County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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Chief Deputy Director

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July 30, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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From: Philip L. Browning
Director

MURRELL'S FARM AND BOYS HOME GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Murrell's Farm and Boys Home (The Group Home) in February 2013. The Group Home has two sites located in the First Supervisorial District and provides services to County of Los Angeles DCFS foster youth. According to the Group Home's program statement, its purpose is, "to insure that each client has a clear understanding of the expectations for success."

The Group Home has two six-bed sites each licensed to serve a capacity of six boys, ages 13 through 18. At the time of review, the Group Home served 12 placed DCFS children. The placed children's overall average length of placement was five months, and their average age was 16.

SUMMARY

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

The Group Home was in full compliance with seven of 10 areas of our Contract compliance review: Licensure/Contract Requirements; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

Deficiencies were noted in the areas of: Facility and Environment, related to the Pillsbury site building's exterior requiring repair; Maintenance of Required Documentation and Services Delivery, related to untimely and incomprehensive initial and updated Needs and Services Plans; and Personal Needs/Survival and Economic Well-Being, related to clothing inventories. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with the clothing and building maintenance requirements.

Attached are the details of our review.

REVIEW OF REPORT

On March 22, 2013, the DCFS OHCMD Monitor, Donald Luther, held an Exit Conference with the Group Home representative Lupe Rascon Maldonado, Administrator. The Group Home representative agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

OHCMD will assess for implementation of recommendations during our next monitoring review.

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

PLB:EM:KR
RDS:PBG:dl

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
Emmett B. Murrell, Executive Director, Murrell's Farm and Boys Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

MURRELL'S FARM AND BOYS HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the February 2013 review. The purpose of this review was to assess Murrell's Farm and Boys Home's (The Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

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

OHCMD reviewed three staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The OHCMD Monitor found the following three areas out of compliance.

Facility and Environment

- During a walkthrough of the facilities, the OHCMD monitor observed the screen on an office window at the Pillsbury site was damaged. The window screen was repaired at the time of the review. The wooden front entry door had a large crack in one door panel. The door was subsequently replaced. The Group Home submitted photographic documentation and a receipt for a new replacement door. Further, on March 22, 2013, the OHCMD monitor verified the installation of the new door.

Recommendation

The Group Home management shall ensure that:

1. The exterior areas of the group home sites are maintained in good condition.

Maintenance of Required Documentation and Service Delivery

The Group Home social worker had recently resigned to operate a private practice, and the Group Home was seeking a replacement. A new social worker was hired; however, made an unsuccessful attempt at completing outdated Needs and Services Plans (NSP) that were left unattended, as a result of his predecessor's resignation. The newly hired social worker was terminated on March 22, 2013 due to a "conflict of interest" with his other employer. As of April 8, 2013, the Group Home hired a qualified replacement.

- Monthly contacts by the Group Home to the Department of Children and Family Services (DCFS) Children's Social Workers (CSWs) were not documented in the newer updated Needs and Services Plans.

- Three of five reviewed initial NSPs were not completed timely and were not comprehensive, lacking plans, method, and person(s) responsible to assist the children in obtaining their NSP goals.

- Three of six reviewed updated NSPs were incomplete and not timely. The NSPs lacked objectives, timeframes, measurability, no indication of progress, lacked start and projected goal completion dates and one child's NSP lacked documentation of his family phone calls.

Recommendations

The Group Home management shall ensure that:

2. CSWs are contacted each month by the Group Home staff and contacts are appropriately documented in the children's NSPs and case files.

3. Initial NSPs are timely, comprehensive, and contain all elements of the NSP template.

4. Updated NSPs are timely, comprehensive, and contain all elements of the NSP template.

Personal Needs/Survival and Economic Well-Being

- Clothing inventories for two children did not meet DCFS clothing standards for quantity. One child lacked slippers and another child lacked slippers and an additional sweatshirt. These items were provided to the children by the next day. The Group Home provided receipts to the OHCMD monitor to verify the purchase of the clothing items.

Recommendation

The Group Home management shall ensure that:

5. All children are provided adequate clothing to meet DCFS standards for quantity.

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

The OHCMD's last compliance report, dated September 26, 2012, identified nine recommendations.

Results

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

- The Group Home is in compliance with Title 22 Regulations,
- Carpeting and flooring are in good repair,
- All children's bedrooms have sufficient lighting,
- All children's beds have a full complement of clean linen, mattress pads, and pillows,
- The treatment team develops comprehensive updated NSPs with the children,
- All children are enrolled in school within three days of placement or maintain documented efforts and attempts,
- All children have sufficient quantities of clothing to meet DCFS standards for quantity,
- All children are encouraged and assisted in creating and maintaining a life book/photo album, and
- The outstanding recommendations from OHCMD's prior monitoring report are fully implemented.

The Group Home did not implement the recommendations of ensuring development of comprehensive updated NSPs; ensuring children have sufficient quantities of clothing to meet DCFS standards for quantity; and full implementation of outstanding recommendations from OHCMD's prior Monitoring Report.

