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May 22, 2012

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

MOZELL PENNINGTON GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Mozell Pennington Group Home (Pennington GH) in June 2011, at which time they had one eight-bed site and seven placed DCFS children.

Pennington GH has one site which is located in the Second Supervisorial District. Pennington GH provides services to DCFS foster youth. According to Pennington GH's program statement, "The facility will accomplish its goal by providing a treatment program, which emphasizes academic and independent/adaptive and social skills development and improved decision making through cognitive-behavioral self-control training as prerequisites to independent living skill and vocational development." Pennington GH is licensed to serve a capacity of 8 children, ages 10 through 17.

For purposes of this review, the files of four currently placed children were reviewed and three children were interviewed (one child was on an extended home pass). The placed children's overall length of placement was ten months, and the average age was 15. Three discharged children's files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

One child was prescribed psychotropic medication. We reviewed the case file to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Pennington GH's compliance with the Contract and State regulations. The visit included a review of the program statement, administrative internal policies and procedures, four placed children's case files, three discharged children's files and a random sampling of personnel files. A visit was made to the group home site to assess the quality of care and supervision provided to children, and we conducted interviews with 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

Generally, Pennington GH was providing good quality care to DCFS placed children, and the services were provided as outlined in their program statement. The children interviewed stated that they felt safe in the home and that they are always supervised. The children reported they were treated with dignity and respect.

At the time of the review, the Pennington GH needed to develop comprehensive initial and updated Needs and Services Plans (NSPs) and obtain the DCFS Children's Social Workers' (CSWs) authorizations to implement the NSPs. Pennington GH had not provided one child with the opportunity to participate in emancipation and vocational training programs, and one minor did not have a current court-approved authorization for the administration of psychotropic medication. Pennington GH did not have timely health-screenings for two employees.

Pennington GH's Administrator and staff were very accessible and receptive to implementing systemic changes to improve compliance with regulations and the Foster Care Agreement. Further, the Administrator stated that all of the findings, which were brought to her attention would be corrected.

NOTABLE FINDINGS

- One child was not placed in accordance with the Pennington GH's population criteria. Pennington accepted a child who had a history of sexual acting-out and predatory behaviors. Pennington's program statement clearly states they will not accept children who are sexual predators/exploits others. Pennington GH has since modified their screening process by conducting pre-admission interviews to

ensure children are placed in accordance with the Group Home's population criteria.

- There was no DCFS CSW's authorization to implement the children's NSPs. Pennington GH has created a form that will document the efforts made by the staff to obtain the CSWs approval.

- Of the three initial NSPs reviewed, none were comprehensive in that they lacked parental involvement information, post high school plans, and signatures from the children, the group home staff, and the DCFS CSWs. The Administrator was receptive to additional NSP training to generate comprehensive NSPs.

- CSWs were not contacted monthly by the GH, and the contacts were not documented. The Administrator has created a CSW Communication Log to document all contacts made with the CSWs.

- The seven updated NSPs reviewed contained goals, which were very broad, were not specific, measurable or attainable. Pennington GH staff did not attend the NSP training that was offered in January 2012, but they have requested to meet with their monitor for a brief NSP training. The Administrator reported that she and Pennington GH's Licensed Clinical Social Worker (LCSW) want nothing more than to be on target with their NSPs.

- One child was not enrolled in school within three school days of placement, and documentation regarding enrollment efforts were not found in the file. The Administrator reported that effective immediately, all children will be taken to be enrolled in school by the second day of placement and any problems with enrollment will be documented on a form from the school or school district.

- Youth Development Services (YDS) were not afforded to one child. That child was reunited with family. Subsequently, all age-appropriate children have been enrolled in a Youth Empowerment Program where they are receiving independent living skills: computer classes, recreational activities, motivational speakers, job and college preparation classes, etc.

- A current Court-approved authorization for the administration of psychotropic medication was not found in the child's file. The Administrator has since reported they have received the document with the Judge's signature, and she faxed a copy to the OHCMD monitor.

- Children were not encouraged or assisted in creating and updating a life book/photo album. The Administrator has corrected this by issuing life books to the children at the time of placement and has set aside one day a month in which to update the life books.

- Two employees had not received timely health-screenings. Pennington GH reported they will do a better job of ensuring all health-screenings are completed within one year prior to date of hire or no more than seven days after hire date.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held October 21, 2011.

In attendance:

Sonya Givens, Administrator of Pennington G.H., and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Administrator was in agreement with our findings and recommendations. The Administrator agreed that the NSP goals were broad. She also stated that she found the information discussed very helpful, and she said that Pennington GH would continue to do its best to improve in every aspect in order to be in compliance with DCFS.

We will assess for full implementation of the recommendations during our next monitoring review.

