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

PATRICIA S. PLOEHN, LCSW
Director

September 3, 2010

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To: Supervisor Gloria Molina, Chair
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From: Patricia S. Ploehn, LCSW
Director

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

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

O'Conner & Atkins Group Home is located in the 2nd Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to the agency's program statement, its stated goal 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," and it is licensed to serve a capacity of eight children, ages 5 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of the O'Conner & Atkins Group Home in December 2009 at which time, it had one six-bed site and five placed DCFS children. All five children were males. For the purpose of this review, all placed children were interviewed and their case files were reviewed. The average overall length of placement for these children was 12 months, and their average age was 13. Five staff files were reviewed for compliance with Title 22 and the contract requirements.

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

SCOPE OF REVIEW

The purpose of this review was to assess O'Conner & Atkins Group Home's compliance with the contract and State regulations. The visit included a review of the agency's

program statement, administrative internal policies and procedures, all placed children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to children, and we conducted interviews with 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, O'Conner & Atkins Group Home was providing adequate care to DCFS placed children, and the services were provided as outlined in its program statement. The children interviewed stated that the staff treated them with respect and dignity and services were made available to them.

The direct care staff stated that the needs of the children were met in a timely fashion by the administrative staff.

At the time of the review, the Group Home needed to address a few physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Service Plans (NSPs), maintain documentation to demonstrate that the DCFS Children's Social Workers' (CSW) approved the implementation of the NSPs and that monthly contact with the DCFS CSWs was documented. Further, the Group Home needed to encourage and assist children in creating and maintaining photo albums/lifebooks.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the five NSPs reviewed, none were comprehensive in that they did not include all the required elements in accordance with the NSP template. The A-C's prior review also noted that O'Conner & Atkins Group Home did not always ensure that the NSPs/Quarterly Reports were comprehensive. The NSPs did not include monthly contact with DCFS CSWs.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held January 25, 2010:

In attendance:

Tony Chutsz, Administrator, O'Conner & Atkins Group Home, and Greta F. Walters, Monitor, DCFS OHCMD.

Highlights:

The Administrator expressed an understanding of our findings and recommendations.

As agreed, O'Conner & Atkins Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

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

PSP:LP:MG
EAH:BB:gfw

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Joyce Brantley, Board Chair, O'Conner & Atkins Group Home
Virginia O'Conner, Executive Director, O'Conner & Atkins Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

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

O'Conner & Atkins Group Home
2010 West 41st Drive
Los Angeles, California 90062
License Number: 191871781
Rate Classification: 7

The following report is based on a "point in time" monitoring visit and addresses the findings noted during the December 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of five children's files and five staff files, O'Conner & Atkins Group Home was in full compliance with five of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Educational and Emancipation; Recreation and Activities; Children's Health Related-Services, Including Psychotropic Medication Requirements; and Personal Rights. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of O'Conner & Atkins Group Home and interviews with the five children, the agency fully complied with three of six elements in the area of Facility and Environment. The Group Home maintained age-appropriate and accessible recreational equipment and on-site educational resources. The Group Home maintained a sufficient supply of perishable and non-perishable foods.

Generally, the exterior of the Group Home was adequately maintained. The front yard was clean and adequately landscaped. However, the paint on the exterior of the dwelling was peeling and there was also a large amount of debris in the backyard that could pose a safety hazard to the children. This was immediately brought to the attention of the Group Home Administrator who reported that items would be removed from the property as soon as possible.

While the Group Home provided a home-like environment, the interior had several deficiencies, none of which posed any safety risks to placed children. Specifically, there were dirty curtains and sofas in the living room. There was a large crack in the living room wall, and the bathroom shower door, bathtub and walls were dirty.

The children's bedrooms were neat and orderly. The mattresses were comfortable, and all the beds had a full complement of linens. Children's sleeping arrangements were appropriate. Window coverings and window screens were in good repair. However, the light fixture in bedroom #1 was dirty and the lighting was insufficient. In bedroom #2, there was a large crack in the closet. In bedrooms #1 and #2, the dressers were damaged and the closet doors were broken.

The A-C's prior year review also noted that O'Conner & Atkins Group Home did not always ensure that the Group Home's facilities were maintained in accordance with CDSS Title 22 regulations.

Recommendation:

O'Conner & Atkins Group Home management shall ensure that:

1. The Group Home site is maintained and in good repair in accordance with Title 22 regulations.

PROGRAM SERVICES

Based on our review of five children's case files, O'Conner & Atkins Group Home fully complied with five of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in its program statement and they were assessed for needed services within thirty days of placement.

