County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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(213) 351-5602

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December 12, 2012

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

From: Philip L. Browning
Director

MARY'S SHELTER GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Mary's Shelter Group Home (Mary's Shelter) in October 2012. Mary's Shelter has two sites located in Orange County and provides services to Los Angeles County DCFS foster children and youth, as well as children from other counties. According to their program statement, the purpose of Mary's Shelter is "to provide service to pregnant teenagers."

Mary's Shelter has one six-bed site and one 12-bed site and is licensed to serve a capacity of 18 females, ages 12 through 18. At the time of the review, Mary's Shelter served 10 placed DCFS children. The placed children's average length of placement was 10 months and their average age was 15.

SUMMARY

During our review, the children interviewed generally reported feeling safe at Mary's Shelter; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

Mary's Shelter was in full compliance with nine of 10 areas of our contract compliance review: Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children and Personnel Records.

We noted a deficiency in ensuring compliance with Title 22 Regulations, Community Care Licensing (CCL) had cited Mary's Shelter for a safety violation on September 26, 2012.

We instructed Mary's Shelter supervisory staff to enhance monitoring in order to eliminate potential safety hazards to placed children.

Attached are the details of our review.

REVIEW OF REPORT

On November 7, 2012, the DCFS OHCMD Monitor, Edward Preer, held an Exit Conference with Mary's Shelter staff, Barbara Nelson, Executive Director; Clete Menke, Program Director and Sandy Ta, Program Coordinator. Mary's Shelter representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards and to address the noted deficiency in a Corrective Action Plan (CAP).

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

Mary's Shelter provided the attached approved CAP addressing the recommendations noted in this compliance report.

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

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

PLB:RRS:KR
EAH:PBG:ep

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
Barbara Nelson, Executive Director, Mary's Shelter Group Home
Rosalie Gutierrez, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

MARY'S SHELTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

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

The purpose of this review was to assess Mary's Shelter Group Home's (Mary's Shelter) compliance with its County contract requirements and State regulations and included a review of the Mary's Shelter's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements
- Facility and Environment
- Maintenance of Required Documentation and Service Delivery
- Educational and Workforce Readiness
- Health and Medical Needs
- Psychotropic Medication
- Personal Rights and Social Emotional Well-Being
- Personal Needs/Survival and Economic Well-Being
- Discharged Children
- Personnel Records

For the purpose of this review, five placed children were selected for the sample. We interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the agency's compliance with permanency efforts. At the time of the review, two of the five sampled children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

We reviewed three staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

We found the following area out of compliance.

Licensure/Contract Requirements

- We noted Community Care Licensing (CCL) had cited Mary's Shelter for a deficiency in the area of Safety, as it relates to Fixtures, Furniture, Equipment and Supplies on September 26, 2012. The kitchen hot water temperature at the Main House registered 130 degrees, which presented a safety hazard to the clients. Mary's Shelter immediately adjusted the hot water temperature to between 105

and 120 degrees, the recommended temperature. The Program Director purchased a digital thermometer and trained the staff on the procedure for checking the water temperature. The Facility Coordinator will monitor the temperature of the water on a weekly basis and will record the results in the Facility Report Log. The Program Director will review the Facility Report Log weekly, and will sign that the document has been reviewed. CCL approved Mary's Shelter's Plan of Correction on October 1, 2012.

Recommendation

Mary's Shelter's management shall ensure that:

1. They are in compliance with Title 22 Regulations and County contract requirements to ensure the facilities are free of potential safety hazards.

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

The OHCMD's last compliance report dated June 21, 2012 identified two recommendations.

Results

Based on our follow-up, Mary's Shelter fully implemented both of the previous recommendations for which they were to ensure that:

- The initial Needs and Services Plans (NSPs) are comprehensive.
- The updated NSPs are comprehensive.

Recommendation

None

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Mary's Shelter has not been posted by the Auditor-Controller.

MARY'S SHELTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Main House
18221 E. 17th Street
Santa Ana, CA 92705
License # 306000793
Rate Classification Level: 12

Transition House
18421 E. 17th Street
Santa Ana, CA 92705
License # 300613291
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: October 2012
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. Full Compliance
	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. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	Full Compliance (ALL)
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	Full Compliance (ALL)

	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	
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	Full Compliance (ALL)

	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)	
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	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	Full Compliance (ALL)

November 22, 2012

Patricia Bolanos-Gonzalez, CSAII
Out-of-Home Care Management Division
9320 Telstar Avenue, #216
El Monte, CA 91731

RE: CORRECTIVE ACTION PLAN

Dear Ms. Bolanos-Gonzalez,

On September 26, 2012, Community Care Licensing cited Mary's Shelter for the Main House's hot water temperature registering at 130 degrees. During Mr. Edward Preer's Group Home Monitoring Review Field Exit Summary Exit Results dated November 7, 2012, this citation was noted as an area of concern, and Mary's Shelter was asked for a Plan of Correction to address this concern. The following is Mary's Shelter's Plan of Correction:

Plan of Correction

1. Sonja Tialemasunu, Facility Coordinator, has begun monitoring the temperature of the water on a weekly basis and recording the results in the Facility Report Log contained in her office.

2. Program Director Clete Menke will review the Facility Report Log weekly, and will sign that the document has been reviewed.

The above plan was accepted by Community Care Licensing, and the citation was cleared on October 1, 2012. Mary's Shelter will continue to implement this Plan of Correction for a minimum of one year from the date of the citation.

Thank you for your department's review of Mary's Shelter. If you have any questions about this Plan of Correction, I am most easily reached at (714) 721-0501.

Sincerely,

Clete Menke
Program Director
Mary's Shelter
P.O. Box 10433
Santa Ana, CA 92711-0433