County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

FESIA A. DAVENPORT
Chief Deputy Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

November 12, 2014

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

From: Philip L. Browning
Director

MOORE'S COTTAGE 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 Moore's Cottage Group Home (the Group Home) in August 2013. The Group Home has two sites located in the Fifth Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose 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 Group Home has two 6-bed sites and is licensed to serve a capacity of 12 boys, ages 13 through 17. At the time of review, the Group Home served 11 placed DCFS children. The placed children's overall average length of placement was 4 months, and their average age was 16.

SUMMARY

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

The Group Home was in full compliance with 3 of 10 areas of our Contract compliance review: Health and Medical Needs; Psychotropic Medication; and Personnel Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to the vehicles not being maintained, an SIR was not submitted in a timely manner, another SIR lacked details, the Sign In/Out Logs were not properly completed, and Community Care Licensing (CCL) substantiated allegations and citations against the Group Home; Facility and Environment, related to maintenance issues regarding the exterior and common areas of the Altadena Group Home site, and to the children's bedrooms at both Group Home sites, also the Altadena Group Home site did not have sufficient supply of fresh fruits and vegetables, some expired dry goods and non-perishable food were not dated; Maintenance of Required Documentation

and Service Delivery, related to some children not being offered therapeutic/treatment services, and initial and updated Needs and Services Plans were not comprehensive, as they did not include all of the required elements; Education and Workforce Readiness, related to two children not attending school as required; Personal Rights and Social/Emotional Well-Being, related to one child not being satisfied with the food provided at the Group Home; Personal Needs/Survival and Economic Well-Being, related to four children not having a sufficient amount of clothes to meet DCFS clothing standards; and Discharged Children, related to one child having been discharged without a Discharge Summary. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On August 16, 2013, the DCFS OHCMD Monitor, Kristine Kropke Gay, held an Exit Conference with the Group Home representative, Steven Smith, Executive Director. The Group Home representative: was in agreement with most of the review findings and recommendations; was receptive to implementing systemic changes to improve 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 and CCL. The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

On January 23, 2014 the Group Home was placed on a Administrative Hold and was notified that the Group Home services contract between the Group Home and the Department of Children and Family Services County of Los Angeles would terminate on February 28, 2014 due to California Department of Social Services having issued a Notice of Foster Care Rate Termination effective November 1, 2013. This is due to the Group Home having its non-profit exemption status revoked by the Internal Revenue Service (IRS) for the Group Home's failure to timely complete and file its 990 tax returns for three consecutive years. In addition the Group Home has not provided a timely Fiscal Corrective Action Plan (FCAP).

On January 23, 2014, OHCMD began the safe transition of DCFS placed children and their certified foster parents. On February 28, 2014, all children were transitioned from the Group Home.

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

PLB:EM:KR
RDS:PBG:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Steven Smith, Executive Director, Moore's Cottage Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Lajuannah Hills Regional Manager, Community Care Licensing

MOORE'S COTTAGE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2353 Navarro Avenue
Altadena, CA 91001
License # 191290878
Rate Classification Level: 9

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

	Contract Compliance Monitoring Review	**Findings: August 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	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. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Improvement Needed
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Improvement Needed
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Worker's Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements)	
	1. Children Enrolled in School Within Three School Days	1. Full Compliance
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Improvement Needed
	3. Current Report Cards/Progress Reports Maintained	3. Full Compliance
	4. Children's Academic or Attendance Increased	4. Full Compliance
	5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	5. Full Compliance
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	1. Full Compliance
	2. Children Feel Safe	2. Full Compliance
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's Efforts to Provide Nutritious Meals and Snacks	4. Improvement Needed
	5. Staff Treat Children with Respect and Dignity	5. Full Compliance
	6. Appropriate Rewards and Discipline System	6. Full Compliance
	7. Children Allowed Private Visits, Calls and Correspondence	7. Full Compliance
	8. Children Free to Attend or Not Attend Religious Services/Activities	8. Full Compliance
	9. Children's Chores Reasonable	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Full Compliance

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	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 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/Photo Album	 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	 1. Improvement Needed 2. Full Compliance 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)

MOORE'S COTTAGE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the August 2013 review. The purpose of this review was to assess Moore's Cottage Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home'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, and
- Personnel Records.

