County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 24, 2012

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

MOORE'S COTTAGE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of Moore's Cottage Group Home (Moore's Cottage) Altadena Site, in November 2011, at which time they had six DCFS placed children.

Moore's Cottage has two sites: Moore's Cottage Altadena site and the Pomona site. Both sites are located in the First Supervisorial District. The Altadena site provides services to Department of Children and Family Services' (DCFS) foster youth. The Pomona site provides services to Los Angeles County Department of Probation youth. The Pomona Site is currently being monitored by Probation Department and was not reviewed by OHCMD.

According to the Moore's Cottage program statement, its stated goal is "to achieve a successful outcome for each youth's treatment plan and designated case goal to help all youth develop the skills and self-esteem, which will enable them to become self-sufficient and productive persons in society, and to develop and promote a viable social support system for youth outside the foster care system." The Altadena site is licensed to serve a capacity of six DCFS male children, ages 13 through 17. The Pomona Site is licensed to serve a capacity of six Probation male children, ages 13 through 17.

For the purpose of this review, four currently placed DCFS children's case files were reviewed, and three of the four children were interviewed. The one child had run away from the Altadena site and was subsequently replaced, and therefore, not interviewed. The sampled children's overall average length of placement was six months, and the

average age of placed children was 16. Two discharged children's case files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged according to their permanency plan. Two staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

There were two children prescribed psychotropic medication. We reviewed their case files to assess the timeliness of the Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess the agency's compliance with the County contract and State regulations. The visit included a review of Moore's Cottage program statement, administrative internal policies and procedures, four placed children's case files, two discharged children's case files, and a random sampling of personnel files. A visit was made to the site with the DCFS placed children. At the Altadena site, we assessed the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

The Probation Department reviewed the Pomona Site in January 2011, and found that the agency was providing the services as outlined in its program statement. The Probation Department's compliance review revealed one deficiency, which was to replace the existing electrical outlet in the hallway bathroom with a Ground Fault Circuit Interrupter (GFCI) electrical outlet. The Pomona site provided a Corrective Action Plan (CAP), which was approved by Probation Department.

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

SUMMARY

During our review, interviewed children reported feeling safe in the group home. Moore's Cottage was providing care and services to DCFS placed children as outlined in its program statement.

At the time of the review, Moore's Cottage needed to develop comprehensive NSPs and ensure that NSPs included all elements of the NSP/Quarterly Report template. Moore's Cottage needed to ensure that children are attending school as required, meeting their educational goals and making progress in academic performance and/or attendance. Also, Moore's Cottage needed to ensure that children's follow-up dental examinations are timely and that children who are prescribed psychotropic medication, are evaluated monthly by a psychiatrist. Additionally, Moore's Cottage needed to ensure that children are satisfied with meals and snacks, are treated with respect and dignity, provided adequate personal hygiene products, and made aware of Moore's Cottage's policy and procedures.

Based on our review, the aforementioned deficiencies revealed the need for more thorough documentation in NSPs, for children to attend school and make progress, to receive timely follow-up dental examinations, and children's personal rights to be upheld.

In conclusion, Moore's Cottage management was receptive to implementing some systemic changes to improve compliance with regulations and the County contract. The management was cooperative and agreed to address noted deficiencies in a CAP.

The OHCMD is concerned with Moore's Cottage's failure to significantly improve their overall service delivery to placed children. Although Moore's Cottage showed some improvement by implementing 14 of 21 recommendations from their previous review, we began conducting another review in August 2012, to assess the implementation of the remaining recommendations and their currently approved CAP. The final results of the August 2012 review are pending. However, Moore's Cottage was placed on Hold status for failure to attend to a youth's medical needs. The Monitor made a Child Protection Hotline referral and the outcome is pending. The details of this finding will be further addressed in the final report for the August 2012 review. This report will focus on the findings noted during our November 2011 review.

