COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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June 9, 2014

TO: Each Supervisor

FROM: Jerry E. Powers J.P.
Chief Probation Officer

SUBJECT: **PACIFIC LODGE BOY'S HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Pacific Lodge Boy's Home, operated by Pacific Lodge Youth Services, in April 2013. Pacific Lodge Boy's Home has one site located in the Third Supervisorial District of Los Angeles County. The Group Home provides services to Probation youth only and is currently serving Los Angeles County Probation, Alameda County Probation, Sacramento County Probation, San Francisco County Probation, San Bernardino County Probation, and Sonoma County Probation youths. According to Pacific Lodge's program statement, its purpose is to provide supervised care and housing for abused, neglected and abandoned boys, aged 13 - 18 years and their families in a residential setting. They offer their services to boys experiencing, psychological, emotional, or behavioral problems in a supportive therapeutic environment.

Pacific Lodge has one 51-bed site and is licensed to serve a capacity of 63 boys, ages 13 - 18; however, the Group Home is currently in the process of lowering its licensed capacity to 51 beds with Community Care Licensing (CCL). In 2012, the Group Home converted one (1) of its four (4) cottages (Sauble Cottage), into a mental health office, resulting in 12 beds less. At the time of review, Pacific Lodge served 41 Los Angeles County Probation placed children, three (3) Alameda County Probation placed children, two (2) San Bernardino County Probation placed children, one (1) Sacramento County Probation placed child, one (1) San Francisco County Probation placed child, and one (1) Sonoma County Probation placed child, for a total population of 49 placed children. The placed children's overall average length of placement was four (4) months, and their average age was 17 years old. The randomly selected interview sample size was seven (7) probation youth, and two (2) children in the sample were prescribed psychotropic medication. These cases were reviewed to assess for timeliness of Psychotropic Medication Authorizations or sufficient documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Pacific Lodge and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Pacific Lodge was in compliance with four (4) of the 10 areas of our Contract Compliance Review: "Facility and Environment", "Psychotropic Medication", "Personal Rights and Social/Emotional Well-Being"; and "Discharged Children".

However, deficiencies were noted in the following six (6) areas: "Licensure/Contract Requirements", "Maintenance of Required Documentation and Service Delivery", "Educational and Workforce Readiness", "Health and Medical Needs", "Personal Needs/Survival and Economic Well-Being", and "Personnel Records".

In the area of "Licensure/Contract Requirements", a review of the children's clothing allowance logs revealed that Pacific Lodge conducts clothing shopping outings on a quarterly basis, but did not have a waiver form in place to document that children were waiving their right to conduct monthly clothing shopping outings, as required by the Los Angeles County Master Contract Agreement, Statement of Work. Pacific Lodge also failed to develop comprehensive Needs and Services Plans (NSPs) as indicated under the area of "Maintenance of Required Documentation and Service Delivery". Some of the NSPs were missing family finding efforts as possible alternatives to transitional housing as part of their "Concurrent Case Plan Goal" section. The NSPs were also missing accurate medical and dental information such as Medi-cal numbers and dates of initial physical and dental exams. Some of these NSPs were also missing the Probation Officer/Caseworker signatures for approval to implement and were improperly completed, as they did not have appropriate check boxes marked off; such as, the gender of the child, school records obtained and inaccurate or missing dates. The NSPs also had entire sections that were left blank or had inadequate or insufficient information provided.

There was one (1) major deficiency in the area of "Health and Medical Needs". A review of the children's files showed that one (1) of the seven (7) children was not provided with a timely dental examination. The child's file indicated that his dental exam was conducted 21 days late without providing an explanation for the delay. Finally, in the area of "Personnel Records", a review of the staff files revealed that one (1) out of the five (5) files was missing documented proof that they were in compliance with training standards. The deficient file was missing proof of their initial training upon hire.

