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Director

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 26, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

MARYVALE 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 Maryvale Group Home (Maryvale) in October 2012. Maryvale has one site located in the First Supervisorial District and provides services to DCFS foster youth and Probation Department youth. According to Maryvale's program statement, its purpose is "to create a healthy, therapeutic milieu in which each individual child is able to grow physically, emotionally, educationally and spiritually."

Maryvale has one 60-bed site and is licensed to serve a capacity of 60 girls, ages six through 17. At the time of review, Maryvale served 36 placed DCFS children. The placed children's overall average length of placement was 11 months, and their average age was 15.

SUMMARY

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

Maryvale was in full compliance with four of 10 areas of our Contract compliance review: Facility and Environment; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Personnel Records.

We noted deficiencies in submitting timely Special Incident Reports (SIRs), documentation of services delivery and meeting children's educational and health needs. Maryvale needed to develop timely and comprehensive Needs and Services Plans (NSPs), ensure that placed children make progress toward meeting their goals and are discharged according to their permanency plan. In addition, Maryvale needed to ensure that the placed children receive timely initial and follow-up dental examinations. We instructed Maryvale supervisory staff to enhance monitoring in order to eliminate documentation issues, ensure that all service requirements are met, and ensure compliance with all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On November 2, 2012, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with Maryvale staff, Michael Giron, Vice President of Administrative Services; Dr. Ike Kerhulas, Vice President of Clinical Services, and Albert Chin, Director of Residential Treatment Services. Maryvale 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 deficiencies in a Corrective Action Plan (CAP).

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

Maryvale 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, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:EM:KR
EAH:PBG:jlh

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
Steven Gunther, Executive Director, Maryvale Group Home
Rosalie Gutierrez, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

MARYVALE 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 Maryvale's compliance with its County contract requirements and State regulations and included a review of Maryvale'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, seven placed DCFS children were selected for the sample, as there were no placed Probation children. We interviewed each child and reviewed their case files to assess the care and services they received. Additionally, four discharged children's files were reviewed to assess Maryvale's compliance with permanency efforts. At the time of the review, five 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 five 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

We found the following six areas out of compliance.

Licensure/Contract Requirements

- We found that appropriately documented Special Incident Reports (SIRs) were not submitted timely and cross-reported to all required parties. The Vice President of Administrative Services and the Director of Residential Treatment Services stated a

new system has been established to ensure all SIRs are documented and cross-reported timely, in accordance with County requirements. The new system is set up on an Excel spreadsheet, allowing staff responsible to input the data and track the status of each SIR. In the event that a SIR is not able to be completed in accordance with the County requirements for documentation and cross reporting, (e.g. County system shut down or internet failures), Maryvale staff will document the occurrence in relation to the affected SIR.

- The resident visitation form (sign-in/sign-out log) was not properly completed. The Vice President of Administrative Services and the Director of Residential Treatment Services stated that on January 18, 2013, staff members received training in the proper procedures for signing residents in and out of the facility, including mandatory staff signatures and dates/times in and out. Verification of the training was submitted to the OHCMD.

Recommendations

Maryvale's management shall ensure that

1. SIRs are appropriately documented and cross-reported to all required parties via I-Track, in a timely manner.

2. The resident sign-in/sign-out log is always properly completed.

Maintenance of Required Documentation and Service Delivery

- The CSW's authorization to implement the NSP was not obtained timely for 19 of 24 NSPs reviewed. The Vice President of Administrative Services and the Director of Residential Treatment Services stated that the Maryvale treatment team will ensure that children and their authorized representatives are offered the opportunity to participate in the development of, and any modifications to the NSP, and that the CSW gives written approval of the NSP in accordance with Title 22 Regulations and the County contract.