NOTABLE FINDINGS

The following are notable findings of our review:

- Seven initial and updated NSPs were reviewed for the four children's case files. We noted that none were comprehensive and two initial NSPs were not timely. The NSPs were not comprehensive as they did not include all of the required elements in accordance with the NSP/Quarterly Report template. Some NSPs did not include the Case Plan Goal (Permanency), did not contain complete information in the Education and Life Skills Training/Emancipation Preparation sections, and did not contain complete information in the Quarterly Only areas of the updated NSPs. Additionally, some NSPs did not contain complete information related to specific and measureable treatment goals as they related to permanency, life skills and visitation. Also, there was no documentation regarding progress toward their permanency plans. It does not appear that some NSPs were formulated and/or modified by the treatment team, as some NSPs were only signed by the Moore's Cottage Social Worker and the child. Finally, there was also no documentation that the Children's Social Worker (CSW) was invited to participate in the NSP. The Monitor reviewed several NSPs with the management, pointing out the deficiencies. The Group Home Administrator acknowledged and understood the NSP deficiencies and stated that Moore's Cottage therapist will receive additional training to ensure that NSPs are comprehensive, include measureable goals, and are developed by the treatment team. Moore's Cottage's representatives attended the NSP training conducted by OHCMD in January 2012.

- One child did not attend school regularly, his academic performance and/or attendance did not increase, and Moore's Cottage did not facilitate meeting this

child's educational goals. The Chief Executive Officer stated that the Facility Manager will make unannounced visits to the child's school and will request monthly school attendance and progress reports to track the child's attendance and academic performance.

- One child did not receive a timely six-month follow-up dental examination. The Group Home Administrator stated that a particular staff member will be assigned to log in the child's file follow-up dental appointments in order to ensure dental examinations are timely.

- One child, who was prescribed psychotropic medication, was not assessed by the psychiatrist on a monthly basis. The Chief Executive Officer stated that they did not obtain a new psychiatrist until the middle of September, and that the child refused appointments in September and October 2011. Furthermore, the Group Home Administrator stated that in the future, a specific staff member will be assigned to ensure that monthly psychiatric evaluations are kept on file and documented after each visit. The Group Home Administrator also stated that if a child refuses an appointment, it will be documented by having the child sign a refusal, and the child's CSW will be notified.

- One child reported that he was not made aware of Moore's Cottage's policy and procedures, and was only told, "Sign here, hurry." He also reported not being satisfied with the food and snacks, as he alleged that he had to leave Moore's Cottage before eating breakfast and did not return to Moore's Cottage until 5:00 p.m. for dinner and "four cookies for snack at 7:00 p.m." The child elaborated that some of the food was not good due to being canned food, like chili. However, the child stated that sometimes when the staff cooked, the food was good. The Group Home Administrator stated that during house meetings, they will obtain input from the children concerning a variety of snacks, and will maintain the notes in a file. The Chief Executive Officer stated that the child had the opportunity to eat breakfast, that he could have gotten up earlier to eat breakfast, and was not forced to leave the house by 6:45 a.m.

  The same child reported that he was not treated with respect and dignity and that he was not given the opportunity to participate in extra-curricular activities in that he alleged that while on a home pass with his mother, he discovered that Moore's Cottage was going on an outing to Knotts Scary Farm and that he and his mother were told that he was not allowed to return early from the home pass to attend the outing. He also complained that he did not receive haircuts on a regular basis and was told by staff members to "hold up" until Moore's Cottage found another barber. He reported that he and his peers had to use their own money to obtain haircuts. This child further reported that the deodorant given by Moore's Cottage gave him an underarm rash and was told by the staff that he would be scheduled to see the doctor. The child reported that he never saw the doctor; he discontinued using the deodorant and the rash went away.

The Chief Executive Officer acknowledged that there was a lapse in the children receiving haircuts until Moore's Cottage found another barber to come into the home to provide haircuts. The Chief Executive Officer and the child reported that all of the child's allegations were recently discussed at the child's Team Decision-Making (TDM) conference and the child was being replaced. The OHCMD brought the allegations to the attention of the case-carrying CSW, who verified that the child had previously informed her of the allegations and had recently held a TDM where all of the child's concerns were discussed, before the CSW made the decision to replace the youth.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held November 28, 2011.

In attendance:

Steven Smith, Chief Executive Officer; Billy McDaniel, Administrator, Moore's Cottage; and Kristine Kropke Gay, Monitor, OHCMD, DCFS.

