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August 21, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

by Brandi Nichols

OLIVE CREST RESIDENTIAL TREATMENT FACILITY GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Olive Crest Residential Treatment Facility (Olive Crest) in February 2012, at which time they had one six-bed site and three DCFS placed children.

Olive Crest is located in the Fourth Supervisorial District and provides services to Los Angeles County DCFS foster youth. According to Olive Crest's program statement, their stated goal is "to provide a long term, safe, structured and therapeutic environment for adolescents with a history of severe problems." Olive Crest is licensed to serve a capacity of six children, ages 12 through 17.

For the purpose of this review, three placed children were interviewed and their files were reviewed. The placed children's overall average length of placement was seven months and the average age was 17. Four discharged children's case files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at the time of discharge. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Two sampled children were prescribed psychotropic medication. Their case files were reviewed to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Olive Crest's compliance with the County contract and State regulations. The visit included a review of Olive Crest's program statement, administrative internal policies and procedures, three placed children's case files, four discharged children's case files and a random sampling of personnel files. A visit was made to the group home site 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

Olive Crest was generally providing good quality care to DCFS placed children and the services were provided as outlined in Olive Crest's program statement. The children interviewed stated that they liked residing in the group home and felt safe. The children also reported they were treated with respect and dignity.

Our review revealed the need for Olive Crest to ensure Special Incident Reports (SIRs) were appropriately documented and cross-reported timely and that the allowance logs were comprehensive and appropriately maintained. In addition, Olive Crest needed to ensure the development of comprehensive NSPs; Olive Crest staff contacted DCFS Children's Social Workers (CSWs) monthly and that contacts were appropriately documented; enrollment of placed children in school within three school days of placement and that efforts to enroll children in school were documented; and that children were encouraged and assisted in creating and updating a Life Book/Photo Album.

During a walk-through of the facility, we found that the garage was full of construction debris, and there was insufficient lighting in two bedrooms. During the Exit Conference, the Monitor verified that the construction debris had been removed from the garage. Olive Crest's management has also made arrangements to have new ceiling light fixtures installed.

Olive Crest's Administrator and Licensed Clinical Social Worker (LCSW) were receptive to implementing systemic changes to improve the agency's compliance with regulations and the contract. The Administrator stated that she understood the findings and would develop a plan to correct the deficiencies.

NOTABLE FINDINGS

The following were the notable findings of our review.

- SIRs were not cross-reported/submitted to OHCMD as required. The residential manager immediately rectified the situation; SIRs are now being submitted to OHCMD as required.

- Allowance logs were not appropriately maintained. The OHCMD Monitor provided Olive Crest with a sample weekly allowance log, which Olive Crest was receptive to using, to assist in better documenting weekly allowances for children. Olive Crest will ensure the allowance log is properly maintained.

- The physical plant, specifically the garage, was not maintained, as it was full of construction debris. Olive Crest assured that the debris would be removed and that children did not have access to the garage. The Monitor verified that the garage had been cleaned and was free of debris.

- Children's bedrooms were not well maintained. Two bedrooms had insufficient lighting; one child reported having difficulty reading at night. Olive Crest has submitted a maintenance request to replace the existing light fixtures for newer fixtures that offer more illumination. The Residential Manager reported that the project would be completed by August 30, 2012. In the interim, maintenance personnel replaced the bulbs with 100 watt bulbs, which instantly provided more lighting.

- Three initial NSPs and six updated NSPs were reviewed; none were comprehensive. The NSPs were missing permanency plans, concurrent case plan information and CSW signatures, and the goals were broad and unattainable. It should be noted that the NSPs reviewed were prepared prior to the OHCMD NSP training. Olive Crest staff attended the NSP training conducted by the OHCMD in January 2012. Olive Crest reported that the information obtained through the training and from the Monitor was helpful, and they will continue to work with Olive Crest's LCSW to improve in this area.

- Olive Crest's staff members' monthly contacts with DCFS CSWs were not appropriately documented. The Administrator and the LCSW will ensure that contacts are appropriately documented.

- Children were not enrolled in school within three school days of placement. Olive Crest reported that documentation of school enrollment is maintained on the computer utilized by staff. However, at the time of the review, documentation was not found in the files and was not provided to the Monitor.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit conference held May 29, 2012.