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

PLB:RS:KR
EAH:PBG:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Mozell Pennington, CEO, 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: June 2011**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non-Perishable Food	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented	1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance

	10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	10. Improvement Needed 11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates in Meeting Child's Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourages Children's Participation in YDS	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	1. Improvement Needed 2. Full Compliance
VII	**Personal Rights And Social/Emotional Well-Being** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication	Full Compliance (ALL)

	12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival And Economic Well-Being** (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 Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	 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	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	 Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Submitted Timely 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. Ongoing Training Documentation 14. Emergency Intervention Training Documentation	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance

MOZELL PENNINGTON GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

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 noted during the June 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of four children's files and three staff files, and/or documentation from the provider, Mozell Pennington Group Home (Pennington GH) was in full compliance with four of ten sections of our Contract Compliance review: Licensure/Contract Requirements, Health and Medical Needs, Personal Rights and Social/Emotional Well-Being, and Discharged Children. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of four children's case files and/or documentation from the provider, Pennington GH fully complied with four of six elements reviewed in the area of Facility and Environment.

The dining room area and two bedrooms were in need of painting. The paint was peeling. The Administrator reported that they would begin repainting the dining area and bedrooms as soon as possible. The Monitor verified that the work had been completed.

Recommendations:

Pennington GH management shall ensure:

1. Common quarters are well maintained.

2. Children's bedrooms are well maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

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

We found that Pennington GH had a child who was not placed in accordance with the group home's population criteria. The program statement clearly states that they will not accept children who are sexual perpetrators/exploits other. However, one placed child had exhibited this behavior prior to placement at Pennington GH

The review revealed that the DCFS CSWs' authorization was not obtained for the NSPs. Pennington will ensure that all NSPs have been reviewed and approved with signatures from the placing agency representatives.

None of the required NSPs were comprehensive in that they lacked parental involvement information, post high school plans, and signatures from the child, the group home staff, and the DCFS CSW. All of the goals were very broad. The Agency understood that the NSPs were not comprehensive and will retrain staff regarding comprehensiveness of the NSPs.

DCFS CSWs are not contacted monthly by the group home staff. The Administrator reported that there was constant contact with the CSWs, but she could not provide any supporting documentation. The Administrator has created a CSW Communication Log to document all contacts made with the CSW.

Recommendations:

Pennington GH management shall ensure:

3. Children are placed in accordance with the group home's population criteria.

4. DCFS CSWs authorization to implement the NSPs is obtained.

5. Initial NSPs are comprehensive.

6. DCFS CSWs are contacted monthly by the GH and the contacts are appropriately documented.

7. Updated NSPs are comprehensive.

EDUCATION AND WORKFORCE READINESS

Based on our review of four children's case files and interviews with three children (one child was on an extended home pass), Pennington GH fully complied with six of eight elements.

One minor was not enrolled in school within three days after placement. Pennington GH reported that they were having difficulty with the school district but had no supporting documentation. The Administrator reports that effective immediately all children will be enrolled in school the second day of placement and any problems with enrollment will be documented on a form from the school or school district.

One minor was not provided with opportunities to participate in emancipation and vocational training programs. All children have been enrolled in a Youth Empowerment Program where they are receiving independent living skills: computer classes, recreational activities, motivational speakers, job and college preparation classes, etc.

Recommendations:

Pennington GH management shall ensure:

8. Children are enrolled in school within three school days after placement.

9. Children have an opportunity to participate in age-appropriate YDS or equivalent and vocational training programs.

PSYCHOTROPIC MEDICATION

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

One child was prescribed psychotropic medication at the time of this review. The psychiatric evaluation/review was current, but Pennington GH did not have a current court-approved PMA on file. Pennington GH eventually obtained the required documentation from the CSW.

Recommendation:

Pennington GH management shall ensure:

10. Current, court-approved PMAs are maintained in the children's files.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

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

Some children were not encouraged or assisted in creating and maintaining their life books/photo albums. The Administrator reported that children are currently receiving life books/photo albums on their first day of placement and are signing for them.

Recommendation:

Pennington GH management shall ensure:

11. All children are encouraged and assisted in creating and updating a life book/photo album.

PERSONNEL RECORDS

Based on our review of three staff personnel files, Pennington GH fully complied with 13 of 14 elements in the area of Personnel Records.

Two staff persons had not received timely health-screenings. Pennington GH reported they will do a better job of ensuring all Health Screenings are completed within one year prior to date of hire or no more than seven days after hire date.

Recommendation:

Pennington GH management shall ensure:

12. All staff have timely health-screenings.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the 2010 OHCMD monitoring review for Pennington GH.

Verification

We verified whether the outstanding recommendations from the December 17, 2010 report were implemented.

Results

The DCFS prior monitoring report contained nine outstanding recommendations. Specifically, Pennington GH was to ensure that the Group Home was utilizing the I-track system to report all Serious Incident Reports (SIRs), ensure common quarters were well maintained, to ensure there is adequate educational resources, the group home obtain the DCFS CSW's authorization to implement the NSP, ensure DCFS CSWs are contacted monthly and the contacts are appropriately documented, ensure YDS were provided to age-appropriate youth, current court-approved authorizations are in children's case files, children were assisted with creating a life book/photo album, and every staff person completes 20 hours of ongoing training each year. As we noted, corrective action was requested of Mozell Pennington GH to further address these findings.

