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August 27, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

MACRO HOMES, INC., 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 Macro Homes, Inc., Group Home (Macro) in January 2012, at which time they had a total population of six girls.

Macro is located in the Fifth Supervisorial District and provides services to DCFS foster youth. According to Macro's program statement, its stated goal is "to provide a structured milieu that facilitates control of chronic problematic behavior and assists each child in dealing with the emotional issues that require out of home placement." Macro has one six-bed Group Home (GH) site with a licensed capacity for six children, serving girls ages 6 through 17.

For the purpose of this review, four currently-placed DCFS children's files were reviewed and three children were interviewed as one of the children was Absent Without Leave (AWOL) status at the time of the interview. The placed children's overall average length of placement was 11 months and the average age was 16. Three 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 Macro's compliance with the County contract and State regulations. The visit included a review of Macro's program statement; administrative internal policies and procedures; four placed children's case files; three discharged children's files; and a random sampling of three personnel files. A site visit was conducted to assess the quality of care and supervision provided to children. Three children were interviewed 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, Macro was providing services as outlined in their program statement. The children interviewed reported feeling safe and satisfied with residing at Macro.

Our review noted deficiencies in the condition of Macro's physical plant. A window screen was missing and another was damaged. The screens were replaced prior to the Exit Conference.

There were also deficiencies noted regarding clothing allowances and logs; documentation and comprehensiveness of the NSPs; timeliness of initial dental examinations; maintenance of PMAs; and encouragement and assistance with Life Books/Photo Albums.

In addition, each discharged child's file reviewed lacked a Discharge Summary, and it was also noted that children were not discharged according to their permanency plan nor did not they make progress toward meeting their NSP goals.

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

NOTABLE FINDINGS

The following were the notable findings of our review:

- None of the children's case files included clothing allowance logs that reflected children receiving $50 per month toward clothing. Of the three interviewed children, none knew how much they were required to be provided on a monthly basis, stating the amount varied between $30-$40 dollars per month depending on their levels. The OHCMD Monitor asked the Facility Manager to explain the allowance logs to determine where the $50 per month was being provided. She was unable to explain why the children were referring to "levels" or how the logs reflected $50 per month.

  OHCMD conducted a focus review with Macro's Executive Director on June 21, 2012, and confirmed the allowance log deficiencies. OHCMD required the agency to ensure the CAP addressed these specific issues. The OHCMD Monitor advised the Executive Director that a referral will be made to the A-C's office requesting a fiscal audit to ensure the children are receiving the appropriate contractual amount for clothing allowance. The A-C determined that a fiscal audit of the agency would be conducted in calendar year 2013, as a fiscal report had recently been issued on May 17, 2012.

- CCL had cited Macro as a result of deficiencies and findings during a CCL investigation: on April 6 and 7, 2011, Macro was cited for neglect/lack of supervision. Two children had returned from an AWOL and had hidden bottles of alcohol in the backyard and proceeded to later consume the alcohol. The two children were noted by school staff to be under the influence.

  Macro provided staff training on April 26, 2011, regarding proper/permitted searching techniques as it pertains to Personal Rights and children's belongings to address the required CAP.

- A window screen for one bedroom was missing, and a window screen for another bedroom was damaged. The screens were replaced prior to the Exit Conference; however, the Monitor noted at the Exit Conference that the screening fabric on the recently replaced screen had since been torn.

- The initial NSPs were not comprehensive. The NSPs lacked time-limited goals, method for obtaining the goals, or the person(s) responsible to assist the child in obtaining the goals was not identified.

- The updated NSPs were not comprehensive. One child's updated NSP did not document progress toward meeting her NSP goals. Additionally, the NSPs did not appropriately document monthly contacts with the Children's Social Workers (CSWs); did not meet all the required elements in accordance with the NSP template; goals were not time limited; lacked a method for achieving the goals; did not identify the person(s) responsible to assist the child in achieving the goals; or did not provide concurrent case plans for the children. It should be noted, however, that the NSPs reviewed were developed prior to the NSP training provided by OHCMD

for providers. Macro representatives attended the NSP training on January 17, 2012. It is anticipated that future updated NSPs will be comprehensive.