Recommendation

The Group Home management shall ensure that:

6. The outstanding recommendations from the 2012 monitoring report, dated September 26, 2012, which are noted in this report as Recommendations 4, 5, and 6 are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller conducted a fiscal review of the Group Home for the period January 1, 2004 to December 31, 2004. The fiscal report dated April 8, 2008 identified $7,360 in unallowable expenditures and $129,858 in unsupported/inadequately supported expenditures. The balance has since been paid in full.

MURRELL'S FARM AND BOYS HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

823 Pillsbury Street
Lancaster, CA 93535
License # 197606874
Rate Classification Level: 11

44423 Hanstead Avenue
Lancaster, CA 93534
License # 197606254
Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: February 2013**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Improvement Needed

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community).	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

Murrell's Farm & Boys Home, Inc. mentoring matters

April 21, 2013

To: Patricia Bolanos-Gonzalez, Manager
Children Service's Administrator II
Los Angeles County Department of Children and Family Services
9320 Telstar Avenue, Suite 216
El Monte, CA, 91731

From: Murrell's Farm & Boys Home
823 Pillsbury St.
Lancaster, CA 93535

Re: **Corrective Action Plan**

2012-2013 Compliance Report Results/Corrective Action Plan

The Corrective Action Plan (CAP) has been implemented as follows for the Murrell's Farm and Boys Home located at:

(1) Shannon Site
823 Pillsbury St., Lancaster, Ca., 93535 - License #197606874

(2) Hanstead Site
44423 Hanstead Ave., Lancaster, Ca., 93534 - License #197606254

I. Licensure/Contract Requirements

No Findings

II. Facility and Environment

10) Are the exterior and the grounds of the group home well maintained?

Site: Shannon House:

- A small window screen on an office window at Pillsbury site had a hole in the mesh material.
- Panel on front entry door was cracked and split to point of light being seen through the crack.

Corrective Action Plan
The window screen was repaired at the time of review. Front entry door was replaced with a new door and the Out-of-Home Care Management Division Monitor verified the installation of March 22, 2013.

Facility Manager and staff will be extra cautious, when conducting daily inspections of the facilities to ensure that all window screens are in working order or any items that need repair receive attention. Work orders will be completed and submitted to the Administrator to ensure timely repairs.

III. Maintenance of Required Documentation and Service Delivery

21) Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file?

- Monthly contacts by the Group Home to the County Social Workers were not documented in the newer updated Needs and Services Plans (NSP).

Corrective Action Plan
A new GH social worker was hired on April 8, 2013 and has taken full responsibility of all NSPs and Quarterly Reports. The new GH social worker will ensure that all County Social Workers are notified and invited to participate in the treatment plan of all clients, and all monthly contacts to the County workers are documented in the children's NSPs.

23) Did the treatment team develop timely, comprehensive, Initial NSPs with the participation of the developmentally age-appropriate child?

- Newly completed Initial NSPs for three children were not completed in a timely manner and were not comprehensive, lacking plans, method, and person(s) responsible to assist the children in obtaining their NSP goals.

Corrective Action Plan
The new GH social worker will ensure that all Initial NSPs are complete in a timely manner and are comprehensive to include completion on all required elements of the NSP template, and provide goals that cover objectives, plans, timeframes, and measurability.

24) Did the treatment team develop timely, comprehensive, Updated NSPs with the participation of the developmentally age-appropriate child?

- The latest updated NSPs for three children's were not timely and incomplete. The NSPs lacked objectives, timeframes, measurability, no indication of progress, lacked start and projected goal completion dates and one child's NSP lacked the documentation of his family phone calls.

Corrective Action Plan
The new GH social worker will ensure that all Updated NSPs and Quarterly's are complete and comprehensive which will include objectives, plans, timeframes,

measurability, indication of progress, and documentation of children's phone contacts.

The Administrator will ensure that the newly hired GH social worker will complete all NSPs in a timely manner and in accordance with the elements of the NSP template and include all components of "SMART" goals (Specific, Measurable, Attainable, Results Oriented, and Time-limited).

IV. Education And Workforce Readiness

No Findings

V. Health and Medical Needs

No Findings

VI. Psychotropic Medications

No Findings

VII. Personal Rights and Social/Emotional Well-Being

No Findings

VIII. Personal Needs/Survival and Economic Well-Being

50) Are children's on-going clothing inventories of adequate quantity and quality?

- Two children were lacking slippers; the slippers were provided to the children during the time of the review one child was missing an additional sweatshirt which was purchased during the time of review.

Corrective Action Plan
The children have since received the lacking items in their clothing inventories to meet DCFS Clothing Standards for quantity. Facility Managers and staff will make sure to check the clients clothing inventory list on a monthly basis to ensure that all clients have sufficient clothing to meet DCFS clothing standards in a timely manner.

IX. Discharged Children

No Findings

X. Personnel Records

No Findings

Murrell's Farm & Boys Home, Inc.

mentoring matters

Emmett Murrell, CEO, will be responsible for supervising and enforcing the Corrective Action Plan.

Signature: _____ Date: 4/24/13
CEO Emmett Murrell

Signature: Lupe R. Maldonado Date: 4/24/13
Lupe Rascon- Administrator

Corporate Office: 1817 West Ave K, Ste. 207, Lancaster, CA 93534
Office: (661) 942-2035, Fax: (661) 942-2068