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November 27, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

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 July 2013. The Group Home has two sites located in the Fifth Supervisorial District and provides services to County of Los Angeles DCFS foster children and 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 6-bed sites and is licensed to serve a capacity of 12 boys, ages 12 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 6 months, and their average age was 16.

SUMMARY

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

The Group Home was in full compliance with 6 of 10 areas of our Contract compliance review: Facility and Environment; Educational and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

OHCMD noted deficiencies in the areas of Licensure/Contracts Requirements, related to not all Special Incident Reports being properly cross-reported, and Community Care Licensing (CCL) cited the Group Home for a Personal Rights violation; Maintenance of Documentation and Service

Delivery, related to the Group Home was not being compliant with its license as it applied to age of population served; one resident was 19 years old, Needs and Services Plans (NSP) were not timely or comprehensive; Health and Medical Needs, related to one child not having completed his initial physical examination within 30 days of placement and there was no documentation of the child receiving a physical examination within the previous 12 months; and Personnel Records, related to one staff's personnel file not having documentation that the employee completed a physical examination in accordance with Title 22 regulations, and another staff did not have a current CPR/First Aid certification. OHCMD instructed the Group Home Administrator to enhance monitoring in order to eliminate documentation issues and ensure compliance with all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On August 9, 2013, the DCFS OHCMD Monitor, Donald Luther, held an Exit Conference with the Group Home representative, Lupe Rascon-Maldonado, Administrator. The Group Home representative was in agreement with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

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

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

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 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/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and 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	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance
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 Nutritious 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 to Attend Religious Services/Activities 9. Children's Chores Reasonable 10. Children Informed About Their Medication and	Full Compliance (ALL)

	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) 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 Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Improvement Needed

MURRELL'S FARM AND BOYS HOME GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

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

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

For the purpose of this review, five Department of Children and Family Services (DCFS) placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) 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. OHCMD reviewed the child's case file to assess for timeliness of the Psychotropic Medication Authorization 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

OHCMD found the following four areas out of compliance.

Licensure/Contract Requirements

- A review of 131 Special Incident Reports (SIRs) submitted via ITrack since the last review revealed 31 SIRs from the Pillsbury site and 7 SIRs from the Hanstead site were not properly cross-reported to OHCMD. OHCMD discussed the SIR guidelines with the Group Home representative and ensured the Group Home had a copy of the guidelines.

- Community Care Licensing (CCL) cited the Group Home on March 11, 2013 for a Personal Rights violation at the Pillsbury site, as staff threw a child's personal stereo and speakers in

the trash without respectfully asking the child to surrender the equipment. The referral was "evaluated out" by the Child Protection Hotline and sent directly to CCL. The staff reported the equipment was confiscated from the child due to exposed wires and possible fire hazard. A Plan of Correction (POC) was required by CCL, which included retraining of staff in Personal Rights. The Group Home replaced any missing parts of stereo speakers on or before March 18, 2013 and retrained staff. A written POC was faxed to CCL and the citation was cleared on July 19, 2013.

Recommendations

The Group Home's management shall ensure that:

1. All SIRs are properly cross-reported, in compliance with the County contract and SIR reporting guidelines.

2. The Group Home is in compliance with Title 22 Regulations.

Maintenance of Required Documentation and Service Delivery

- The Group Home was not in compliance with its license and program statement, as it applied to age of population served. The group home is licensed to serve Non-Minor Dependents (NMD) through the age of 18; however, one NMD was 19 years of age. OHCMD informed the Administrator of the NMD age requirement and that the Group Home was not in compliance with the Group Home license and program statement population criteria. The Administrator expressed her concern, relating it was her understanding of the NMD age limit to be 21 years old. OHCMD provided her with the information related to the age limit of 19 years old for group home placement. The Group Home requested the DCFS CSW to replace the 19-year-old to an age-appropriate placement; he was replaced into transitional housing on September 12, 2013.

- Three of five initial Needs and Services Plans (NSP) reviewed were not comprehensive as they did not include historical information of the children, reasons for placement, and lacked any information related to the children's permanency plans. Two of the initial NSPs were not timely, and one initial NSP had not been completed for one child.