In attendance:

Xavier Floyd, Residential Manager; Rachelle Monson, LCSW, Olive Crest Group Home; and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Residential Manager was in agreement with our findings and recommendations. The LCSW agreed that the NSP goals were broad and unattainable. She also stated that the information received from the Monitor was helpful and that they would begin doing things differently in efforts to obtain better outcomes in the future.

Olive Crest provided an approved Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of the recommendations during our next review.

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

PLB:RRS:KR
EAH:PBG:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Steve Goclowski, Program Manager, Olive Crest Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

OLIVE CREST RESIDENTIAL TREATMENT CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

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

	Contract Compliance Monitoring Review	Findings: February 2012
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. N/A
	2. Transportation	2. Full Compliance
	3. SIRs	3. Improvement Needed
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Log Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Improvement Needed
	8. CCL Citations/OHCMD Investigation Reports on Safety and Plant Deficiencies	8. Full Compliance
	9. Sign In/Out Logs	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms/Interior Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non Perishable Food	6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements)	
	1. Child Population Consistent with Program Statement.	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Full Compliance
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Progressing Toward Meeting the NSP Case Goals	5. Needs Improvement
	6. Timely Initial Needs and Services Plans	6. Full Compliance
	7. Comprehensive Initial Needs and Services Plans	7. Improvement Needed
	8. Therapeutic Services Received	8. Full Compliance

	9. Recommended Assessments/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Maintaining Important Relationships 12. Timely Updated Needs and Services Plans 13. Comprehensive Updated Needs and Services Plans	9. Full Compliance 10. Improvement Needed 11. Full Compliance 12. Full Compliance 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Timely School Enrollment 2. Attend School As Required 3. Facilitate Educational Goals 4. Academic Performance and/or Attendance Increased 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. Emancipation/Vocational Programs Provided 8. Facilitate ILP Emancipation Planning	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
V	**Health and Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Full Compliance (ALL)
VI	**Psychotropic Medications** (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** (15 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	Full Compliance (ALL)

	5. Appropriate Rewards and Discipline System 6. Consequences Fair 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 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Participation in Recreational Activity Planning 14. Participation in Recreational Activities 15. Participation in Extra-Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival and Economic Well-Being** (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 7. Management of Allowance 8. Encouragement and Assistance with Life Book/Photo Album	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IX	**Discharged Children** (3 Elements) 1. Discharged According to Permanency Plan 2. Make Progress Toward Meeting NSP Goals 3. Stabilize Placement Prior to Removal	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Timely Submitted 2. FBI Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely	Full Compliance (ALL)

	5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. Child Abuse Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	

OLIVE CREST RESIDENTIAL TREATMENT CENTER GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW

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. This compliance report addresses findings noted during the February 2012 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Olive Crest was in full compliance with five of 10 sections of our contract compliance review: Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well/Being; Discharged Children; and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of three children's case files and/or documentation from the provider, Olive Crest fully complied with seven of nine elements reviewed in the area of Licensure/Contract Requirements.

We noted that SIRs were not cross-reported/submitted to OHCMD as required. The Residential Manager immediately rectified the situation. SIRs are now being submitted to OHCMD as required.

Allowance logs were not appropriately maintained. The OHCMD Monitor provided Olive Crest with a sample weekly allowance log, which Olive Crest was receptive to using to assist in better documenting the children's weekly allowances.

Recommendations:

Olive Crest's management shall ensure:

1. SIRs are appropriately documented and cross-reported to all required parties via I-Track in a timely manner.

2. Allowance logs are comprehensive, appropriately maintained and clearly document that all children are receiving their required allowances.

FACILITY AND ENVIRONMENT

Based on our review of documentation from the provider and a walk-through of the facility, Olive Crest fully complied with four of six elements reviewed in the area of Facility and Environment.

We found that the garage was full of construction debris. However, during the Exit Conference, the Monitor verified that the construction debris had been removed.

We also noted that there was insufficient lighting in two children's bedrooms; one child reported that it was difficult to read at night. Olive Crest has submitted a maintenance request to replace the existing light fixtures for newer fixtures that offer more illumination. The Residential Manager reported that the project would be completed by August 30, 2012. In the interim, maintenance personnel replaced the bulbs with 100 watt bulbs, which instantly provided more lighting.