For the purpose of this review, four Department of Children and Family Services (DCFS) and one Department of Probation placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, five discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, three children were prescribed psychotropic medication. OHCMD reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD 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

OHCMD found the following seven areas out of compliance.

Licensure/Contract Requirements

- The vehicles in which the children are transported were not well-maintained. The Altadena Group Home site's van was missing a first aid kit. Also, the Pomona Group Home site van's middle bench seat was missing headrests and the side of the bench seat had a missing piece of plastic trim, exposing the metal seat latch mechanism.

The Group Home Executive Director stated that in order to ensure vehicles are maintained, he will implement a bi-monthly vehicle inspection by a designated staff member. On October 3, 2013, OHCMD observed the missing trim piece was replaced and the headrests were intact and operational. No information was received with regard to the replacement of the first-aid kit for the Altadena site.

- A random review of 65 Special Incident Reports (SIRs) revealed that one SIR was not submitted into ITrack in a timely manner. Additionally, it was noted that during this review period, OHCMD had requested a Corrective Action Plan (CAP) on October 12, 2012, for another SIR that lacked details of an incident.

The Group Home Executive Director stated that both Group Home Facility Managers and he received SIR training on March 22, 2013; the training was provided by a contracted trainer. OHCMD received verification of the SIR training on September 9, 2013. It should be noted that the two above-referenced SIRs had been submitted prior to the Group Home Executive Director and Facility Managers receiving the SIR training. However, a Group Home representative attended the OHCMD SIR training in October 2011.

- The resident Sign-In/Sign-Out Logs at both Group Home sites were not properly completed, as the logs did not include the responsible person's name, address, phone number, and anticipated time of child's return. In addition, a few entries were missing the staff's signature.

The Group Home Facility Managers revised the log to include the required information. The Group Home Executive Director stated that the designated Facility Managers at each Group Home will ensure that the logs are completed and include the required information, and they will review the logs on a daily basis to ensure compliance.

- Community Care Licensing (CCL) cited the Altadena Group Home site as a result of deficiencies and findings noted during CCL investigations. On August 23, 2012, the Altadena Group Home site received two citations for Health-Related Services. A child's seizure medication was not refilled timely; therefore, the child was without the medication for several days. The second citation was due to no documentation of the incident in the communication log.

The Altadena Group Home site provided a Plan of Correction (POC) and CCL cleared the deficiency on December 17, 2012. The Executive Director stated that the Medication Log was revised to include a medication count, to ensure children's medication is refilled and administered to children promptly.

It should also be noted that OHCMD discovered this serious situation during the last compliance monitoring review. OHCMD had imposed a Hold status on the Group Home from August 16, 2012 through September 6, 2012, and held a Review Conference on August 28, 2012. The Group Home submitted a Corrective Action Plan (CAP), which was approved by OHCMD.

- On January 14, 2013, CCL cited the Group Home for Responsibility for Providing Care and Supervision, as CCL determined, during the course of its investigation that the Group Home

was not compliant with its program statement as it applied to supervision of children and ensuring a staff-to-child ratio of one-staff-to-three children.

On December 30, 2012, one Altadena Group Home staff member had taken five boys on an outing to Laser Tag; the boys began to misbehave and engaged in verbal altercations with patrons at the laser tag facility. The Group Home staff member ended the outing early. Upon returning to the Group Home, four boys escalated and physically attacked another staff member who attempted to counsel them regarding their behavior during the outing. One of the boys broke the office window, resulting in the boy receiving sutures to his arm. The four boys were arrested and removed from the Group Home.

- On March 11, 2013, CCL cited the Altadena Site for two additional violations, Physical Abuse/Corporal Punishment and Children's Personal Rights, as a result of the December 30, 2012 incident above.

