County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 25, 2013

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

From: Philip L. Browning
Director

O'CONNER & ATKINS 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 O'Conner & Atkins Group Home (the Group Home) in May 2013. The Group Home has one site located in the Second Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to enable these children to increase their independent skills and decrease their maladaptive behaviors in order to gain the skills necessary for successful adult adjustment."

The Group Home has one eight-bed site and is licensed to serve a capacity of eight boys, ages 5 through 17. At the time of review, the Group Home served 5 placed DCFS children. The placed children's overall average length of placement was 11 months, and their average age was 14.

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 6 of 10 areas of our Contract compliance review: Facility and Environment; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to incomplete Sign-In/Out logs; Maintenance of Required Documentation and Service Delivery,

related to non-comprehensive Needs and Services Plans (NSPs), children did not receive required therapeutic services, the Group Home did not properly document monthly contacts with the DCFS CSWs, and children were not assisted in maintaining important relationships; Education and Workforce Readiness, related to children not having improved their academic performance and/or attendance; and Personal Rights and Social/Emotional Well-Being, related to a lack of a fair rewards and discipline system in place, not all children were free to attend religious activities, and children were not given the opportunity to plan age appropriate activities.

Attached are the details of our review.

REVIEW OF REPORT

On June 25, 2013, the DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representative, Tony Chustz, 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 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:jlh

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
Virginia O'Conner, Executive Director, O'Conner & Atkins Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

O'CONNER & ATKINS 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 May 2013 review. The purpose of this review was to assess O'Conner & Atkins Group Home's (the Group Home's) 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, four Department of Children and Family Services (DCFS) placed children were selected for the sample. 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, two children were prescribed psychotropic medication. OHCMD reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following four areas out of compliance.

Licensure/Contract Requirements

- The resident Sign In/Out Log was not properly completed. Subsequently, the Group Home Program Administrator informed OHCMD that all staff were trained on July 25, 2013, in the proper procedures for signing residents in and out of the facility. The Group Home Administrator also stated that, in order to ensure the Sign In/Out logs are properly documented, the Facility Manager will review the logs for each resident each morning. Also, the Group

Home Administrator will review entries by staff weekly, and if there is a question or if information is missing, the Group Home facility manager will address the matter with the staff.

Recommendation

The Group Home's management shall ensure that:

1. The resident Sign In/Out log is always properly completed.

Maintenance of Required Documentation and Service Delivery

- The DCFS Children's Social Worker's (CSW) authorization to implement the Needs and Services Plan (NSP) was not obtained in a timely manner for 4 of 13 NSPs reviewed. The Group Home Program Administrator stated that DCFS CSWs are invited to participate in the development of the NSP; however, if they are unable to attend,, the Group Home will e-mail, fax or mail the NSP to the DCFS CSW at least five days prior to the due date of each NSP in order to ensure the DCFS CSW's authorization is obtained timely. If the DCFS CSW has any concerns or requests changes to the NSP, the Group Home will make the changes and the NSP will be re-submitted to the DCFS CSW for authorization. If no changes are necessary, the Group Home will request that the DCFS CSW sign the signature page of the NSP and return via fax or mail. Additionally, the Group Home will document all efforts made to obtain the CSW's authorization to implement NSPs.

- Two of four sampled children were not making progress toward meeting their NSPs' goals. The Group Home Administrator stated that effective immediately, the Group Home Social Worker (GHSW), Administrator and Program Director will review NSP goals at monthly staff meetings to asses if the child is making any progress toward meeting NSP goals. In the event that the child is not making progress, the need for a modification of the goals will be discussed. If changes are required, the changes will be made immediately and will be documented in the NSP Addendum Section, and the DCFS CSW will be notified. The Group Home Administrator stated that every effort will be made to assist all children in making progress toward meeting NSP goals, and the treatment team will work collaboratively to develop more realistic, reasonable, and attainable goals.

