COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

November 26, 2014

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

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **YOU ARE THE DIFFERENCE FOUNDATION (LOVING LIFE) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Loving Life Group Home, operated by You Are the Difference Foundation Incorporated, in May 2014. Loving Life has two (2) sites, Loving Life I and Loving Life II, which are both located in the Second Supervisorial District of Los Angeles County. They provide services to Los Angeles County Probation children only. According to Loving Life's program statement, its purpose is to provide residential care and treatment to children who are delinquent, severely emotionally disturbed and with severe behavioral problems that require extensive social work and mental health treatment, behavioral interventions and intense supervision.

Loving Life I is an eight-bed site and is licensed to serve a capacity of eight (8) boys, 13 - 18 years of age. Loving Life II is a six-bed site and is licensed to serve a capacity of six (6) boys, 13 - 18 years of age. At the time of review, Loving Life served 14 Los Angeles County Probation children. The placed children's overall average length of placement was five (5) months, and their average age was 16 years old.

Five (5) children were randomly selected for the interview sample. There were two (2) children in the sample who were prescribed psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five

(5) staff files were also reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Loving Life, and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Loving Life was only in compliance with two (2) of the 10 areas of our Contract Compliance Review: "Psychotropic Medication" and "Discharged Children".

PPQA/GHM noted deficiencies in the areas of "Licensure/Contract Requirements, in that, Loving Life needed to ensure that their vehicles contain valid proof of registration from the Department of Motor Vehicle. In addition, Loving Life needed comprehensive clothing and allowance logs to document that children were receiving payments. It was noted, in the area of "Facility and Environment", that Loving Life needed to make minor repairs, ensure that graffiti was removed from the bedrooms and common areas and certify that all smoke detectors were working properly, In the area of "Maintenance of Required Documentation and Service Delivery", Loving Life failed to develop comprehensive Needs and Services Plans. In the area of "Educational and Workforce Readiness", Loving Life needed to ensure that the children were making progress toward their academic goals and school attendance. In addition, Loving Life needed to document the children's participation in Youth Development Services/Vocational Programs. In the area of "Health and Medical Needs", Loving Life needed to ensure that initial medical exams were conducted in a timely manner.

Deficiencies were also noted in the area of "Personal Rights and Social/Emotional Well-Being", in that, Loving Life needed to ensure that children have the freedom to attend or not attend religious services or activities, in the area of "Personal Needs/Survival and Economic Well-Being", in that, all children should be provided with a "Life Book", in the area of "Personnel Records", in that, Loving Life needed to ensure that documentation is included in each staff's personnel file to show that they have met the education/experience requirement of the hired position. In addition, the personnel files should have proof of timely tuberculosis clearances and required training. Loving Life's supervisory staff was instructed to enhance monitoring in order to eliminate documentation issues.

REVIEW OF REPORT

On May 23, 2014, Probation PPQA Monitor Kedra Frelix held an Exit Conference with Loving Life's Administrator Alice Brown. Administrator Brown agreed with the review findings and recommendations and was receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP).

Loving Life Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

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

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Officer
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Karen D. Richardson, Out-of-Home-Care Management, DCFS
Leticia Torres-Ibarra, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Alice Brown, Loving Life Administrator
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

LOVING LIFE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

LOVING LIFE GROUP HOME I
700 SOUTH BURRIS AVENUE
COMPTON, CA 90021
LICENSE NUMBER: 191600185
RATE CLASSIFICATION LEVEL: 10

LOVING LIFE GROUP HOME II
9601 S. HOBART
LOS ANGELES, CA 90047
LICENSE NUMBER: 198204496
RATE CLASSIFICATION LEVEL: 10

	Contract Compliance Monitoring Review	**Findings: May 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. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County 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. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	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. Full Compliance 3. Full Compliance 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	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	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 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance

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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
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. Full Compliance 7. Improvement Needed

LOVING LIFE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Loving Life's compliance with the County contract and State regulations and include a review of the Loving Life 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
- Personnel Records

For the purpose of this review, five (5) placed children were randomly selected for the sample. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, two (2) placed children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed, to assess Loving Life's compliance with permanency efforts

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following eight (8) areas were out of compliance.

Licensure/Contract Requirements

- During an inspection of the vehicle at Loving Life II, valid proof of registration from the Department of Motor Vehicles (DMV) was not located in the vehicle.

- During a review of the five (5) children's clothing and weekly allowance logs, it was revealed that Loving Life I and II had monetary logs that were not complete or comprehensive. The children in the sample size had weekly allowance and/or clothing logs that were missing their signature of receipt and did not have monthly waiver forms to indicate that they are aware of the Group Home's quarterly clothing payments.