- We found that five of seven sampled children were not making progress toward meeting their NSP's case goals. The Vice President of Administrative Services and the Director of Residential Treatment Services stated that every effort would be made to ensure all residents make progress toward meeting NSP goals. The treatment team will break down goals in small tasks and utilize the S.M.A.R.T. (Specific, Measurable, Attainable, Results-Oriented and Time-Limited) technique when creating treatment goals. This will assist the child with achieving success and make progress toward their identified treatment goals. Each month an Interdisciplinary Team Meeting is held to discuss client progress toward identified treatment needs and goals. During this meeting treatment modalities and interventions will be discussed.

- None of seven sampled children's files included monthly contact notes with DCFS Children Social Workers (CSWs). The Vice President of Administrative Services and the Director of Residential Treatment Services stated that a new form, the CSW Monthly Communication Log, has been developed and will be utilized to document all contacts with County workers and will be retained in the residents' files.

- Seven initial NSPs were reviewed; one was not comprehensive. It did not include the permanency case plan goal for the child.

- Five of 17 updated NSPs reviewed were not comprehensive. They did not include all the required elements in accordance with the NSP template. Some updated NSP quarterly sections lacked detailed information regarding progress toward the identified treatment goals, or the child's progress was not updated. In addition, some of the updated NSPs did not include a permanency treatment goal for the placed child.

It should be noted that Maryvale representatives did not attend the OHCMD NSP training in January 2012. The Vice President of Administrative Services and the Director of Residential Treatment Services stated that although representatives did not attend the training, Maryvale administration received the Power-Point presentation for the NSP training from the OHCMD.

Maryvale administration retrained staff on the NSP on December 6, 2012. Verification of training was submitted to the OHCMD. In addition, the Vice President of Administrative Services and the Director of Residential Treatment Services stated that effective immediately, all NSPs will be reviewed by the Assistant Director of Mental Health prior to submission to the DCFS Children's Social Worker (CSW). The Assistant Director of Mental Health will ensure NSPs are properly prepared and include detailed documentation.

Recommendations

Maryvale's management shall ensure that:

3. Maryvale staff obtain, or document efforts to timely obtain, the DCFS CSW's authorization to implement the NSP.

4. Children are progressing towards meeting their NSP goals.

5. Monthly contacts with CSWs are appropriately documented.

6. Initial NSPs are comprehensive and include all required elements, in accordance with the NSP template.

7. Updated NSPs are comprehensive and include all required elements, in accordance with the NSP template.

Education and Workforce Readiness

- We found that two of seven children did not improve their academic performance and/or school attendance. The Vice President of Administrative Services and the Director of Residential Treatment Services stated that each child is encouraged and will continue to be encouraged to improve in her attendance and academic performance through recognition and ongoing incentives. In addition, regular weekly meetings will be held to discuss educational performance and challenges facing each child. Reasons for poor attendance and/or poor academic performance will be documented (e.g., AWOL, suspension, medical leave, non-enrollment by School District). An educational plan will be formulated to deal with the underlying reasons. Also, tutorial services will be provided to assist children with their academic progress.

- Two of three eligible sampled children did not participate in Youth Development Services (YDS) or equivalent services and vocational training programs. In addition, Maryvale did not document barriers to obtaining services or efforts to resolve the issues. The Vice President of Administrative Services and the Director of Residential Treatment Services stated that all age-appropriate children will be referred for YDS, and their attendance and participation in the YDS will be documented and will include progress and/or reasons for failing to progress.

Recommendations

Maryvale's management shall ensure that:

8. Children improve academic performance and/or school attendance.

9. The staff facilitates age-appropriate children's participation in YDS or equivalent services and vocational training programs.

Health and Medical Needs

- We noted that verification of one child's initial dental examination could not be located. The only dental information found documented an appointment, which occured six months after her placement date. The Vice President of Administrative Services and the Director of Residential Treatment Services stated that Maryvale has hired a new nursing supervisor, and a new policy/procedure has been developed, whereby each new resident shall have an initial dental examination scheduled within the thirty days of placement. In the event that the appointment can not be scheduled at their on-site dental office, the nursing supervisor will ensure that the dental examination is scheduled at a dental office in the community.

