County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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March 2, 2011

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

From: Antonia Jiménez
Acting Director

MOORE'S COTTAGE GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Moore's Cottage Group Home has two sites, the Moore's Cottage Altadena Group Home and Moore's Cottage Pomona Group Home. Both sites are located in the 1st 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. According to Moore's Cottage Group Home's 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 Moore's Cottage Altadena Group Home is licensed to serve a capacity of six children, ages 13 through 17. The Moore's Cottage Pomona Group Home is licensed to serve a capacity of six Probation youth, ages 13 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Moore's Cottage Group Home in March 2010, at which time, the agency had two six-bed sites and five DCFS placed children. For the purpose of this review, five currently placed DCFS children were interviewed and their case files were reviewed. The sampled children's overall average length of placement was 11 months, and the average age of placed children was 16. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

One child was on psychotropic medication. We reviewed his case file to assess the timeliness of the psychotropic medication authorization and to confirm that the medication log documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Moore's Cottage Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, five placed children's case files and a random sampling of personnel files. A visit was made to both sites. 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. At the Pomona site, we reviewed the personnel records, disaster drill logs and runaway procedures. Additionally, we inspected the interior and exterior structure, including the furniture, mattresses and bed linens.

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

SUMMARY

Generally, Moore's Cottage was providing services as outlined in its program statement.

At the time of the review, the Group Home needed to develop comprehensive Needs and Services Plans (NSP) and ensure that the NSPs included all elements of the NSP template. The Group Home needed to ensure that the children's initial and follow-up medical examinations were timely. They also needed to ensure that staff members met the educational/experience requirements, staff signed the criminal background statement in a timely manner, staff received a timely initial health screening and received the required initial training in a timely manner. Further, Moore's Cottage needed to ensure that all staff members' files had signed copies of the Group Home's policies and procedures.

Moore's Cottage Group Home management was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 13 initial and updated NSPs reviewed for the five children's case files, none were comprehensive in that they did not include all of the required elements in accordance with the NSP template. The NSPs did not include specific and measureable treatment goals as they related to permanency, life skills and visitation. Additionally, there was no documentation regarding progress toward

permanency plans. Eleven of 13 NSPs were not signed by the CSW, nor was there documentation that the Group Home had made efforts to obtain the CSWs' signatures approving implementation of the NSP case plans. DCFS provided Group Home Contractors with a refresher NSP training on January 12, 2010. Group Home management stated they would discuss the NSP deficiencies with the Group Home social worker.

- Three of the five reviewed children did not consistently receive their monthly clothing allowance. They had only received their clothing allowance approximately every four to six months. They had, however, received a lump sum of money to make up for the previous missed months. Of the five children, two did not receive their full clothing allowance, two received more than the required clothing allowance, and one child, who had been placed for six weeks, had not received his clothing allowance. When brought to their attention, Group Home management acknowledged this lack of consistency and explained that although the children did not receive their full allowance for the monitoring review period of May 2009 through February 2010, they may have received a previous overpayment prior to the review period. Group Home management agreed that the clothing allowance process must be improved and have taken steps to correct this problem, and the issue was adequately addressed in the approved CAP.

- None of the five reviewed children received their weekly allowance on a consistent basis. When this was brought to the Group Home management's attention, the Administrator acknowledged the problem, however also stated that it is possible that some of the children did not receive their weekly allowance due to being AWOL or on home pass. He further stated that, in the future, the Group Home would document the reason that the child did not receive his full allowance for the week. The Administrator agreed to correct the situation.

- One of the five reviewed children did not have a timely annual medical examination in that the child did not receive an annual physical examination in 2009, only in 2008 and 2010. Another child did not receive a timely initial medical examination, as the medical examination was conducted four months after the child was placed, and two children did not receive follow-up dental examinations every six months. When this was brought to the Group Home management's attention, the Administrator stated that he would ensure that all children receive a medical examination within 30 days of placement and that follow-up medical and dental examinations are timely, as directed by the doctor and dentist.