On March 30, 2013, CCL amended its report to include a civil penalty of $150. The boy that was involved in attacking the staff member and broke the staff office window, alleged that he was a victim of physical abuse by the Group Home staff member, in that he was injured by the staff member when he was pushed against a desk, which caused him to bump the back of his head. During the course of its investigation, CCL determined that the boy was injured when he was pushed by the staff member that was being attacked by the boys. The Group Home Executive Director stated that they are refuting the $150 civil penalty assessment related to the substantiated allegation of physical assault to the child. On October 11, 2013, the Group Home Executive Director provided OHCMD a CCL "DEFICIENCY/PENALTY REVIEW" dated October 2, 2013, which stated that a review of Penalties, 80054(c)(1) was made and an immediate civil penalty was issued due to head injury to a client caused by staff. A visit was conducted on March 11, 2013 and the report was amended on May 30, 2013." The results were "Penalty Assessment Dismissed." Furthermore, "The deficiency cited regarding Personal Rights violation will stand since staff admitted to pushing client away from him. The civil penalty assessed with the deficiency cited is dismissed, due to lack of proof of head injury that client claims he sustained."

The Group Home submitted a Plan of Correction (POC) to CCL to prevent similar incidents from occurring in the future. The Altadena Group Home staff member who had pushed away the child resigned from his position. CCL approved the POC and cleared the deficiency on March 13, 2013. Although the Group Home was not compliant with the one-to-three staff-to-child ratio, the staff still made the decision to proceed with the outing. The December 30, 2012 incident was not originally reported by the Group Home. It was discovered during an SIR training that was held on March 22, 2013 at which time OHCMD became aware of the incident. OHCMD requested an addendum with more detailed information and discovered that the Group Home was not in compliance with their staff-to-child ratio and failed to report the incident as per procedure. OHCMD imposed a Hold status on the Group Home on January 11, 2013. A Review Conference was held on February 8, 2013. The Group Home submitted a CAP, which was approved by OHCMD, and the Hold was lifted on March 7, 2013.

Furthermore, DCFS also investigated the allegation of physical abuse by the staff member against the child, and deemed the allegation "Unfounded." According to the DCFS investigation, the police report stated that the child and three other children "jumped" the staff member and that during the assault on the staff member, it is possible that the child hit his head after the staff member was

attempting to get the children off of him. The Children's Social Worker's (CSWs) investigation stated, there were no visible marks or bruises on the child; the children were arrested for assault; and the CSW did not feel that the child was in any danger.

- On March 11, 2013, the Altadena Group Home received a substantiated Personal Rights violation as it was reported that: "Staff yells at clients due to clients breaking the house rules."

According to CCL Licensing Program Analyst (LPA), the allegation is an "old, old claim" that came to CCL's attention via a letter, regarding a child that was placed at the Group Home in 2009-2010. The LPA further stated that there was no Child Protection Hotline Referral initiated and DCFS was not aware of the allegation. The LPA stated that the deficiency was cleared on March 13, 2013. The Group Home Executive Director stated that the Altadena site Facility Manager will ensure that current and newly-hired staff members are trained regarding personal rights of children and staff professionalism. The Group Home Executive Director reported that the staff members were trained in professionalism and children's personal rights on January 8, 2013. OHCMD received documentation of the staff training on September 9, 2013.

- On May 29, 2013, CCL conducted an Annual/Random review of the Altadena Group Home site and issued two citations as a result of violations related to Annual Training, as one personnel file did not contain annual training, and Fixtures, Furniture, Equipment and Supplies, as licensing staff observed only one bed in Bedroom 2.

The Altadena Group Home site provided a POC, and CCL cleared both deficiencies on June 17, 2013. The Group Home Executive Director stated that at the time, there was only one child assigned to the bedroom and a bed and mattress was subsequently purchased for the bedroom. The Executive Director provided documentation of a purchase.

