County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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PATRICIA S. PLOEHN, LCSW
Director

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September 9, 2010

To: Supervisor Gloria Molina, Chair
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Patricia S. Ploehn, LCSW
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. Its stated goal is "to provide a long term, safe, structured and therapeutic environment for adolescents with a history of severe problems" and the agency 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 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 currently placed children were interviewed and their case files were reviewed. The children's average overall length of placement was 14 months, and their average age was 17. Ten staff files were reviewed for compliance with Title 22 regulations and contract requirements.

All five currently placed children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and confirm that medication logs documented that 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 Olive Crest Treatment Center Group Home'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, Olive Crest Treatment Center Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in their 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, we noted some documentation deficiencies, but the children's files were well organized. The Group Home needed to develop comprehensive Needs and Services Plans (NSPs), appropriately document Special Incident Reports (SIRs) and ensure employee criminal clearances were submitted timely.

Olive Crest Treatment Center Group Home was receptive to implementing systemic changes to improve their 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 deficiencies.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the ten initial and updated NSPs reviewed, four were not comprehensive as some of the required elements were not completed in accordance with the NSP template.

- Four of the five children interviewed stated they were aware of their right to refuse psychotropic medication. However, one child interviewed stated he was not aware of his right to refuse medication.

- Three of the five children did not have timely initial medical examinations.

- Of ten employees files reviewed, seven did not have criminal clearances submitted timely. The OHCMD Monitor immediately brought this to the Administrator's attention. The Regional Program Director stated employee records had transitioned from their headquarters to another site and would be managed by Human Resources with new procedures in place to maintain records appropriately. As requested, criminal clearances were later submitted to the OHCMD Monitor.

- All ten employees files reviewed had expired Emergency Intervention training documentation on file. The OHCMD Monitor immediately informed the Group Home Residential Manager of the requirement for employees to have regular Emergency Intervention training, and the Residential Manager stated they would ensure employees attend required trainings regularly.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on January 12, 2010:

In attendance:

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

Highlights:

The Regional Program Director was in agreement with our findings and recommendations. He was open to suggestions and he and the Clinician were receptive to additional NSP training to generate comprehensive and timely NSPs.

As agreed, Olive Crest Treatment Center Group Home provided a Corrective Action Plan (CAP) addressing each recommendation noted in this Compliance Report. A copy of the CAP is attached.

The provider was given a draft copy of the report, however, Steve Goclowski, Regional Program Director, stated they had no further responses to provide.

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

PSP:LP:MG
EAH:DC:lj

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Donald H. Blevins, Chief Probation Officer
Audit Committee
Sybil Brand Commission
Steve Goclowski, Regional Program Director, Olive Crest Treatment Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, 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 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of five children's files and ten staff files and/or documentation from the provider, Olive Crest Treatment Center Group Home was in full compliance with three out of nine sections of our Contract Compliance review: Education and Emancipation Services; Recreation and Activities; and Clothing and Allowance. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of five children's case files and/or documentation from the provider, Olive Crest Treatment Center Group Home fully complied with five out of the eight elements reviewed; the ninth element in the area of Licensure/Contract Requirements, Timely Notification for Child's Relocation, was non applicable (N/A) as this is a one-site group home.

The Group Home utilizes all available resources to attempt to stabilize placements and provide for children's transportation needs. The Group Home is in compliance with licensed capacity, conducts disaster drills and maintains completed disaster drill logs.

However, during our review, we noted that Special Incident Reports (SIRs) were not appropriately documented and cross-reported. The Manager stated they would immediately begin submitting SIRs appropriately and timely. The Group Home did not maintain runaway procedures in accordance with the Contract, and allowance logs were not maintained.

Recommendation:

Olive Crest Treatment Center Group Home management shall ensure that:

1. SIRs are appropriately documented and cross-reported.

2. Runaway procedures are maintained in accordance with the Contract.

3. Allowance logs are maintained.

SITE VISTS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review and interviews with five children, Olive Crest Treatment Center Group Home fully complied with five out of six elements reviewed in the area of Facility and Environment.

Generally, the exterior of the Group Home was well maintained. The front and back yards were clean and adequately landscaped. The interior of the home was clean and well maintained. The Group Home provided the children with a home-like environment. The children's bedrooms were well maintained and fully furnished with clean linen, adequate lighting, sufficient window coverings and storage space.

The Group Home maintained age appropriate and sufficient recreational equipment in good condition as well as an adequate supply of perishable and non perishable foods.