- Three of the five interviewed children reported that they did not feel they were treated with respect and dignity. One child reported that only one staff member acknowledged and gave them credit for good behavior. Another child stated that he felt put off by staff in that he made a request to a particular staff member who told him to wait until she completed a task. When the child again made the

request, the staff member refused his request. He also stated that on numerous occasions, he had requested his monthly clothing allowance from different staff members for needed clothing items to no avail. Further, the child stated that he missed a monthly trip to the barber shop and was told to cut his own hair. These concerns were brought to the attention of Group Home management who stated that they would provide training to ensure that staff members are sensitive to the children's needs and treated the children with respect and dignity.

- One of the five reviewed staff members did not have a timely criminal background statement. However we confirmed that the staff member had been criminally cleared. Two staff members had not received timely initial health screenings. At the time of hire, one staff member's most recent tuberculosis screening was three years old and subsequent tuberculosis test was five months after hire. Another staff member's required physical examination was 15 months before hire and required tuberculosis screening was conducted seven months after hire. Additionally, one staff member did not have the required 40 training hours of initial training, and two staff members did not have signed copies of the Group Home policies and procedures in their files. Further, one staff member did not have the required job experience when initially employed in 2006, but had gained the experience while working at the Group Home. These issues were brought to the attention of the Group Home management, who stated that the Administrator would ensure that all new staff receive a timely initial health screening, staff members meet the minimum requirements before being hired, and all newly hired staff sign the Group Home policies and procedures form. The Administrator further stated that he would ensure that all new staff members receive the required 40 hours of training within their first year of employment and that he would review the personnel files to ensure compliance.

It is concerning that Moore's Cottage Group Home was out of compliance in seven of nine areas reviewed. Four of these areas were significantly out of compliance; in the other three areas, most of the elements were in compliance. As Moore's Cottage Group Home staff was informed of all deficiencies, immediate action was taken to correct the more significant findings related to participation in recreation activities, monthly clothing allowances, weekly allowances, personal rights issues and personnel issues. In addition, management provided an approved plan to correct all deficiencies. A follow-up review to assess for full implementation of the approved CAP was conducted in February 2011 and results are pending.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conferences held October 5, 2010 and October 7, 2010.

In attendance:
Billy McDaniel, Administrator, Moore's Cottage Group Home; Lila Smith, Moore's Cottage Group Home Facility Manager; and Kristine Kropke Gay, Monitor, DCFS OHCMD.

Highlights:
The Administrator was in agreement with our findings and recommendations. He stated that Moore's Cottage Group Home would make all necessary corrections to ensure full compliance.

As agreed, Moore's Cottage provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

As noted in the monitoring protocol, a follow-up visit will be conducted to address the provider's approved CAP and assess for full implementation of CAP recommendations.

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

AJ:LP:KR
EAH:BB:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Willie Mitchell, President, Board of Directors Moore's Cottage, Inc.
Steven Smith, CEO, Moore's Cottage, Inc.
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

MOORE'S COTTAGE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

SITE LOCATIONS

2352 Navarro Avenue
Altadena, CA 91001
Phone: (626) 398-1227
License Number: 191290878
Rate Classification Level: 09

1349 Casa Vista Drive
Pomona, CA 91768
Phone: (909) 620-4800
License Number: 197804238
Rate Classification Level: 09

	Contract Compliance Monitoring Review	March 2010
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Not Applicable
	2. Stabilization to Prevent Removal of Child	2. Full Compliance
	3. Transportation	3. Full Compliance
	4. SIRs	4. Full Compliance
	5. Compliance with Licensed Capacity	5. Full Compliance
	6. Disaster Drills Conducted	6. Improvement Needed
	7. Disaster Drill Logs Maintenance	7. Improvement Needed
	8. Runaway Procedures	8. Full Compliance
	9. Allowance Logs	9. Full Compliance
II	**Program Services** (8 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Needs Improvement
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Therapeutic Services Received	5. Needs Improvement
	6. Recommended Assessments/Evaluations Implemented	6. Full Compliance
	7. DCFS CSWs Monthly Contacts Documented	7. Full Compliance
	8. NSPs Comprehensive	8. Needs Improvement
III	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms/Interior Maintained	
	4. Sufficient Recreational Equipment	
	5. Sufficient Educational Resources	
	6. Adequate Perishable and Non Perishable Food	