- A review of the children's records revealed that the children did not receive therapeutic services in accordance with their NSP treatment plans. The Group Home Administrator stated that the GHSW has been ill, and because of his hospitalizations, the placed children only received therapy one to two times per month. The Group Home Administrator indicated that they had been working closely with their GHSW; however, it appeared that the GHSW's health conditions impaired his ability to meet his job requirements. On June 5, 2013, the Group Home terminated his employment and hired a Licensed Clinical Social Worker (LCSW) to assume the GHSW's duties. The newly hired LCSW will see each child once a week on Wednesdays for individual counseling and once a week on Thursdays for group counseling. All sessions will be documented in the GHSW's notebook, and corresponding treatment notes will be placed in the child's file.

- Four children's files were reviewed; none included monthly contact with the children's DCFS CSW. During the Exit Conference, the Group Home Administrator stated that a new form, the DCFS CSW Monthly Communication Log, has been developed. The form will be utilized to document all contacts with CSWs, and it will be retained in the residents' files.

- One child informed OHCMD that he was not having visits with relatives or with a responsible adult, and he was never told that he could request a mentor. During the Exit Conference, the Group Home Administrator stated that staff will immediately assist the resident in locating any extended family members and calling local community resources, such as Volunteer Big Brother/Sisters or local mentorship programs.

- Three initial NSPs were reviewed. The NSPs were timely; however, none were comprehensive. The NSPs did not include all the required elements in accordance with the NSP template. The treatment goals in two NSPs were not measurable or child specific. Additionally, two of the NSPs did not include the Psychotropic Medication Authorization dates, and one NSP did not have the correct group home address.

- Ten updated NSPs were reviewed. Two NSPs were not timely; none were comprehensive. Eight updated NSPs lacked detailed information regarding the progress toward achieving the identified treatment goals, or the child's progress was not updated. Six updated NSPs did not include the dates of counseling, and group therapy the children attended, or the dates of the Group Home monthly contacts with the DCFS CSWs. In addition, the achieved outcome section was not completed for six updated NSPs.

It should be noted that the initial and updated NSPs reviewed were developed prior to subsequent NSP training provided by OHCMD. To assist in the development of comprehensive NSPs, OHCMD provided NSP training to the Group Home Administrator on June 26, 2013, and the Group Home Administrator forwarded the information to the newly hired GHSW to implement immediately. The Group Home Administrator and GHSW attended the OHCMD NSP refresher training on August 1, 2013. Further, the Group Home developed a "check system" which includes the review of NSPs by the GHSW, Group Home Facility Manager and the Group Home Administrator.

Recommendations

The Group Home's management shall ensure that:

2. The group home staff obtains, or documents efforts to obtain the DCFS CSW's authorization to implement the NSP in a timely manner.

3. Children are progressing towards meeting their NSP goals.

4. Children receive required therapeutic/treatment services.

5. Monthly contacts with DCFS CSWs are appropriately documented.

6. Children are assisted in maintaining important relationships.

7. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

8. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Education and Workforce Readiness

- A review of the children's school records revealed that two children did not improve their academic performance and/or attendance. During the Exit Conference, the Group Home Administrator explained that the Group Home has an incentive program in place to motivate the children to increase school attendance; the children are rewarded for getting up and going to school each day. He acknowledged modifications are needed, and he stated that additional incentives would be added to reward a child for remaining at school and attending all classes. In addition, the Group Home Facility Manager or designee will make visits to the child's school one to two times a month and will make contact with the counselor and/or the teacher to discuss what the child can do to improve their grades. Further, the Group Home Administrator stated that the Group Home Facility Manager will monitor the attendance of each placed child. In efforts to ensure children attend school daily, he will work with school personnel to ensure weekly attendance logs are completed for each child.

Recommendation

The Group Home's management shall ensure that:

9. Children improve academic performance and/or school attendance.

Personal Rights and Social/Emontional Well-Being

- The children reported that the Group Home did not have a written standard point and level system to track their behaviors and performance. The levels children achieved or rewards and consequences for behaviors solely depended on the Group Home staff's personal judgments and decision. OHCMD addressed the need for a detailed tracking system. The Group Home Administrator stated that a detailed log will be created to document each child's progress, points accumulated and points lost, and the reason for the child's change in level. Furthermore, upon intake, children will be made aware of, and will be provided with a copy of the Group Home's program levels and the corresponding point system. Children placed at the Group Home will also be provided with an Admission Packet that outlines house rules and the program discipline policy. Level changes will be monitored through weekly case conference meetings with the Group Home's Treatment Team and supervised by the Group Home Administrator.