Although the Group Home had an appropriate supply of reading materials and supplies, the computers were located in the staff office, therefore, not readily available to children.

Recommendation:

Olive Crest Treatment Center Group Home management shall ensure that:

4. Computers are readily available to children.

PROGRAM SERVICES

Based on our review of five children's case files and/or documentation from the provider, Olive Crest Treatment Center Group Home fully complied with seven out of eight elements reviewed in the area of Program Services.

The Group Home obtained CSWs' authorization to implement NSPs or had proof of attempting to obtain CSWs' authorization.

We noted that placed children are placed in accordance with the Group Home's population criteria as outlined in their program statement, and children were receiving required therapeutic services.

Age appropriate children participated in the development of the NSPs. In addition, NSPs were discussed with the Group Home staff. However, of the ten initial and updated NSPs reviewed, four were not comprehensive. Two initial NSPs had no plan and method to achieve specific goals. Two updated NSPs had no documentation of specific information regarding visits such as visit dates, how the visits went and transportation arrangements.

Recommendation:

Olive Crest Treatment Center Group Home management shall ensure that:

5. NSPs are comprehensive in accordance with the NSP template.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of five children's case files and/or documentation from the provider, Olive Crest Treatment Center Group Home fully complied with all four elements reviewed in the area of Educational and Emancipation Services.

Recommendation:

None.

RECREATION AND ACTIVITIES

Based on our review of five children's case files and interviews with these children, Olive Crest Treatment Center Group Home fully complied with all three elements reviewed in the area of Recreation and Activities.

Recommendation:

None.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

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

All five children placed at Olive Crest Treatment Center Group Home were prescribed and administered psychotropic medication. All five children had current court-approved authorizations for the administration of psychotropic medication and current psychiatric evaluations on file. In addition, medication logs were properly maintained.

Follow-up medical examinations were timely for all four required children. One child was placed at the Group Home for less than six months and no follow-up examinations were required at the time the review was conducted.

Three of the five children did not have timely initial medical examinations, and there was no documentation of a completed initial medical examination for one child. Per the Group Home Manager, the child was not eligible due to having had a medical examination prior to placement in the Group Home. One child's initial medical examination was conducted four days late, and one other child's initial medical examination was conducted twelve days late.

Recommendations:

Olive Crest Treatment Center Group Home management shall ensure that:

6. Children receive initial medical examinations within 30 days of placement.

PERSONAL RIGHTS

Based on our review of five children's case files and interviews with these children, Olive Crest Treatment Center Group Home fully complied with 10 out of 11 elements reviewed in the area of Personal Rights.

Of the five children interviewed, four children responded that they were free to attend religious services and activities of their choice, and one child did not provide a response.

Overall, children reported they were informed of the Group Home's policies and procedures. All five children reported feeling safe in the Group Home and that they were satisfied with daily meals and snacks. An appropriate rewards and discipline system was in place, and the children stated that staff treated them with respect and that they were appropriately supervised. All five children stated they had privacy during their visits and during telephone calls and that their chores were reasonable.

All five children interviewed were aware that they were free to receive or reject voluntary medical, dental and psychiatric care and stated that they were informed about their psychotropic medications. However, one child stated he was not aware of this right to refuse psychotropic medication.

Recommendation:

Olive Crest Treatment Center Group Home management shall ensure that:

7. Children are aware of their right to refuse psychotropic medication.

CHILDREN'S CLOTHING AND ALLOWANCE

Based on our review of five children's case files and interviews with these children, Olive Crest Treatment Center Group Home fully complied with all eight elements reviewed in the area Clothing and Allowance.

Recommendation:

None.

PERSONNEL RECORDS

Based on our review of ten staff personnel files, Olive Crest Treatment Center Group Home fully complied with two out of 12 elements reviewed in the area of Personnel Records.

All ten staff files reviewed indicated that staff met the educational/experience requirements and signed criminal background statements in a timely manner. However, seven staff did not submit their criminal fingerprints timely. None of the ten staff submitted a Child Abuse Index Clearance (CAI) in a timely manner, and one staff had no CAI results on file. The OHCMD Monitor informed the Residential Manager of the importance of ensuring employees submit criminal clearances and CAI clearances in a timely manner.

The review of ten staff files indicated that three staff did not receive timely health screenings, one had no valid driver's license on file, and four had no signed copies of the Group Home policies and procedures on file.

Four of the ten staff had no documentation of receiving required initial training. Additionally, five staff had no documentation of receiving CPR training, and one had no documentation of receiving First-Aid training. Lastly, four of the ten staff had no documentation of receiving required on-going training, and all ten staff had expired Emergency Intervention training documentation on file.

