County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 13, 2010

To: Supervisor Michael D. Antonovich, Mayor
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From: Patricia S. Ploehn, LCSW
Director

MOZELL PENNINGTON 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.

Mozell Pennington Group Home is located in the 2nd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Mozell Pennington Group Home's program statement, its stated goal is "increasing the likelihood that those residents who remain in the program until their 18th birthday will demonstrate a measurable increase in academic and social skills and a decrease in maladaptive behaviors to enable them to adjust successfully as adults." Mozell Pennington Group Home is licensed to serve a capacity of eight children, ages 10 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Mozell Pennington Group Home in January 2010, at which time they had one eight-bed site and six placed DCFS children. All six children were males. For the purpose of this review, five placed children were interviewed and their case files were reviewed. The sixth child had been placed fewer than 30 days. The placed children's overall average length of placement was seven months, and the average age was 16. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Two children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Mozell Pennington Group Home's compliance with the contract and State regulations. The visit included a review of Mozell Pennington Group Home'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 the facility to assess the quality of care and supervision provided to children and we conducted interviews with the children to assess the care and services they were receiving.

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

SUMMARY

Mozell Pennington Group Home was providing good care to DCFS placed children, and the services were provided as outlined in the agency's program statement. The children interviewed stated that they liked the staff at this placement and they felt that they were being treated fairly.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSP) and ensure that all Serious Incident Reports (SIR) were reported as required.

Mozell Pennington Group Home was receptive to implementing some systemic changes to improve its compliance with regulations and the Foster Care Agreement. Further, the Administrator stated that she welcomed the findings in the review so that current operating systems can be improved.

NOTABLE FINDINGS

- Of the fourteen NSPs reviewed, none were comprehensive in that they did not complete all of the required elements in accordance with the NSP template. The A-C's prior review also noted that Mozell Pennington Group Home did not develop comprehensive NSPs.

- A computer was not readily available to children in this placement.

- Although the Facility Manager indicated that the Group Home maintained monthly contact with the DCFS CSWs, none of the five case files reviewed reflected adequate documentation to confirm contacts.

- Of the two children taking psychotropic medications, just one had a current psychotropic court authorization on file. The second child did not have a current court authorization on file at the time of the monitoring review. The agency immediately began to correct this finding by calling the CSW, psychiatrist, and Court Authorization Unit to resolve the problem.

- On two separate occasions, SIRs were not appropriately documented and/or cross reported. This was brought to the provider's attention and the provider reported that the Administrator would immediately monitor all SIRs to ensure proper documentation and reporting.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held March 12, 2010.

In attendance:

Anne Butler, Administrator of Mozell Pennington Group Home, and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Administrator understood our findings and recommendations. She stated that a review of the instrument and the exit summary was helpful. She requested a follow up meeting with the DCFS Group Home Monitor and Mozell Pennington Group Home's Licensed Clinical Social Worker for training related to the NSPs. The training was scheduled to occur upon return of the LCSW from Maternity leave. As of this writing, the training has not yet occurred. The Agency is arranging a meeting date sometime in December.

As agreed, Mozell Pennington Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in the 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 recommendations.

If you have further questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at (213) 351-5530.

PSP:LP:KR:
EAH:BB:sn

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
Carol Porter, President, Board of Directors, Mozell Pennington Group Home
Mozell Pennington, Executive Director, Mozell Pennington Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

Mozell Pennington Group Home
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

14818 S. Butler Ave.
Compton, CA 90221
License Number: 191600243
Rate Classification Level: 8

	Contract Compliance Monitoring Review	**Findings: January 2010**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Stabilization to Prevent Removal of Child	2. Full Compliance
	3. Transportation	3. Full Compliance
	4. SIRs	4. Improvement Needed
	5. Compliance with Licensed Capacity	5. Full Compliance
	6. Disaster Drills Conducted	6. Full Compliance
	7. Disaster Drill Logs Maintenance	7. Full Compliance
	8. Runaway Procedures	8. Full Compliance
	9. Allowance Logs	9. Full Compliance
II	**Facility And Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms / Interior Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non Perishable Food	6. Full Compliance
III	**Program Services** (8 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Improvement Needed
	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. Full Compliance
	6. Recommended Assessments/Evaluations Implemented	6. Full Compliance
	7. DCFS CSWs Monthly Contacts Documented	7. Improvement Needed
	8. Comprehensive NSPs	8. Improvement Needed

IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	 1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance
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	 Full Compliance (ALL)
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. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	**Personal Rights** (11 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. 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 Psychotropic Medication	 Full Compliance (ALL)

VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of 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. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
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 License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance

MOZELL PENNINGTON GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

Mozell Pennington Group Home
14818 S. Butler Ave.
Compton, Ca. 90221
License Number: 191600243
Rate Classification Level: 8

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

CONTRACTUAL COMPLIANCE

Based on our review of five children's files and five staff files, Mozell Pennington Group Home was in full compliance with two of nine sections of our Contract Compliance Review: Personal Rights; and Recreation and Activities. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of five sampled children's case files and/or documentation from the provider, Mozell Pennington Group Home fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

Based on our review, Mozell Pennington Group Home was in compliance with the licensing capacity. We noted that appropriate and comprehensive allowance logs were being maintained. However, we found that special/serious incident reports (SIR) were not being appropriately documented and cross-reported. Specifically, while placed children were being interviewed, two of the five children brought two separate unreported incidents to the Group Home Monitor's attention. The first child stated that he had a fight with another resident who grabbed him by his shirt and pulled him, and that he sustained a bruise to his shoulder. The child reported that he refused medical treatment. Law Enforcement responded to the incident, however, no report or further action was taken. The Monitor followed up by reviewing the assigned CSW's contact notes on CWS/CMS. The CSW apparently viewed the incident as a mutual altercation between two residents.

The second child reported that on January 12, 2010, he was involved in an altercation with another resident. He explained that the other child hit him behind his ear with a skateboard and that he sustained a bump and bled from the injury. The child reported that he refused medical treatment. Law enforcement responded, however no report was taken nor was emergency medical intervention sought. The Monitor conducted follow up in this matter and according to the child's CSW and her account in a February 24, 2010 court report, she learned of this incident on January 19, 2010. The CSW's follow up and court report revealed that when the staff checked this child for injuries on the date of the incident, he

had no bump or bleeding. According to the Status Review report which the CSW submitted, she arranged for the child to see a doctor on January 21, 2010 and the medical finding was that no problems were indicated. Neither incident was reported by staff. Mozell Pennington Group Home adequately addressed this issue in their approved Corrective Action Plan (CAP).

Recommendation:

Mozell Pennington Group Home shall ensure that:

1. All SIRs are appropriately documented and cross reported.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review of Mozell Pennington Group Home and interviews with the five children, Mozell Pennington Group Home fully complied with four of six elements in the area of Facility and Environment.

The exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped. Children's bedrooms were well maintained and recreational equipment was in good condition and age appropriate.

The Group Home maintained a sufficient supply of perishable and non-perishable foods.

While the Group Home provided a home-like environment, the interior had some minor deficiencies, none of which posed a safety hazard to placed children. Specifically, the dining room walls were peeling and needed a fresh coat of paint. The Group Home did not have a computer that was readily available to the children.

Recommendations:

Mozell Pennington Group Home management shall ensure that:

2. The Group Home site maintains all common areas in good condition in accordance with Title 22 regulations.

3. The Group Home site has a computer that is readily available to the children placed at that site.

PROGRAM SERVICES

Based on our review of five children's case files, Mozell Pennington Group Home fully complied with five of seven elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement. The children were participating in the development of the NSPs. Children reported that they received individual and group therapeutic services.

Based on our review, we found that the treatment team developed and implemented the NSPs with input from the child and staff. The children were receiving the required therapeutic services. The NSPs were timely, however, none of the 14 required initial and updated NSPs were comprehensive. The NSPs had identical case plan goals for each placed child. The attorney information, concurrent case plan goal information, and the life skills training information was missing from the NSPs. Also, two of the five case files reviewed were not approved by the DCFS CSWs for implementation. The provider requested a training session to discuss the deficiencies identified in the NSPs/Quarterly reports. Additionally, the Group Home's CAP appropriately addresses action the agency will take regarding the NSP/Quarterly Report findings.