- One child reported that he was not allowed to attend church activities. The Group Home Administrator explained that the child was precluded from attending any church activities because of his behavior; however, the Group Home did not provide OHCMD with any documentation to support this statement. Further, there was no documentation of efforts made by the Group Home to provide support or assist the child in attending church activities. The

Group Home Administrator stated that, effective immediately, all placed children will be asked to provide the Group Home with their preference for attending religious services and church activities. The information will be placed in the respective child's file. Transportation will be provided for children who wish to attend church activities.

- All children interviewed reported that, although they were able to occasionally provide input regarding outings, there was no regular meeting scheduled in which they planned activities. The Group Home Administrator stated that, effective immediately, each child will be allowed to provide input for activities. The Group Home staff will lead a monthly activity meeting and will write each suggestion made by the children. Activities will be determined by the children's majority vote. The topics of each meeting will be documented on the Group Home's activity log.

Recommendations

The Group Home's management shall ensure that:

10. There is an appropriate method of documenting the rewards and discipline system to further ensure consequences are fair and appropriate.

11. Children are free to attend religious services and activities of their choice.

12. Children are given opportunities to plan in age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home.

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

The OHCMD's last compliance report, dated October 4, 2012, identified 11 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 5 of 11 recommendations for which they were to ensure that:

- All children are allowed an opportunity to participate in age-appropriate extra-curricular, enrichment and social activities in which they have an interest,
- All children are provided with opportunities to select their own clothing,
- All children are discharged according to the permanency plan,
- All children make progress toward meeting their NSP goals prior to discharge, and
- All staff members receive timely health screenings.

The Group Home did not implement six recommendations for which they were to ensure that:

- The resident sign In/Out Log is always properly completed,
- The Group Home staff obtains or documents efforts to obtain the DCFS CSWs' authorization to implement the NSP,
- Children are progressing towards meeting their NSP goals,
- Initial and updated NSP are comprehensive and include required information,
- The children are free to attend religious services and activities of their choice, and
- Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report, as the Group Home had not timely obtained the DCFS CSWs' authorization to implement the NSP, and NSPs were not comprehensive.

Recommendation

The Group Home's management shall ensure that:

13. The outstanding recommendations from the 2011-2012 monitoring report dated October 4, 2012, which are noted in this report as Recommendations 1, 2, 3, 7, 8, and 11, are fully implemented.

During the Exit Conference, the Group Home representative expressed his desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home has re-trained all staff members in the proper completion of the Sign In/Out Log. In efforts to ensure the development of comprehensive NSPs, the Group Home Administrator, Program Director, and Executive Director will review the NSPs prior to submission, and they will ensure all efforts made to obtain the DCFS CSW's authorization to implement NSPs are documented. Additionally, the Group Home's Treatment Team will conduct monthly meetings during which the children's progress toward achieving NSP goals will be addressed. All placed children will be asked to submit their preference (or non-preference of religious service). The Group Home Executive Director and the Group Home Administrator will conduct period checks to monitor compliance with the CAP.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller conducted a review of the Group Home's fiscal operations from January 1, 2009 to December 31, 2009. The fiscal report, dated May 9, 2012, states the Group Home had $76,377 in disallowed expenditures. The Group Home submitted a fiscal CAP which was monitored by the DCFS Fiscal Monitoring and Special Payments Section (FMSPS).

On August 22, 2013, FMSPS informed OHCMD that the Group Home paid back the amount in full, and there is no outstanding debt.

O'CONNER & ATKINS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2010 West 41st Drive
Los Angeles, CA 90062
License # 191871781
Rate Classification Level: 7

