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

PHILIP L. BROWNING
Director

FESIA A. DAVENPORT
Chief Deputy Director

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

December 31, 2014

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: FOR Philip L. Browning
Director

OLIVE CREST GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Contract Administration Division (CAD) conducted a review of Olive Crest Group Home (the Group Home) in March 2014. The Group Home has a site located in the Fourth Supervisorial District and provides services to DCFS foster youth, as well as youth from other counties. According to the Group Home's program statement, its purpose is, "to provide a long term, safe, structured and therapeutic environment for adolescents with a history of severe problems."

The Group Home has a 6-bed site licensed to serve a capacity of six male youth, ages 12 through 17. At the time of the review, the Group Home served four DCFS male foster youth, as well as two children placed through Orange County. The placed youth's overall average length of placement was 6 months and their average age was 17.

SUMMARY

During CAD'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 sections of our Contract compliance review: Facility and Environment; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to not maintaining appropriate monetary and clothing allowance logs and a citation by Community Care Licensing Division (CCLD); Maintenance of Required Documentation and Service Delivery, related

to one County worker not being contacted monthly by the Group Home, a non-comprehensive Needs and Services Plan (NSP), and four initial NSPs and three updated NSPs that were not developed timely; Education and Workforce Readiness, related to one child that was not enrolled in school within three school days after placement; and Personnel Records, related to expired Driver Licenses for two staff and 12 staff not meeting the minimum training requirements.

REVIEW OF REPORT

On April 24, 2014, the DCFS CAD Contract Compliance Administrator, Rosalind Arrington, along with Children Services Administrator II, Sherman Mikle and OHCMD Quality Assurance Monitor, Sonya Noil, held an Exit Conference with Group Home representatives, Xavier Floyd, Residential Manager and Steve Goclowski, Regional Program Director. The Group Home representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. CAD will verify that the recommendations noted in this compliance report have been implemented in 90 days and OHCMD will provide on-going technical assistance prior to the next contract compliance review.

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

PLB:EM:LTI
DLF:SM:ra

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Steve Goclowski, Regional Program Director, Olive Crest Residential Center
Leonora Scott, Regional Manager, Community Care Licensing Division
Lajuannah Hills, Regional Manager, Community Care Licensing Division

OLIVE CREST GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

15235 Cornuta Avenue
Bellflower, CA 90746
License Numbers: 197804913
Rate Classification Level: 14

	Contract Compliance Monitoring Review	**Findings: March 2014**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	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. Improvement Needed
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (All)
	2. Common Areas 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. Full Compliance
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	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 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 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 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in	 Full Compliance (All)

	Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (All)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (All)
X	**Personnel Records** 7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed

OLIVE CREST GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addressed findings noted during the March 2014 review. The purpose of this review was to assess Olive Crest Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, four Los Angeles County DCFS placed youth were selected for the sample. The Contracts Administration Division (CAD) interviewed each youth and reviewed their case files to assess the care and services they received. Additionally, two discharged youth's files were also reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, the four children were prescribed psychotropic medication. Their case files were reviewed to assess timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

CAD reviewed 20 staff files for compliance with Title 22 Regulations and County contract requirements, and a site visit was conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following four areas out of compliance.

Licensure/Contract Requirements

- The Group Home does not maintain appropriate and comprehensive monetary and monthly clothing allowance logs.

During the interviews, the children stated that they receive their monetary and monthly clothing allowances, but sometimes they don't spend it monthly in order to build up funds to buy what they want. After reviewing the files, the Group Home did not have receipts for all the months and stated that the children allow the Group Home to hold their clothing allowance until the following

month. However, the Group Home does not maintain comprehensive logs documenting the children's carry over funds and the child's agreement to allow this practice.

- Community Care Licensing Division (CCLD) cited the Group Home on June 11, 2013, for a Personal Rights violation.

The citation was the result of the Out-of-Home Care Management Division's (OHCMD) Contract Compliance Monitoring Review in February 2013, when a child informed OHCMD that a staff had called him "fat" on more than one occasion and it made him sad. The Group Home suspended the staff pending the outcome of the investigation. Further, the Group Home immediately held a staff meeting and conducted training addressing personal rights of placed children. Verification of training was submitted to OHCMD. The child was subsequently placed with relatives. CCLD substantiated the complaint on September 3, 2013. The Group Home submitted a Plan of Correction to CCLD, which was approved and the staff was terminated.

Recommendation

The Group Home's management shall ensure that:

1. Appropriate monetary and clothing allowance logs are maintained.

2. The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

Maintenance of Required Documentation and Service Delivery

- One case file did not have documentation of the Group Home's monthly efforts to contact the County Children's Social Worker.

- Four initial NSPs reviewed were not comprehensive or timely

The NSPs were not signed by all the treatment team members including the child, and the dates were pre-printed/typed in.

- Ten updated NSPs were not comprehensive or timely.

The NSPs were not signed by all the treatment team members including the child, and the dates were pre-printed/typed in.