Recommendations

The Group Home's management shall ensure that:

1. The vehicles in which children are transported are well-maintained, including containing a first aid kit.

2. The SIRs are appropriately documented and cross-reported to all applicable parties.

3. The resident Sign-In/Out Logs are properly completed and contain all required information and are properly completed.

4. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

Facility and Environment

A walk through of the Group Homes revealed deficiencies at both the Altadena and Pomona Group Home sites.

- Deficiencies were noted in the exterior of the Altadena Group Home site. There was chipped wood siding with exposed wood in need of paint. The bathroom window screen had two small holes. The front and side porch light bulbs were exposed due to a broken and/or a missing light cover. OHCMD observed the completed repairs on August 12, 2013.

- Deficiencies were noted in the common areas of the Altadena Group Home site. A bathroom ceiling light was missing the light cover, leaving the light bulb exposed. On September 9, 2013, the Group Home Executive Director provided a photograph of a vent light cover installed on the bathroom ceiling.

- Deficiencies were noted in the children's bedrooms at both Group Home sites. At the Altadena Group Home site, the closet ceiling vent screen was damaged, leaving an opening for rodents to enter the Group Home. Bedroom 2 had graffiti on the desk drawers and the dresser drawers were broken and/or damaged. Also, in Bedroom 3, desk drawers 1 and 2 had graffiti.

On August 12, 2013, OHCMD observed that the graffiti on the desk and dresser drawers had been covered with paint. On September 9, 2013, OHCMD was provided documentation that the dresser was replaced.

- At the Pomona Group Home site, in Bedroom 1, the closet floor track was missing wood trim, which left a hole and nails exposed. Bedroom 3 had a very soft mattress; as a result, stuffing/piping could be felt.

During the review on August 14, 2013, OHCMD observed the closet floor track was repaired. On September 9, 2013, OHCMD was provided documentation of a replaced mattress. The Group Home Executive Director stated that in order to adequately maintain the Group Homes, a weekly inspection will be conducted by the Designated Facility Managers at each site.

- It was noted that there was an insufficient supply of fresh fruits and vegetables at the Altadena Group Home site. Furthermore, the Altadena Group Home site had some expired dry goods and some non-perishable food that were not dated.

The Facility Manager acknowledged the deficiency and stated that the day prior, the children had used the lettuce for sandwiches and she had not had an opportunity to replenish the food. OHCMD discussed with the Group Home Executive Director and the Altadena Group Home Facility Manager regarding their need to provide healthier fresh food options for the children, as well as a variety of fresh fruits, vegetables and healthy snacks and meals. During the Exit Conference, Group Home Executive Director stated that the Altadena Group Home Facility Manager will ensure that all food is dated when it is purchased and that the food supply is properly rotated to ensure the food is consumed in a timely manner.

Recommendations

The Group Home's management shall ensure that:

5. The exterior and the grounds of the Group Homes are well maintained.

6. The common quarters of the Group Homes are well maintained.

7. The children's bedrooms are well maintained.

8. There is an adequate supply of fresh fruits and vegetables and will adhere to product expiration dates.

Maintenance of Required Documentation and Service Delivery

- A review of the sampled children's records, Needs and Services Plans (NSPs) and the Group Home's program statement revealed that three children did not consistently receive weekly group therapy. The Group Home Executive Director explained that one child did not receive consistent group therapy, as he was the only child placed in the Group Home while they were on Hold. As of February 28, 2014, all children were removed.

The Group Home Facility Manager acknowledged that group therapy was not always offered on a weekly basis and stated that she had advised the Group Home therapist that she is to consistently offer weekly group therapy even if there is only one child in the Group Home. The Group Home Executive Director stated the Group Home therapist will be made aware that group therapy is required to be offered to the children on a weekly basis.

- Five initial NSPs were reviewed. The NSPs were timely; however, two NSPs were not comprehensive as both NSPs contained inaccurate information related to the children's mental health services.