Although the Facility Manager indicated that the Group Home maintained monthly contact with the DCFS CSWs, none of the five case files reviewed reflected adequate documentation to confirm these contacts.

Recommendations:

Mozell Pennington Group Home management shall ensure that:

4. Documentation is maintained as verification that DCFS CSWs approve the implementation of the NSPs.

5. Monthly contacts with DCFS CSWs are adequately documented.

6. NSPs are comprehensive and include all required elements.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of five children's case files and interviews with all five children, Mozell Pennington Group Home fully complied with two of four elements. Two elements were not applicable in the areas of Education and Emancipation Services.

All children were attending school and were provided with educational support and resources to meet their educational needs. Additionally Individual Educational Plans (IEPs) and progress reports were kept in each child's file. However, of the three children eligible for Youth Development Services (YDS) or equivalent emancipation services, one had not begun an ILP, nor had he been referred. The child's CSW happened to be present on one of the days of the review, and she stated that she had not referred the minor for said services, but was trying to locate a vacancy for him. The children were given age appropriate chores and daily living assignments.

Recommendation:

Mozell Pennington Group Home management shall ensure that:

7. All children eligible for Youth Development Services or equivalent emancipation services are referred for services in a timely manner.

RECREATION AND ACTIVITIES:

Based on our review of all placed children's case files, Mozell Pennington Group Home fully complied with the three elements reviewed in the area of Recreation and Activities.

Recommendation:

None

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

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

The Group Home had ensured that all children's initial and follow-up physical examinations were conducted in a timely manner and were well documented in their case files. One of the two children taking psychotropic medications had a current psychotropic court authorization on file. The second child did not have a current court authorization on file at the time of the monitoring review. The agency immediately began to correct the finding by calling the CSW, psychiatrist, and Court Authorization Unit to resolve the problem, and the agency subsequently received a current court authorization. It should be noted that the children were routinely seen by the psychiatrist.

Recommendation:

Mozell Pennington Group Home management shall ensure that:

8. All children taking psychotropic medications have a current court authorization on file.

PERSONAL RIGHTS

Based on our review of five children's case files and interviews with the five children, Mozell Pennington Group Home fully complied with all eleven elements reviewed in the area of Personal Rights.

Recommendation:

None

CLOTHING AND ALLOWANCE

Based on our review of five children's case files and interviews, Mozell Pennington Group Home fully complied with seven of the eight elements reviewed in the area of Clothing and Allowance.

Based on our review, all of the interviewed children reported that they received their $50.00 monthly clothing allowance. Children were provided with the opportunity to select their own clothes, and the clothing allowance logs and inventories confirmed that the requirements were being met. All five children reported that the Group Home provided them with the required minimum weekly monetary allowance and all children reported that they spent their allowances as they chose. The Group Home provided children with adequate personal care items. However, none of the children were encouraged or assisted in creating and maintaining their photo albums/life books.

Recommendation:

Mozell Pennington Group Home management shall ensure that:

9. All children are encouraged and assisted in creating and maintaining photos albums/life books.

PERSONNEL RECORDS

Based on our review of five staff personnel files, Mozell Pennington Group Home fully complied with 11 of 12 elements in the area of Personnel Records.

All five staff reviewed met the educational/experience requirements and submitted timely criminal fingerprints cards, Child Abuse Central Index Clearances (CACI) and signed criminal background statements in a timely manner. They all received timely initial health screenings, signed copies of the Group Home policies and procedures, had a valid driver license, and completed CPR, First-Aid, emergency intervention training and initial training as required per the Group Home's program statement. However, one staff person did not have the required 20 hours of annual training.

Recommendation:

Mozell Pennington Group Home management shall ensure that:

10. All staff members receive the required 20 hours of annual training as stated in Title 22 regulations.

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 report.

Verification

We verified whether the outstanding recommendations from the fiscal year 2006-07 monitoring review were implemented. The report was issued on May 15, 2007.

Results

The A-C's prior monitoring report contained one outstanding recommendation that covered several deficiencies around NSPs. Specifically, Mozell Pennington Group Home was to ensure that all children were assessed for needed services within 30 days of placement and develop comprehensive NSPs and include the treatment team and the child in the development and implementation of the NSPs. As noted, the agency did not fully implement the outstanding recommendation from the A-C's fiscal year 2006-07 monitoring report, which is covered by three recommendations in this report, numbers 4,5, and 6.