Recommendations:

Olive Crest's management shall ensure:

3. The physical plant, specifically the garage, is well maintained.

4. Children's bedrooms are well maintained and illuminated with sufficient lighting.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of three children's case files and/or documentation from the provider, Olive Crest fully complied with 10 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We noted that the treatment team did not develop comprehensive initial and updated NSPs. It was further noted that the DCFS CSWs were not contacted monthly, as required, and that contacts were not appropriately documented. The Residential Manager reported that the Licensed Clinical Social Worker will ensure that all NSPs/Quarterly reports are comprehensive, and that CSWs are contacted monthly, and that contacts are appropriately documented.

Recommendations:

Olive Crest's management shall ensure:

5. The treatment team develops comprehensive initial and updated NSPs.

6. DCFS CSWs are contacted monthly by Olive Crest staff and that the contacts are appropriately documented.

EDUCATION AND WORKFORCE READINESS

Based on our review of three children's case files and/or documentation from the provider, Olive Crest fully complied with seven of eight elements reviewed in the area of Education and Workforce Readiness.

We noted that two children were not enrolled in school within three school days of placement. Olive Crest reported having school enrollment documentation, but did not provide the documentation to the Monitor. The Residential Manager stated that effective immediately, all children will be enrolled in school within three days of placement and that all efforts to enroll children will be documented.

Recommendation:

Olive Crest's management shall ensure:

7. Children are enrolled in school within three days of placement.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review of three children's case files and/or documentation from the provider, Olive Crest fully complied with seven of eight elements reviewed in the area of Personal Needs/Survival and Economic Well-Being.

Two children reported they were neither encouraged, nor assisted in creating a Life Book/Photo Album. At the conclusion of the Exit Conference, the Monitor verified that all children had received a Life Book/Photo Album. The Residential Manager reported that the children will have the opportunity to create and maintain their Life Books/Photo Albums weekly.

Recommendation:

Olive Crest's management shall ensure:

8. Children are encouraged and assisted in creating a Life Book/Photo Album.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REPORT

Objective

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

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was dated April 14, 2011.

Results

The OHCMD's prior monitoring report contained one outstanding recommendation. Specifically, Olive Crest was to ensure that medication logs were properly maintained.

Based on our follow-up, Olive Crest fully implemented the recommendation.

Recommendation:

None

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Olive Crest Residential Treatment Center has not been posted by the A-C.

OLIVE CREST
Strong Families. Safe Kids.

1.800.550.CHILD (2445)
www.olivecrest.org

June 28th, 2012

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

RE: GROUP HOME PERFORMANCE REVIEW

Dear Ms Noil:

As Olive Crest seeks to address the Safety, Well-being, and Permanency needs of the youth placed in our RTC-14 program in Bellflower with excellence, our team appreciates your department's assistance in identifying areas for correction or improvement. 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 Group Home Monitoring Review Field Exit Summary of 6/14/12:

PART I: LICENSURE/CONTRACT REQUIREMENTS

(#3) ARE ALL SPECIAL INCIDENT REPORTS (SIRs) APPROPRIATELY DOCUMENTED AND CROSS-REPORTED TIMELY?

Special Incident Reports occurring at the placement are documented via I-Track within 24 hours of the reported incident. However, school related incidents continue to be reported to the group home later than the allotted time. We will continue our efforts to report the verbal school related incidents within the 24 hour period, and modifying it at a later time. The group home will have the responsibility of assuring that each and every Special Incident Report (SIR) is reported to Out of Home Care (OHC) within the initial 24 hours. Following the policies and procedures set forth to report special incidents, the Residential Manager will be party responsible for submitting all incident reports; both serious and non-serious in nature.

(#7) ARE APPROPRIATE AND COMPREHENSIVE ALLOWANCE LOGS MAINTAINED?

While accurate allowance records are maintained, OHC requested the allowance balance be carried over from month to month. Although, these records are maintained in our corporate accounting department for all reserved allowance cash, Residential Manager, [redacted] will also maintain a running balance on our allowance reserve on site.

PART II: FACILITY AND ENVIRONMENT

(#10) ARE THE EXTERIOR AND THE GROUND OF THE GROUP HOME WELL MAINTAINED? (FRONT AND BACK YARDS CLEAN, AND ADEQUATELY LANDSCAPED; CONDITION OF THE HOME EXTERIOR, DRIVEWAY, WALKWAYS AND FENCES; WINDOW SCREENS)

Debris was present in and around the yards at the time of the monitor's initial visit. Since that time the debris has been removed, and the yards are clean and well maintained.