- One child's follow-up dental examination was 10 days late. The Vice President of Administrative Services and the Director of Residential Treatment Services stated that a policy/procedure has been developed whereby each new resident shall be scheduled to have regular follow-up dental exams every six months. The procedure shall allow time for rescheduling and cancellations in order to meet the six-month requirement.

Recommendations

Maryvale's management shall ensure:

10. Initial dental examinations for all children are completed within 30 days of placement.

11. All children receive timely follow-up dental examinations.

Personal Rights and Social/Emotional Well-Being

- Three of seven sample children indicated that they were not free to receive or reject voluntary medical, dental and psychiatric care. The children reported that if they refused psychotropic medication, they would not be allowed to go on outings, and they would be required to remain in their cottage. The Vice President of Administrative Services and the Director of Residential Treatment Services stated that, contrary to the statements made by these children, Maryvale does not give negative consequences if a child refuses voluntary medical, dental or psychiatric care. This may be a misunderstanding on the children's part, as some outings might be withdrawn because of a health and/or behavioral concern. Maryvale will clarify the misunderstanding and explain this statement more clearly in the Personal Rights in Children's Residential Facilities handout. The Vice President of Administrative Services further stated that if a child refuses voluntary, medical, dental or psychiatric care, staff will clearly document the date and time of the refusal, as well as the child's behavior, immediately following the refusal.

Recommendation

Maryvale's management shall ensure:

12. All children are free to receive or reject voluntary medical, dental and psychiatric care.

Discharged Children

- We found two of four discharged children were not discharged according to the permanency plan, and three of four discharged children did not successfully meet all of their NSP goals prior to their discharge. The Vice President of Administrative

Services and the Director of Residential Treatment Services assured that Maryvale will take all necessary treatment measures to assist children with setting and meeting their goals. The treatment team will work closely with CSWs to ensure that the children are discharged in accordance with official documents, e.g. court minute orders or directly by County workers. The treatment team will also have monthly meetings to discuss children's progress and response to treatment. If a client is not making progress toward their goals, then alternate treatment strategies will be discussed. Changes to treatment plans will be made, when and if needed, to assist with attainment of goals.

Recommendations

Maryvale's management shall ensure:

13. Efforts are made to ensure all children are discharged according to their permanency plan.

14. All children make progress toward meeting their NSP goals.

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

The OHCMD's last compliance report, dated July 11, 2012, identified seven recommendations.

Results

Based on our follow-up, Maryvale fully implemented two of seven recommendations for which they were to ensure that:

- NSP were developed timely.
- Initial and updated NSPs were comprehensive and include all required elements.
- Monthly contacts with CSWs are appropriately documented.
- All children attend school as required.
- Initial dental examinations for all children are completed timely.
- The children report satisfaction with their meals and sancks.
- Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report regarding timely initial dental examination and satisfaction with meals and snacks.

Maryvale did not implement the recommendations regarding development of comprehensive initial and updated NSPs; ensure monthly contacts with CSWs are appropriately documented; all children attend school as required and initial dental examinations are done timely.

Recommendation

Maryvale's management shall ensure that:

15. It fully implements the July 11, 2012 outstanding recommendations from the 2011-2012 fiscal year monitoring review, which are noted in this report as Recommendations 5, 6, 7, 8 and 10.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Maryvale has not been posted by the Auditor-Controller.

MARYVALE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

7600 E. Graves Avenue
Rosemead, CA 91770
License # 191500468
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. Improvement Needed
	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. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
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. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 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. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed
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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance

	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)	11. Improvement Needed 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	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. Needs Improvement 2. Needs Improvement 3. Full Compliance
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)

Dear Ms. Ho:

Enclosed please find Maryvale's Corrective Action Plan in response to the Group Home Monitoring Review which was recently conducted by your Department.

