COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers J. P.
Chief Probation Officer

SUBJECT: **MOORE'S COTTAGE (POMONA SITE) GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Moore's Cottage (Pomona site) Group Home in May 2013. Moore's Cottage Pomona is located in the Fifth Supervisorial District and provides service to Los Angeles County Probation youth. According to Moore's Cottage program statement, its purpose is to help children develop skills and self-esteem which will enable them to become self-sufficient and productive in society.

Moore's Cottage Pomona is a six-bed site and is licensed to serve a capacity of six boys, ages 13 - 17. At the time of review, Moore's Cottage Pomona served two (2) Probation children, three (3) children who were under the supervision of both Probation and Department of Children and Family Services (DCFS) and one (1) DCFS placed child. The placed children's overall average length of placement was two (2) months, and their average age was 15 years. There were four (4) youth, two (2) Probation, one (1) DCFS and one (1) Dual Supervision child (under the supervision of both Probation and DCFS), in the randomly selected interview sample, and one (1) of those youth was prescribed psychotropic medication. This case was reviewed to assess for timeliness of Psychotropic Medication Authorizations and sufficient documentation of psychiatric monitoring. Additionally, two (2) discharged children's files, one (1) Probation and one (1) DCFS, were reviewed to assess compliance with permanency efforts. Four (4) 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 Moore's Cottage Pomona and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Moore's Cottage was in compliance with seven (7) of the 10 areas of the Contract Compliance Review: Licensure/Contract Requirements; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being and Discharged Children.

However, there were deficiencies noted in three (3) areas: Facility and Environment, Maintenance of Required Documentation and Service Delivery and Personnel Records. Moore's Cottage Pomona needs to develop comprehensive initial Needs and Services Plans, repair the minor facility deficiencies noted and ensure that all personnel receive a timely health screening. Moore's Cottage Pomona supervisory staff were instructed to enhance monitoring in order to eliminate documentation issues.

REVIEW OF REPORT

On June 13, 2013, Probation PPQA Monitor RaTasha Smith, held an Exit Conference with Moore's Cottage Pomona representatives Steve Smith, Administrator and Cathy Staten, Facility Manager. Moore's Cottage (Pomona) representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve their compliance with regulatory standards and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

Moore's Cottage (Pomona) provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

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:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Steve Smith, Administrator, Moore's Cottage Pomona
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

MOORE'S COTTAGE-POMONA GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1349 Casa Vista Dr.
Pomona, CA 91768
License # 197804238
Rate Classification Level: 9

	Contract Compliance Monitoring Review	**Findings: May 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. N/A 8. Full Compliance 9. Improvement Needed 10. N/A

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 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)	Full Compliance (ALL)

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

MOORE'S COTTAGE (POMONA) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Moore's Cottage Pomona compliance with the County contract and State regulations and to include a review of the Moore's Cottage 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, four (4) placed children were selected for the sample, two (2) Probation children, one (1) DCFS child and one (1) Dual Supervision child (under the supervision of both Probation and DCFS). 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. Additionally, two (2) discharged children's files were reviewed, one (1) Probation and one (1) DCFS, to assess Moore's Cottage compliance with permanency efforts. At the time of the review, one (1) placed child was prescribed psychotropic medication. This case file was reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

PPQA/GHM reviewed four (4) staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following four (4) areas were out of compliance.

Facility and Environment

During the inspection, it was noted that there was a broken outlet plate in bedroom #2, and there was graffiti on the wall in bedroom #3.

Recommendation

1. Moore's Cottage management shall ensure that the aforementioned deficiencies will be corrected in a timely manner, in accordance with the

Community Care Licensing, Title 22 standards, which state 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

During the review of the children files, it was noted that two (2) out of the four (4) initial NSP's that were reviewed were not comprehensive. The goal sections in the two (2) NSP's were generic and not child specific. The other two (2) youth were not there long enough to have an initial NSP, and none of the youth were there long enough to require an updated NSP. Since monthly case worker contact is only required for updated NSP's, this area was non-applicable.