Recommendation

Loving Life's management shall ensure that:

1. All vehicles have proof of valid registration from the DMV. This is to be done in accordance with the Master County Contract, Statement of Work (SOW), which states that the Contractor shall "abide by all applicable federal and state laws and regulations in transporting Placed Children."

2. All children's files have accurate allowance and clothing allowance records, which are to include a current ledger accounting, with columns for income, disbursements and a balance for each child. In addition, monthly clothing allowance waiver forms are to be signed by all children in the Group Home and placed in their files, to indicate that they are aware of the Group Home's quarterly clothing payments. This is to be done in accordance with the Community Care Licensing (CCL), Title 22 standards.

Facility and Environment

An inspection of the interiors and exteriors of both Loving Life facilities revealed some cosmetic deficiencies that require correction.

- At Loving Life I, graffiti was located on the BBQ pit in the backyard. The Hallway smoke detector did not work properly. In the Dining Room, the "Gram Board" displayed graffiti and profanity. The Recreation Room had numerous unsecured electrical wires hanging from the desk area. In Bedroom #1, there was a broken closet door and graffiti was located on a window and a clothing basket. In Bedroom #4, the heater vent was broken.

- At Loving Life II, loose bricks were located in the backyard patio area. A small patch of peeling paint was observed in the bathroom. In Bedroom #2, the closet rod was loose and unsecure. In Bedroom #3, the tint on the window was scratched.

Recommendation

Loving Life's management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the exterior, common areas and children's bedrooms are corrected and repaired in a timely fashion. This shall be in accordance with the CCL, Title 22 standards, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times."

Maintenance of Required Documentation and Service Delivery

- Of the five (5) files reviewed, two (2) files lacked signatures from the Deputy Probation Officer (DPO) of Record on the initial Needs and Services Plan (NSP).

Therefore, Loving Life was not compliant with the section "Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSP?"

- Of the five (5) files reviewed, one (1) file lacked signatures from the Group Home staff on the initial NSP. Therefore, Loving Life was not compliant with the section "Are NSPs implemented and discussed with the group home staff?"

- Of the five (5) files reviewed, four (4) files lacked comprehensive initial NSPs. None of the children's initial NSPs provided any information in the "Concurrent Case-Plan Goal" sections. The NSPs failed to implement concurrent plans (i.e. family finding efforts) simultaneously with the primary Case Plan Goal. Three (3) files lacked initial medical/dental exam dates on the initial NSPs. One (1) file lacked an initial dental exam date on the initial NSP. One (1) file listed only one (1) goal for the child in the initial NSP and did not address any additional goals for the child. However, reviewed documentation reported the child had additional problems with anger management and theft. One (1) file had two different Case Plan goals (Family Reunification and Legal Guardianship) checked off on the initial NSP.

- Of the five (5) files reviewed, four (4) files lacked comprehensive quarterly NSPs. Four (4) of the children's quarterly NSPs did not provide any information in the "Concurrent Case-Plan Goal" sections. The NSPs failed to implement concurrent plans (i.e. family finding efforts) simultaneously with the primary Case Plan Goal. Two (2) files did not properly document why Outcome Goals were modified and failed to indicate what changes were made to the goals to make them achievable. One (1) file did not have any information to document the child's current Grade Point Average and high school credits earned. Three (3) files lacked medical/dental exam dates in the quarterly NSPs. One (1) file did not have any information listed for the Special Incident Report section of the quarterly NSP, and the Outcome Goals had incorrect dates. One (1) file listed an incorrect Achieved Outcome Goal. The Achieved Outcome Goal reported the child had been reunited with family; however, he remained in the Group Home.

Recommendation

Loving Life's management shall ensure that:

1. Each child's NSP has the County worker's signature/authorization to implement the NSP, in accordance with the CCL, Title 22 standards, as well as the Master County Contract SOW.

2. Each child's NSP has the Group Home staff's signature and the NSP is implemented and discussed with the staff, in accordance with the CCL, Title 22 standards, as well as the Master County Contract SOW.

3. The aforementioned NSP deficiencies are corrected so that each child has comprehensive initial NSPs, in accordance with the CCL, Title 22 standards, as well as the Master County Contract SOW.

4. The aforementioned NSP deficiencies are corrected so that each child has comprehensive quarterly NSPs in accordance with the CCL, Title 22 standards as well as the Master County Contract SOW.