	Contract Compliance Monitoring Review	**Findings: May 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. Full Compliance
	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. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Full Compliance
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. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Improvement Needed
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Worker's Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Improvement Needed
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	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	1. Full Compliance
	2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals	2. Full Compliance
	3. Current Report Cards/ Progress Reports Maintained	3. Full Compliance
	4. Children's Academic or Attendance Increased	4. Improvement Needed
	5. GH Encouraged Children's Participation in YDS or Vocational Programs	5. Full Compliance
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	1. Full Compliance
	2. Children Feel Safe	2. Full Compliance
	3. Appropriate Staffing and Supervision	3. Full Compliance
	4. GH's Efforts to Provide Nutritious Meals and Snacks	4. Full Compliance
	5. Staff Treat Children with Respect and Dignity	5. Full Compliance
	6. Appropriate Rewards and Discipline System	6. Improvement Needed
	7. Children Allowed Private Visits, Calls and Correspondence	7. Full Compliance
	8. Children Free to Attend or Not Attend Religious Services/Activities	8. Improvement Needed
	9. Children's Chores Reasonable	9. Full Compliance
	10. Children Informed About Their Medication and Right to Refuse Medication	10. Full Compliance
	11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care	11. Full Compliance
	12. Children Given Opportunities to Plan Activities in	12. Improvement Needed

	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)	13. Full Compliance
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	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	Full Compliance (ALL)

O'Conner-Atkins Group Home, Inc.
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(323)294-7305

Jui Ling Ho
Children's Services Administrator
Out-of-Home Care Management Division
Group Home Monitoring Section
9320 Telstar Ave., Suite 216
El Monte, CA 91731

August 1, 2013

Addendum Corrective Action Plan

Ms. Ho:

The following is the requested Addendum Corrective Action Plan based on the citations on the Exit Summary dated June 26, 2013.

I. LICENSURE/CONTRACT REQUIREMENTS

Element #8

Finding: Sign-in/Sign-out Log was not always adequately completed.

Corrective Action Plan:

The staff of O'Conner's Group Home was trained by the Facility Manager on July 25, 2013 as to the procedure for signing residents in and out of facility, including mandatory staff signatures, dates/times out and in. (A copy of the attendance sheet is attached.) Beginning immediately, once it has been determined a Resident will be leaving the facility other than accompaniment with staff, O'Conner's staff will fill out known information IE: date and time and location.

The Facility Manager reviews the log sheets for each resident each morning in order to make sure there are no omissions. In addition, the Administrator will review entries by staff weekly. If there is an omission/error/question occur the facility manager will talk with the staff responsible in person or by phone in order to update/correct the log sheets.

Person Responsible for Implementation for the CAP:

The Administrator and the Group Home Program Director will monitor the log to ensure it has been filled completely.

Time Frame of Implantations: July 25, 2013.

III. MAINTENNANCE OF REQURED DOCUMENTATION AND SERVICE DELIVERY

Element #16

Finding: Among 13 reviewed NSP's, four were not obtained with CSW's signature timely to implement.

Corrective Action Plan:

At least five days prior to the due date of each resident NSP, O'Conner's Group Home will Email, Fax or mail a copy of the NSP to the CSW for review and authorization to implement the NSP. If there are any questions, concerns, clarifications or changes requested by the CSW, those changes will be completed and resubmitted to CSW for the signature page to be returned via Fax or mail.

O'Conner's Group Home will document all efforts made to obtain authorization to implement NSP's.

It is well to note that O'Conner's Group Home has purchased a new fax machine that now prints out Confirmation of sent information.

Person(s) Responsible for Implementation for the CAP:

The Contracted In-Home Social Worker, Administrator and Program Director.

Time Frame of Implantations: Immediately

Element #18

Finding: Two of four reviewed youths were not making progress toward meeting the NSP's goal.

Corrective Action plan:

Once a month, during group home staff meetings, the NSP goals will be reviewed by the Contracted In-Home Social Worker, Administrator and Program Director to asses if the youth is indeed making any progress. In the event that the child is not making progress, it will be noted and discussed if there is a need for a modification in the goals. If so, the change will be made immediately, and documented into the NSP Addendum Section, and the CSW will be notified.

The Contract In-Home Social Worker will assure that all identified treatment goals are broken into small task in order to be accurately implemented and assessable for future evaluations. In addition, these goals will be measureable, attainable and child specific.

Person(s) Responsible for Implementation for the CAP: Contracted In-Home Social Worker, Administrator and Program Director.

Time Frame of Implementation: Immediately.

Element#19

Finding: None of placed children received counseling services as required in their NSPs.