- Four updated NSPs were reviewed; none were comprehensive, as they did not include historical information, outcome of monthly Group Home contacts to the CSWs, or specific dates and outcomes of the children's visitations. One updated NSP was not timely, and two updated NSPs had not been completed for two children.

The Group Home representative explained that the issues with the NSPs were primarily due to the issues encountered with the former Group Home Social Worker (GHSW) who was responsible for the preparation of the NSPs. The GHSW was terminated once it was determined that there was a conflict of interest with his full-time employer. A new GHSW was hired, and the Group Home representative will ensure timely and comprehensive initial and updated NSPs are completed for each child.

Recommendations

The Group Home's management shall ensure that:

3. Children and youth are placed in accordance with the Group Home license and program statement population criteria.

4. Initial NSPs are completed for each child, and that they are timely, comprehensive, and contain all elements of the NSP template.

5. Updated NSPs are completed for each child, and that they are timely, comprehensive, and contain all elements of the NSP template.

Health and Medical Needs

- One child's follow-up physical examination was not completed timely. The child's physical examination was due on July 13, 2013, as his last physical examination took place on July 13, 2012. The Group Home failed to schedule an appointment in time for the child to be seen within a year of his last examination. Upon realizing the child was due for a physical examination, the Group Home arranged for the next available appointment of August 30, 2013. The child, however, returned home from school late that day and missed the appointment. The appointment was rescheduled for September 9, 2013; OHCMD has received documentation of the completed physical examination.

Recommendation

The Group Home's management shall ensure that:

6. All children's receive timely physical examinations.

Personnel Records

- One staff's personnel file did not include documentation of the employee having completed a physical screening prior to her hire date of September 13, 2012. The OHCMD advised the Group Home Administrator to ensure the staff completes a health screening. On August 27, 2013, the staff completed a physical examination and verification was submitted to OHCMD.

- One staff did not have current certification of CPR/First Aid training. The staff renewed the CPR/First Aid certification on July 16, 2013 and OHCMD has verified documentation of the training.

Recommendations

The Group Home's management shall ensure that:

7. All staff completes a timely physical examination prior to date of hire and a copy is included in the employee's personnel file, in accordance with Title 22 Regulations.

8. All staff has current required training, including CPR and First Aid.

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

The OHCMD's last compliance report, dated May 16, 2013, identified six recommendations.

Results

Based on our follow-up, the Group Home fully implemented 3 of 6 recommendations for which they were to ensure that:

- The exterior areas of the group home sites are maintained in good condition,
- CSWs are contacted each month by the Group Home staff and contacts are appropriately documented in the children's case files, and
- All children are provided adequate clothing to meet DCFS standards for quantity.

The Group Home did not fully implement the recommendations of ensuring:

- Initial NSPs are timely, comprehensive, and contain all elements of the NSP template,
- Updated NSPs are timely, comprehensive, and contain all elements of the NSP template, and
- The outstanding recommendations from OHCMD's prior monitoring report are fully implemented, as the group home contacts to CSWs were not always fully documented in the updated NSPs.

Recommendation

The Group Home's management shall ensure that:

9. The outstanding recommendations from the 2012-2013 monitoring report dated July 30, 2013, which are noted in this report as Recommendations 4, and 5, are fully implemented.

At the Exit Conference, the Group Home Administrator expressed her concern and continued efforts to strive to improve the NSPs. The Group Home's newly hired social worker was in attendance at the OHCMD's NSP training held on August 1, 2013 and it is the Group Home's desire that the information presented and it's application in future NSPs will resolve the above deficiencies.

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. DCFS Fiscal Monitoring and Special Payments Section reports the balance has been paid in full.

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

August 28, 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
1817 West Ave K, Suite 207
Lancaster, CA 93534

Re: **Corrective Action Plan**
2013-2014 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

4. Are all Special Incident Reports (SIRs) appropriately documented and cross-reported timely?

4.) Not all SIR's were appropriately cross-reported.

Corrective Action Plan
Administrator will train all lead staff on all shifts, that in Facility Managers absence, the lead staff will be able to successfully submit an I-Trak to all required agencies.

9. Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?

9.) On 3/11/13, CCL cited Murrell's Farm and Boys Home for a Personal Rights violation at the Pillsbury site, as staff threw the child's personal stereo and speakers in the trash without respectfully asking the child to surrender the equipment. A Plan of Correction was required and staff were retrained in Personal Rights and to replace any missing

items on or before March 18, 2013. A written Plan of Correction was received via fax to CCL and the Citation was cleared on 7/19/13.

Corrective Action Plan
MFBH continues to strive to meet compliance with Title 22 Regulations, to include enhanced close monitoring for compliance with Children's Personal Rights. The Administrator & CEO will conduct random checks with the children to ensure they are not experiencing children's Personal Rights issues of any other concerns they may have.

II. Facility and Environment

No Findings

III. Maintenance of Required Documentation and Service Delivery

15. Are the children placed in accordance with the group home's capacity and population criteria?

15.) The Group Home was not in compliance with its license, as it applied to age of population served. The group home is licensed to serve AB 12 NMD residents through the age of 18; however, one Non-Minor Dependent (NMD) was 19 years of age (not included in the sample).

Corrective Action Plan
The Group Home will advise the CSW that Murrell's Farm and Boys Home must stay in compliance with the age range of their license and will request the CSW to relocate the 19 year old to an age-appropriate placement. The Group Home Administrator will ensure that any NMD will have a permanency plan that leads toward the NMD being placed in an age-appropriate setting by his 19th birthday.

23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

23.) Three of five initial NSPs reviewed were not comprehensive; not including historical information of the child, reason for placement, and permanency and concurrent plans. Two of the initial NSPs were not timely, and one had not been completed.

Corrective Action Plan
MFBH will ensure that the NSP training provided on 8/1/13 is incorporated in the development and completion of initial NSP and Quarterly, New Group Home Social Worker will ensure that all initial NSPs are completed and comprehensive in a timely manner. The Administrator will also review each initial NSP for timeliness and to ensure all required elements of the NSP template are complete and comprehensive.

24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

24.) Four updated NSPs were reviewed; none were comprehensive; not including historical information, outcome of monthly Group Home contacts to the CSWs, or specific dates and outcomes of the children's visitations. One reviewed updated NSP was not timely, and two had not been completed.

Corrective Action Plan
MFBH will ensure that the NSP training provided on 8/1/13 is incorporated in the development and completion of updated NSP and Quarterly, New Group Home Social Worker will ensure that all updated NSPs are completed and comprehensive in a timely manner. The Administrator will also review each NSP for timeliness and to ensure all required elements of the NSP template are complete and comprehensive.

IV. Education And Workforce Readiness

No Findings

V. Health and Medical Needs

30. Are initial medical examinations conducted timely?

30.) One child's physical examination was not completed timely.

Corrective Action Plan
Murrell's Farm & Boys Home will determine when the last Physical and Dental was completed and schedule an appointment in a timely manner upon his admission. The scheduling of appointments will be arranged and monitored by the Facility Manager.

VI. Psychotropic Medications
No Findings

VII. Personal Rights and Social/Emotional Well-Being
No Findings

VIII. Personal Needs/Survival and Economic Well-Being
No Findings

IX. Discharged Children
No Findings

X. Personnel Records

62. Have employees received timely health screenings/TB clearance?

62.) One staff's personnel file did not include documentation of the employee having completed a physical screening prior to her hire date.

Corrective Action Plan
The staff submitted a completed LIC 503 Health Screen Report on August 27, 2013 from her physician, and was forwarded to the Out-of-Home Care Management Division. For all future staff hiring, the Administrator will require a copy of signed evidence of physical screening and tuberculosis test with physician's signature, having been completed within the time frame of Title 22 Regulations.

65. Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, First-Aid, required annual, and emergency intervention?

65.) One staff did not have current CPR & First Aid training documented in his personnel file.

Corrective Action Plan
Administrator will ensure that all CPR & First Aid Certificates are renewed within a timely manner before the expiration dates.

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

Emmett Murrell Date: 8/28/13
Emmett Murrell, CEO

Tupe R Malonde Date: 8/28/13