Highlights:

The Chief Executive Officer and Group Home Administrator were in agreement with our findings and recommendations and stated that Moore's Cottage would make all necessary corrections to ensure full compliance. As agreed, Moore's Cottage provided an approved written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached. We will assess for full implementation of recommendations during our next monitoring 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:kkg

Attachment

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
Willie Mitchell, President Board of Directors Moore's Cottage Group Home, Inc.
Steven Smith, CEO of Moore's Cottage Group Home, Inc.
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

MOORE'S COTTAGE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

Altadena Site
2352 Navarro Avenue
Altadena, CA 91001
License Number: 191290878
Rate Classification Level: 09

Pomona Site
1349 Casa Vista Drive
Pomona, CA 91768
License Number: 197804238
Rate Classification Level: 09

	Contract Compliance Monitoring Review	November 2011
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigations Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedroom/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented	1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Needs Improvement 7. Needs Improvement 8. Full Compliance 9. Full Compliance

	10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Initial/Updated NSPs	10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Needs Improvement
IV	**Educational and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates in Meeting Child's 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 encourages Children's Participation in YDS	1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Needs Improvement 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
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. Full Compliance 6. Needs Improvement
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review	1. Full Compliance 2. Needs Improvement
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 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences	1. Needs Improvement 2. Full Compliance 3. Needs Improvement 4. Needs Improvement 5. Full Compliance 6. Full Compliance

	7. Children Allowed Private Visits, Calls and Correspondence	7. Full Compliance
	8. Children Free to Attend Religious Services/Activities	8. Full Compliance
	9. Reasonable Chores	9. Full Compliance
	10. Children Informed About Their Medication	10. Full Compliance
	11. Children Aware of Right to Refuse Medication	11. Full Compliance
	12. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care	12. Full Compliance
	13. Children Given Opportunities to Plan Activities	13. Full Compliance
	14. Children Participate in Activities (GH, School, Community)	14. Full Compliance
	15. Children's Given Opportunities to Participate in Extra Curricular, Enrichment and Social Activities	15. Needs Improvement
VIII	**Personal Needs/Survival and Economic Well-Being** (8 Elements)	
	1. $50 Clothing Allowance	1. Full Compliance
	2. Adequate Quantity of Clothing Inventory	2. Full Compliance
	3. Adequate Quality of Clothing Inventory	3. Full Compliance
	4. Involvement in Selection of Clothing	4. Full Compliance
	5. Provision of Ethnic Personal Care Items	5. Needs Improvement
	6. Minimum Monetary Allowance	6. Full Compliance
	7. Management of Allowance/Earnings	7. Full Compliance
	8. Encouragement and Assistance with Life Book/Photo Album	8. Full Compliance
IX	**Discharge Children** (3 Elements)	
	1. Children Discharged According to Permanency Plan	1. Needs Improvement
	2. Children Making Progress Toward NSP Goals	2. Not Applicable
	3. Attempts to Stabilize Children's Placement	3. Not Applicable
X	**Personnel Records** (14 Elements)	
	1. DOJ Submitted Timely	Full Compliance (ALL)
	2. FBI Submitted Timely	
	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 Polices 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	

MOORE'S COTTAGE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

Altadena Site	**Pomona Site**
2353 Navarro Avenue	**1349 Casa Vista Drive**
Altadena, CA 91001	**Pomona, CA 91768**
License Number: 191290878	**License Number: 197804238**
Rate Classification Level: 09	**Rate Classification Level: 09**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the November 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on the results of the monitoring review, Moore's Cottage was in full compliance with three of 10 sections of our contract compliance review: Licensure/Contract Requirements; Facility and Environment; and Personnel Records. The following report details the results of our review.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of four children's case files and/or documentation from the provider, Moore's Cottage fully complied with eight of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

Moore's Cottage did not obtain and/or adequately document efforts to obtain the DCFS CSWs' authorization to implement and/or modify the NSPs for three of four sampled children. Only one of seven reviewed NSPs contained the CSW's signature to authorize implementation of the NSP. The other six NSPs did not contain the CSWs' signature. Some NSPs contained a generic letter to the CSW, with no dates or documentation that the generic form was submitted to the CSW, and only the NSP signature page was attached to the letter requesting the CSWs' signature on the NSP signature page.

Two of three children were not progressing toward meeting their NSP case goals, while one child was not part of the sample due to being placed less than 90 days. Two of four initial NSPs were not timely, while the reviewed four initial and three updated NSPs were not comprehensive due to the NSP/Quarterly Report template lacking detailed information, lacking and/or insufficient quarterly information, or all fields were not completed. Additionally, some NSP goals were too general, not child specific and/or measureable goals. The Monitor reviewed several NSPs with the management, and pointed out the deficiencies. The Group Home Administrator acknowledged and understood the NSP deficiencies and stated that Moore's Cottage therapist will receive additional training to ensure NSPs are comprehensive, include measureable goals, and are developed by the treatment team. Moore's Cottage's representatives attended the NSP training conducted by OHCMD in January 2012.