REVIEW OF REPORT

On May 13, 2013, Probation PPQA Monitor Armando Juarez held an Exit Conference with the Pacific Lodge Residential Director Noah Warren, Quality Assurance/Quality Improvement Specialist Myra Lugo, and Residential Program Manager Alfredo Gamiz. The Pacific Lodge representatives agreed with the review findings and recommendations were receptive to implementing systemic changes to improve their 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 Community Care Licensing.

Pacific Lodge provided the attached approved CAP addressing the recommendations noted in this compliance report. Assessment for implementation of recommendations will be conducted during the next monitoring review.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:REB:LCM:ed

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
Wendy Watanabe, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Jean Chen, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing
Noah Warren, Residential Director, Pacific Lodge Boy's Home
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

PACIFIC LODGE BOY'S HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

4900 Serrania Ave.
Woodland Hills, CA 91364
License # 191201989
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: April 2013**
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. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	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 Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Improvement Needed
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Workers Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Improvement Needed
	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. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance
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 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)	Full Compliance (ALL)

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	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance
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. Full Compliance 6. Full Compliance 7. Improvement Needed

PACIFIC LODGE BOY'S HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The purpose of this review was to assess Pacific Lodge Boy's Home's (Pacific Lodge) compliance with the County Contract and State Regulations and include a review of Pacific Lodge'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
- Personnel Records

For the purpose of this review, seven (7) placed children were selected for the sample, all Los Angeles County Probation children. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case file to assess the care and services they received. Additionally, three (3) discharged Probation children's files were reviewed, to assess Pacific Lodge's compliance with permanency efforts. At the time of the review, two (2) placed children in the sample size were prescribed psychotropic medication. PPQA/GHM reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

PPQA/GHM also reviewed five (5) staff files for compliance with Title 22 Regulations and County Contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following six (6) areas were found to be out of compliance.

Licensure/Contract Requirements

- During the review of the children's clothing allowance logs, it was revealed that Pacific Lodge had incomplete allowance logs for one (1) of the children in the sample size. The child was missing the allowance logs for the month of March 2013. However, during the interview with the child, he indicated that he has received all of his weekly allowances. It was also revealed that Pacific Lodge conducts clothing shopping outings on a quarterly basis, but did not have a waiver form in place to document that children were waiving their right to spend their clothing allowances on

a monthly basis. As a result, Pacific Lodge was in violation under the section of "Comprehensive Monetary and Clothing Allowance Logs Maintained".

Recommendation

Pacific Lodge's management shall ensure that:

1. All children's files maintain accurate clothing records and that a monthly clothing allowance waiver be created and signed by all children in the Group Home, in accordance with the Community Care Licensing (CCL), Title 22 Standards, as well as the Master County Contract, Statement of Work (SOW).

Maintenance of Required Documentation and Service Delivery

- A review of the children's files showed that two (2) out of the seven (7) children had NSPs that did not have the proper signatures of approval to implement from their Probation Officers. One (1) of the children had only one (1) NSP, and it was missing the signatures from the Probation Officer and parents. Another child was missing the Probation Officer signature from his initial and quarterly NSPs. In addition, there were no documented efforts by the Group Home to obtain the Probation Officer's signature for any of the aforementioned deficient NSPs. Therefore, Pacific Lodge was not compliant with the section under "County Worker's Authorization to Implement NSPs".

- Of the seven (7) files reviewed, one (1) of the children did not have proper documentation of the progress that was being made, or lack there of. The child's quarterly NSP did not indicate if any of the eight (8) goals were achieved or modified; therefore, this section could not be assessed. As a result, Pacific Lodge was not compliant with the section "Children Progressing Toward Meeting NSP Case Goals".

- Three (3) out of the seven (7) of the children's NSPs did not have any documentation of dates and types of contact made with their Probation Officers. The NSPs only stated that "monthly visits" were being made and that telephone calls were made "regularly". As a result, Pacific Lodge was deficient in the section of "County Workers Monthly Contacts Documented".