IV	**Educational and Emancipation Service** 4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards maintained	Full Compliance (ALL)
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment, and Social Activities	1. Needs Improvement 2. Needs Improvement 3. Full Compliance
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-up Dental Exams Timely	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Needs Improvement 6. Needs Improvement 7. Full Compliance 8. Full Compliance 9. Needs Improvement
VII	**Personal Rights** (11 Elements) 1. Children Informed of Group 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. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 7. Children Allowed Private Visits, Calls, and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psych Med	1. Needs Improvement 2. Full Compliance 3. Needs Improvement 4. Needs Improvement 5. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance

VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Needs Improvement 5. Needs Improvement 6. Needs Improvement 7. Full Compliance 8. Full Compliance
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. Ongoing Training Documentation 12. Emergency Intervention Training Documentation	1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Needs Improvement 5. Needs Improvement 6. Full Compliance 7. Needs Improvement 8. Needs Improvement 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

MOORE'S COTTAGE PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

SITE LOCATIONS

Moore's Cottage Altadena GH
2353 Navarro Avenue
Altadena, CA 91001
Phone: (626) 398-1227
License Number: 191290878
Rate Classification Level: 09

Moore's Cottage Pomona GH
1349 Casa Vista Drive
Pomona, CA 91768
Phone: (909) 620-4800
License Number: 197804238
Rate Classification Level: 09

The following report is based on a "point in time" visit and addresses findings noted during the March 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of five children's files, five staff files and/or documentation from the provider, Moore's Cottage was in full compliance with two of nine sections of our Contract Compliance review: Facility and Environment, and Educational and Emancipation Services. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of five children's case files and/or documentation from the provider, Moore's Cottage Group Home fully complied with seven of nine elements reviewed in the area of Licensure/Contract requirements. One element regarding timely notification for children's relocation was not applicable because the agency has only one site for DCFS placed children.

Based on our review of the two licensed contracted facilities, Moore's was in compliance with their licensing capacity at both sites. The Pomona site conducted disaster drills at least every six months, but the Altadena site did not conduct disaster drills, nor were disaster drill logs completed and maintained. Both Group Homes maintained runaway procedures in accordance with the contract. The Altadena site was utilizing all available resources to stabilize the children's placements, providing transportation when necessary and appropriately documenting and cross-reporting special incidents.

Recommendations:

Moore's Cottage Group Home management shall ensure that:

1. The disaster drill are conducted at least every six months.

2. The disaster drill logs are completed and maintained.

PROGRAM SERVICES

Based on our review of five children's case files, Moore's Cottage fully complied with five of eight elements in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in the agency program statement, that the children participated in the development of the NSPs and that the staff was aware of the child's NSP case plan and goals. Additionally, the children's recommended assessments/evaluations were implemented and the CSWs monthly contacts were appropriately documented.

Based our review, we found that none of the 13 required initial and updated NSPs were comprehensive in that some NSPs did not complete all of the required elements in accordance with the NSP template. The NSPs did not include specific and measurable treatment goals as they relate to permanency and visitation, most NSP goals were unchanged, and there was no documentation regarding progress toward the previous goals. Further, a few NSPs did not have accurate information in that one child's NSP stated that the child had not taken the California High School Exit Exam (CAHSEE) when in fact the child had passed the exam prior to placement at the Group Home. Additionally, one updated NSP was dated incorrectly. Eleven of 13 NSPs were not signed by the CSW, nor was there documentation that the Group Home had made an effort to obtain the CSW's signature approving implementation of the NSP case plan. The Group Home management stated that they will meet with the group home social worker to ensure that the NSPs are comprehensive. DCFS provided the Group Home Contractors with a refresher NSP training on January 12, 2010.

Although individual and group therapy sessions were held on a weekly basis, two children stated that they did not consistently receive the group therapy because group therapy and individual therapy are both held on Tuesday nights. The Group Home management stated that they now realize the scheduling conflict and have corrected the situation.