Correction Action Plan:

On June 5, 2013, O'Conner's Group Home hired a new In-Home Social Worker. The new Contracted In-Home Social Worker was hired to lead weekly group sessions and weekly individual therapy sessions with each group home resident. Group and individual notes will be maintained in each child's file. All notes will be reviewed by Administrator and Director.

The newly hired In-Home Social Worker will see each client once a week on Wednesday for individual and once a week on Thursday for group counseling. All sessions will be documented in the In-Home Social Work note book, and corresponding treatment notes will be place in the child's file.

Person(s) Responsible for Implementation for the CAP: Contracted In-Home Social Worker, Administrator and Program Director.

Time Frame of Implementation: June 5, 2013.

Element #21

Finding: The Monthly contact notes with CSW were not fully documented.

Corrective Action Plan:

O'Conner's Group Home has created a Resident's Daily Report Log (attached). Inside the log, there is a section for CSW contact. Any contact made with CSW's will be documented. The Administrator or Program Director will check weekly to oversee if any contacts were made by staff to discuss the resident's progress with the CSW. The contents of these contacts will be documented and logged and filed in resident's file.

In addition, every Monday, the Administrator or Program Director will communicate with the respective CSW to disseminate weekend activity of placed child. All the communication will be documented in the Resident's Daily Report Log.

Person(s) Responsible for Implementation for the CAP: Child Care Workers, Administrator and Program Director.

Time Frame for Implementation: Beginning June 26, 2013, this plan was initiated and implemented.

Element #22

Finding: one of the reviewed Residents was not assisted in maintaining his important relationships.

Corrective Action Plan:

To assist the resident to maintain important relationships, the Program Director (or his designee) will make weekly calls on Monday of each week to the significant relationship of the resident. If no one immediately answers the call, the Program Director (or his designee) will leave a voice message. If the significant relationship does not respond within 48-hours, a second call will be made.

Each attempt on the part of the Program Director or the designee will be documented and placed in residents' files.

Also, the Program Director or the designee will follow-up on all DCFS recommendations (i.e., Big Brother Program, etc.) for all placed children. The above contacts and the content of those contacts will be properly documented and placed inappropriate file of placed child.

More succinctly, during contact with the CSW, the Administrator or Group House Program Director will discuss and document, the visitation plan of the client. Information to be discussed, with whom, where, duration, overnight possibility, and monitored or not will be documented in the Resident's Daily Report Log. If the client has no family available for visitation, the Group Home, along with the CSW will call local community resources, such as Volunteer Big Brother/ Big Sisters, local mentorship programs and assist with locating any extended family members.

Person(s) Responsible for Implementation for the CAP: Child Care Workers, Administrator, Program Director.

Time Frame for Implementation: Immediately.

Element #23 and #24

Finding: Treatment Team did not develop timely, comprehensive, initial and updated Needs and Service Plans.

Corrective Action Plan:

On June 26, 2013, Out of Home Care Management Division Group Home Monitor gave NSP training to O'Conner Group Home Administrator. The information received was forwarded to the newly hired Contracted In-Home Social Worker to implement immediately. In addition, O'Conner's Group Home Administrator and In-Home Social Worker attended the DCFS NSP training on August 1, 2013.

Immediately, for all new placed residents within one week of being admitted, during its weekly meeting, the Treatment Team will review the resident's case history and begin to formulate goals based on the documented information on hand. The content or outcome of these weekly meetings will be documented and transferred to the resident's NSP.

O'Conner's Group Home will ensure that all treatment goals are Attainable and Measurable. Measurable so that there is a specific time frame in which to progress can be measured. Attainable and which the client can reasonably be expected to accomplish, commit to and perform.

O'Conner's Group Home will assure that the correct report date is reflected on each report.

O'Conner's Group Home will assure that initial NSP's do not include Quarterly information.

O'Conner's Group Home will ensure that all identified treatment goals or broken down into small task in order to be accurately implemented and assessable for future evaluations. These goals will also be measureable and child specific.

In order to ensure the NSP will be comprehensive to include all required element, O'Conner's Group Home developed a check system for all NSPs. This involves the Contracted In-Home Social Worker, Facility Manager and the Administrator. Effective immediately, all NSPs will be reviewed by the Administrator and Program Director prior to submission to the DCFS Children's Social Worker.The Executive Director will ensure NSPs are properly prepared and include detailed information.