- Out of the seven (7) children's files reviewed, one (1) of the children's NSPs did not indicate if important relationships were being maintained. According to the child's quarterly NSPs, it was indicated that his plan was to return home to his mother; however, the NSP also indicated that returning home to her care might not be a viable option due to the fact that the child had a restraining order preventing contact with a sibling under his mother's care. Efforts to conduct family finding as part of his concurrent plan were not documented and attempts to locate other important relatives in an effort to sustain any important relationships were not documented. As a result, Pacific Lodge was non-compliant with the section of "Children Assisted in Maintaining Important Relationships".

- Of the seven (7) children, only two (2) had comprehensive initial NSPs. Although all seven (7) of the children had timely initial NSPs, five (5) of those initial NSPs were not comprehensive, and none of them had adequate "Concurrent Case Plan Goal"

sections completed. All five (5) of the deficient initial NSPs were missing family finding efforts as possible alternatives to transitional housing. If efforts were made, they were not properly documented in the NSPs. Three (3) of the files were also missing accurate medical and dental information such as Medi-cal numbers, dates of initial physical and dental exams and/or explanations as to why the exams were not completed in a timely manner. One (1) of these files was also missing other medical information such as updated immunization information and health passport documentation.

Some of these NSPs were also improperly completed as they did not have appropriate check boxes marked off such as the gender of the child, school records obtained, and life skills information boxes. One (1) of the children also did not have the date of admission indicated in his initial NSP. Other important sections, such as "Mental Health", "NSP Treatment", and "Visitation", were left blank. Three (3) of these children's NSPs also had inadequate or insufficient educational and life skills information provided, and as aforementioned, two (2) of these NSPs were missing the Probation Officer's signature of approval. Three (3) of the children also had improperly completed "Outcome Goals" in their NSPs in that they were either missing or had incorrect projected completion and/or modification dates. They also had relevant information missing as part of their goals or had inadequate information. In addition, some of these goals appeared to have two (2) separate goals as part of one (1) goal and were missing other goals that should have been created based on information provided within the same NSPs. As a result, Pacific Lodge was out of compliance with the section of "Development of Timely, Comprehensive Initial NSPs with Child's Participation".

- Of the seven (7) children, two (2) were relatively new residents and did not have any quarterly NSPs to assess. As a result, only five (5) children's quarterly NSPs were reviewed. All five had timely NSPs; however, none of the five (5) were comprehensive. Three (3) of the children's quarterly NSPs did not update the "Concurrent Case Plan Goal" section. They had the same issues as mentioned in relation to the initial NSPs because they failed to document the family finding efforts that were made, if any. Two (2) of these files also had similar issues as with the initial NSPs, in that they also failed to properly document the dates of the initial physical and dental exams, as well as the Medi-cal numbers. In addition, they failed to providing explanations as to why the exams were not conducted in a timely manner and did not provide updated information. One (1) of the files was also missing other medical information, such as updated immunization information and health passport documentation. This information was not updated from his initial NSP to his quarterly NSP.

  Some of these NSPs were also improperly completed as they did not have appropriate check boxes marked off such as the gender of the child, "Concurrent Case Plan Goal" boxes, life skills information boxes, and visitation boxes. Some of the children also had incorrect or missing dates in their quarterly NSPs. One (1) of the children did not have the date of his admission indicated, while another had incorrect quarterly reporting period dates. A third was missing the date the report was completed, and a fourth had the wrong date of the report. Two (2) of the children also had NSPs that were missing the dates of contact with their Probation Officer, and another was missing the date of school enrollment, while another child did not have the proper information under sibling contact. Other important sections

such as "Mental Health", "NSP Treatment", and "Life Skills" were left blank. Two (2) of these children's NSPs also had inadequate or insufficient educational information, and one (1) was lacking sufficient "Life Skills Training" information. Another was missing the proper documentation of Special Incident Reports in the "SIR" section of the NSP. As aforementioned, one (1) of these NSPs was also missing the Probation Officer's signature of approval.