Based on our review, we found that the Needs and Services Plans (NSPs) included input from the child. None of the reviewed NSPs were comprehensive. The NSPs did not include specific, measurable and attainable treatment goals. One child's NSP did not address if progress had been made. None of the reviewed NSPs were approved by the DCFS CSWs for implementation. Additionally, none of the reviewed NSPs reflected adequate documentation to confirm monthly contacts with the DCFS CSWs. The A-C's prior year review also noted that O'Conner & Atkins Group Home did not always ensure that the NSPs were comprehensive and included all members of the treatment in the development of the NSPs.

Recommendations:

O'Conner & Atkins Group Home management shall ensure that:

2. The NSPs are comprehensive and include all required elements.

3. Documentation is maintained as verification that DCFS CSWs approved the implementation of the NSPs.

4. Monthly contacts with DCFS CSWs are adequately documented.

CLOTHING AND ALLOWANCE

Based on our review of five children's case files and interviews with the five children, O'Conner & Atkins Group Home fully complied with six of eight elements in the area of Clothing and Allowance.

Based on our review, all five children reported that they received the $50 required monthly clothing allowance. Children were provided with opportunities to select their own clothes. Clothing provided to children was of good quality and of sufficient quantity. The clothing allowance logs and inventories confirmed that the requirements were being met.

The children reported that they spent their allowances as they chose. However, two out of five reviewed children did not receive the required minimum weekly allowance.

The Group Home provided children with adequate personal care items. It was noted that none of the children were encouraged or assisted in creating and maintaining photo albums/lifebooks. The administrator stated that they would begin to work with children on their lifebooks. The A-C's prior year review noted that O'Conner & Atkins Group Home did not always ensure the children were encouraged and assisted in creating and maintaining photo albums/lifebooks.

Recommendations:

O'Conner & Atkins Group Home management shall ensure that:

5. All children are provided with the required weekly allowance.

6. All children are encouraged and assisted in creating and maintaining photo albums/life books.

PERSONNEL RECORDS

Based on our review of six staff personnel files, O'Conner & Atkins Group Home fully complied with eleven of twelve elements in the area of Personnel Records.

All five staff reviewed met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Index (CAI) clearances and signed criminal background statements in a timely manner. They also received timely initial health screenings, signed copies of the Group Home policies and procedures, and completed CPR, First-Aid, emergency intervention training and initial training as required per the Group Home's program statement. One staff member did not have a driver's license. The Group Home administrator stated that this staff member does not drive and should an emergency occur the staff had been instructed to call for assistance. All other staff members who transport children had valid California driver's licenses. Additionally, one staff member was missing several hours of training hours.

O'Conner & Atkins Group Home management shall ensure that:

7. All staff members receive the required training hours per to Title 22 regulations and the Group Home's program statement.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the monitoring review were implemented. The A-C report was issued on October 3, 2008.

Results

The A-C's prior monitoring report contained four outstanding recommendations. Specifically, O'Conner & Atkins Group Home was to ensure that the Group Home was maintained in good repair in accordance with Title 22 regulations and they developed comprehensive NSPs which include measurable and time limited goals and include input from all members of the treatment team. Further, the Group Home was to encourage and assist children in creating and updating photo albums/lifebooks. Based on our follow up of these recommendations, the A-C's recommendations regarding maintaining the facility in good repair in accordance with Title 22 regulations, developing comprehensive NSP with measurable and time limited goals and including all members of the treatment team, and encouraging and assisting all children in creating and maintaining photo albums/lifebooks were not fully implemented. As we noted, three of the recommendations were not fully implemented; corrective action was requested of O'Conner & Atkins Group Home to further address these findings.

Recommendation:

O'Conner & Atkins Group Home management shall ensure that:

8. It implements the four outstanding recommendations from the A-C's October 3, 2008 monitoring report, which are noted in this report as Recommendations 1 as to the physical plant issues, 2, 3 as to the NSPs and 6 as to Clothing and Allowance.

O'Conner & Atkins Group Home
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

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

	Contract Compliance Monitoring Review	Findings: December 2009
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Log Maintenance 8. Runaway Procedures 9. Allowance Logs	1. N/A 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
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. Improvement Needed 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	**Program Services** (8 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. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Improvement Needed
IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (All)

V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-curricular, Enrichment and Social Activities	Full Compliance (All)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychotropic Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-up Dental Exams Timely	Full Compliance (All)
VII	**Personal Rights** (11 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	Full Compliance (All)
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed

	7. Management of Allowances 8. Encouragement and Assistance with Life Book	7. Full Compliance 8. Improvement Needed
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance

O'Conner and Atkins Group Home

2010 West 41st Drive

Los Angeles, California 90062

(323) 294-7305, (323) 296-3230 fax

Out of Home Care Management Division

9320 Telstar Avenue, No. 216

El Monte, California 91731

Attn: Greta Walters, CSA

07/13/2010

RE: Corrective Action Plan 12/2009

O'Conner And Atkins Group Home is submitting a Corrective Action Plan as requested from the monitoring unit for the period of 12/07/2009.