- Six updated NSPs were reviewed. Although the NSPs were timely, none were comprehensive, as they did not meet all the required elements in accordance with the NSP template. The updated NSP quarterly sections lacked detailed information regarding progress made toward achieving the identified treatment goals. The NSPs did not include dates of monthly contacts with DCFS CSWs, or of group therapy attended by the children.

The Group Home Executive Director stated that the Group Home Facility Manager and Group Home therapists at both Group Home sites will consult with the Group Home's consultant, who attended OHCMD's recent NSP refresher training in August 2013, to ensure comprehensive NSPs.

It should also be noted that Group Home representatives attended OHCMD's NSP training in January 2012 and OHCMD's NSP refresher training in August 2013. Two of the NSPs reviewed had been developed after the August 2013 NSP refresher training.

Recommendations

The Group Home's management shall ensure that:

9. All children receive required therapeutic/treatment services.

10. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

11. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Education and Workforce Readiness

- Two children at the Altadena Group Home did not attend school as required.

The Group Home Executive Director stated that the Group Home provides transportation to and from school to ensure compliance with children attending school. The Altadena Group Home site Facility Manager will contact the child's school every other day until the "Parent Contact Website," which allows the Group Home to check on-line the child's grades and attendance, is operational. He further stated that once the website is operational, the Group Home Facility Manager will check the website on a daily basis and will immediately contact the school if a child's attendance and/or grades begin to decline. The Altadena Group Home Facility Manager shared that the Group Home will initially request a daily child behavior report. If a child's attendance and/or academics begin to decline, the staff will conduct "surprise drop-ins" to the child's school. If this intervention proves ineffective, the staff member will follow the child from class-to-class and remain in the area while the child is in class. If there is no improvement in the child's attendance and/or academics, the Group Home will request a meeting with the child's CSW and school staff members.

Recommendation

The Group Home's management shall ensure that:

12. All children attend school as required.

Personal Needs/Survival and Economic Well-Being

- One child at the Altadena Group Home site reported that he is not satisfied with the food. Specifically, the child reported that he eats "too much junk food here" and would like "less [high] calorie food." Another child did not report dissatisfaction with the food, but stated that they eat out frequently and would like more home-cooked meals. He stated that when a particular staff cooks a meal at the Group Home, "it is a good meal." The three children interviewed at the Altadena Group Home site rated the food as "fair." However, at the Pomona Group Home site, both children interviewed reported the food to be "very good."

OHCMD observed the difference in the food served between the two Group Homes, noting that the Pomona Group Home site had a large variety of fresh fruits and vegetables, as well as structured healthy snacks prepared by the staff. The Group Home Executive Director stated that the Altadena Group Home Facility Manager will ensure the Group Home provides the children with daily fresh fruits and vegetables and will introduce new food options in an attempt to provide the children with more nutritious food. He further stated that the Facility Manager will meet with the children weekly to obtain the children's input and food preferences.

Recommendation

The Group Home's management shall ensure that:

13. All children are provided nutritious meals and snacks and there is no disparity between foods served at both Group Home sites.

Personal Needs/Survival and Economic Well-Being

- Four children did not have an adequate clothing inventory. Specifically, three children were deficient two pair of underwear and one child was deficient one pair of pants.

The Group Home Executive Director stated that the Facility Manager completes the child's clothing inventory form to determine the child's current quantity of clothing and needed clothing items. He stated that if a child is placed with very little clothing, the Group Home may not be able to provide the eight required outfits for the child, and will request a clothing voucher from the child's CSW.

Recommendation

The Group Home's management shall ensure that:

14. All children are provided adequate clothing to meet DCFS clothing standards.

Discharged Children

- A review of discharged children's files revealed that 1 of 5 children reviewed did not have a Discharge Summary, in accordance with Title 22 Regulations.

The Group Home Executive Director stated that the Altadena Group Home Facility Manager will ensure the Group Home therapist completes a Discharge Summary for all discharged children.