Please feel free to contact us if there are any questions in relation to this information. We look forward to continue working with the Department of Children and Family Services in providing quality residential treatment services for the girls at Maryvale.

Sincerely,

Steve Gunther
President and Executive Director

7600 East Graves Avenue ❖ Rosemead, California 91770 ❖ 626.280.6510 ❖ www.maryvale-ca.org
Founded in 1856 by the Daughters of Charity

MARYVALE CORRECTIVE ACTION PLAN (CAP)

LICENSURE/CONTRACT REQUIREMENTS

Element #4

Are all Special Incident Reports (SIRs) appropriately documented and reported timely?

Findings

Not all SIRs were submitted timely.

Corrective Action Plan

1. A new system has been established whereby all SIRs are documented and cross reported timely in accordance with County requirements. This new system will be set up on Excel allowing staff responsible for inputting the data to track the status of each SIR. The Residential Administrative Assistant is responsible for inputting all reportable incidents for the residents at Maryvale. If the Residential Administrative Assistant is not on duty, the second Residential Administrative Assistant will be assigned to input any reportable incidents into I-Track in the absence of the first Residential Administrative Assistant.

2. The tracking will also identify when SIRs are delayed due to I-Track system shut down or other issues not in the control of Maryvale. The tracking will also allow us to identify problem areas that need further in-servicing or areas that are creating bottlenecks and causing delays in the timely submittal of SIRs.

Person(s) Responsible for Implementation of the CAP

The Director of Residential Services, the Coordinators of Residential Services and the Residential Administrative Assistants are responsible for implementation. The Residential Administrative Assistants are responsible for inputting all reportable incidents for Maryvale residents.

Time Frame of Implementation

This revised corrective action plan will be implemented on January 11, 2013.

Element #8

Does the facility maintain a detailed sign-in/sign-out log for placed children?

Findings

Not all sign-in/sign-out sheets were fully completed.

Corrective Action Plan

1. Maryvale utilizes a Visitation Form for children who are leaving the facility for off-ground visits with families or visitors. All staff members were informed immediately to fully complete the visitation form as requested. The Residential Supervisors shall be responsible for ensuring that the forms are being filled out correctly.

2. In the meantime, the visitation form is in the process of being reformatted in order to facilitate ease of use among staff and will be completed by December 31, 2012.

3. An in-service training will be scheduled for residential staff by January 18, 2013 to reinforce the importance of completing this documentation for each off-grounds visit and train the residential staff how to fill out the new visitation form correctly. The attendance sheet will be forwarded to the Out of Home Care Management Division.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services shall be responsible for reformatting the form and scheduling the in-service training. The Assistant Director of Mental Health, the Coordinators of Residential Services and the Residential Supervisors shall be responsible for ensuring that the forms are being filled out correctly.

Time Frame of Implementation
This corrective action plan will be fully implemented by January 18, 2013.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Element #16
Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan (NSP)?

Findings
Not all NSPs were signed by County workers.

Corrective Action Plan
1. Although County workers authorization was sought on each NSP, the Agency did not have a process for documenting those instances in which a County worker failed to respond.

2. As is our current procedure, Maryvale will continue to make every effort to timely obtain the authorization of the County worker by signed signature of the NSP. Maryvale will scan and e-mail the NSP timely for CSW's approval and/ or get the CSW's approval timely during the monthly child visit.

3. In-service will be provided to staff by December 31, 2012 stressing the importance of the County worker's involvement in the development of the NSP. The attendance sheet will be forwarded to the Out of Home Care Management Division.

4. County workers not responding to repeated staff efforts to involve them in participating and reviewing the NSP will be documented and CSW's supervisor will be noticed and contacted. This documentation regarding the efforts to involve the County workers shall be maintained in the child's case file.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, the Assistant Director of Mental Health and the Therapists/Social Workers are responsible for implementation.

Time Frame of Implementation
This corrective action plan will be fully implemented on December 31, 2012.

Element #18
Are the sampled children progressing toward meeting the Needs and Services Plan case goals?