Education and Workforce Readiness

- A review of the children's files indicated that one (1) of the five (5) children was not in compliance with this section. One child's quarterly NSP indicates the child continues to have issues with poor school performance and attendance. However, the Group Home did not document the efforts made to assist the child in improving his school performance or what additional techniques were implemented as part of the Case Plan Goal modification. Therefore, Loving Life was out of compliance with the section of "Children's Academic or Attendance Increased".

- Of the five (5) files reviewed, one (1) file did not document the Group Home's efforts to facilitate the child's participation in Youth Development Services (YDS) and vocational training programs. The section was left blank on the child's initial and quarterly NSP. Therefore, Loving Life was out of compliance with the section of "Age-appropriate children's participation in Youth Development Services (YDS) or equivalent services."

Recommendation

Loving Life's management shall ensure that:

1. All efforts made by the Group Home to assist the children in making educational progress are clearly documented in their NSPs, in accordance with the Master County Contract SOW.

2. Each age-appropriate child be provided the opportunity and encouraged to participate in YDS/Vocational Programs, in accordance with the CCL, Title 22 standards and the Master County Contract SOW.

Health and Medical Needs

- A review of the files revealed that one (1) of the five (5) children was not provided with a timely medical examination. In the Quarterly NSP, it is documented that the child did not complete an initial medical exam within the required time frame. However, there was no provided explanation. The only listed date of a medical appointment is on November 5, 2013, which is approximately two (2) months late. Therefore, Loving Life was out of compliance with the section under "Initial Medical Examination conducted timely."

Recommendation

Loving Life's management shall ensure that:

1. All children are provided with a thorough physical examination by a pediatrician within 30 days of admission, in accordance with the CCL, Title 22 standards.

Personal Rights and Social/Emotional Well- Being

- During the interview process, one (1) of the five (5) children reported that he was required to attend church when he did not want to because of "staffing issues".

Recommendation

Loving Life's management shall ensure that:

1. All attendance at religious services, in or outside of the facility, shall be on a completely voluntary basis, in accordance with the CCL, Title 22 standards.

Personal Needs/Survival And Economic Well-Being

- During the interview process, one (1) of the five (5) children stated he was not provided a Life Book or Photo Album and was unaware what a Life Book was.

Recommendation

Loving Life's management shall ensure that:

1. All residents shall be encouraged or assisted in creating and maintaining photo albums or life books upon arrival in the Group Home in accordance with the Master County Contract SOW.

Personnel Records

- Upon reviewing a sample of five (5) Personnel Files at both Loving Life facilities, two (2) of the five (5) employees did not have verification of their education/experience qualifications in their personnel file.

- One (1) of the five (5) employees did not have proof of Tuberculosis clearance in their personnel file.

- One (1) of the five (5) employees did not have any record of initial training in their personnel file.

Recommendation

Loving Life's management shall ensure that:

1. All necessary paperwork and documents to verify each employee's education/experience qualifications are included in their personnel files, in accordance with CCL, Title 22 standards and the Master County Contract SOW.

2. All necessary health paperwork and documents are included in each employee's personnel files, in accordance with the CCL, Title 22 standards.

3. All necessary paperwork and documents to verify each employee's initial 24 hours of training are included in their personnel files, in accordance with CCL, Title 22 standards.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated June 9, 2014, identified four (4) recommendations.

Results

Based on the follow-up, Loving Life fully implemented two (2) of the four (4) previous recommendations for which they were to ensure that:

- Disaster drills are conducted at least every six (6) months, in accordance with the CCL, Title 22 standards.

- All employee files included the Group Home's policy and procedures in personnel files, in accordance with the CCL, Title 22 standards.

However, the follow-up discovered that Loving Life failed to fully implement two (2) of the previous four (4) recommendations for which they were to ensure that:

- Most deficiencies noted to the Exterior, Common Areas and Children's Bedrooms were repaired or replaced in accordance with the CCL, Title 22 standards. All wire screens for pipes have been replaced or repaired, all walls were painted, all missing window blinds were replaced, all drawer rails were repaired or replaced, all holes in the wall were repaired, all light switch or outlet covers were replaced and the carpet in Bedroom #3 of Site II was repaired so that nails were not exposed. However, Site I still had visible graffiti on the BBQ pit, "Gram Board" and in Bedroom #1. Additionally, all wires and cords were to be secured to the wall. As aforementioned in the section of Facility and Environment, Site I still had numerous unsecured electronic wires hanging under the desk area in the Recreation Room.