Based on follow-up of these recommendations, Mozell Pennington GH fully implemented two of nine recommendations. Mozell Pennington did not implement the recommendations regarding; Facility and Environment (Common Quarters were not maintained); that all DCFS CSWs authorizations were not obtained as required; Mozell Pennington GH had not contacted CSWs monthly; Mozell Pennington did not provide children with opportunities to participate in YDS; Current Court approved authorizations for the administering of psychotropic medications were not filed; Life books were not found for all children and two staff did not have timely Health-Screenings. Corrective Action was requested of Mozell Pennington GH to further address these findings.

Recommendation:

Pennington G.H. management shall ensure:

13. Full implementation of the outstanding recommendations from the December 17, 2010 monitoring report, which are noted in this report as Recommendations 1, 2, 4, 6, 9, 10 and 11.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Pennington GH was posted December 6, 2011. The A-C identified $2,852 in disallowed expenditures and $10,914 in unsupported/inadequately supported expenditures. The DCFS Fiscal Monitoring Section reported that Pennington GH was in good standing and they have finished paying off all of the expenditures.

MOZELL PENNINGTON BOYS CENTER

14818 S. Butler Ave
Compton, Ca. 90221
(310) 639-2472

November 21, 2011

Out of Home Care Management Division
Sonya Noil/Group Home Monitor
9320 Telstar Ave, Ste 216
El Monte, Ca. 91731

Group Home Monitoring Review Correction Plan
Facility # 191600243

II. FACILITY AND ENVIROMENT

11. Are common quarters well-maintained (clean/sanitary, neat, adequate furniture and lighting, home-like environment, no safety hazards)
Correction: Mozell Pennington Boys Center have replaced carpet with wood-flooring, purchased new love seat couch, re-painted walls, replaced light fixtures and installed new mini-blinds on windows. Administrator will monthly inspect all common quarters to ensure that common quarters are well-maintained.

12. Are children's bedrooms well-maintained? (Clean/sanitary, neat, comfortable, adequate lighting, window coverings, and storage space, beds, mattresses, furniture, flooring, full complement of linens on beds, age –appropriate decorations and appropriate sleeping arrangements)
Correction: Mozell Pennington Boys Center has replaced light fixtures and covers and installed mini-blinds on windows, purchased new bedroom sets for all

children's rooms, and bed comforter and sheet sets for all children's beds replaced carpet with wood-flooring, and re-painted walls.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

16. Are the children placed in accordance with the group home's population criteria?

Correction: Mozell Pennington Boys Center Administrator will ensure that Group Home's population criteria will be in accordance with program statement. Executive Director and Group Home Administrator are responsible for intake screening in accordance with the group home's population criteria. Effectively Immediately Mozell Pennington Boys Center is using two methods of client placement, First, Mozell Pennington Boys Center is using Pre-Placement forms (LC form-603) that client's DCFS CSW fills out and discusses with Group Home Administrator and client upon placement. Secondly, Group Home Administrator and or Executive Director conducts pre-interview intake screening with DCFS CSW to ensure that the client is in accordance with the group home population criteria.

17. Did the group home obtain or document efforts to obtain the DCFS CSW's authorization to implement the Needs and Services Plan?

Correction: Mozell Pennington Boys Center Administrator will ensure that group home staff obtain authorization from CSW's to implement the Needs and Services Plan. Group Home Administrator implemented a form to document the efforts of group home staff, and Mozell Pennington Boys Center's staff will fax over the NSP to DCFS CSW and will attach confirmation fax sheet to NSP and await CSW's response.

22. Did the treatment team develop comprehensive initial Needs and Services Plans (NSP) with the child?

Correction: LCSW Katherine Erickson and LCSW Kim Medvin along with group home Administrator will develop comprehensive initial Needs and Services Plans

MOZELL PENNINGTON BOYS CENTER

LCSW Katherine Erickson and LCSW Kim Medvin will interview each client and develop comprehensive initial Needs and Services Plan to ensure case plans goals are developed with the child.

25. Are DCFS CSW's contacted monthly by the GH and are contacts appropriately documented?
Correction: Mozell Pennington Boys Center group home Administrator has implemented a form CSW Communication Log for group home staff to document each time the CSW contacts or visits their client.

28. Did the treatment team develop comprehensive updated Needs and Services Plans (NSP) with the child?
Group Home Monitor has discussed with the Group Home Administrator the comprehensiveness that she is requiring on NSP's, Group Home Administrator will meet with LCSW Kim Medvin to ensure that updated NSP's are comprehensive and developed with the child. Effective the treatment team will develop comprehensive NSP's and Administrator will ensure proper development of NSP's.

IV. EDUCATION AND WORKFORCE READINESS

29. Was the child enrolled in school within three school days after placement or did the GH document efforts?
Correction: Mozell Pennington Boys Center's Administrator will ensure that child is enrolled in school within three days or efforts will be documented in child's file. On the next day of placement group home staff will take client to enroll in school, any problems with enrollment will be documented on a form from the school or school district.