Findings
Some children did meet their NSP case goals.

Corrective Action Plan
1. In-service training will be provided to staff by December 31, 2012 stressing the importance of establishing realistic and attainable goals for the initial and quarterly NSPs. The attendance sheet will be forwarded to the Out of Home Care Management Division.

2. In an effort to assist a child in making progress toward their goals, the goals will be well defined, specific, measurable, and attainable. This will assist the child with achieving success and make progress toward their identified treatment goals. Each month an Interdisciplinary Team Meeting is held to discuss client progress toward identified treatment needs and goals. During this meeting treatment modalities and interventions will be discussed. If a client is not making progress toward their goals, then alternate treatment strategies will be discussed. Changes to treatment plan will be made when and if needed to assist with goal attainment.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, the Assistant Director of Mental Health and the Therapists/Social Workers are responsible for implementation.

Time Frame of Implementation
This corrective action plan will be fully implemented by December 31, 2012.

Element #21
Are County workers contacted monthly by the Group Home (GH) and are the contacts appropriately documented in the case file?

Findings
Monthly contact notes with County worker were not documented.

Corrective Action Plan
1. A form entitled the ***CSW Monthly Communication Log*** has been developed (cf. attached) and approved by our DCFS monitor.

2. This form is being utilized for each contact made by the Agency with the County worker. The form will be retained in the resident's file.

3. The Assistant Director of Mental Health will ensure that this procedure is followed.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, the Assistant Director of Mental Health and the Therapists/Social Workers are responsible for implementation.

Time Frame of Implementation
This corrective action plan was implemented on December 1, 2012.

Element #23
Did the treatment team develop timely, comprehensive Initial Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child?

Findings
One initial NSP was not comprehensive.

Corrective Action Plan
1. In-service training will be conducted with staff by December 31, 2012 in relation to developing comprehensive Initial Needs and Services Plans. During this training, it will be emphasized that the Needs and Service Plans must be detailed and comprehensive, that includes a narrative of the services being provided to a child in placement. The importance of client participation in the development of goals, CSW authorization, and the mandate of timely submission of Needs and Service Plans will be addressed.

2. The Initial Needs and Services Plan will be submitted to the Director of Residential Services for review seven days prior to submission to the DCFS Children's Worker to ensure that the NSP are correctly written and all detailed information is included. Treatment goals shall be established according to the SMART technique.

3. The Assistant Director of Mental Health and the Director of Residential Services will ensure that Initial Needs and Services Plans are completed in a timely and comprehensive manner in order to meet all County requirements.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, the Assistant Director of Mental Health and the Therapists/Social Workers are responsible for implementation.

Time Frame of Implementation
This corrective action plan will be implemented by December, 31, 2012.

Element #24
Did the treatment team develop timely, comprehensive updated Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child?

Findings
Some NSPs were not comprehensive.

Corrective Action Plan
1. In-service training will be conducted with staff by December 31, 2012 in relation to developing comprehensive updated Needs and Services Plans. During this training, it will be emphasized that the Needs and Service Plans must be detailed and comprehensive, that includes a narrative of the services being provided to a child in placement. The importance of client participation in the development of goals, CSW authorization, and the mandate of timely submission of Needs and Service Plans will be addressed.

2. The Needs and Services Plans will be submitted to the Director of Residential Services for review seven days prior to submission to the DCFS Children's Worker to ensure that the NSPs are correctly written and all detailed information is included. Treatment goals shall be established according to the SMART technique.

3. The Assistant Director of Mental Health and the Director of Residential Services will ensure that Initial Needs and Services Plans are completed in a timely and comprehensive manner in order to meet all County requirements.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, the Assistant Director of Mental Health and the Therapists/Social Workers are responsible for implementation.

Time Frame of Implementation
This corrective action plan will be implemented by December 31, 2012.

EDUCATION AND WORKFORCE READINESS

Element #28
Based on the services provided by the facility, has the child's academic performance and/or attendance increased?