Recommendations:

Moore's Cottage's management shall ensure:

1. They obtain or document efforts to obtain the DCFS CSWs' authorization to implement NSPs.

2. All children make progress towards meeting their NSP goals.

3. The initial NSPs are timely.

4. The initial and updated NSPs are comprehensive.

EDUCATION AND WORKFORCE READINESS

Based on our review of four children's case files and/or documentation from the provider, Moore's Cottage fully complied with five of eight elements in the area of Education and Workforce Readiness.

One child did not attend school regularly, his academic performance and/or attendance did not increase, and Moore's Cottage did not facilitate in meeting this child's educational goals. The Chief Executive Officer stated that the Facility Manager will make unannounced visits to the child's school and will request monthly school attendance and progress reports to track the child's attendance and academic performance. The other three children were not included in this sample because they had been enrolled in school less than 90 days.

Recommendations:

Moore's Cottage's management shall ensure:

5. All children attend school as required.

6. The staff will facilitate meeting the child's education goals.

7. The staff will assist with facilitating all children's progress in academic performance and/or school attendance.

HEALTH AND MEDICAL NEEDS

Based on our review of four children's case files and/or documentation from the provider, Moore's Cottage fully complied with five of six elements reviewed in the area of Health and Medical Needs.

We noted that one of the four reviewed children did not receive a follow-up dental examination. The Group Home Administrator stated that a particular staff member will be assigned to log in the child's file follow-up dental appointments in order to ensure dental examinations are timely.

Recommendation:

Moore's Cottage's management shall ensure:

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

PSYCHOTROPIC MEDICATION

Based on our review of four children's case files and/or documentation from the provider, Moore's Cottage fully complied with one of two elements reviewed in the area of Psychotropic Medication.

Two of four reviewed children were prescribed psychotropic medication. However, one of the two children did not receive a current psychiatric evaluation. The other child had been placed just 30 days, and therefore was not part of the sample. The Chief Executive Officer stated that they did not obtain a new psychiatrist until the middle of September, and that the child refused appointments in September and October 2011. The Group Home Administrator stated that in the future, a specific staff member will be assigned to ensure that monthly psychiatric evaluations are kept on file and documented after each visit. The Group Home Administrator also stated that if a child refuses an appointment, it will be documented by having the child sign a refusal and the child's CSW will be notified.

Recommendation:

Moore's Cottage's management shall ensure:

9. All children prescribed psychotropic medication receive a current psychiatric evaluation.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review of four children's case files and/or documentation from the provider, Moore's Cottage fully complied with 11 of 15 elements in the area of Personal Rights and Social/Emotional Well-Being.

One interviewed child stated that he was not informed of Moore's Cottage's policies and procedures, was not satisfied with the meals and snacks, did not feel that he was treated with respect and dignity, and was not given an opportunity to participate in extra-curricular activities. The child alleged that he did not receive breakfast, due to having to leave for school at 6:45 a.m. He said he would return to Moore's Cottage at 5:00 p.m. for dinner and "four cookies for snack at 7:00 p.m." The child reported that the meals were not always good, and that sometimes the meals consisted of canned chili. He added, however, that when the staff cooked, the food was good.

He also stated that he and his peers were not receiving regular haircuts at Moore's Cottage and they had to spend their own money for haircuts. When brought to the staff's attention, the child was told to "hold on" as they were finding another barber to

come to Moore's Cottage to provide haircuts. He also stated that he had a 4:30 p.m. shirt-making class and only attended one class because Moore's Cottage staff refused to pick him up. The child stated that all of his concerns and issues were discussed at his recent Team Decision-Making (TDM) conference and that prior to the TDM, he had reported his concerns to his CSW. The Monitor verified with the case-carrying CSW, the child, and management that these allegations had been discussed with the CSW and subsequently discussed again at the TDM, where all were present.

According to the Chief Executive Officer, the child did not have to leave for school at 6:45 a.m., and that the child had chosen that particular school program in order to make-up school credits. The Chief Executive Officer reported that they verified with the school that the youth had never attended the shirt-making class and further stated that the youth made up the excuse due to returning late from school. Additionally, the Chief Executive Officer acknowledged there was a lapse in children receiving haircuts during the time that staff was attempting to locate a new barber that would come to the group home to provide services. The management provided a newly-created form to document the child's signature and the date they receive a hair cut.