In addition, all five (5) of the children also had improperly completed "Outcome Goals" in their NSPs. They all had similar problems, as with the initial NSPs, in that they were either missing or had incorrect projected completion and/or modification dates. A majority of the goals were unclear as to whether they were either achieved or modified. Some of the NSPs indicated that the goal was achieved, but were not moved over to the "Achieved Outcome Goals" section of the NSP. Other goals were removed entirely from the NSP without being placed in the "Achieved Outcome Goals" section or indicating why the goal was removed. Some of the goals were the exact same goals from the previous NSPs, except that the projected completion date was changed without indicating if any changes were made to the goal or if it was completed. Yet other goals appeared as if they were achieved and should have had new goals created to replace them. They also had relevant information missing as part of their goals and had inadequate information or were unclear on the specifics of the goal. In addition, some of these goals appeared to have two (2) separate goals as part of one (1) and were missing other goals that should have been created based on information provided within the same NSPs. As a result, Pacific Lodge was deficient in the section under "Development of Timely, Comprehensive, and Updated NSPs with Child's Participation".

Recommendation

Pacific Lodge's management shall ensure that:

1. Concerted efforts are made to obtain the signatures of all of the parties involved in the development and implementation of a child's NSPs, including but not limited to, their Probation Officer/County Case Worker, the child, and the Group Home representative. Efforts to obtain these signatures of approval shall be documented and made readily available upon request by the county, in accordance with Title 22 and the Master County Contract, SOW.

2. Each child's NSP is adjusted accordingly to properly document the progress they are making in the Group Home program, as stated in the Master County Contract, SOW.

3. The monthly contact with each child's Probation Officer/Case Worker is properly documented. In January 2012, the Probation Department and the Department of Children and Family Services (DCFS) jointly conducted a Needs and Services training for all providers and provided them with a training handout. The handout stated that Group Homes are to "include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP.

4. Concerted efforts are made to assist the child in maintaining important relationships. This is to be done in compliance with the Master County Contract,

SOW, which states that "The CONTRACTOR shall assist the Placed Child in identifying, developing and maintaining important relationships...to enable children 10 years of age and older to develop a connection with a caring adult, when important relationships are lacking". These efforts are to be documented in the child's NSPs in accordance with the aforementioned NSP training handout which indicates that the "providers should describe any direct observations...related to the child's visitation, involvement, and contact with his or her family" and that the Group Home is to "Explain the child's social support network outside of the family (e.g. CASA, mentor, Big Brother/Big Sister)".

5. The aforementioned NSP deficiencies are corrected so that each child has comprehensive initial NSPs, in accordance with Title 22 Standards as well as the Master County Contract, SOW.

6. The aforementioned NSP deficiencies are corrected, so that each child has comprehensive quarterly NSPs, in accordance with Title 22 Standards, as well as the Master County Contract, SOW.

Educational and Workforce Readiness

- Two (2) out of the seven (7) children were not placed at the Group Home long enough to have this section evaluated. Of the other five (5) children, four (4) were in compliance with this section; however, one (1) of the children did not have his quarterly NSP properly updated for this section; therefore, his educational progress could not be evaluated. As a result, Pacific Lodge was out of compliance with the section of "Children's Academic or Attendance Increased".

Recommendation

Pacific Lodge's management shall ensure that:

1. All children's educational progress or lack of progress, specifically related to grades and attendance, is updated and that the child's NSPs are adjusted accordingly, as indicated in Title 22 and the Master County Contract, SOW.

Health and Medical Needs

- A review of the files showed that one (1) of the seven (7) children was not provided with a timely dental examination. The child's file indicated that his dental exam was conducted 21 days late (arrival date 12/18/12, exam conducted 2/7/13). As a result, Pacific Lodge was out of compliance with the section under "Initial Dental Exams Conducted Timely".

Recommendation

Pacific Lodge's management shall ensure that:

1. All children under the Group Home's care are provided with adequate and timely initial medical and dental exams, as stated in Title 22, "to ensure that children have a thorough physical examination by a pediatrician within 30 days of admission".

Personal Needs/Survival and Economic Well-Being

- During the interview process, all seven (7) of the children indicated that they receive at least the minimum allowance on a weekly basis. However, a review of each child's allowance logs revealed that two (2) out of the seven (7) children were missing proper documentation. One (1) child was missing the allowance log for the month of March 2013, and another child was missing the allowance logs for October 2012 and March 2013. As a result, Pacific Lodge was out of compliance with the section under "Minimum Monetary Allowances".