Recommendation

The Group Home's management shall ensure that:

15. The Group Home submits a discharge summary for all discharged children.

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

The OHCMD's last compliance report, dated January 4, 2013, identified 17 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 9 of 17 recommendations for which they were to ensure that:

- The Group Home documents monthly contacts with County workers are contacted monthly and appropriately documented by the Group Home,
- The children's follow-up medical examinations are conducted timely,
- The children's initial dental examinations are conducted timely,

- The Group Home utilizes a fair rewards and discipline system,
- The children receive $50 clothing allowance on a monthly basis,
- The children are encouraged and assisted with Life Books,
- The children are discharged according to their permanency plan,
- The discharged children made progress toward meeting their NSP goals, and
- Attempts were made to stabilize the placement prior to the Group Home requesting the removal of a child.

The Group Home did not implement eight recommendations for which they were to ensure that:

- The Group Home maintain vehicles in which the children are transported,
- The SIRs are appropriately documented and cross-reported to all applicable parties,
- The Resident Sign In/Sign Out Log is always properly completed,
- The children receive the required therapeutic services,
- Initial NSPs are comprehensive and include required information,
- Updated NSPs are comprehensive and include required information,
- The Children receive nutritious meals and snacks, and
- Full implementation of the outstanding recommendations from the OHCMD's 2010-2011 monitoring report regarding comprehensive initial and updated NSPs; children attend school as required; and all children are satisfied with meals and snacks.

Recommendation

The Group Home's management shall ensure that:

16. The outstanding recommendations from the 2011-2012 monitoring report dated January 4, 2013, which are noted in this report as Recommendations 1, 2, 3, 8, 9, 10, 11, and 13, are fully implemented.

At the Exit Conference, the Group Home Executive Director expressed his desire to remain in compliance with all Title 22 Regulations and Contract requirements. In order to maintain the vehicles, the Group Home will conduct bi-monthly vehicle inspections by a designated staff member; the staff received SIR training on March 22, 2013, and the Sign-In/Out Logs will be revised to include all required information, as well as the Facility's Manager's oversight to ensure completion of the logs. Regarding the Group Home's compliance with Title 22 Regulations, administration provided CCL Plan of Corrections, including staff training related to compliance with staff-to-child ratios and staff training on professionalism and children's personal rights. In order to ensure the Group Homes are well-maintained, the Designated Facility Managers will conduct weekly inspections. The Facility Managers will ensure children are provided healthy and fresh foods, as well as meet with the children weekly for their input in food choices. In an attempt to improve the children's school attendance, the Group Home has instituted a progressive school attendance monitoring oversight, which includes staff's "surprise school drop-ins." Furthermore, the Group Home Facility Managers will ensure that the Group Home therapist completes a Discharge Summary for all discharged children.

On January 30, 2014, the Group Home was placed on a Termination Hold and was notified that the Group Home services contract between the Group Home and the Department of Children and Family Services County of Los Angeles would terminate on February 28, 2014, due to California Department of Social Services issuing Notice of Foster Care Rate Termination effective November 1, 2013. The Notice of Foster Care Rate Termination is due to the Group Home having its non-profit exemption status revoked by the Internal Revenue Service (IRS) for the Group Home's failure to timely complete and file its 990 tax returns for three consecutive years. In addition Moore's has not provided a timely Fiscal Corrective Action Plan (FCAP).

On January 23, 2014, OHCMD began the safe transition of DCFS placed children and their certified foster parents. On February 28, 2014, all children were transitioned from the Group Home.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER (A-C)

The A-C conducted a fiscal review of the Group Home's fiscal operations from January 1, through December 31, 2006. The fiscal report, dated May 22, 2008, states the Group Home had $12,985 in disallowed expenditures. According to the DCFS Fiscal Monitoring and Special Payments Section, the Group Home has paid off this debt.

Furthermore, the A-C fiscal report also documents that the Group Home has approximately $23,000 in delinquent Federal and State payroll taxes, including interest and penalties, owed to the Internal Revenue Service; a repayment plan has been established.