Recommendations:

Moore's Cottage's management shall ensure:

10. All children are informed of Moore's Cottage's policies and procedures.

11. All children are satisfied with meals and snacks.

12. All children are treated with respect and dignity.

13. All children are given the opportunity to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of four children's case files and/or documentation from the provider, Moore's Cottage fully complied with seven of eight elements in the area of Personal Needs/Survival and Economic Well-Being.

The above-mentioned child reported receiving an underarm rash from Moore's Cottage-issued deodorant. However, the Chief Executive Officer stated they were never informed that the child received a rash from the deodorant and would have followed up had they been made aware of the issue.

Recommendation:

Moore's Cottage's management shall ensure:

14. All children are provided with adequate personal care items appropriate to their needs.

DISCHARGED CHILDREN

Based on our review of two children's case files and/or documentation from the provider, Moore's Cottage fully complied with one of three elements in the area of Discharged Children.

Two of three elements were not applicable and were excluded as one child was arrested and incarcerated from Moore's Cottage. The other child's file did not contain a Discharge Summary and updated NSP, and therefore, we were unable to determine if the child made progress toward meeting his NSP goals and whether Moore's Cottage provided resources and treatment to stabilize the placement prior to his discharge. Moore's Cottage had requested a seven-day notice, and therefore, the child was not discharged according to his permanency plan. The Group Home Administrator reported that they will make every effort to ensure children are discharged according to their permanency plans.

Recommendation:

Moore's Cottage's management shall ensure:

15. All children are discharged according to their permanency plan.

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 was issued March 2, 2011.

Results

The OHCMD's prior monitoring report contained 21 outstanding recommendations. Specifically, Moore's Cottage Group Home was to: conduct disaster drills at least every six months; complete and maintain disaster drill logs; CSWs were to approve the implementation and modification of the NSPs; the children were to receive the required therapeutic services; and the NSPs were to be comprehensive and include all required elements of the NSP/Quarterly Report template. Additionally, the agency was to ensure the following for all children: that they are given the opportunity to participate in planning monthly recreational activities; receive a variety of Group Home recreational activities; receive timely medical and dental examinations; were to be informed of Moore's Cottage policies in a timely manner; provided healthy meals and a variety of

snacks; be treated with respect and dignity; and have an appropriate rewards and discipline system. Furthermore, the children were to receive at least $50 per month clothing allowance, be involved in selecting their clothes, be provided with adequate personal hygiene products, and provided the minimum weekly allowance. Lastly, Moore's Cottage staff members were to meet the minimum job requirements, sign a criminal background statement in a timely manner, receive a timely initial health screening, the required initial training hours, and sign and date a copy of Moore's Cottage's policies and procedures.

Based on our follow-up of these recommendations, Moore's Cottage fully implemented 14 of the 21 recommendations from 2010. The OHCMD is concerned with Moore's Cottage's failure to significantly improve their overall service delivery to placed children. Additionally, as a result, of their failure to attend to a youth's medical needs, a Hold Status has been imposed on Moore's Cottage.

The County contract specifically states in part: "COUNTY retains the right to temporarily suspend referrals of children to CONTRACTOR by placing CONTRACTOR on Hold Status, for up to a 45-day period at any time during investigations when based on prima facie evidence, DCFS reasonably believes, in its sole discretion, that the CONTRACTOR has engaged in conduct which ... or noncompliance with a significant administrative/fiscal/programmatic requirement of the GH Agreement for which the CONTRACTOR failed to take corrective action (when appropriate) pursuant to Section 16.0. "

Recommendation:

Moore's Cottage's management shall ensure:

16. They fully implement the March 2, 2011 outstanding recommendations from the 2010 Monitoring Report, which are noted in this report as Recommendations 1, 4, 8, 10, 11, 12, and 14.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Moore's Cottage Group Home has not been posted by the Auditor-Controller. However, given concerns about Moore's Cottage's service delivery to placed children, specifically the lack of provision of personal care services and products, we referred Moore's Cottage to the A-C for a fiscal review.