Person(s) Responsible for Implementation for the CAP: Contracted In-Home Social Worker, Administrator and Program Director.

Time Frame for Implementation: Immediately.

IV. EDUCATION AND WORKFORCE READINESS

Element#28

Finding: Two residents did not improve their academic performance and/or attendance.

Corrective Action Plan:

The Program Director or the designee will monitor the attendance of each placed child by coordinating school attendance with school personnel. The Program Director or the designee will also have teachers sign a weekly attendance log provided by the school administration, to confirm that the placed child is in attendance. The child will bring log to the group home every week. If the child fails to do so, the Program Director or the designee will contact the school by phone and in person the following school day.

A training session was given on July 25, 2013. A copy of the signing-in to verify attendance is attached.

Also, placed children will be given (reward) points for attending school and classes on time. Residents will earn 100 points weekly points for attending school with no class tardiness.

Group Home staff will monitor Resident's school progress weekly, document their progress, and file a SIR (for example: ditching class) as needed. Also, Group Home staff will contact CSW and meet with teachers as needed, document and address in therapy with in house social worker. In-Home Social Worker will incorporate such issues with residents in individual counseling/therapy.

Person(s) Responsible for Implementation for the CAP: Child Care Workers, Administrator, Program Director and In-Home Social Worker.

Time Frame for Implementation: Immediately. (School begins August 13, 2013 for Los Angeles Unified School District and plan will be implemented at that time).

VII. PERSONAL RIGHT AND SOCIAL/EMOTIONAL WELL-BEING

Element#41:

Finding: There was no written standard point level system to track their behaviors and performance. It solely depends on the duty staff's personal judgments and decisión.

Corrective Action:

O'Conner's Group Home has put into place a uniformed point level system to track and reward the daily behaviors of the residents.

The daily point system will reward residents for their positive daily behaviors to help keep them motivated by assigning values to daily activities. Each days shift, staff will document the values earned for positive behaviors, to be totaled weekly.

Specific targeted negative behaviors also have values assigned that can result in points lost daily. Bonus points can be earned to compensate any lost points. The Facility Manager and Administrator will review points weekly.

On July 25, 2013, O'Conner's Group Home staff was trained on the Point System, its importance and the proper way to daily document behaviors.

Person(s) Responsible for Implementation for the CAP: Child Care Workers, Administrator, Program Director.

Time Frame for Implementation: Immediately.

Element #43:

Finding: One child was not allowed to attend religious services. There was no documentation to reflect that the child's behavior was disruptive during church service.

Corrective Action Plan:

Age-appropriate clients will be able to sign themselves out and to the church of his choice. Staff will be available to transport child as well. If it is not age-appropriate for child to sign himself out, staff will transport and supervise child.

All placed children will be asked to submit their preference (or non-preference of religious service) by the Program Director by August 1, 2013. Each response will be placed in placed child's file.

A weekly sign-up log will be provided for all residents to check off if he desires to engage in a religious service for the week. The Program Director will be responsable for posting the weekly sign-up sheet on Monday mornings beginning August 1, 2013.

Person(s) Responsible for Implementation for the CAP: Child Care Workers, Administrator, Program Director.

Time Frame for Implementation: August 1, 2013.

Element #47:

Finding: Group Home did not arrange for regular scheduled meetings for the youths to plan their activities that had an interest at school, in the community or at the group home.

Corrective Action Plan:

The Program Director or the designee will conduct monthly meetings with all placed children to plan activities of interests that are school-based, community-based and based at the group home.

Each client will be allowed to voice their desires of an activity. The staff leading the meeting will write each choice, and by a client vote the most popular led activity will be transferred to the ACTIVITY LOG. The topics of each meeting will be documented and logged.

Based on the points, those clients who earned that outing activity will be permitted to participate. Those who have not earned that activity will remain with secondary staff for indoor activities.

Person(s) Responsible for Implementation for the CAP: Child Care Workers, Administrator, Program Director.

Time Frame for Implementation: Immediately.

Tony Chusta

Tony Chusta, Administrator

Dr. A. Smith

Dr. A. Smith, Social Worker