Olive Crest Treatment Center Group Home management shall ensure that:

8. Staff submit timely criminal clearances.

9. Staff receive timely health screenings.

10. Staff have valid driver's licenses.

11. Staff sign copies of the Group Home's policies and procedures.

12. Staff receive required initial, on-going, CPR, First-Aid and Emergency Intervention training.

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 A-C report dated July 15, 2009 were implemented.

Results

The A-C's prior monitoring report contained four recommendations. Olive Crest Treatment Center Group Home was to clean the ceiling and shower doors in bathroom two. The Group Home was also to clean or replace the shower doors, clean the bedroom walls, replaced the bulletin board, carpet and comforters in bedroom one. These 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 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 Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	1. N/A 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Improvement Needed
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. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 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. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained	Full Compliance (ALL)

	4. Current Report Cards Maintained	
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 Medication)** (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. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
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	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
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	Full Compliance (ALL)

	5. Provision of Personal Care Items 6. Minimum Monetary Allowances 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. 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. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed 8. Improvement Needed 9. Improvement Needed 10. Improvement Needed 11. Improvement Needed 12. Improvement Needed

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Strong Families, Safe Kids

March 31, 2010

Dorothy Channel, Manager
Out of Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, California 91731

RE: Amendment to CAP for Contract Compliance Evaluation on the Residential Treatment Center program

Dear Ms. Channel,

Pursuant to your letter of March 9, 2010, this letter serves to address the items not approved in our formerly submitted Corrective Action Plans, developed from the results of the Group Home Performance Evaluation conducted on the RCL 14 Residential Treatment Center program (AKA, Cornuta House).

It is our hope that the amendments in this letter will sufficiently meet the department's expectations for correcting the identified deficiencies, and thoroughly present our future plans for maintaining standards and practices consistent with the Group Home Performance and Contract Compliance measures.

Also included in this correspondence are photocopies of documents giving evidence of correction or compliance with contract requirements. These are referenced in the content below.

The corrective actions/planned corrections noted below correspond to the respectively numbered items on the letter of March 9th. As noted in the CAP submitted previously, we did not include the narrative of each item from the Final Review Form in the interest of saving space in this response.

In regards to the CAP for the Contract Compliance:

Part I. Licensure/Contract Requirements

#4 & #8

Your reports did not provide a future plan for Special Incident Reports (SIRs), Runaway Procedures, and Allowance Logs.

Corrective Plan:

As defined in the SIR CAP dated February 8, 2010, the future plan to maintain the timely submission of SIRs includes the following:

- For those Incidents reported to the program staff by the school personnel, recent conversations with the school administration has resulted in a developing corrective plan to 1) have school administration direct school staff to produce SIRs immediately and transmit them, same day when possible, to the Residential Program, and 2) explore the feasibility of the school administration producing and filing directly through the I-Track system all SIRs for incidents occurring on campus. The Residential Manager has provided the school administration with the necessary login protocols

- For those SIRs generated by the residential program staff, delays occurred when the Residential Manager was unavailable to review, comment and submit these via I-Track—in some cases consequent to holidays or weekend days when the Residential Manager was not on duty to complete the submission process. The corrective plan in these circumstances has included the training of two additional residential program staff to review and submit SIRs when the Residential Manager is not available to do so, in order to regularly meet the contract requirement for the timely submission of all runaway and behavior problem SIRs. This plan has already been implemented, and is in place.
- This plan for the documentation, timely submission, and cross-reporting of SIRs is inclusive of runaway incidents which occur in the RTC program.
- Regular chart reviews conducted by the Residential Manager and other Quality Management personnel will be used to monitor progress on these efforts to facilitate compliance with contract and Community Care licensing standards for SIR reporting.

#9

On December 7, 2009 a copy of the Allowance Log was requested, but not received. In addition, during the Exit Conference on January 12, 2010, the Group Home Contract Review Field Exit Summary was reviewed with Olive Crest staff and signed with documentation that allowance logs are not maintained. Olive Crest was provided a due date of January 19, 2010 to provide additional documentation.

Corrective Plan:

Allowance logs are maintained and will continue to be kept by the program. A few sampled copies of allowance logs are included with this letter. The future plans will be to continue to maintain and provide Allowance Logs as available for examination during all subsequent program reviews by DCFS personnel upon request.