Recommendations:

Moore's Cottage management shall ensure that:

3. Documentation is maintained as verification that DCFS CSWs approve the implementation and modification of the NSPs.

4. All children receive the required therapeutic services, in accordance with the Moore's Cottage Program Statement.

5. NSPs are comprehensive and include all required elements.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review of both Moore's Cottage Group Homes and interviews with five children at the Altadena site, Moore's Cottage Group Home fully complied with all six elements in the area of Facility and Environment.

The Group Homes' exterior and grounds were well maintained. The front and backyards were clean and adequately landscaped. The interior common quarters and children's bedrooms were clean and well maintained; and they had age-appropriate and accessible recreational equipment and on-site educational resources. The Group Home maintained an adequate supply of perishable and non perishable foods at both sites.

Recommendation:

None

EDUCATIONAL AND EMANCIPATION SERVICES

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

Recommendation:

None

RECREATION AND ACTIVITIES

Based on our review of five children's case files and/or documentation from the provider, Moore's Cottage Group Home fully complied with one of three elements in the area of Recreation and Activities.

We found that two of the five interviewed children reported that they were given an opportunity to participate in planning activities and three reported that they participated in activities in the home and community, however, did not participate in the planning of the activities. Two children reported that for some period of time, the Group Home did not provide activities other than visiting the local library and occasionally being taken to the local park to play basketball. This was brought to the Group Home management's attention. The Group Home management stated that they have been more diligent in ensuring that the children receive a variety of recreational activities on a monthly basis.

Recommendations:

Moore's Cottage management shall ensure that:

6. All children are given the opportunity to participate in planning monthly recreational activities.

7. All children receive a variety of group home recreational activities, including at least two paid group home activities per month.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of five children's case files and interviews with the five children, Moore's Cottage Group Home fully complied with six of nine elements in the area of Children's Health-Related Services, including Psychotropic Medication.

The Group Home had ensured that the Court approved psychotropic medication authorization. The medication log and the psychiatric review were current and maintained. Although all of the reviewed children received an initial medical and dental examination, one of the five reviewed children did not have a timely annual medical examination in that the child did not receive an annual physical examination in 2009, only in 2008 and 2010. Another child did not receive a timely initial medical examination as the medical examination was conducted four months after the child was placed, and two children did not receive follow-up dental examinations every six months. When this was brought to the Group Home management's attention, the Administrator stated that he will ensure that all children receive a medical examination within 30 days of placement and that follow-up medical and dental examinations are timely, as directed by the doctor and dentist.

Recommendation:

Moore's Cottage management shall ensure that:

8. All children's medical and dental examinations are conducted in a timely manner.

PERSONAL RIGHTS

Based on our review of five children's case files and interviews with five children, Moore's Cottage Group Home fully complied with seven of 11 elements in the area of Personal Rights.

Four of the five reviewed children reported that they were informed of the Group Home policies and procedures; however one child reported that he was not informed of the Group Home policies and procedures until he had been placed in the Group Home for two to three months. Four of the five reviewed children reported feeling safe in the Group Home and the other child did not directly answer the question, nor did he indicate that he did not feel safe. The one child on psychotropic medication reported that he was informed of his right to reject medical care, including the right to refuse

psychotropic medication. Four of the five reviewed children reported that they were allowed to make and receive private telephone calls and that they had the freedom to attend religious services of their choice. The other child did not answer the question of having private telephone calls, therefore the question was not applicable. This same child did not directly answer the question of freedom to attend religious services, as he stated that he is not religious.

Three of the five reviewed children reported overall satisfaction with meals and snacks. However, two children reported not being satisfied with meals and snacks as the only choice for snacks was apples and oranges. All five children reported that they had enough food to eat during meals and were able to have second helpings. Three of the five children rated the Group Home food as fair, while one child felt the food was poor because the chicken was undercooked and the rice was hard. These concerns were brought to the Group Home management's attention. The Group Home management stated that the children receive plenty of food and that although it was difficult to please all of the children, they will ensure that there is a variety of healthy meals and snacks and that all food is cooked appropriately.