- Three children's initial dental examinations were not completed within the first 30 days of placement or within a year of the last annual dental examination. The Lead Facility Manager stated that Macro has been directed to only use the High-Desert Medical HUB and not private vendors, which posed a problem in obtaining an appointment. The Monitor informed the Lead Facility Manager that if a private vendor accepts Medi-Cal, there should not be an issue in complying with the County contract requirement. They were also reminded that the Public Health Nurses at the regional offices can assist in locating qualified providers.

- One child receiving psychotropic medication did not have a current monthly psychiatric evaluation; the last evaluation was on October 25, 2011. The OHCMD Monitor advised the Lead Facility Manager and Co-Facility Manager that children are required to be evaluated by the prescribing physician regarding the medication on a monthly and as-needed basis.

- The court approved PMA for the administration of psychotropic medication was not current for one child who was prescribed psychotropic medication. The child's case file did include documentation of a current PMA, only the completed form by the prescribing physician. The OHCMD Monitor advised the Lead Facility Manager and Co-Facility Manager to ensure PMAs are submitted to the court for approval in a timely manner; maintain documentation of the requests submitted for court approval; and maintain copies of the approved PMAs.

- One interviewed child's clothing did not meet the DCFS clothing standards for quantity, lacking a sufficient number of brassieres. Macro provided the child with additional brassieres to meet DCFS clothing standards; however, the child refused the garments.

- One interviewed child reported that she had been provided a Life Book/Photo Album, but had not been encouraged to maintain it. The Monitor informed the Lead Facility Manager and Co-Facility Manager that the children should be encouraged to work on a Life Book/Photo Album either as a part of the group home's recreational activity/therapeutic component, or on their own. The Lead Facility Manager and Co-Facility Manager indicated they will integrate updating the Life Book/Photo Album in arts and crafts and encourage the children to participate.

- None of the discharged children's files included a discharge summary. Further, there was no documentation that any of the three sampled discharged children were progressing toward meeting their goals at the time of discharge or that the children were discharged according to their permanency plan. The OHCMD Monitor provided the administration a template for the required discharge summary.

EXIT CONFERENCE

The following are highlights from the Exit Conference held March 22, 2011:

In attendance:

Casey Zuniga, Lead Facility Manager; Charlene Jordan-Mapps, Co-Facility Manager, Macro Home, Inc. Group Home; and Donald Luther, Monitor, DCFS OHCMD.

Highlights:

Macro representatives were receptive to implementing changes to improve compliance with Title 22 Regulations and the County contract requirements. The Executive Director was on vacation out of the country at the time of the Exit Conference and had authorized the Lead Facility Manager and Co-Facility Manager to represent Macro and participate in the Exit Conference.

The OHCMD Monitor asked the Lead Facility Manager and Co-Facility Manager to explain the clothing allowance logs to determine where $50 per month was being provided. They were unable to explain why the children were referring to "levels" or how the logs reflected $50 per month. The OHCMD Monitor advised the Lead Facility Manager and Co-Facility Manager that a referral will be made to the A-C's office requesting a financial audit to ensure the children are receiving the appropriate contractual amount for clothing allowances.

The Co-Facility Manager reported that the missing and damaged window screens had been replaced after the facility review. The OHCMD Monitor inspected the screens and found that the screens were replaced. However, the screen of the window for bedroom two had since been torn.

The Lead Facility Manager and Co-Facility Manager felt the review provided them the opportunity to improve their documentation in the NSPs. The Lead Facility Manager and Co-Facility Manager were receptive to the findings and agreed to complete future NSPs, fully addressing all elements to ensure comprehensiveness.

Marco provided an approved written CAP addressing each recommendation noted in this compliance report. The CAP is attached.

We will assess for full implementation of the recommendations during our next review.