Recommendation:

Mozell Pennington Group Home management shall ensure that:

11. It fully implements the one outstanding recommendation from the A-C's fiscal year 2006-07 monitoring report, which was noted in this report as Recommendation numbers 4, 5, and 6.

MOZELL PENNINGTON BOYS CENTER
14818 S. BUTLER AVE
COMPTON, CA 90221
(310) 639-2472
FACILITY # 191600243

Group Home Contract Compliance Review Field Exit Summary

Attention: Barbara Butler
Department of Children and Family Services
Out of Home Care Management Division
El Monte, California 91731

Site Visit: January 25-28, 2010

March 24, 2010

I. LICENSURE/CONTRACT REQUIREMENTS

(#4) Are special incident reports (SIR)'s appropriately documented and cross-reported?

Mozell Pennington will ensure that all staff report and document all incidents to the Administrator and Director. The Administrator will ensure that all incident reports will be cross-reported to CSW, CCL and Out of Home Care Management in a timely manner effective immediately.

II. FACILITY AND ENVIROMENT

(#11) Are common quarters well maintained?

Mozell Pennington will ensure that all common quarters are well maintained. Since the compliance visit the Executive Director has since painted the exterior and interior of the entire home. The carpet has been replaced with wood flooring in the den area and one bedroom (By the end of the year wood flooring will replace the carpet in the two remaining bedrooms) All window coverings have new mini-blinds. Mozell Pennington purchased new bedding for all clients' beds. The remaining carpeted areas (the living room and two-bedrooms) has been professionally cleaned. It should also be noted that each bedroom has a new lighting fixture. The exterior lighting of the home is now well-lit as well. Lastly one bathroom door was replaced and

a new washing machine was purchased.

(#14) Does the group home have appropriate quality and quantity of reading materials, and educational resources and supplies including computers readily available?

Mozell Pennington will ensure there are appropriate educational resources. The Executive Director has purchased two computers and client's now have internet access.

III. PROGRAM SERVICES

(#17) Did the group home obtain the DCFS CSW's authorization to implement the Needs and Services Plan?

Mozell Pennington will ensure that all DCFS CSW's authorizations are obtained as required. Effective immediately the agency will ensure that the CSW's signature is on all clients' Needs and Services Plan. The agency Administrator will monitor all NSP's and will keep on file all attempts via fax, e-mails and any other correspondence. All NSP's will be comprehensive.

(#22) Are DCFS CSW's contacted monthly and are the contacts appropriately documented?

Mozell Pennington will ensure that the CSW's contacts are documented appropriately. Mozell Pennington has begun using a log-book that shows all DCFS contacts (telephone and face-to face).

IV. EDUCATIONAL AND YOUTH DEVELOPMENT SERVICES

(#23) Does the group home provide children with opportunities to participate in Youth Development Services (YDS) and Vocational Services?

Mozell Pennington will ensure that all clients have been referred to YDS. The Administrator will have constant contact with the DCFS CSW's to ensure timely referrals. The agency also allows clients to participate in life-skills training in the facility such as in money management, cooking and laundry training, etc.

V. CHILDREN'S HEALTH RELATED SERVICES- INCLUDING PSYCHOTROPIC MEDICATION

(#30) Are there current court-approved authorizations for the administering of psychotropic medications?

Mozell Pennington will ensure that all court authorizations for psychotropic medication will be timely and renewed every six months. The Administrator will ensure all documentation with CSW's and Psychiatrist prescribing medication will be kept in client files.

(#57) LIFE BOOKS

Mozell Pennington will ensure that each client has a Life Book. The Administrator will monitor all said Life Books. Life Books will consist of photos, clippings of client's interest, and a variety of career and family interest.

(#68) PERSONNEL

Have employees received the required on-going training?

Mozell Pennington will ensure that every staff person completes 20-hrs of training each year. The Administrator will monitor compliance of these requirements monthly.

MOZELL PENNINGTON

[illegible] for Mozell Pennington

Administrator

EXECUTIVE DIRECTOR