Part II. Facility and Environment

#14

During the review on November 19, 2009, no computers were observed to be readily available for clients. Two desktop computers were observed in the administrative office and were located at employee's desks and used primarily by employees throughout the day, as observed by the Monitor during the review.

Provide a future plan for computers to be readily available for children.

Corrective Plan:

As reported in the CAP dated March 3, 2010, desktop computers for the clients had formerly been stationed in the common areas of the home. However, these units were frequently subjected to damage, destruction, and loss during client escalation episodes. To sustain this resource, and to keep desktop computers readily available for clients, three desktop computers are now kept in the administrative office of the group home, and clients can readily access them for use there.

The current and future plans to make computers readily available for clients is that all staff are directed to allow the computers to be available for use by clients during the times that are permitted according to program schedules. Though the computers may also be used by staff, they will be made available for use by clients, and their use monitored by the program staff.

Two more desktop computers for use by the clients are currently being requisitioned through a Title One grant awarded to Olive Crest. It is expected these computers will be purchased by LACOE and delivered to the program within the next three to six months.

Periodic QA reviews by administrative personnel will evaluate the effectiveness of this strategy for the purposes of preserving the computer resources, as well as the routine availability for use by clients.

Part VI. Children's Health Related Services, Including Psychotropic Medication

#33 & # 34

Your reports did not provide a future plan for children receiving medical examinations timely.

Corrective Plan:

As noted above, program staff will work to schedule and secure initial medical examinations for all clients within 30 days of placement per contract requirements. If any unforeseen or uncontrollable events inhibit the completion of an initial medical examination within 30 days of placement, reasons for the delay as well as plan of action will be noted in the client's NSP. In such circumstances, all efforts will be made by staff to secure initial medical examinations as soon as possible.

As noted in the CAP letter dated February 11, 2010, the program's nurse will be providing additional QA monitoring of the clients' health records to help prevent any oversight regarding initial medical and dental examinations for clients, as well as medical follow-up matters.

For future program reviews, all client medical records will be orderly and available for review by DCFS personnel.

#49

As to the right to refuse medication, documentation of signed policies when refuted by clients, was not provided during the monitoring review. Your reports did not provide a future plan to address this issue.

Corrective Plan:

A copy of the signed client rights form for the client named in the review is included with this letter.

Future plans to maintain compliance with this contract requirements include the consistent and routine practice of presenting all clients with their personal rights (which includes the right to refuse medication) at intake, and have them sign the document stating that their personal rights have been reviewed and are understood. Medication purposes, effects and side effects—including an affirmation that a client may refuse medication—is also provided by the program's attending psychiatrist.

On a regular basis—at least quarterly, and in some cases monthly—client charts will be reviewed through a QA process that utilizes a peer review process across programs, and a standard template that checks to verify that all client intake forms are complete and present.

Part IX. Personnel Records

#59-69

As noted in the CAP dated February 11, 2010, recently implemented practices and future plans to maintain the timely submission of criminal fingerprints, initial health screenings, proof of valid driver's license, signed policies and procedures, current/updated CPR, First-Aid, initial, ongoing, and emergency intervention training include the following actions:

- Personnel files formerly stored in the corporate office in Santa Ana have been moved to the Bellflower office located at 17800 Woodruff Ave., Suite A. These files have recently been collated with personnel records kept on site at the RTC in order to insure greater consistency and completeness of personnel records.
- A Human Resources QA representative will be assigned to review files on a regular basis to verify completeness.
- Human Resources is currently exploring the use of a database system that can track personnel files through the payroll system, and alert them of any missing documents.

Following the new-hire orientation, a Human Resources representative will double-check to verify the presence of all required documents for new employees.

Finally, included with this letter are photocopies of the Pro-Act training certificates (emergency intervention and crisis de-escalation techniques) for the staff.

As to new changes to the Contract Compliance Review for NSP comprehensiveness enacted after the time of this program's review, future plans related to this matter are as follows:

As noted in the CAP dated February 11, 2010, the treatment team will create goals on the NSP to be measurable, specific and reasonable (realistic) for the target population, in order to consistently meet or exceed the program goal that at least 62% of the children placed successfully meet the Needs and Services Plans goals, and are discharged in accordance with a permanency plan.

The program clinician will review the clients' NSPs with the Program Director and/or Clinical Supervisor for completeness and appropriateness. On a regular basis—at least quarterly, and in some cases monthly—client charts will be reviewed through a QA process that utilizes a peer review process across programs, and a standard template that evaluates needs and services plans and goals to be measurable, specific and reasonable (realistic) for the program's target population.