If you have any 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
Victoria Hancock, President, Board of Directors, Macro Homes, Inc., GH
Kathleen F. Kerrigan, Executive Director, Macro Homes, Inc. Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

MACRO HOMES, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

1165 West Ivesbrook Street
Lancaster, CA 93534
License # 191221473
Rate Classification Level: 9

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

	8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	8. Full Compliance 9. Full Compliance 10. Improvement Needed 11. Full Compliance 12. Full Compliance 13. Improvement Needed
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	Full Compliance (ALL)
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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance
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** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks	Full Compliance (ALL)

	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 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/Photo Album	1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
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	1. Improvement Needed 2. Improvement Needed 3. Full Compliance
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely	Full Compliance (ALL)

	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 14. Emergency Intervention Training Documentation	

MACRO HOMES, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

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

CONTRACTUAL COMPLIANCE

Based on our review, Macro complied with three of 10 sections of our Contract Compliance Review: Education and Workforce Readiness; Personal Rights and Social/Emotional Well-Being; and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENT

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

None of the children's case files included clothing allowance logs that reflected children receiving $50 per-month toward clothes. Further, each of the three interviewed children stated that they receive $30-$40 each month dependent on their levels. The OHCMD Monitor asked the Facility Manager to explain the allowance logs to determine where $50 per month was being provided. She was unable to explain why the children were referring to "levels" or how the logs reflected $50 per month. The OHCMD Monitor advised the Lead Facility Manager and Co-Facility Manager that a referral will be made to the A-C's office requesting a fiscal audit to ensure the children are receiving the appropriate contractual amount for clothing allowance.

OHCMD conducted a focus review with Macro's Executive Director on June 21, 2012, and confirmed the clothing allowance and allowance log deficiencies. OHCMD required the agency to ensure the CAP addressed these specific issues. The A-C determined that a fiscal audit of the agency would be conducted in calendar year 2013 as a fiscal report had recently been issued on May 17, 2012.

It was also noted that CCL had cited Macro as a result of deficiencies and findings during a prior CCL investigation; Macro was cited for neglect/lack of supervision on April 6 and 7, 2011. Two children had returned from an AWOL status and hid bottles of

alcohol in the backyard and proceeded to later consume them. The two children were noted by school staff to be under the influence.

Macro provided staff training on April 26, 2011, regarding proper/permitted searching techniques as it pertains to Personal Rights and children's belongings to address the required CAP.

Recommendations:

Macro's management shall ensure:

1. All children are provided the required monthly clothing allowances and that comprehensive allowance logs are maintained.

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

FACILITY AND ENVIRONMENT

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

Generally, the exterior of the GH was well maintained and appropriately landscaped. However, the window screen for bedroom two was missing and a window screen for bedroom three was bent and damaged.

The screens were replaced prior to the review Exit Conference. The Monitor did note at the Exit Conference, however, that the screening fabric on the recently replaced screen for bedroom two had since been torn.

Recommendation:

Macro's management shall ensure:

3. All GH exteriors and grounds are well maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review, Macro fully complied with nine of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

The initial NSPs were non-comprehensive. Four initial NSPs contained goals, which were not time-limited, lacked a method of obtaining the goals, or failed to identify the person(s) responsible to assist the child in obtaining the goals.

Our review revealed that nine updated NSPs were not comprehensive; did not appropriately document monthly contacts with CSWs; did not meet all the required

elements in accordance with the NSP template; were not time limited; lacked a method of achieving the goals; did not identify the person(s) responsible to assist the child in achieving the goals; or provide concurrent case plans for the children. One child's updated NSP did not document progress toward meeting her NSP goals. It should be noted, however, that the NSPs reviewed were developed prior to the NSP training provided by OHCMD for providers; Macro representatives attended the NSP training on January 17, 2012. It is anticipated that future updated NSPs will be comprehensive.

Recommendations:

Macro's management shall ensure:

4. All children are progressing toward meeting their NSP case goals.

5. Comprehensive initial NSPs are developed for each child.

6. Monthly contacts by the GH to the CSWs are appropriately documented in the NSPs.

7. Comprehensive updated NSPs are developed for each child.

HEALTH AND MEDICAL NEEDS

Based on our review, Macro fully complied with five of six elements in the area of Health and Medical Needs.