Recommendation

The Group Home's management shall ensure that:

3. Monthly contact with the County Children's Social Workers is documented.

4. Initial NSPs are comprehensive and developed timely.

5. Updated NSPs are comprehensive and developed timely.

Education and Workforce Readiness

- One child was not enrolled in school in a timely manner and/or efforts were not documented.

The child was placed in the Group Home on Tuesday, November 19, 2013, and was not enrolled in school until Monday, November 25, 2013 (4 business days).

Recommendation

The Group Home's management shall ensure that:

6. All placed children are enrolled in school in a timely manner.

Personnel Records

- Two employees did not have valid driver licenses on file, which expired November 7, 2013 and January 29, 2014 respectively.

During the Exit conference, the Residential Manager stated that the two employees were on-call staff and had not worked at the facility for a period of time. Both employees were terminated because of the infrequency of their work.

- The Group Home could not produce an accurate account of initial training hours for three staff, on-going training hours for five staff, Pro-ACT training hours for six staff, CPR training hours for seven staff and First-Aid training hours for seven staff.

Recommendation

The Group Home's management shall ensure that:

7. A current copy of valid driver licenses is maintained in the file of all its employees at all times.

8. All staff receives the minimum required trainings timely.

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

The OHCMD's last compliance report, dated August 2, 2013, identified four recommendations.

Results

Based on CAD's follow-up, the Group Home fully implemented two of the four recommendations for which they were to ensure:

- Children's follow-up examinations are timely and documented in their case files.

- Staff is trained to treat the children with respect and dignity.

The Group Home did not implement two of the four recommendations for which they were to ensure that:

- Comprehensive updated NSPs include all required elements in accordance with the NSP template.

- All staff receives all required trainings.

Recommendation

The Group Home's management shall ensure that:

9. The outstanding recommendations from the 2012-2013 monitoring report dated August 2, 2013, which are noted in this report as Recommendations 5 and 8 are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

..FORTY YEARS..

OLIVE CREST

Strong Families, Safe Kids

July 24, 2014

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
Contract Compliance Unit
3530 Wilshire Blvd., 4th Floor
Los Angeles, CA. 90010
Attention: Sherman Mikle

RE: DCFS CONTRACT COMPLIANCE CORRECTIVE ACTION PLAN

Dear Mr. Mikle:

Olive Crest seeks to address the Safety, Well-Being, and Permanency needs of the youth placed in our Bellflower RTC-14 program with excellence. Our team appreciates your department's assistance in identifying areas for corrections or improvements. This letter is submitted with the intention of addressing those areas of needed improvement, and to define our plan to correct or prevent future deficiencies.

The following is in response to areas of Contract Compliance exit summary of April 24, 2014.

I. LICENSURE/CONTRACT REQUIREMENTS:

(7) Are appropriate and comprehensive monetary and clothing allowance logs maintained?

As per the CAD review, it was recommended that we include our reserved clothing dollar amount on the client's monthly allowance logs. Although our past practice was satisfactory by allowing clients the option to purchase or not to purchase clothing each month, additional documentation is recommended. If they chose not to purchase clothing in the current month, they are allowed to carry over their $75.00 balance into the next month. However it recommended that clients sign that month's allowance form

stating their intention to use their funds at a later time. Furthermore, clients can extend clothing purchases for no more than three (3) months. The Residential Manager has instituted the aforementioned practice and reviewed the regulation with all staff and clients. Every month each client is asked 2-3 times if they were planning to shop for the month. If they refuse for any reason, we are to document a clothing log indicating client's desire to postpone their shopping. The reserved dollar amount will be confirmed monthly by our accounting department and the Residential Manager will follow through by posting the correct reserved amount onto each client's allowance log.

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

During 2013, there were two complaints filed for emotional abuse against a client. Both complaints involved a single staff who was suspended while an investigation moved forward, then eventually terminated after substantiated claims were finalized. Olive Crest responded by conducting three specialized trainings in the areas of Personal Rights and Personal Sensitivity, helping to encourage the best practices of client's emotional health. We will enhance open communication with all clients to improve constant feedback on their emotional well-being. Furthermore, Olive Crest will continue to educate clients in their grievance process and their personal rights.

As part of our continued practice to promote safety and strengthen children, we will ask questions of the clients that may lead to a better understanding of interactions with staff. Currently, each client receives group therapy five (5) times per week, individual therapy one (1) time per week, and psychiatrist visits one (1) time per month. As a result of the above complaints Olive Crest formed a new full-time position, Case Manager; who helps to manage positive relationships and supervise & redirect behaviors, Our Case Manager accompanies all clients on all outside day rehab activities, for added direction and therapeutic intervention while off the unit. Additionally, our representative from the Department of Mental Health participates in bi-weekly treatment team meetings, IEP's, TDM's, and our monthly psychiatric appointment.