Two of the five interviewed children reported that they are treated with respect and dignity; however three children did not feel they were treated with respect and dignity. One child reported that only one staff member acknowledges and gives them credit for good behavior. Another child stated that he has felt put off by staff in that he made a request to a particular staff member who told him to wait until she completed a task. When the child again made the request, the staff member refused his request. He also stated that on numerous occasions, he has requested his monthly clothing allowance from different staff members for needed clothing items to no avail. Further, the child stated that he missed a monthly trip to the barber shop and was told to cut his own hair. These concerns were brought to the attention of the Group Home management. The management stated that they would provide training to ensure that the staff members are sensitive to the children's needs and treat the children with respect and dignity.

One of the five interviewed children reported that the rewards and discipline policy was fair and appropriate. However, four children did not feel the discipline system was fair. One child stated that he did not feel that the discipline system was fair because the penalty for talking back to staff was a level drop, early bed of 7:00 p.m., or no snacks. Another child felt that it was not fair that all of his toys were removed for not putting them away correctly. Another child stated that he did not feel it was fair that when he consistently completes his chores, is told to do another child's chores and loses points if he refuses to do so. The other child did not feel it was fair to receive a level drop if he called the Group Home to inform them that he would be late. He felt the rules were sometimes fair, but at other times did not make sense. These concerns were brought to the attention of the Group Home management. The Administrator acknowledged that each child's abilities need to be taken into consideration and will conduct a training to address an appropriate and fair discipline system for each child.

Recommendations:

Moore's Cottage management shall ensure that:

9. All children are informed of the group home policies in a timely manner.

10. All children are provided healthy meals and have a variety of snacks.

11. All children's personal rights are honored by treating them with respect and dignity.

12. There is an appropriate fair rewards and discipline system in place.

CLOTHING AND ALLOWANCE

Based on our review of five children's case files, and interviews with the five children, Moore's Cottage group home fully complied with four of eight elements in the areas of Clothing and Allowance.

We found that the children's clothing inventory was of adequate quantity and quality. Additionally, the children were able to manage their weekly allowance and were provided with the opportunity to create and update a life book/photo album. However, three of the five children had issues with their monthly clothing allowance. One child, who had been placed in the group home for six weeks, reported that he had not yet received a clothing allowance. Two children reported that they had not received their clothing allowances for several months. In reviewing the children's monthly clothing allowance logs for the review period of May 2009 through February 2010, we found that the child who had been placed for six weeks had not received the required $50 clothing allowance and the other four children had only received their clothing allowance approximately every four to six months. However, according to the documentation, they had received a lump sum of money to make up for the previous missed months. It was also noted that two of four children did not receive their full clothing allowance and the other two children received more than their required clothing allowance. When this was brought to the Group Home management's attention, they acknowledged the irregular pattern of how the children receive and shop for clothes. The Administrator stated that he has discussed this issue with the Facility Managers and in the future, they will maintain documentation in the logs and make a note when the child decides to keep his money on the books until the following month. As far as the two children not receiving their full clothing allowance, the Administrator stated that it is possible that they had received more than the required allowance in the previous months.

One of the five children reviewed reported that he was not always involved in the selection of his clothing in that on one occasion, two staff members went to Target without him and purchased his clothing. The Administrator acknowledged the deficiencies and agreed to correct them by maintaining accurate monthly logs and complying with allowing children to select their clothing.

Three of the five children reviewed reported that they were provided personal care items. However, one child stated that the group home did not provide him with a brush and the lotion that the group home provided made his hands dry. The child stated that he purchased these items with his allowance. The other child stated that he too had to buy his personal care items with his allowance. We found that the Group Home maintains a supply of soap, toothpaste, toothbrushes, deodorant, combs and lotion. However, at the time of the review we found that the lotions consisted of a variety of brands which had been used, which is not sanitary. This was brought to the Group Home management's attention. We were advised that when children leave the Group Home, the lotion bottles are gathered and placed back with the grooming supplies. Additionally, we were advised that the children are provided with the basic grooming products and would need to use their weekly allowance if other products were desired. As this was brought to the Group Home management's attention, they stated they were not aware of the used products being returned to the grooming supplies, but will follow-up with the staff to ensure that this is corrected.

None of the five reviewed children received their weekly allowance on a consistent basis. When this was brought to the Group Home management's attention, the Administrator acknowledged the problem, however also stated that it is possible that some of the children did not receive their weekly allowance due to being AWOL or on a home pass. He further stated that in the future, the Group Home will document the reason that the child did not receive his full allowance for the week. The Administrator agreed to correct the situation.