Four children had initial dental examinations; however, there was no documentation of three children's initial dental examinations being completed within the first 30 days of placement or within a year of the last annual dental examination.

The Lead Facility Manager stated that the Macro has been directed to only use the High-Desert Medical HUB and not private vendors, which poses a problem in obtaining an appointment. The Monitor informed the Lead Facility Manager that if a private vendor accepts Medi-Cal, there should not be an issue in complying with the County contract requirement. They were also reminded that the Public Health Nurses at the regional offices can assist in locating qualified providers.

Recommendation:

Macro's management shall ensure:

8. Initial dental examinations are conducted within 30 days of placement or within a year of the last annual dental examination.

PSYCHOTROPIC MEDICATION

Based on our review, Macro did not fully comply with the two elements in the area of children's Psychotropic Medication.

One child receiving psychotropic medication did not have a current monthly psychiatric evaluation on file; the last evaluation was on October 25, 2011. The OHCMD Monitor advised the Lead Facility Manager and Co-Facility Manager that children are required to be evaluated by the prescribing physician regarding the medication on a monthly and as-needed basis.

In addition, the court approved PMA for the administration of psychotropic medication was not current for one child, who was being prescribed psychotropic medication. The child's case file did not have documentation of a current PMA, only the completed form by the prescribing physician.

The OHCMD Monitor advised the Lead Facility Manager and Co-Facility Manager to ensure PMAs are submitted to court for approval in a timely manner and to maintain documentation of the requests submitted, as well as copies of the approved PMAs.

Recommendations:

Macro's management shall ensure:

9. Children prescribed psychotropic medication receive monthly evaluations with the prescribing physician, unless otherwise documented by the physician.

10. Current court authorizations are obtained and maintained for the psychotropic medication that each child is prescribed.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

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

None of the children knew the amount they were required to be provided for clothing allowance on a monthly basis, stating the amount varied between $30-$40 dollars per month. None of the children's case files included clothing allowance logs that reflected children being provided $50 per month toward clothing. The OHCMD Monitor discussed the clothing allowance logs with the Facility Manager but was unable to ascertain a $50 per month allotment. Further, one child did not meet DCFS clothing standards for quantity, lacking a sufficient amount of brassieres. Macro provided the child with additional brassieres to meet DCFS clothing standards; however, the child refused the garments.

One child reported that she had been provided a Life Book/Photo Album, but has not been encouraged to maintain it. The Monitor explained to the Lead Facility Manager and Co-Facility Manager that the children should be encouraged to work on the Life Book/Photo Album either as part of the group home's recreation activity/therapeutic component, or on their own. The Lead Facility Manager and Co-Facility Manager indicated they will integrate updating the Life Book/Photo Album in arts and crafts and will encourage the children to participate.

Recommendations:

Macro's management shall ensure:

11. All children are made aware of their monthly clothing allowance and are provided at least $50 per month for clothing allowance.

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

13. All children are encouraged and assisted in creating and maintaining a Life Book/Photo Album.

DISCHARGED CHILDREN

Based on our review of three discharged children's files and/or documentation from the provider, we noted that none of the reviewed discharged case files had completed discharge summaries. Per the Lead Facility Manager and Co-Facility Manager, the three children were not discharged per their permanency plans; one child was released to another GH, another was replaced in a Foster Family Agency, and the third was released as a result of an AWOL status.

One child had made progress toward meeting the NSP goals; one child had made no significant progress toward meeting the NSP goals; one child had not been in placement long enough to require an updated NSP; and another child was removed per court order before the child could meet the goals.

Recommendations:

Macro's management shall ensure:

14. Required discharge summaries are completed and that children are discharged in accordance to the permanency plan.

15. All placed children make progress toward meeting their NSP goals prior to discharge.

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 March 1, 2011.

Results

The OHCMD's prior monitoring report contained seven outstanding recommendations. Specifically, Macro was to ensure that the NSPs were comprehensive and included all required elements; current NSPs were developed for each child; all goals noted on the NSPs are measureable; documentation is maintained to confirm child's participation in developing NSPs; all dates and other information requested for medical, dental, psychotherapy are specifically noted on the NSPs in response to the NSP inquiries; all outcomes for medical/dental visits are indicated; and current copies of children's report cards or progress reports are maintained.

