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

JACKIE CONTRERAS, Ph.D.
Interim Director

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April 28, 2011

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Gloria Molina
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Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: Jackie Contreras, Ph.D.
Interim Director

OLIVE CREST TREATMENT CENTER GROUP HOME 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.

Olive Crest Treatment Center Group Home is located in the 4th 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 goal is "to provide a long term, safe, structured and therapeutic environment for adolescents with a history of severe problems." Olive Crest Treatment Center Group Home is licensed to serve a capacity of six children, ages 12 through 18.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Olive Crest Treatment Center Group Home in November 2010 at which time the agency had one six-bed site and four DCFS children. All four children interviewed were males. Their average overall length of placement was 24 months and their average age was 16. For the purpose of this review, all four children were interviewed and their case files were reviewed. Seven staff files were reviewed for compliance with Title 22 regulations and contract requirements.

All four children were on psychotropic medication. 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 Olive Crest Treatment Center 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 the children and interviews with the children were conducted 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, Olive Crest Treatment Center Group Home was providing very good quality care to DCFS children and the services were provided as outlined in the agency's program statement. The children interviewed stated they were treated "good" by staff and they liked residing in the home.

At the time of the review, the children's files were well organized; however, the Group Home needed to properly maintain medication logs.

Olive Crest Treatment Center Group Home was receptive to implementing systemic changes to improve its compliance with regulations and the Foster Care Agreement. The Regional Program Director and Residential Manager stated they understood the findings in the review and would develop a plan to correct the deficiency.

NOTABLE FINDING

The following was the notable finding of our review:

- One child's court-approved authorization did not coincide with the medication log. The Facility Manager stated that when the child was hospitalized in a psychiatric hospital, the psychiatrist modified his medication but did not provide the Group Home with a revised copy of the court-approved authorization. She stated they would continue their attempts to obtain a copy.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held January 12, 2011.

In attendance:

Steve Goclowski, Regional Program Director, Xavier Floyd, Residential Manager, and Andraya Viveros, Clinician, Olive Crest Treatment Center Group Home; and LaDonna Jones, Monitor, DCFS OHCMD

Highlights:

The Regional Program Director was in agreement with our findings and recommendation.

Olive Crest Treatment Center Group Home's Corrective Action Plan (CAP) addressing the recommendation noted in this Compliance Report is attached.

The draft report was sent to the Group Home Administration for comments; however, OHCMD did not receive a response in the allotted timeframe. Therefore, OHCMD proceeded with finalizing the report.

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 the recommendation.

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

JC:RS:KR
EAH:DC:lj

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
Steve Goclowski, Regional Program Director, Olive Crest Treatment Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

OLIVE CREST TREATMENT CENTER GROUP HOME
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

Olive Crest Treatment Center Group Home
15235 Cornuta Ave.
Bellflower, CA 90706
License Number: 197804913
Rate Classification Level: 14

The following report is based on a "point in time" monitoring visit and addresses findings noted during the November 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of four children's files and seven staff files and/or documentation from the provider, Olive Crest Treatment Center Group Home was in full compliance with eight of nine sections of our contract compliance review: Licensure/Contract Requirements, Facility and Environment, Program Services, Educational and Emancipation Services, Recreation and Activities, Personal Rights, Clothing and Allowance, and Personnel Records. The following report details the results of our review.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of four children's case files, documentation from the provider, and interviews with the four children, Olive Crest Treatment Center Group Home fully complied with eight of nine elements reviewed in the area of Children's Health-Related Services, including Psychotropic Medication.

All four children placed at Olive Crest Treatment Center Group Home were prescribed and administered psychotropic medication. All four children had current court-approved authorizations for the administration of psychotropic medication and psychiatric evaluations on file; however, one child's medication log was not properly maintained. The Facility Manager reported that when the child was hospitalized, the treating psychiatrist modified his medication but did not provide the Group Home with a revised copy of the court-approved authorization. She stated they would continue their attempts to obtain a copy of the court-approved authorization so it could coincide with the medication log.

All four children had timely initial medical and dental examinations. Three children had timely follow-up medical and dental examinations. One child was placed in the Group Home less than six months and no follow-up examinations were required at the time the review was conducted.

Recommendation:

Olive Crest Treatment Center Group Home management shall ensure that:

1. Medication logs are properly maintained.

FOLLOW-UP FROM DCFS 2009 COMPLIANCE MONITORING REPORT

Objective

Determine the status of the recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from our report dated September 9, 2010 were implemented.

Results

The prior monitoring report contained fourteen recommendations. Olive Crest Treatment Center Group Home was to ensure that:

1) SIRs are appropriately documented and cross reported
2) runaway procedures are properly maintained
3) allowance logs are properly maintained
4) computers are readily available to children
5) all NSPs are comprehensive
6) all children receive medical exams within 30 days of placement
7) children are aware of their right to refuse psychotropic medication
8) staff submit timely criminal clearances
9) staff receive timely health screenings
10) all staff have valid driver's licenses
11) staff sign copies of the Group Home's policies and procedures
12) staff receive required initial training
13) CPR and First Aid Training are properly documented
14) all staff receive on-going training.

It was determined that all recommendations were fully implemented.

Recommendation:

None

OLIVE CREST TREATMENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

15235 Cornuta Ave.
Bellflower, CA 90706
License Number: 197804913
Rate Classification Level: 14

	Contract Compliance Monitoring Review	**Findings: November 2010**
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 Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (ALL)
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	Full Compliance (ALL)
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 Psychiatric 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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	**Personal Rights** (11 Elements) 1. Children Informed of Group 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	Full Compliance (ALL)

	7. Management of Allowance 8. Encouragement and Assistance with Life Book	
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. CACIs 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	Full Compliance (ALL)

March 30, 2011

Sonya Noil
Out of Home Care Management Division
9320 Telstar Avenue
Suite 216
El Monte, California 91731

RE: GROUP HOME COMPLIANCE REVIEW

Part VI: (#32) CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION:

In specific response to our medication being consistent with the court authorization, we have initiated the following plan: Submit new medication authorizations with all medication changes, unless otherwise out of range compliant with the doctors request (JV220).

Since it currently takes approximately 4-6 weeks for the approved court JV221 to be returned to our facility, we have assumed the practice of attaching the fax transmittal report with the request JV220 submitted. This procedure confirms the date the JV220 was submitted and also assists our medical staff, Gina Estrada, with proper follow-up documentation.

JV221 are then made part of the client's permanent file until it becomes necessary to draft and submit a new authorization. M.A.R. will continue to address the client's name with the appropriate dosage. Staff will sign out medication as prescribed by M.D, Dr. Elizabeth Roberts.

Medication dispensing procedures includes checking the medication log, posting medication roster, and verifying the physical medications against one another before proceeding to administer client's medication. The procedure also includes distribution of PRN (as needed) medications. Attached in front of every client's medication chart is a Standing Order Medication Authorization, checked and signed by the treating physician.

Medication dispensing involves an initial inventory at the beginning and end of each shift, followed by dispensing at the designated time for appropriate client. Each client comes to the medical room where their medications are dispensed and monitored. The client must remain in staff's vision for approximately 3 minutes while being monitored. This process continues until all clients' medication needs are met.

Our personnel appreciate the support and guidance of DCFS OHC Division to help our young residents improve their quality of life, experience healing from trauma, and develop skills for transition to lower levels of care.

If any further information or detail regarding these corrective actions is needed, please do not hesitate to contact us at (562) 804-2408.

Sincerely,

Xavier Floyd (Res. Mngr)
Victoria Ngo (Clinician).
Residential Treatment Center/Cornuta