Recommendation

Pacific Lodge's management shall ensure that:

1. They maintain accurate allowance logs for each child. This shall be done in compliance with the Master County Contract, SOW, which states that each Group Home "shall maintain a log indicating the date, the amount of allowance the Placed Child received, and the Placed Child's signature (when age appropriate) upon receipt of the allowance".

Personnel Records

- A review of the staff files revealed that one (1) out of the five (5) files was missing documented proof that they were in compliance with training standards. The deficient file was missing their initial training upon hire. As a result, Pacific Lodge was out of compliance with the section of "All Required Training".

Recommendation

Pacific Lodge' management shall ensure that:

1. They maintain accurate training records for all employed staff, in accordance with Title 22, which states that new child care staff shall complete a minimum of 24 hours of initial training.

PRIOR YEAR FOLLOW-UP FROM PROBATION's PPQA GHM's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA GHM's last compliance report dated July 2012 identified 11 recommendations.

Results

Based on our follow-up, Pacific Lodge fully implemented 3 of the 11 previous recommendations for which they were to ensure that:

- They corrected all of the major physical deficiencies cited for that year's review.

- All current staff members responsible for the supervision and direct care of placed children had CPR and First-Aid training certification valid and current and placed in their staff files.

- All current staff members employed by the Group Home had their required annual on-going training of 20 hours properly and clearly documented and placed in their staff files.

However, our follow-up discovered that Pacific Lodge failed to fully implement 8 of the previous 11 recommendations for which they were to ensure that:

- They made substantial efforts to obtain and document the Probation Officer/Caseworker's approval of children's NSPs by obtaining their signatures. As aforementioned in the element of "County Worker's Authorization to Implement NSPs", a review of children's files in this year's review showed that three (3) out of the seven (7) children had NSPs that were missing their Probation Officer's signatures of approval, and efforts to obtain their signatures were not documented.

- They made substantial efforts to provide each child with all available resources to make progress towards their NSP goals and that all efforts made by the Group Home and progress made by the child was documented. As aforementioned in the element of "Children Progressing Toward Meeting NSP Case Goals", one (1) of the children in this year's sample size did not have proper documentation of the progress that was being made, or lack there of. The child's quarterly NSP, did not indicate if any of his goals were achieved or modified. Therefore, it was unclear if the child made any progress towards achieving his goals.

- Children's initial NSPs were comprehensive. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", five (5) of the seven (7) children in the sample size for this year had initial NSPs that were not comprehensive. None of the deficient initial NSPs had adequate "Concurrent Case Plan Goal" sections completed and had improperly completed "Outcome Goals" sections. All five (5) of the deficient NSPs were missing family finding efforts as possible alternatives to transitional housing. If efforts were made, they were not properly documented in the NSPs. In addition, the initial NSPs in this year's review had other sections that were not properly completed (e.g. unmarked check boxes, sections requiring entries were left blank or had incorrect information, missing or incorrect dates and signatures of approval).

- All contact made with children's Probation Officers/Caseworkers was documented in their NSPs by including the specific dates of contact. As aforementioned in the element under "County Workers Monthly Contacts Documented", three (3) out of the seven (7) children in this year's sample size had NSPs that were missing the dates and types of contact made with their Probation Officers. The NSPs only stated that "monthly visits" were being made and that telephone calls were made "regularly".

- Children's updated NSPs were comprehensive. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", five (5) out of the seven (7) children in this year's sample size had updated NSPs that were not comprehensive. Three (3) of the children's quarterly NSPs did not update the "Concurrent Case Plan Goal" section. They had the same issues as mentioned in relation to the initial NSPs because they failed to document the family finding efforts that were made, if any. The "Outcome Goals" sections were improperly completed

and had relevant information and goals missing or were not properly moved to the "Achieved Outcome Goals" section of the NSP. In addition, the quarterly NSPs in this year's review had other sections that were not properly completed (e.g. unmarked check boxes, sections requiring entries were left blank or had incorrect information, missing or incorrect dates and signatures of approval).