Recommendations:

Moore's Cottage management shall ensure that:

13. All children receive at least $50 per month clothing allowance and are allowed to save up the monthly allowance, on clearly documented monthly logs.

14. All children are involved in the selection of their clothing.

15. All children are provided adequate, unused personal care items, including products appropriate to the child's ethnic needs.

16. All children are provided with the minimum weekly monetary allowance.

PERSONNEL RECORDS

Based on our review of five staff personnel files and/or documentation from the provider, Moore's Cottage Group Homes fully complied with seven of 12 elements in the area of Personnel Records.

All five reviewed staff members had timely criminal fingerprint cards and Child Abuse Central Index (CACI) clearance, and all had a valid driver's license. They also

completed CPR, First Aid, Crisis Intervention Plan (Pro-Act), and on-going training in a timely manner. One staff member did not have a timely criminal background statement, however it was confirmed that the staff member was cleared. Two staff members did not receive timely health screenings. Additionally, one staff member did not have the required 40 training hours of initial training and two staff members did not have a copy of the policies and procedures signed and dated in their personnel files. Further, one staff member did not have the required job experience when she was initially employed in 2006, however has since gained the experience while working at the Group Home.

Recommendations:

Moore's Cottage management shall ensure that:

17. All staff members meet the minimum job requirements, in accordance with the Moore's Cottage program statement.

18. All staff members sign a criminal background statement in a timely manner.

19. All staff members receive a timely health screening.

20. All staff members receive the required initial training.

21. All staff personnel files contain a signed and dated copy of the Group Home's policies and procedures.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the last monitoring review were implemented. The last report was issued on June 30, 2009.

Results

The A-C's prior monitoring report contained eight outstanding recommendations. Specifically, Moore's Cottage's Altadena and Pomona sites were to ensure that they maintain the Group Homes in accordance with Title 22 Regulations, both group homes were to include input from all members of the treatment team in the development and implementation of the Needs and Service Plan, the Altadena site was to maintain current Needs and Services Plans (NSPs) and develop comprehensive NSPs that included short and long term goal, and the Pomona site was to assess children for

needed services within thirty days of placement. Additionally, the Altadena and Pomona sites were to maintain current court authorization for all children taking psychotropic medications and encourage and assist children in creating and maintaining photo album/life books. Finally, the Altadena site was to ensure that all required criminal and child abuse clearances are obtained for all of their employees. As we noted, one recommendation was not fully implemented in that the NSPs were not comprehensive. A corrective action was requested of Moore's Cottage Group Home to further address these findings.

Recommendation:

Moore's Cottage Group Home management shall ensure that:

22. They fully implement the one outstanding recommendation from the A-C's June 30, 2009 monitoring report, which are noted in this report as Recommendation 5 related to the Needs and Services Plans.

MOORES' COTTAGE

2353 NAVARRA AVE
ALTADENA, CA 91001

626-398-1227-OFFICE

626-398-0004- FAX

11/3/10

To: Barbara Butler
Fr: Moores' Cottage Group Home
Re: Corrective Action Plan
October 29, 2010

Attached is Moores' Cottage Group Home Contract Compliance Corrective Action Plan. If you have any questions, please feel free to contact Billy McDaniel, Administrator at (626)7[illegible]5-2544.

Thank you,

Billy McDaniel

MOORES' COTTAGE

November 3, 2010

2353 NAVARRA AVE
ALTADENA, CA 91001

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Moores' Cottage 2010

Group Home Contract Compliance

Facility #'s: 197804238 & 191290878

P. O. Box 6543

Altadena, CA 91003

I. LICENSURE/CONTRACT REQUIREMENTS

6 and # 7—Facility Manager Lila Smith is now responsible for maintaining the disaster drill log and ensuring drills are conducted and logged at least every 6 months. Correction has already been made. Administrator Billy McDaniel will ensure this is done by conducting monthly audits to ensure compliance.