Recommendation

1. Moore's Cottage management shall make an effort to ensure that all initial NSP's are comprehensive by creating goals that are unique and specific to each child. The goals should be specific, measurable, attainable, results oriented and time limited.

Discharged Children

Out of the two discharged files reviewed, one child went AWOL from the Group Home; therefore, the youth was not able to be discharged according to their permanency plan. In addition, the child was at the Group Home less than 30 days; therefore, there was no way to determine if the child was making progress towards their NSP goals. Lastly, the PPQA Monitor was unable to determine attempts made to stabilize the child.

Recommendation

1. Moore's Cottage management shall ensure that all efforts are made to stabilize the child to prevent AWOL and complete permanency plan goals for the children.

Personnel Records

During the review of the personnel files, it was noted that one (1) of the employee's health screening was completed late.

Recommendation

1. Moore's Cottage management shall ensure that all future employees have a health screening form completed in a timely manner

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

PPQA/GHM's last compliance report dated August 1, 2011, identified one recommendation, for which the Group Home corrected and has remained in compliance:

- Replace existing electrical outlet with GCIF outlet.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Moore's Cottage 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 Moore's Cottage Group Home had questioned/disallowed costs. Moore's Cottage 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.

MOORE'S COTTAGE

07/11/13

Attention
RATASHA SMITH
Office Location: VERMONT AVE.
Fax Number 323 730-5130

From: MOORE'S COTTAGE
Office Location: POMONA
Phone Number: (909) 620-4800
Number of Pages, Including Cover: **(909) 620-4880 FAX**

☐ URGENT ☐ REPLY ASAP ☐ PLEASE COMMENT ☐ PLEASE REVIEW ☐ FOR YOUR INFORMATION

COMMENTS: CORRECTIVE ACTION PLAN, THE PHOTOS OF THE BROKEN WALL PLATE, AND GRAFFITI, ARE BEING EMAILED.
IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CALL 626 255-9678.

MOORE'S COTTAGE

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Pomona, CA 91768
OFFICE: (909) 620-4800 • FAX: (909) 620-4880
email:moorescottage@msn.com
License #197804238

DATE: July 8, 2013

TO: Probation Department Managers & DPO Ratashia Smith

FROM: Cottage Group Home Management

RE: Corrective Action Plan

Attached is Moore's Cottage Corrective Action Plan.

If there are any questions, please feel free to contact Steve Smith, Administrator, at (626) 255-9678.

Administrator

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I. License/Contract Requirement

Findings: #12

- Bedroom #2 outlet plate broken.
- Bedroom #3 graffiti on wall.

Corrective Action Plan: Moore's Cottage has replaced the broken outlet plate in bedroom #2 and has removed the graffiti from the wall in bedroom #3. Facility Manager will conduct daily facility inspections of the Group Home to ensure that repairs are completed timely. Facility Administrator will conduct random inspections to ensure this plan remains in effect.

III. Maintenance of Required Documentation and Service Delivery

Findings: #23

NSP were not comprehensive and goals were not youth specific

Corrective Action Plan: Facility therapist will receive additional training to ensure NSP's are comprehensive and include child specific and measurable goals. Training will focus on child specific goals and address the issue of whether progress or lack of progress was made on each goal that was addressed, during the reporting period. Therapist will also receive input from facility manager. Administrator will conduct follow-up to ensure the plan remains in effect.

IX. Discharged Children

Findings: #56

Child not released according to permanency plan

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Corrective Action Plan: To ensure that children placed at least 30 days are discharged according to the permanency plan, the group home will make every attempt to work closely with the child's Probation Office, Parent and Group Home Representative to ensure children are discharged according to their permanency plan. All attempts to save a child's placement according to permanency plan will be documented. Administrator will ensure all efforts are made to discharge a child according to his permanency plan.

X. **Personnel Records**

Findings:

A random check of employee records was completed and it was discovered that one of the employees received her physical examination late.

Corrective Action Plan: Administrator will ensure that all physical examinations are timely. Administrator will meet with all new employees prior to date of employment, to ensure a physical exam has been completed. It should be noted that Moore's Cottage had already put this corrective action plan in effect prior to this inspection. Administrator will ensure this plan remains in effect.

Administrator