- They made significant efforts to provide each child with the services needed to increase their academic performance and/or attendance, and should document all efforts made by the Group Home to assist the child with such improvement in the child's NSP. In last year's review, one (1) of the children was not making sufficient academic progress, and there was no clear explanation provided. As aforementioned under the element of "Children's Academic or Attendance Increased", one (1) of the children in this year's sample size also did not have his quarterly NSP properly updated for this section, therefore, his educational progress could not be evaluated. As a result, Pacific Lodge was out of compliance with this same section for this year's review.

- Each child was provided with adequate dental care and services and that all dental visits were documented in each child's medical file and NSP. In last year's review, one (1) child had a quarterly NSP, which did not clarify if a follow-up dental appointment was conducted. As aforementioned under the element of "Initial Dental Exams Conducted Timely", one (1) of the children in this year's sample size had an initial dental exam that was conducted 21 days late and the NSPs did not provide a reason for the delay. Therefore, Pacific Lodge was out of compliance with this same section in this year's review.

- All employee files are to maintain proof of their initial 24 hours of training properly and clearly documented and placed in their staff files, and shall have them available for review. As aforementioned under the element of "All Required Training", in this year's review of the staff files, it was revealed that one (1) out of the five (5) files from the sample size was missing documented proof that they were in compliance with these training standards. The deficient file was missing proof of their initial training, which was the same deficiency cited in last year's review.

Recommendation

The Group Home shall ensure that:

The outstanding recommendations from the 2012, Monitoring Report, dated July 2, 1012, which are noted in the report as Recommendations 2, 3, 4, 6, 7, 8, 9 and 11, are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

As of the date of this review, there has not been a Fiscal Review completed by the Auditor Controller's Office.

Pacific Lodge Youth Services

DATE: June 1, 2013

TO: Probation Department Managers & DPO Armando Juarez

FROM: Pacific Lodge Youth Services Group Home Management

RE: Corrective Action Plan

Attached is Pacific Lodge's Corrective Action Plan. If there are any questions, please feel free to contact Noah Warren, Residential Director, at (818) 259-3734.

Noah Warren, Residential Director

Pacific Lodge Youth Services

PACIFIC LODGE YOUTH SERVICES
4900 Serrania Ave.
Woodland Hills, CA 91364
License # 191201989
Rate Classification Level: 12
June 1, 2013

I. Licensure/Contract Requirements

Findings:

1. During the review of the children's clothing allowance logs it was revealed that Pacific Lodge had incomplete allowance logs for one (1) of the children in the sample size. The child was missing the allowance logs for the month of March 2013. It was also revealed that Pacific Lodge did not have a waiver form in place to document that children were waiving their right to conduct clothing allowances on a monthly basis. It is recommended that all children's files maintain accurate clothing records and that a monthly clothing allowance waiver be created and signed by all children in the Group Home in accordance with the Community Care Licensing (CCL), Title 22 standards, as well as the Master County Contract, Statement of Work (SOW).

Corrective Action Plan:

1. The child missing his clothing allowance, referenced in the above finding, was not allowed to leave grounds during the month of March due to safety issues that prevented him from going on any outings, including leaving to purchase clothing. A waiver form was created to detail Pacific Lodge's policy on providing clothing orders, including the expectation that the child must be in good standing and not presenting any safety concerns for them to be eligible to leave grounds to purchase clothing.

   The waiver form created also outlines Pacific Lodge's policy on providing quarterly clothing allowance of $150 (see attached), that waives the child's right to a monthly allowance of $50. The child has the option to use their $50 monthly clothing allowance to purchase clothing from the clothing store on-grounds, or to refuse to sign the waiver and opt for the monthly purchase off-grounds, should they choose to do so.

All clients will have the waiver signed and maintained in their file by 6/3/2013. The waiver form will also be added to the client orientation, signed by every child upon intake to the program.