III. MAINTENANCE OR REQUIRED DOCUMENTATION SERVICE AND DELIVERY

(21) Are County workers contacted monthly by the Group Home and are the contacts properly documented in the case file?

Most of our County Social Workers visits monthly and it is our general practice to include these visits into our report; and the CSW visits, including TDM and IEP in our NSP reports. However, we have not included phone calls made to the CSW or phone calls the client made to or received from their CSW. This will now be included in our reporting. The Case Manager will complete this report with these parameters, as well as be responsible for compiling this information to add to the report.

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

During this period of time we hired both a new Therapist and Case Manager. The Case Manager has now been trained and is responsible for completing the NSP. The Case Manager will regularly track the email correspondence with all CSWs, and compile phone contact logs of any calls made to and received from the CSW; as well as the outcome of each contact. The Case Manager will compile the necessary data to complete the NSP in a satisfactory matter. The Case Manager will include this information as part of each Initial and Updated NSP. The developmentally age-appropriate child will participate in the development of his NSP via conversations regarding previous behaviors, treatment plan, and anticipated outcomes.

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

The Case Manager is responsible for completing all updated NSPs. The Case Manager will track all CSW correspondence, i.e. by phone, email, in person visits, and compile the necessary data to complete the NSP in a satisfactory matter. We will show immediate improvement with the updated Needs and Service Plans (NSP), by following through with the correct deadlines in order to comply with the

program standards. The NSP will continue to be reviewed with each age appropriate child in order to provide the child with progress on their improvements in treatment and any personal input.

EDUCATION AND WORKFORCE READINESS:

(25) Was the child enrolled in school within three (3) school days after placement or did the GH document efforts?

Effective immediately, we will enclose the intake documents from Bellflower Unified School detailing the date of enrollment in the client file. These forms will also indicate any unusual circumstances that prevented the client from beginning school in a timely manner.

Client #1 began school on the 4th day after intake because of a delay in receiving his current IEP from his CSW. Client #2 was hospitalized on the date of intake, therefore preventing timely school enrollment. He was discharged from the hospital too late for the school's summer session. Client was not able to attend school until the beginning of fall semester.

In the future, Olive Crest will coordinate intake procedures more closely with the Bellflower Unified School District to develop an intake process that prevents the delay of new client's school enrollment. The process includes (1) "Child Welfare" form, which details residency of the client before he can be

enrolled. Child Welfare then contacts the Special Education Department with approval. (2) Special Education then proceeds with IEP review and contacts the group home within 2 days with their findings (i.e., selected school he will attend, grade level, and other necessities.) Olive Crest will follow-up by documenting any delays in the three (3) day enrollment process with a Special Incident Report (SIR), submitted by the Residential Manager.

X. PERSONNEL RECORDS:

(#59) Were DOJ. FBI, and Child Abuse Clearance indexes (CACI) submitted prior to employee's hire date? (SAFETY)

Effective immediately we will call our CCL representative in an effort to secure Individual criminal index clearances not available in our files, as well as a current staff register for all staff associated with our agency. According to our CCL analyst, the state has been mailing required documents to another Olive Crest facility. We submitted the address change to ensure our Bellflower Personnel Department receives them.

(#63) Do required employees, who transport children, have a valid CA driver's license? (SAFETY)

It is required that all staff working in the RTC 14 program possess valid California driver's license for the purpose of transporting the clients to routine or emergency appointments and activities. If for some reason the staff CDL expires or becomes invalid, we are notified by the Department of Motor Vehicles and the staff is immediately suspended until the situation is resolved. Employees cannot work at this facility without a current driver's license giving them permission to be insured through our company and to transport our children. A new Human Resource Assistant was hired to schedule and track all trainings, and provide monthly status reports to ensure timely and proper trainings. The two staff mentioned in this section for non-compliance were on-call staff. Neither had worked at the facility for a period of time, therefore their H.R. files had not been kept updated. Both employees CDLs were current and valid. Immediately after our April review both employees were terminated because of the infrequency of their work.

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

Our personnel files were out of compliance in several areas, including, but not limited to, expired CPR/First Aid certifications, PRO-ACT, and criminal index clearances. Further compliance irregularities were that our treatment team meetings needed to be documented on individual staff evaluation forms, instead of standard staff sign-in training sheet. These forms then can be added to the personnel file of the attendee.

We have made the following changes to ensure we bring the aforementioned violations current. Pro-Act training was held on May 27th, 28th, and 30th. Any and all past due staff members participated. First

Aid/CPR classes were scheduled for June 2, 2014, and every month thereafter. Our Personnel Director has hired a new assistant to coordinate and schedule all training classes for Bellflower RTC-14 staff.

Page VI

All staff files have been updated to meet the CAD standards and the general file maintenance will be performed by the Bellflower Personnel Director.

Thank you very much for your thorough evaluation and your recommendation to provide even a higher quality of care for the youth we serve. If any further information or details are needed regarding this corrective action, please contact us as (562) 804-2534.

Regards,

Xavier Floyd
Residential Manager