Macro fully implemented three of seven recommendations of the prior monitoring review. Corrective action was requested of Macro Homes to further address the recommendation that was not implemented.

Recommendation:

Macro management shall ensure:

16. Full implementation of the outstanding recommendation from the prior monitoring review, which is noted in this report as Recommendation 4, 5, 6, 7, and 15.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted a fiscal review of Macro for the period of January 1, 2009 to December 31, 2009. The fiscal report dated May 17, 2011, identified $3,503 in unallowable expenditures and $3,474 in unsupported/inadequately supported expenditures. On March 18, 2011, Macro reimbursed DCFS $6,977 for the disallowed costs.

MACRO HOMES

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Macro Homes 2011 Annual Compliance Report
Corrective Action Plan Addendum

Licensure/Contract Requirements

#7 Are appropriate and comprehensive allowance logs maintained?
Finding: Clothing allowance logs do not reflect that the children receive $50 each month.
The finding also showed that children had not received the $50 monthly allowance.

Any children that had not been receiving or lacked documentation of receiving $50 per month have been reimbursed for any discrepancies.

Children are now being advised upon admission and on a regular basis that they are allotted $50 dollars per month to spend on clothing. New clothing allowance logs have been developed that clearly document that each child has received their correct clothing allowances, which include their ongoing balances, date received, amount spent, and the child's signature. Receipts are now being signed and dated by the children as to document their purchases.

The Administrator will review each child's personal and clothing allowance logs to ensure accuracy and compliance with CCL Title 22 Regulations and the County contract at all times.

#8 Are there no Community Care Licensing citations, OHCMD Investigation Unit reports on safety and physical plant deficiencies.
Finding: CCL cited Macro Homes for neglect/lack of supervision on 4/6/11 and repeat violation on 4/7/11.

Macro Homes completed a CAP as required by CCL. Macro Homes reviewed proper/permitted search techniques with staff in an immediate In-service to add a specific plan and procedure for dealing with returning AWOL's. Macro Homes will ensure compliance with Title 22 Regulations and the County contract requirements.

Facility and Environment

#10 Are the exteriors and grounds well maintained?
Finding: Window screen from bedroom two missing and the screen of bedroom 3 was broken.

Staff have been assigned to check windows and screens each shift to ensure that the windows and screens meet acceptable standards. All staff are expected to conduct daily walk through of the perimeter of the building. If the screens on the windows are in need of repair, the facility managers are immediately notified. Macro Homes will keep extra netting on the property in order to repair screens as necessary. Macro Homes has engaged a handyman to make sturdier screens that can easily be removed by residents without damage.

Maintenance of Required Documentation and Service Delivery

#20 Are the sampled children progressing toward meeting the Needs and Services Plan case goals?
Finding: One child's NSP did not have documentation of progress toward obtaining her NSP goals.

NSPs will be designed to be more comprehensive and document progression toward obtaining the NSP goals. Realistic timeframes will be documented for goal completion. Long term goals will be broken down into short term goals so that the child will be capable of understanding how to reach the goals.

#22 Did the treatment team develop comprehensive initial NSPs with the child?
Finding: Two children's initial NSP goals were not time limited, without methods to obtain the goal(s), or persons responsible to assist the child.

Goals will be time-limited and clearly provide the method to achieve the goals. Designated persons will be listed in the goals with specific roles to assist child with achieving the goal. The treatment team with the child will discuss and develop goals that are obtainable and specific.

All NSPs will be reviewed and approved by the Administrator

#25 Are DCFS CSWs contacted monthly by the GH and are the contacts appropriately documented?
Finding: Four children's updated NSPs did not appropriately document the GH's monthly contacts to the CSW.

Macro Homes will ensure that the monthly contacts to the children's CSWs are appropriately documented including the date, purpose of contact, and outcome of contact.