III. Maintenance of Required Documentation and Service Delivery

Findings:

2. A review of the children's files showed that two (2) out of the seven (7) children had NSPs that did not have the proper signatures of approval from their Probation Officer. It is recommended that Pacific Lodge ensure that concerted efforts are made to obtain the signatures of all of the parties involved in the development and implementation of a child's NSPs, including but not limited to, their Probation Officer/County Case Worker, the child, and the Group Home representative. Efforts to obtain these signatures of approval shall be documented and made readily available upon request by the county in accordance with Title 22 and the Master County Contract, SOW.

3. Of the seven (7) files reviewed, one (1) of the children did not have proper documentation of the progress that was being made, or lack there of. The child's quarterly NSP, did not indicate if any of the eight (8) goals were achieved or modified. It is recommended that each child's NSP is adjusted accordingly to properly document the progress they are making in the Group Home program as stated in the Master County Contract, SOW.

4. Three (3) out of the seven (7) of the children's NSPs did not have any documentation of dates and types of contact made with their Probation Officers. The NSP's only stated that "monthly visits" were being made and that telephone calls were made "regularly". It is recommended that the monthly contact with each child's Probation Officer/Case Worker is properly documented to "Include the type and date of contact or attempts to contact, as well as purpose of contacts" with the Probation Officer/Case Worker in the NSP, as per the training handout provided in the January 2012 training.

5. Out of the seven (7) children's files reviewed, only one (1) of the children's NSPs did not indicate if important relationships were being maintained. Efforts to conduct family finding as part of his concurrent plan were not documented and attempts to locate other important relatives in an effort to sustain any important relationships were not documented. It is recommended that concerted efforts are made to assist all children in maintaining important relationships. This is to be done in compliance with the Master County

Contract, SOW. These efforts are to be documented in the child's NSPs in accordance with the aforementioned NSP training handout which indicates that the "providers should describe any direct observations...related to the child's visitation, involvement, and contact with his or her family" and that the Group Home is to "Explain the child's social support network outside of the family (e.g. CASA, mentor, Big Brother/Big Sister)".

6. Of the seven (7) children, five (5) of the children's NSPs were not comprehensive. None of the deficient initial NSPs had adequate "Concurrent Case-Plan Goal" sections completed. Three of the files were also missing accurate medical and dental information. One (1) of these files was also missing other medical information such as updated immunization information and health passport documentation.

   Some of these NSPs were also improperly completed as they did not have appropriate check boxes marked off such as the gender of the child, school records obtained, and life skills information boxes. One (1) of the children also did not have the date of admission indicated in his initial NSP. Other important sections such as "Mental Health", "NSP Treatment", and "Visitation" were left blank. Three (3) of these children's NSPs also had inadequate or insufficient educational and life skills information provided, and as aforementioned, two (2) of these NSP's were missing the Probation Officer's signature of approval. Three (3) of the children also had improperly completed "Outcome Goals" in their NSPs in that they were either missing or had incorrect projected completion and/or modification dates. They also had relevant information missing as part of their goals or had inadequate information. In addition, some of these goals appeared to have two (2) separate goals as part of one (1) and were missing other goals that should have been created based on information provided within the same NSPs. It is recommended that the aforementioned NSP deficiencies are corrected so that each child has comprehensive initial NSPs in accordance with Title 22 standards as well as the Master County Contract SOW.

7. A review of the children's files showed that none of the five (5) children with quarterly NSP's were comprehensive. Three (3) of the children's quarterly NSPs did not update the "Concurrent Case-Plan Goal" section. Two (2) of these files failed to properly document medical information. In addition, they failed to providing explanations as to why the dental exams were not conducted in a timely manner and did not provide updated information.