III. PROGRAM SERVICES

17—Facility therapist, Kasey Brown will obtain CSW authorization to implement the NSP by emailing or faxing 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. Administrator will enforce compliance with therapist to maintain documentation. See attached request form.

20—Lila Smith, Facility Manager will ensure that there are no scheduling conflicts with therapeutic services and that residents will receive therapeutic services. Correction already made. This will be accomplished by meeting with

therapist and avoiding mix-ups with services. Administrator will meet weekly with manager to ensure all services are being done and that there are no conflicts.

#23– Training will be conducted with Facility's Therapist Kasey Brown to ensure NSPs 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 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.

V. RECREATION AND EMANCIPATION

27 and # 28 -- Facility Manager, Dawn Beverly will have regular house meeting with resident and maintain a log documenting meeting where residents have input in planning monthly Recreation Activities. Residents participating in activities will sign an activity sheet indicating that they actually participated. Administrator will follow-up monthly to ensure resident have input in planning activities.

VI. CHILDREN'S HEALTH RELATED SERVICES

#34 and #35 — Facility Manager, Lila Smith will ensure resident receive initial medical examination in the first 30 days. In the first week of placement appointments will be scheduled to ensure examinations are timely. Manager will ensure follow up appointment are completed as directed by Doctor to ensure follow-ups are timely. Administrator will review follow up procedures to ensure compliance.

#38 Facility Manager, Lila Smith will schedule all follow up dental appointment as directed by the Dentist, this will ensure follow up are timely. Administrator will review this procedure to ensure compliance.

VII. PERSONAL RIGHTS

#39—Facility Manager Lila Smith will ensure that all residents' policies and procedures are completed upon intake. Administrator will review intake package to ensure compliance.

#41— During weekly house meeting with resident Facility Manager, Dawn Beverly will also indicated in the meeting input received from residents concerning a variety of snacks that they may want. Administrator will review weekly log and observed all input.

#42—Administrator will have a training with all staff to address this issue of all residents being treated with dignity and respect at all times. Any known staff in violation will receive consequence that may lead to termination.

#43—Administrator will conduct a training to address appropriate rewards and discipline and ensure that they are fair. Discussing will be held regarding fair and unreasonable discipline and a review of Title 22 will be address.

VIII. CLOTHING AND ALLOWANCE

#50—Facility manager Lila Smith is now in charge of monthly shopping. Although resident did not receive the required amount of shopping fund over time, the new system will focus on resident shopping on a more frequent basic, i.e. every other month. Residents who do not want to be taken shopping on their shopping date will sign indicating that they wish to shop at a later date, thus clarifying shopping protocol. Any deviations from the monthly clothing allowance will be documented in the child's monthly clothing binder. Administrator will ensure this policy remains in place.

#53—Residents are involved in the selection of clothing when taken shopping. Facility Manager, Lila Smith will enforce that all staff when taking residents shopping, allow resident to select clothing of their choice and that met dress code. Administrator will interview residents to ensure this is being done.

#54—Facility Manager, Lila Smith will ensure that residents will continue to be provided with adequate personal care items, by having the residents sign the hygiene log showing that they received adequate personal care item on an ongoing basid. No product will be re-issued. 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.

#55—Administrator will review better record keeping with Facility manager to ensure when resident receives weekly allowance it is log and has resident's signature. Weekly allowance log will show a consistence pattern each month showing allowance was received weekly. This log will be reviewed to maintain enforcement.

IX. PERSONNEL RECORDS

#58—Administrator will ensure that all staff hired meets the education/experience requirements as outline in Title 22. Administrator will review all requirements before staff is employed.

#61 and #62—Administrator will ensure that all staff criminal background statements are signed prior to employment, files will be reviewed to ensure all documents are signed prior to employment. In addition, Administrator will ensure initial physical examinations are completed prior to employment. Administrator is responsible for meeting with all employees prior to employment.

#64—Administrator will be responsible for ensuring all new employees receives the initial staff training as designated, (fulltime staff in the first 90days and part time staff in 180days) Files will be reviewed upon completion, per time frame.

#65—A review of staff files prior to employment will ensure staff signs the Group Home policies and procedures prior to employment, Administrator will be responsible for ensuring compliance.

Sincerely,

Billy McDaniel