As noted in this letter's introduction, we have endeavored to produce an amended CAP that has sufficiently addressed the requested, additional plans. If any further information or detail regarding corrective actions are needed, please do not hesitate to call me at (562) 866-8956, ext. 1603.

Sincerely,

Steve Goclowski, LCSW
Regional Program Director, Los Angeles

1.800.550.CHILD (2445)
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Strong Families, Safe Kids

March 31, 2010

Dorothy Channel, Manager
Out of Home Care Management Division
9320 Telstar Avenue, Suite 216
El Monte, California 91731

RE: Amendment to CAP for Group Home Performance Evaluation on the Residential Treatment Center program

Dear Ms. Channel,

Pursuant to your letter of March 9, 2010, this letter serves to address the items not approved in our formerly submitted Corrective Action Plans, developed from the results of the Group Home Performance Evaluation conducted on the RCL 14 Residential Treatment Center program (AKA, Cornuta House).

It is our hope that the amendments in this letter will sufficiently meet the department's expectations for correcting the identified deficiencies, and thoroughly present our future plans for maintaining standards and practices consistent with the Group Home Performance and Contract Compliance measures.

Also included in this correspondence are photocopies of documents giving evidence of correction or compliance with contract requirements. These are referenced in the content below.

The corrective actions/planned corrections noted below correspond to the respectively numbered items on the letter of March 9th. As noted in the CAP submitted previously, we did not include the narrative of each item from the Final Review Form in the interest of saving space in this response.

In regards to the CAP for the Group Home Performance Evaluation:

Part 2. Well-Being/Education/Emancipation
#2
Your report did not provide a future plan for children to be enrolled in school within three days of placement.

Corrective Plan:

Program staff will make concerted efforts to enroll all children within three days of placement. This will include efforts—in as far advance of placement in the home as possible—to alert the school districts and potential school of enrollment of the pending placement in the facility and enrollment, as well as efforts to secure needed documentation to facilitate prompt enrollment.

If unexpected or uncontrollable events delay enrollment within three days of placement in the facility, the reasons for the delay will be noted in the client's NSP. In addition, aggressive efforts by program staff to facilitate school enrollment will continue and also be documented in the NSP. If the school or district attempts to delay enrollment due to incomplete or missing records, the program staff will remind the school personnel of the directives under AB490 and specifically *EC § 48853.5(d)(4)(B).*

#6

Your reports did not provide a future plan for children receiving medical examinations timely.

Corrective Plan:

Program staff will work to schedule and secure initial medical examinations for all clients within 30 days of placement per contract requirements. If any unforeseen or uncontrollable events inhibit the completion of an initial medical examination within 30 days of placement, reasons for the delay as well as plan of action will be noted in the client's NSP. In such circumstances, all efforts will be made by staff to secure initial medical examinations as soon as possible.

As noted in the CAP letter dated February 11, 2010, the program's nurse will be providing additional QA monitoring of the clients' health records to help prevent any oversight regarding initial medical and dental examinations for clients, as well as medical follow-up matters.

For future program reviews, all client medical records will be orderly and available for review by DCFS personnel.

Part 3. Permanency: Discharged Children

#1

Your reports did not provide a future plan for the group home to ensure NSP goals are measureable, specific, and reasonable for the population.

Corrective Plan:

As noted in the CAP dated February 11, 2010, the treatment team will create goals on the NSP to be measurable, specific and reasonable (realistic) for the target population, in order to consistently meet or exceed the program goal that at least 62% of the children placed successfully meet the Needs and Services Plans goals, and are discharged in accordance with a permanency plan.

The program clinician will review the clients' NSPs with the Program Director and/or Clinical Supervisor for completeness and appropriateness. On a regular basis—at least quarterly, and in some cases monthly—client charts will be reviewed through a QA process that utilizes a peer review process across programs, and a standard template that evaluates needs and services plans and goals to be measurable, specific and reasonable (realistic) for the program's target population.

Regarding the three clients noted in the March 9th letter (Michael R., Timothy T., and Byron Z.), these clients are no longer in placement, and therefore no changes or amendments can be made to the NSPs highlighted during the program review in November, 2009.

As noted in this letter's introduction, we have endeavored to produce an amended CAP that has sufficiently addressed the requested, additional plans. If any further information or detail regarding corrective actions are needed, please do not hesitate to call me at (562) 866-8956, ext. 1603.

Sincerely,

Steve Goclowski, LCSW
Regional Program Director, Los Angeles