#28 Did the treatment team develop comprehensive updated NSP s with the child?
Finding: Updated goals lacked services to be provided, method of accomplishing goals, person(s) responsible to assist the child in obtaining goals. NSPs lacked concurrent case plans.
Goals will be time-limited and clearly provide the method to achieve the goals. Designated persons will be listed in the goals with specific roles to assist child with achieving the goal. The treatment team with the child will discuss and develop goals that are obtainable and specific. Progress toward each goal will be documented in each updated NSP.

All NSPs will be reviewed and approved by the Administrator.

Health and Medical Needs

#41 Are initial dental examinations timely?
Finding: Three children did not have their initial dental examinations within 30 days of placement.

During the intake process and review of documentation, staff will check to find out when the resident needs a dental and physical examination. Appointments will be made within 7 days of intake.

#43 Are there current court-approved authorizations for the administration of psychotropic medication or did the GH document efforts to obtain?
Finding: One child did not have a current PMA on file for the medication being administered; only a completed form by the doctor with no documentation of ever being submitted for approval.

Staff will ensure that the prescribing psychiatrist submits to court for approval, completed and signed PMAs in a timely manner.

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

Finding: One child had not been seen by the prescribing psychiatrist consistently and monthly for review of her medication.

Macro Homes' staff will ensure that each child receiving psychiatric medication is evaluated on a monthly basis regarding her prescribed medication.

Personal Needs/Survival and Economic Well-Being

#62 Is at least $50 per month clothing allowance provided?
Finding: Clothing allowance logs do not reflect that the children receive $50 each month.
The finding also showed that children had not received the $50 monthly allowance. Children reported that their clothing allowance depended on their level. None of the children knew the clothing allowance amount they were supposed to receive.

Any children that had not been receiving or lacked documentation of receiving $50 per month have been reimbursed for any discrepancies.

Children are now being advised upon admission and on a regular basis that they are allotted $50 dollars per month to spend on clothing. New clothing allowance logs have been developed that clearly document that each child has received their correct clothing allowances, which include their ongoing balances, date received, amount spent, and the child's signature. Receipts are now being signed and dated by the children as to document their purchases.

The Administrator will review each child's personal and clothing allowance logs to ensure accuracy and compliance with CCL Title 22 Regulations and the County contract at all times.

#63 Are children's ongoing clothing inventories of adequate quantity?
Finding: One child was lacking two bras.

Staff provided the child with two new bras, but the child refused to accept them. Staff and children will complete monthly clothing inventories for each child to ensure they meet DCFS clothing standards for quantity and quality, and to determine what items the child is lacking from the standards.

#69 Are children encouraged and assisted in creating and updating a life book/photo album?
Finding: One child reported that she has not been encouraged or assisted in developing and maintaining a life book/photo album.

Staff will find creative ways to integrate arts and crafts in creating and updating life books. Residents will be encouraged by staff to update their books with each major life event or special activities that they take part in.

Discharged Children

#70 For children placed at least 30 days, was the child discharged according to the permanency plan?
Finding: None of the children had a Discharge Summary as required by the County contract. None of the children were discharged per their permanency plan. None of the children's NSPs had concurrent plans.

Macro Homes will use the Discharge Template that will reflect important data and attach it to the front of the Discharge & Updated NSP for each individual discharged. The Administrator will ensure that they follow the permanency guideline plan of the discharged child, and document as it appears on the discharge plan, contingent upon the status and needs of the child and the availability of the most appropriate placement at the

point of discharge. The staff will attempt to obtain a concurrent plan for permanency from each child's CSW to ensure alternative options are considered.

#71 For children placed at least 30 days, did the child make progress toward meeting his NSP goals?
Finding: There was no indication of progress toward meeting goals in the last updated NSPs for 3 discharged children.

Each child's updated NSPs will reflect progress or lack of progress toward completion of each their goals and will also be documented on each child's Discharge Summary.

Kathleen F. Kerrigan, Executive Administrator, will be responsible for supervising and enforcing the Corrective Action Plan.

Signature: Kathleen F. Kerrigan Date: 7/30/2012
Kathleen F. Kerrigan, Administrator