- All children should be encouraged or assisted in creating and maintaining photo albums or life books. As aforementioned in the section of Personal Needs/ Survival and Economic Well-Being, one (1) child at Loving Life II reported he did not have a life book and did not know what it was.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Loving Life Group Homes from the Department of Auditor Controller is dated May 22, 2008, for the fiscal period of January 1, 2006, to December 31, 2006. The report dated May 22, 2008, indicated that Loving Life Group Homes had questioned/disallowed costs. Loving Life Group Homes submitted a timely approved fiscal Corrective Action Plan (CAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

Loving Life Home I

700 S. Burris Ave

Compton CA 90221

310-608-0150

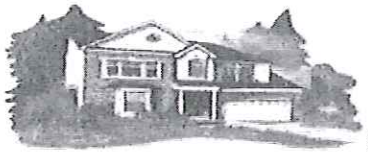
310-608-6920 Fax

DPO K. Frelix on behalf of Loving Group Home, I would like to take the opportunity to thank you for the monitoring job that you did for Loving Life 1 & 11 and we appreciate your help. You indeed did a great job on working with us. We hope the Corrective Action Plan is to your satisfaction.

Thank You.

Alice Brown

September 16, 2014



Loving Life Home I & II

Corrective Action Plan

This corrective action plan is a result of the deficiencies found during a GHMU inspection conducted by DPO. K. Frelix on May 06, 2014 and May 07, 2014.

The following corrections were made at Loving Life Home sites I & II.

Licensure/Contract Requirements

Item #3: No vehicle registration in van (LA Site)

Item #3 Correction: Vehicle registration has been placed in the van.

Plan of correction: Staff will check for the vehicle registration and insurance documentation as part of the inspection each time they drive.

Item #7(A): Allowance/clothing Logs- Does not have a current ledger accounting, with columns for income, disbursements and balances for each client (Both Sites)

Item #7(A) Corrections: Current form was updated with the income, disbursements and balance columns added.

Item #7(B): Clothing Log-No sign off Log for clients who choose to Bank their money for the month (Both Sites)

Item #7(B) Correction: A sign-off Log form has been placed in each resident's file.

Plan of correction: Staff will ensure each youth has the updated form in their file and will complete a sign off form when they choose to bank their money for the month. Administration will provide quality assurance to ensure all youth have the proper documentation for Allowance Logs and Clothing Logs.

Facility and Environment

Item #11(A): Loose bricks in the back patio (LA Site)

Item #11(A) Correction: Bricks have been sealed to the wall.

Item #11(B): Bathroom/Peeling paint on the left side of the sink (LA Site)

Item #11(B) Corrections: Wood paneling around sink was sanded and painted.

Item #12(A): Bedroom #2 Closet rod unsecure (LA Site)

Item #12(A) Correction: Closet rod has been secured.

Item #12(B): Bedroom #3 Tint on window scratched (LA Site)

Item #12(B) Corrections: Scratch on window tint has been covered.

Item #12(C): Hallway smoke detectors not working (Compton Site)

Item #12(C) Correction: All smoke detectors have been serviced, and batteries replaced.

Item #12(D): Gram board/poster containing graffiti and profanity (Compton Site)

Item #12(D) Corrections: All graffiti and profanity has been removed.

Item #12(E): Recreation room/numerous electronic wires hanging under the desk area (Compton Site)

Item #12(E) Corrections: All wires have been secured.

Item #12(F): Bedroom #1 Graffiti on clothing basket, Door hinge on closet door broken, Graffiti on window (Compton Site)

Item #12(F) Corrections: All graffiti has been removed, and the closet door hinge has been repaired.

Item #12(G): Bedroom #4 Heater vent broken (Compton Site)

Item #12(G) Corrections: Heater vent has been repaired.

Plan of correction: Staff will do a nightly check of the interior/ exterior as part of their daily check-off list. Administration will provide quality assurance to ensure the facility is well maintained.

Education and Workforce Readiness

Item #26(A): Client #4 Continues to have issues with poor school behavior and performance (LA Site)

Item #26(A) Corrections: During the last month of school, Client #4's behavior improved dramatically.

Plan of correction: Case manager will provide detailed information in the Needs and Service Plan to document all interventions used to assist the youth in attending school attendance and behavior.

Health and Medical Needs

Item #30 (A): Client #5 (LA Site) was not provided with a timely medical examination. The only listed date of a medical appointment is on November 5, 2013, which is approximately two (2) months late.

Item #30 (A) Corrections: The youth received an initial medical appointment at the Rancho San Antonio Group Home, which took place within the initial thirty days of his placement. This information was corrected and documented on the Needs and Service Plan.