MOORE'S COTTAGE

January 5, 2012

2353 NAVARRO AVE
ALTADENA, CA 91001

626-398-1227-OFFICE

626-398-0004- FAX

Moore's Cottage 2011

Group Home Contract Compliance

Facility #: 191290878

P. O. Box 6543

Altadena, CA 91003

I. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

17---Facility therapist, Kasey Brown will obtain CSW authorization to implement the NSP by emailing or faxing the CSW the date and time of NSP meeting and then have CSW to sign at the completion of meeting. If CSW does not attend scheduled meeting, documentation of attempts to get CSW to participate will be maintained by Kasey Brown, Group Home's Therapist and placed in file. Administrator will enforce compliance with therapist to maintain documentation.

20---To ensure children are progressing toward their goals, Facility therapist, Kasey Brown will address the progress or lack of progress in the Quarterly. The Quarterly will address the issue of whether new methods will be used if the last goal was not met or address if goals were met during reporting period. Administrator will meet with therapist to ensure progresses toward goals are being addressed.

#21--- Facility therapists will meet with child and treatment team at least one week prior to the completion of all initial NSP's to ensure that they are timely. Administrator will be responsible by ensuring meeting take place.

#22-- Training will be conducted with Facility's Therapist Kasey Brown to ensure initial Needs and Service Plans are comprehensive and include child specific and measureable goals that documents progress or lack of progress in goals, including emancipation goals. Training will also be conducted with therapist to ensure initial NSPs are developed and implemented by a

treatment team and CSW authorizes implementation and/or modification of NSP, if not documentation will show attempts to obtain CSW signature. Therapist will be responsible. However, Administrator will ensure ongoing maintenance.

#28--- Training will be conducted with Facility's therapist to ensure the team develops comprehensive updated Needs and Service Plan with the child. Administrator will be responsible for meeting with therapist to ensure updated NSP's

II. EDUCATION AND WORKFORCE READINESS

30—To ensure that child attends school as required; Facility Manager will request a monthly attendance printout from the child's school and make unannounced visits to school to ensure attendance as required. Administrator will ensure monthly print-outs are received.

#31--The Facility Manager will continue to make every effort in facilitating the child's educational goals by meeting with school personnel to discuss education progress as needed. Administrator will follow-up to ensure.

#32---To ensure that child's academic performance and attendance increases, the facility will receive monthly progress reports and school attendance reports to track progress. Administrator will ensure Facility Manager receive monthly updates.

III. HEALTH AND MEDICAL NEEDS

#42- Staff member, Lila Smith will ensure resident receive timely follow-up dental exams. Follow-up appointments will be logged in the resident's file to ensure follow-ups are completed timely. Administrator will review follow up procedures to ensure compliance.

IV. PSYCHOTROPIC MEDICATION

44---Staff member, Lila Smith will ensure that monthly visit for psychiatric evaluations are kept on file by obtaining documentation from the doctor after each visit. However, if a resident refuses an appointment, it will be documented by having the resident sign a refusal to attend notice which will be kept in file and also notifying the resident's CSW. Administrator will review weekly log and observed all input.

V. PERSONAL RIGHTS AND SOCIAL/EMOTIONL WELL BEING

#45--Facility Manager will ensure that all resident's policies and procedures are reviewed and signed upon intake. Administrator will inquire with all new residents to see if they were informed about policies and procedures upon intake.

#49--During weekly house meeting the Facility Manager will obtain input from residents concerning a variety of snacks that they may want. House meeting notes will be kept on file. Administrator will interview residents to ensure this is being done.

#50---Administrator will conduct training with all staff to address the issue of all residents being treated with dignity and respect at all times. Any known staff in violation will receive consequences that may lead to termination.

#61---Facility Manager will continue to have weekly meeting with residents and maintain a log documenting meeting where residents have input in planning monthly Recreation Activities and planning scheduled haircuts dates. Resident participating in activities and haircuts visits will sign a activity sheet indicating that they participated. Administrator will follow-up to ensure compliance.

VI. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

#66—Facility Manager will continue to provide residents with adequate personal care items by having the residents signs the hygiene log showing that they received adequate personal care item on an ongoing basic. All personal care items are purchased by the group home and resident do not buy their on personal care item. Administrator will review log and review products

VII. DISCHARGE CHILDREN

#70---For children placed at least 30 days, Moores' Cottage will make every attempt to ensure residents are discharged according to their case plan. Permanency Plan goals will be addressed in the initial and ongoing NSPs. The team will work closely to make every attempt to discharge children based on Permanency Plan. Administrator will enforce.

Sincerely,

Billy McDaniel