I. FACILITY AND ENVIRONMENT

1. Maintain home in good repair per Title 22 regulations.

(a) The O'Conner and Atkins Group Home (OAGH) will ensure that the group home is in good care at all times.

Facility Assistant Administrator, Shawn will complete an overall check of the facility each Monday, of each week to check for any repairs and problems to home. Most repairs will be completed by the Assistant Administrator. However, if a problem arises which require the help beyond the Assistant Administrator, the Director will be telephoned immediately for handyman approval. At that time the telephone call will be made immediately by the Assistant Administrator.

Start date: 3/16/2010.

It should be noted that the following has been repaired or replaced at the Boys Home:

* Exterior paint on porch has been repainted.

* Debris was removed from backyard.

* Sofas and curtains were cleaned. Date completed: 02/11/2010

* Living Room crack was repaired. Date completed: 02/01/2010

* Shower doors, shower wall and the bathtub were replaced. Date completed: 03/01/2010

* Light fixture in bedroom was cleaned and new light bulbs installed.

Date completed: 02/01/2010

* Fine line crack in bedroom closet was repaired. Date completed: 02/01/2010

* Bedroom 1&2 dressers were repaired. Date completed: 02/01/2010

* Bedroom 1 closet door was replaced. Date completed: 02/01/2010

* Bedroom 2 closet door repaired. Date completed: 02/01/2010

II. PROGRAM SERVICES

1. Include all elements into Needs and Service Plans and ensure comprehensiveness.

(a) OAGH will implement a comprehensive checking system to ensure that all resident's Needs and Services Plans (NSP) are comprehensive. Included in these plans will be goals and objectives that will be developmental, specific, measurable, attainable, realistic and timely, short and long term goals. The NSP's will also address permanency strategies for each client. The Administrator and Facility Social Worker will ensure that this task is completed in the time frame given.

The Facility Social Worker will generate all NSP/Quarterly Plan for all residents, and be responsible for obtaining all pertinent information from the Administrator, Tony. The Administrator will then ensure that each report is comprehensive and complete, and includes specific pertinent information.

The Administrator will be responsible for ensuring comprehensiveness.

Start date: 03/16/2010

2. Maintain documentation that DCFS CSW approved implementation of NSP.

OAGH will ensure that NSP's are approved by DCFS CSW.

(1) Once an NSP is completed and checked for pertinent information by the Facility Administrator, the Facility Social Worker will fax, and/or mail report to DCFS. Once report is returned and approved by CSW with signature, the signature sheet will be kept in the respective child's file.

The Administrator will ensure that report is faxed to CSW.

Start date: 03/16/2010

3. Document contacts with DCFS.

OAGH will ensure that contacts with DCFS CSW are documented.

(1) A sign-in log has been placed at the front door of the Facility for all CSW'S to sign upon entry. The sign-in sheet includes name, department, purpose and date of visit.

The Facility Manager on duty will ensure that all visitors sign in upon entry to facility. The Facility Administrator, Tony will ensure that CSW contact dates are submitted to Facility Social Worker and ensure that the dates are reflected in the NSP before the NSP is written by Facility Social Worker.

Start date: 03/16/2010

III. Clothing and Allowances.

1. Provide weekly allowances.

OAGH will ensure that all residents receive allowances per Title 22, and as outlined in contract.

(1) The Facility Manager will ensure that allowances are provided weekly to residents (usually Friday), and documented in allowance logs.

Start date: 03/16/2010

2. Encourage children to create and assist in maintenance of life book/photo album.

OAGH will ensure that all residents create and assist in updating photo album and life books.

(1) The Facility Manager will be responsible coordinating activities with residents monthly, and encourage them to either create or update photo albums. Life books and or photo album activities will be completed once monthly.

Start date: 03/16/2010

IV. Personnel Records

1. Complete Training per Title 22 and per Program Statement.

OAGH will ensure that all employees receive training per Title 22 and per the Group Home Program Statement.

(1) The Facility Assistant Administrator will ensure that all Staff attend monthly training sessions with Dr. Finklestein – Consultant. Each Child Care Worker, Manager, Assistant Administrator, Administrator and Director will complete forty hours of training per year. After each training session, training sign in sheets will be placed in its respective folder by the Administrator. The Administrator will follow up once monthly with any Child Care Employee that misses a training session and re-schedule the session.

Start date: 03/16/2010

V. Follow up Review

1. Ensure compliance with prior monitoring review results.

OAGH has immediately implemented compliance with recommendations from previous OHCMD reports. OAGH will continue efforts to maintain the Group Home. OAGH has complied with the following recommendations:

* That Facility be maintained per Title 22 standards.
* That Needs and Service Plans include time limited goals and are measureable.
* That life book/photo albums include child participation.
* That allowances be provided weekly.

Tony Chustz

Administrator