(#12): ARE CHILDREN'S BEDROOMS WELL MAINTAINED RE: LIGHTING:

The lighting in bedrooms 1 and 2 appeared dim which does not provide enough lighting for reading and other activities. Our maintenance department was notified of the poor lighting in the bedrooms. Maintenance personnel replaced the bulbs using 100 watts, which instantly provided more lighting.

A separate maintenance request was submitted to replace the existing lighting fixtures for newer fixtures that offer more illumination, within the next 4-6 weeks.

PART III: MAINTENANCE OR REQUIRED DOCUMENTATION AND SERVICE DELIVERY

(#22) DID THE TREATMENT TEAM DEVELOP COMPREHENSIVE INITIAL NEEDS AND SERVICE PLANS (NSP) WITH THE CHILD?

In response to the observation that the treatment goals in the NSP are too broad, the following plan will be initiated: Clinician will revise NSP goals to reflect goals that are more specific to the client's attainable progress and development. Goals will also be limited; instead of five general NSP goals, Clinician will focus on 2 attainable goals with client and the goals will reflect the client's baseline of functioning in the identified area and will be measureable. In addition, the Clinician will be certain to consider each client's discharge readiness from the very first NSP completed for that client.

(#25) ARE DCFS CSWs CONTACTED MONTHLY BY THE GH AND ARE CONTACTS APPROPRIATELY DOCUMENTED?

In specific response to our contact with CSWs being consistently documented, we have initiated the following plan: Clinician will consistently document correspondence with

CSWs, as well as visitation to Olive Crest RTC-14. Visitation has been consistently documented, but correspondence between Clinician and CSW has not. Correspondence will be kept in a journal that the Clinician will keep that will also be documented in clients' quarterlies. Documentation of visits will also include a paragraph or two of the dialogue CSW and Clinician shared regarding clients' progress and/or applicable circumstances that will be added to quarterlies for review.

#28): DID THE TREATMENT TEAM DEVELOP COMPREHENSIVE UPDATED NEEDS AND SERVICES PLANS (NSP) WITH THE CHILD?

Goals will be more comprehensive and specific to each client and not just a general overview of educational goals. We will provide a clear description of the client's present & future goals, making them attainable for each client to achieve. To maintain an updated & comprehensive Needs and Service Plan, the treatment team will meet & address client's progress twice monthly for more beneficial results.

PART IV: EDUCATION AND WORKFORCE READINESS.

(#29) WAS THE CHILD ENROLLED IN SCHOOL WITHIN THREE DAYS AFTER PLACEMENT OR DID THE GH DOCUMENT EFFORTS?

It is the group home standard operating procedures to enroll each client into the Bellflower Unified School District within 3 days of intake, as per protocol. There are several steps to the enrollment process that can be followed to confirm that the group home procedures were followed. However, on the rare occasion when the client is not enrolled promptly within the 3 day limit, Olive Crest will contact Out of Home Care for assistance; and/or submit an incident report for proper recording of the situation. The Residential Manager is the contact person for all school related concerns; therefore will also be the responsible party to ensure expedient enrollment takes place.

PART VIII: PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

(#69) ARE CHILDREN ENCOURAGED AND ASSISTED IN CREATING AND UPDATING A LIFE BOOK/PHOTO ALBUM?

Understanding the importance for the clients to have memories that they have established during their time at Olive Crest, the staff consistently photograph the clients during many of the various activities they attend. We will keep an updated photo album and/or life book of the client's journeys. The lifebook for each client was later made available for the monitor to view during her follow-up visit.

Our personnel appreciate your support and guidance, in helping our clients improve their quality of life, community functioning, and sense of self-efficacy. Your assistance continues to be an incredible asset as we strive together to help our adolescences experience healing from trauma and to develop the necessary skills for transition and towards reunification or less restrictive placements.

If any further information or details regarding this corrective action is needed, please do not hesitate to contact us at #562-804-2534.

Regards,

Xavier Floyd (Residential Manager)
Rachelle Monson (Clinician)
Residential Treatment Center/Cornuta