Plan of correction: Staff will ensure all youth attend medical appointments in a timely manner and that the visit or refusal is documented in the youth's Needs and Service Plan. In addition, if the youth has been seen at a different Group Home prior to his placement at Loving Life Group Home it will be documented in the Needs and Service Plan. Staff/ Therapist will check the youth's medical documentation on a monthly basis.

Personal Rights and Social/Emotional Wellbeing

Item #43(A): Client #3 (Compton Site): Reported that he had to attend church in the past when he did not want to due to staffing issues.

Item #43(A) Corrections: Attending church is done on a voluntary basis and staff has been advised that all youth who desire to attend any religious services must be accommodated.

Plan of correction: Staff will ensure that youth attend religious services on a voluntary basis.

Item #55(A): Client #4 (LA Site) stated he did not have a Lifebook, and was unsure what it was.

Item #55(A) Corrections: Client #4 (LA Site) has a Lifebook in his possession. He was reminded about the purpose of a Lifebook and was encouraged to utilize it to display his pictures and school awards.

Plan of correction: Staff will ensure each youth has a Lifebook upon entrance to the Group Home. The Lifebook will be a part of the youth's entrance packet. However, if the youth chooses not to participate in placing personal items in the Lifebook, the youth will sign a waiver form.

Personnel Records

Item #61(A): Staff #3 did not have past experience or education on file (LA Site).

Item #61(A) Corrections: Past experience and education has been place in the file of Staff #3.

Item #61(B): Staff #1 did not have past experience or education on file (Compton Site).

Item #61(B) Corrections: Past experience and education has been place in the file of Staff #1.

Item #62(A): Staff #1 did not have proof of TB clearance on file (Compton Site).

Item #62(A) Corrections: TB clearance has been placed in the file of staff #1.

Item #65(A): Staff #5 did not have any record of initial training on file (Compton Site).

Item #65(A) Corrections: Documentation of Initial training has been placed in the file of staff #5.

Item #65(B): Staff #3 did not have any record of initial training on file (LA Site).

Item #65(B) Corrections: Documentation of Initial training has been placed in the file of staff #3.

Plan of correction: Administration will review staff personnel files on a monthly basis to ensure they are updated and obtain all required documentation.

September 16, 2014

Loving Life Home I & II

Corrective Action Plan

This corrective action plan is a result of the deficiencies identified in the Needs & Service Plan (NSP) during a GHMU inspection conducted by DPO. K. Frelix on May 06, 2014 and May 07, 2014 under, Maintenance of Required Documentation and Service Delivery.

The following corrections were made at Loving Life Home sites I & II and the reports for the client's identified by numbers 1-5, were revised and are currently in the charts of the identified clients.

Client# 1

- Signature of DPO is on the Initial N&S Plan
- Family Reunification was selected on the N&S Plan
- Concurrent plan was documented on the reports
- GPA is now documented
- Goal #1 is now measurable
- Outcome goal modified reflects what is done differently
- Medical and Dental exam was completed at the PAC Rancho San Antonio

Client # 2

- Concurrent plan was documented on the reports
- Medical and Dental exam was completed at the PAC Boys Republic
- Additional goals as completed at PAC listed

Client # 3

- Signatures are on the Initial N&S Plan
- Outcome goal modified reflects what is done differently
- Medical and Dental exam was completed at the PAC Rancho San Antoine
- Referred to the Department of Probation for ILP services with monthly follow up to see if and when these services will be provided

Client # 4

- Concurrent plan was documented on the reports
- Medical and Dental exam was completed at the PAC Boys Republic
- Goal modification of lack of school progress was documented

Client # 5

- Concurrent plan was documented on the reports
- Medical and Dental exam was completed at Central Juvenile Hall
- SIR section was filled in
- Outcome goals #1 and 4 have correct past dates
- Plans were documented

Plan of correction:

Case managers completing the NSP reports shall ensure that all sections or areas of the NSPs are comprehensively completed. Case managers will ensure that each youth has a concurrent plan and all medical dates are properly documented. In addition, case managers will obtain all pertinent signatures for the NSPs and all information is properly documented. Administration and case managers will be trained to make sure the areas mentioned are corrected so that all sections of the NSP's are completed

and quality assurance is comprehensive. The training will be held no later than July 30, 2014.

Staff will refer all youth 14 and up to the Department of Probation for Independent Living Program (ILP) services. Staff will follow-up with the Department of Probation on a monthly basis to see if and when these services are provided for our clients. All correspondence will be documented in the NSPs for the youth.