OHCMD contacted DCFS Fiscal Monitoring section on November 5, 2014, and was informed that the Group Home has requested a formal hearing to dispute the findings of the A-C fiscal review.

MOORE'S COTTAGE

2353 NAVARRO AVENUE
ALTADENA, CA 91001
OFFICE: (626) 398-1227 • FAX: (626) 398-0004
email:moorescottage@msn.com
License #191290878

Date: October 11, 2013

To: Patricia Bolanos-Gonzalez
Out-of-Home Care Manager

Re: Corrective Action Plan

Dear Ms. Bolanos-Gonzalez:

Attached is Moore's Cottage Compliance Review Corrective Action Plan. If you have any questions, please feel free to contact Steve Smith, Administrator at (626) 398-1227.

Thank you.

Cordially,

Steve Smith

MOORE'S COTTAGE

2353 NAVARRO AVENUE
ALTADENA, CA 91001
OFFICE: (626) 398-1227 • FAX: (626) 398-0004
email:moorescottage@msn.com
License #191290878

CORRECTIVE ACTION PLAN
FOR AUGUST, 2013 FIELD MONITORING REVIEW

I. LICENSURE/CONTRACT REQUIREMENTS

#3: The Facility Manager will ensure that the vehicle in which the children are transported is properly maintained and in good repair. A weekly vehicle inspection will be completed and given to the Administrator to ensure that any repairs noted are completed to ensure compliance.

#4: The facility manager will be responsible for ensuring that SIRs (special incident reports) are appropriately documented and cross-reported timely utilizing Exhibit A-VIII to ensure all applicable parties are notified. In the event that a resident's information is not populated on the I-Track system, a copy of the SIR will be faxed to all applicable parties. On 03/22/2013, both facility managers and Administrator attended an SIR training held by Careproviders.org as a review of SIR procedure.

#8: Moore's Cottage does maintain a facility sign-in and out log. The facility Manger will now review each sign-in/out log with staff to ensure that the form is completed correctly with actual leave time and return times.

#9: As to substantiated CCL visits, the following corrections have been implemented:

Personal Rights: Staff yells at client due to client's breaking the house rules. Substantiated.

Facility Manager will conduct regularly weekly meetings with child care staff to ensure that they are aware and reminded of the Program's policy and procedures with regard to the personal rights of residents. To ensure compliance with Program's policy on resident personal rights, the Facility Manager conducted staff training on 01/08/2013 with focus on reviewing group home children personal rights, the Programs' discipline and grievance policies, de-escalation techniques, professionalism in the workplace and effective communication.

MOORE'S COTTAGE

Health Related Services: Resident's prescribed medication was not refilled timely and the child did not receive prescribed medication for several days. Substantiated.

When a resident is prescribed medication (i.e., psychotropic or prescription), the facility manager is responsible to ensure that medication is obtained, recorded and that it is being dispensed in accordance with dosage. The facility manager reviews the medication log on a daily basis to ensure correct dispensation and recording by staff is being followed and to determine if any refills are necessary (refills are delivered within 1 day). When a new prescription is acquired, a copy of the prescription is made to be filed in the resident's book, and the original is sent to the pharmacy. The new medication is logged in by the facility manager and staff is informed that there is new medication (and any changes that have been made to its administration).

Staffing and Supervision: Out of compliance with Program statement; clients did not have enough supervision on outing. Substantiated.

The Facility Manager will ensure that Moore's Cottage complies with staff-to-resident ratio for the supervision of residents at all times, whether on-site or off-site, according to the times noted in Part II Section C of the Program Statement. To ensure compliance, the Facility Manager conducted staff training on 01/19/2013, with focus on staff-to-resident ratio, the procedure to be followed if staff will be out of compliance for an outing, and consequences for any staff that violates the policy. The facility manager and Administrator will enforce compliance.