Findings
It was noted that two children did not progress in their academic performance.

Corrective Action Plan
1. In an effort to ensure that a child increases academic performance and/or attendance, the Therapist/Social Worker and Resident Supervisor will continue to work collaboratively with the school (teacher and/or school liaison) to develop goals that will assist child in increasing attendance and school performance.

2. Each child at Marvale is encouraged and will continue to be encouraged to improve in her attendance and academic performance through recognition and ongoing incentives. The recognition includes rewards for perfect attendance, special field trips, and other incentives that are age appropriate.

3. Regular weekly meetings will be held to discuss educational performance and challenges facing each child.

4. Reasons for poor attendance and/or poor academic performance will be documented, e.g., AWOL, suspension, medical leave, non-enrollment by School District. An educational plan will be formulated to deal with the underlying reasons. Also, tutorial services will be provided to assist children with their academic progress.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, the Assistant Director of Mental Health, the Residential Supervisors, the Residential Counselors, the Therapists/Social Workers and the School Liaison are responsible for implementation.

Time Frame of Implementation
This corrective action plan was implemented on December 1, 2012.

Element #29
Does the Group Home (GH) facilitate (encourage) the age-appropriate children's participation in YDS or equivalent services and vocational training programs or document barrier to obtaining such services and efforts to resolve issues, when applicable?

Findings
Some children did not receive YDS or equivalent services.

Corrective Action Plan
1. An Independent Living Plan (ILP) program shall clearly be documented for each child 15½ year of age and older. Maryvale will contact the County Worker so that age-appropriate referrals to ILP classes can be made. The child shall directly participate in the development of her individualized ILP program.

2. Attendance and participation in the ILP program will be documented and will include progress and/or reasons for failing to progress.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, the Assistant Director of Mental Health, the Resident Supervisors, the Residential Counselors, the Therapists/Social Workers and the Client Advocate Coordinator are responsible for implementation.

Time Frame of Implementation
This corrective action plan will be implemented by January 31, 2013.

HEALTH AND MEDICAL NEEDS

Element #32
Are initial dental examinations conducted timely?

Findings
One initial dental examination was not conducted timely.

Corrective Action Plan
1. A policy/procedure has been developed whereby each new resident shall have an initial dental exam scheduled within the first thirty days of placement (cf. attached).

2. The procedure shall allow time for rescheduling and cancellations in order to meet the thirty-day requirement.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services and the Nursing Supervisor are responsible for implementation.

Time Frame of Implementation
This corrective action plan was implemented on December 1, 2012.

Element #33
Are required follow-up dental examinations conducted timely?

Findings
One required follow-up dental examination was not conducted timely.

Corrective Action Plan
1. A policy/procedure has been developed whereby each new resident shall be scheduled to have required follow up dental exams scheduled every six months. (cf. attached).

2. The procedure shall allow time for rescheduling and cancellations in order to meet the six-month requirement.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services and the Nursing Supervisor are responsible for implementation.

Time Frame of Implementation
This corrective action plan was implemented on December 1, 2012.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Element #46
Are children free to receive or reject voluntary medical, dental or psychiatric care?

Findings
Some children stated that negative consequences are given if medication was refused.

Corrective Action Plan

1. Contrary to the statements made by these children, Maryvale does not give negative consequences (such as restricting a child from going on an outing) if a child refuses voluntary medical, dental or psychiatric care. This may be a misunderstanding on the girls' part as a decision to deny a girl from going on an outing is based on the present emotional and behavioral state of the girl, not for refusing medical, dental or psychiatric care. Maryvale will clarify the misunderstanding and explain this statement clearly in the Personnel Rights in children's Residential Facilities.

2. If a child refuses voluntary, medical, dental or psychiatric care, staff will clearly document the date and time of the refusal and the location and activity of the child immediately following the refusal.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, the Coordinators of Residential Services, the Residential Supervisors, the Residential Counselors and the Nursing Supervisor are responsible for implementation.

