor advised the Group Home to contact the DCFS Educational Liaison or each child's CSW to assist with obtaining the copies.

Recommendation:

Lifecircle's management shall ensure:

7. Each required IEPs are current and copies are maintained in the children's case file.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review, Lifecircle fully complied with seven of eight elements in the area of Personal Needs/Survival and Economic Well-Being.

Two children's clothing inventories did not meet DCFS Clothing Standards for quantity. One child was lacking two pair of pants and the other child was lacking a bathrobe and pair of slippers. Documentation was sent to OHCMD that verifies additional pants have been purchased to meet DCFS Standards. The other child is currently in Juvenile Hall and unavailable to go clothing shopping to supplement the robe and slippers he was lacking.

Recommendation:

Lifecircle's management shall ensure:

8. All children have sufficient quantities of clothing to meet DCFS standards for quantity.

PERSONNEL RECORDS

Based on our review of personnel files and/or documentation from the provider on three of their staff, Lifecircle fully complied with 13 of 14 elements reviewed in the area of Personnel Records.

One staff did not have a timely health screening or a timely TB test (June 20, 2007) based on her start date (October 13, 2008); although she has since had another TB test (June 21, 2011). The Monitor advised the Administrator that the staff needed to obtain a current health screening and provide OHCMD Monitor documentation of the staff's current health screening. OHCMD has received appropriate documentation of the staff's current health screening.

Recommendation:

Lifecircle's management shall ensure:

9. All staff complete timely health screenings and TB tests within the timeframes as designated in the Title 22 Regulations and to provide OHCMD Monitor documentation of the staff's current health screening.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

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

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report is dated April 27, 2011.

Results

The OHCMD's prior monitoring report contained one outstanding recommendation. Specifically, Lifecircle was to ensure NSPs were to be comprehensive and included all required elements in accordance with the NSP template. Based on our follow-up of this recommendation, Lifecircle fully implemented the one recommendation.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of Lifecircle for the period July 1, 2009 through June 30, 2010. The fiscal report dated July 12, 2011 identified $406 in unallowable expenditures and $969 in unsupported/inadequately supported expenditures for a total of $1375 which needed to be repaid. This amount has been paid in full.

Lifecircle Unlimited Inc.
Lifeicittle Group Home

Lifecircle

Telephone: 818.83442463

12681 Louvre .9'-
OaccA q133 I

RJR

We make a way when there's no way'"
That} the circle **of lift.**

Facsimile: 818.8970263
err s, lifetimiemi@aoi.com

August 13, 2012

Out of Home Care Management Division
Department of Children and Family Services
9320 Telstar Avenue, Suite 216
El Monte, CA 91731

Dear Sir or Madam,

This is the Corrective Action Plan for Lifecircl,es Group Home:

1.8. Are there no Community Care Licensing citations, OHCMD Investigation Unit reports on safety and physical plant deficiencies? (On 10/14/11, CCL cited Lifecircles GH for roaches in the home. The GH completed the CAP to remove roaches from the facility.)

A Commercial Pest Control Company was hired by the Group Home Director to eradicate the roaches. The company sprayed the group home lx month inside and out. Lifecircles will continue to comply with Title 22 regulations and County Contract requirements. Group Home Director will be responsible for compliance.

11.10. Are the exterior and grounds of the group home well maintained? (Front and back yards clean and adequately landscaped, condition of home exterior, driveway, walkways and fences, window screens) (Lawns and landscape were in need of maintenance. Addressed at time of review. Several blocks in patio area needed repair.)

The Group Home Director has hired the gardener to put in grass seed and fertilize the back yard. The back yard will be watered 3x week and the front yard 2x week. The gardener will remove the bricks and dirt from the back yard. The process started on 8/1/12. The doorknob was replaced on the side security door on 7/17/12. The protruding pipe on the side of the house was removed on 7/16/12.

11.11. Are common quarters well maintained? (Clean/sanitary, neat, adequate furniture and lighting, home-like environment, no safety hazards) (Carpeting in living room area was worn.)

New carpet was placed in the living room on 8/10/12 instead of the proposed tile.

11.12. Are children's bedrooms well maintained? (Clean/sanitary, neat, comfortable, adequate lighting, window coverings and storage space, beds, mattresses, furniture, flooring, full complement of linens on beds, age appropriate decorations and appropriate sleeping arrangements) (Additional lighting needed in each bedroom. Carpeting *was* worn.)

There are wall lights in each bedroom. The bulbs in these wall lamps will be changed to 100 watts from the current 75 watts. Lamps had been in each bedroom but they had to be removed due to the residents using them as weapons. The Group Home Director placed lamps in each bedroom when directed by OHCMD but they had to be removed due to the residents harming themselves with the lamps. There will be increased supervision in the bedrooms. New carpets were placed in all bedrooms on 8/10/12 instead of the proposed tile.

11.13. Does the group home maintain sufficient recreational equipment in good condition and age appropriate? (Safe, secure and maintained active/passive equipment options) (Additional age-appropriate recreation equipment needed.)

Residents have footballs and basketballs. Group Home Director will purchase a basketball hoop on 8/18/12, Residents will continue to go to the nearby park to play basketball and swim and to go to the teen center there.

11.15. Does the group home maintain adequate perishable and not-perishable foods? (A minimum of a two day supply of perishables and a one week supply on non-perishables) (Locks on refrigerator in house. Sufficient supply and properly stored)

Locks were placed on the refrigerator because residents took, spit or tampered with other residents' food. All residents agreed to this. Residents had access food by asking Staff to unlock the refrigerator. The locks were removed on the date of the audit, 5/15/2012. Staff will continue to monitor the refrigerator to ensure that residents' food is not tampered with. Residents will always have access to an unlocked refrigerator and freezer. There is a sufficient supply of food at all times and it is properly stored.

IV.33. If applicable, are current IEPs maintained? (Schools would not enroll due to their conflict as to home school. Two residents' IEPs not in *case* file)

Lifecircles will continue to utilize DCFS Educational Consultants and CSWs to assist in obtaining copies of IEPs. There have been times when Educational Consultants have refused to release IEPs to the group home. One resident's IEP was not completed because the person with Educational Rights had not been assigned.

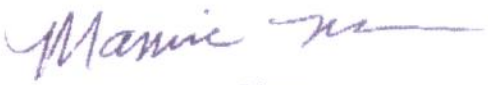
VI11.63. Are children's on-going clothing inventories of adequate quantity? (One resident has not gone shopping as yet. Lacking sufficient pants. Another resident lacking slippers and bathrobe)

Receipts were provided to OHCMD for pants for the first resident. The resident now has sufficient clothing to meet DCFS' clothing standards for quantity. The other

resident was unable to shop. He is now in juvenile Hall. Group Home Director will continue to ensure that all residents meet DCFS clothing standards. If a resident desires clothing outside of the DCFS clothing standard, the Group Home Director will instruct him to document his preference in his file_

X.78. Have employees received timely health screenings? (One employee's Medical and TB not timely. No documentation of Child Discipline or Rights Policy)

The employee's signed Child Discipline/Rights Policy Form was forwarded to OHCMD and is now in her file. It had been misfiled. The Group Home Director will continue to ensure that all employees' health screenings and TB Tests are timely. She will ensure that all Staff have the required documentation in their file. A copy of a newer TB test was provided to OHCMD that was completed since the Staffs hiring date, An updated Health Screening will take place on 8/20/12 and forwarded to OHCMD. The Group Home Director will be responsible.



Mamie Nelson, Director,
Lifecircles Group Home