II. FACILITY AND ENVIRONMENT

#10, 11, 12: The Facility Manager will be responsible for ensuring that a weekly facility inspection form is completed and that any deficiencies are noted and recorded on a maintenance request form to be reported to the Administrator and Maintenance Personnel. Maintenance personnel will be on grounds every weekend to complete any repairs needed and will also be available for emergencies that may arise. The Administrator and facility manager will meet every Friday to discuss any needed repairs. The Administrator will ensure this procedure is followed-through weekly. See attached maintenance request form.

#14: To ensure that Moore's Cottage adheres to product "use by", "best by", "sell by" or expiration dates, graveyard shift staff will be responsible for checking dates and rotating foods; on weekly basis, the Facility Manager will conduct a weekly check to ensure that food storage procedure is being followed. Moore's Cottage follows the food pyramid, which focuses on more fruits and vegetables. The facility manager will be responsible for shopping weekly to ensure that an ample supply of fresh vegetable and fruits are available for residents.

MOORE'S COTTAGE

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

#19: To ensure that the residents receive required therapeutic/treatment services, on Monday of each week, the facility manager will contact the group home therapist to ensure there are no scheduling issues to prevent therapeutic/treatment services being offered to the residents.

#23, 24: To ensure needs and service plans are measurable, timely and individually oriented, Mr. Bob Llamas (psychologist/program consultant), the facility manager and the therapist will review the NSPs prior to submission to social worker/probation officer.

IV. EDUCATION AND WORKFORCE READINESS

#26: To ensure that residents attend school daily, the group home transports residents to and from school. The facility manager utilizes the school district's internet parent portal to access attendance, grades, behavior and testing information.

To ensure that residents attend each class, each school day, the group home has instituted a 3-step intervention. Upon the first absence(ditching) from class, the facility manger will meet with the resident and discuss what occurred that made him absent from class. He will be provided with a Daily Attendance/Homework sheet, that he is to take to each class, have the teacher sign/comment, and return to the facility at the end of the school day. Also, the facility manager and/or his/her designee, will "drop-in" at the school site at different times during the day (specifically those classes the resident is ditching) to ensure that the resident is in class. If these interventions do not work and the resident continues to ditch classes, the facility manager will assign a staff member to shadow the resident to each class the next school day.

Along with the above, the facility manager or his/her designee obtains missing assignments and utilizes an after-school tutoring/homework assistance program, provides help to the resident so that he can catch up and improve his understanding of any particular class.

Moore's Cottage will also utilizes whatever interventions the school has determined/assigned to the resident for breaking school rules (i.e., Saturday school, IMPACT meetings, after-school/ lunch detention, etc.).

The Facility Manager maintains and documents contact with school personnel, teachers, probation officers, etc. to provide whatever assistance is necessary to ensure the resident attends school daily and makes progress in his classes. The facility manager contacts the resident's social worker and/or probation officer whenever school issues occur for feedback and assistance.

MOORE'S COTTAGE

VII: PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

#39: As instituted, during each weekly resident meeting, resident's will provide input on their preferences for the week's meals and make requests they would like to add to the weekly shopping list for snacks. The group home facility manager will make every effort to ensure a choice of foods that are tasty, nutritious and good for resident's health are available for meal preparation and snacks (i.e., apples, almonds, broccoli, leafy green vegetables, oily fish, sweet potatoes, avocadoes, oatmeal, etc.)

VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

#50: For those residents who are lacking the required standard items, a list will be prepared of the items that need to be purchased and provided to staff supervising shopping; residents are reminded they may choose the brand, color, etc. of these items (i.e., if a resident needs white t-shirts white, and prefers 'wife-beaters' over other brands, or no sleeves over sleeves, then he can get his preference). Upon return from shopping outing, the facility manager will review purchases to ensure that the needed clothing items have been purchased.

VIX. DISCHARGED CHILDREN

#56: The facility therapist will ensure that the children placed at least 30 days will be provided with a discharge summary. The Facility Manager and therapist will complete a monthly audit to ensure compliance with DCFS requirements regarding discharge summaries.

Sincerely,

Steve Smith
Administrator