Time Frame of Implementation
This corrective action plan was implemented on December 1, 2012.

DISCHARGED CHILDREN

Element #56
For children placed at least 30 days, was the child discharged according to the permanency plan?

Findings
Two children were not discharged according to permanency plans.

Corrective Action Plan

1. Maryvale's treatment team will work closely with CSW to ensure that the children are discharged in accordance with official documents, e.g. court minute orders or directly by County workers.

2. Permanency plans shall be clearly documented in the Needs and Services Plan. Any changes to permanency plans shall be clearly documented in the Needs and Services Plan or to an Addendum to the Needs and Services Plan.

3. If a child is discharged from Maryvale outside the stated permanency plan stated in the Needs and Services Plan, the reasons shall be clearly documented within the child's residential file.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, the Assistant Director of Mental Health, the Therapists/Social Workers the Coordinators of Residential Services are responsible for implementation.

Time Frame of Implementation
This corrective action plan was implemented on December 1, 2012.

Element #57
For children placed at least 30 days, did the child make progress toward meeting Needs and Services Plan goals?

Findings
Some children had not met all of their goals at discharge.

Corrective Action Plan
1. In an effort to assist a child in making progress toward their goals, the goals will be well defined, specific, measurable, and attainable. This will assist the child with achieving success and make progress toward their identified treatment goals at the time of discharge. Each month an Interdisciplinary Team Meeting is held to discuss client progress toward identified treatment needs and goals. During this meeting treatment modalities and interventions will be discussed. If a client is not making progress toward their goals, then alternate treatment strategies will be discussed. Changes to treatment plan will be made when and if needed to assist with goal attainment.

2. Progress or lack of progress shall be clearly documented in the Residential Discharge Summary.

Person(s) Responsible for Implementation of the CAP
The Director of Residential Services, Assistant Director of Mental Health, Therapists/Social Workers and the Coordinators of Residential Services are responsible for implementation.

Time Frame of Implementation
This corrective action plan was implemented on December 1, 2012.

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CSW Monthly Communication Log

Name of Associate: _____

Name of Resident: _____

Name of CSW: _____

MONTH OF: _____ YEAR: _____

Date	*Time*	*Type of Communication (Please check off)*			*Note to the File*	
		e-mail	*Phone Call*	*Face-to-Face*	*Yes*	*No*

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Required Admission and Follow-up Consultations

All residents admitted into Maryvale are mandated to have a physical and dental examination within 30 business days of the resident's admission day. The completion of these examinations is mandated by Title 22. Failure to complete the examinations within 30 business days of the resident's admission date will result in non-compliance. To ensure that the set deadlines are met, Health Services (HSO) has implemented a 5 day reminder, 20 day reminder and a monthly audit to ensure Title 22 is met.

- Upon admission, Health Services (HSO) will schedule the resident's physical and dental examination within 30 business days of the resident's admission date.
- Appointment reminder notifications will be set within the department's outlook program
    - The first reminder will be set for 5 business days after the admission date, which will allow opportunity to schedule the physical and dental exams.
    - The second reminder will be set for 20 days after the admission date, which will allow HSO an opportunity to follow up on any refusals or cancellations. The second reminder is a final opportunity to ensure all deadlines are met within the mandated regulations.
- Heath Services has implemented a monthly audit to ensure that the current residents will meet the annual physical exam and six month routine dental exam within a timely manner.

- In the event that appointments scheduled are refused by the residents, HSO will communicate with the Residential Supervisor for assistance in assuring deadlines are met within 30 business days.
    - HSO staff will document all refusals and cancellations on the Doctors Visit Note, which are emailed to all the appropriate residential staff (i.e. directors, supervisors, therapists and staff). Communication within the departments will provide an opportunity to meet required deadlines.
    - HSO staff will document all refusals and cancellations in the resident's medical charts and appointments will be rescheduled for the next available date by the physician.