   Some of these NSPs were also improperly completed as they did not have appropriate check boxes marked off such as the gender of the child, concurrent case-plan goals boxes, life skills information boxes, and visitation

boxes. Some of the children also had incorrect or missing dates in their quarterly NSPs. One (1) of the children did not have the date of his admission indicated, while another had incorrect quarterly reporting period dates. A third was missing the date the report was completed, and a fourth had the wrong date of the report. Three (3) of the children also had NSPs that were missing the dates of contact with their Probation Officer, and another was missing the date of school enrollment, while another child did not have the proper information under sibling contact. Other important sections such as "Mental Health", "NSP Treatment", and "Life Skills" were left blank. Two (2) of these children's NSPs also had inadequate or insufficient educational information and one (1) was lacking sufficient "Life Skills Training" information. Another was missing the proper documentation of Special Incident Reports in the "SIR" section of the NSP. As aforementioned, one (1) of these NSP's was also missing the Probation Officer's signature of approval.

In addition, all five (5) of the children also had improperly completed "Outcome Goals" in their NSPs. They all had similar problems as with the initial NSPs in that they were either missing or had incorrect projected completion and/or modification dates. A majority of the goals were unclear as to whether they were either achieved or modified. Some of the NSPs indicated that the goal was achieved, but were not moved over to the "Achieved Outcome Goals" section of the NSP. Other goals were removed entirely from the NSP without being placed in the "Achieved Outcome Goals" section or indicating why the goal was removed. Some of the goals had the exact same goals from the previous NSPs, except that the projected completion date was changed without indicating if any changes were made to the goal or if it was completed. Yet other goals appeared as if they were achieved and should have had new goals created to replace them. They also had relevant information missing as part of their goals and had inadequate information or were unclear on the specifics of the goal. In addition, some of these goals appeared to have two (2) separate goals as part of one (1) and were missing other goals that should have been created based on information provided within the same NSPs. It is recommended that the aforementioned NSP deficiencies are corrected so that each child has comprehensive quarterly NSPs in accordance with Title 22 standards as well as the Master County Contract SOW.

Corrective Action Plan:

On 5/30/2013, the Residential Director, Clinical Supervisor, and the Quality Assurance/Quality Improvement Specialist conducted a comprehensive (3) three-hour, competency-based training for all Pacific Lodge staff involved in

the completion of the Needs and Services Plan. Present for the training were all Clinical Supervisors, therapists, case managers, residential supervisors, TBS counselors, Substance Abuse counselors, nursing department, Director of Quality Assurance, the Executive Director, Residential Program Specialists, the Activities & Enrichment Supervisor, and the Work Experience Coordinator.

The training specifically addressed:

2. The importance of obtaining signatures from all parties required to sign the NSP document.
   It was established that the Needs and Services Plan will become more integrated into the program and be utilized during the NSP meeting with the child's Probation Officer, treatment team and parent, during the MDT Meeting process, and all other face-to-face meetings that involve the NSP stakeholders. In more frequent utilization of the document, the challenge obtaining signatures should be eliminated. Additionally, a new process for the timely completion of the NSP includes allowing sufficient time to obtain the signatures from the Probation Officer, parent, child or GH Representative.

3. How to properly document the child's progress, or lack thereof, in the NSP, specifically as it relates to the reflection of progress in whether a goal is achieved or modified.
   Additionally, a flow chart was created and presented in the training outlining the steps taken when evaluating the progress a child has made and how to document this in the NSP (either by moving the goal to the Achieved section if the goal is met, or modified in the Outcome Goals section if the goal was not met).

4. The process for tracking the dates and types of contact all Group Home staff have with the Probation Officer.
   Currently, all case managers should be documenting their face-to-face, phone calls and emails with a child's Probation Officer or parent; however, a consistent tracking tool was created to more efficiently keep track of these dates and types of contact.

5. The maintenance, and the documentation of maintenance, of important relationships in a child's life.
   The progressive process by which a concurrent case plan goal is identified, communicated and implemented. It was emphasized that family finding efforts, adoption or foster care shall be explored prior to exploring transitional housing or PPLA as the concurrent case plan goal. The Case Manager will work diligently with the case-carrying Probation Officer to initiate family finding

efforts immediately once the concurrent case plan becomes primary, when a parent has been identified as uninvolved or likely to lack participation in treatment.
Additionally, the family interaction log maintained by the staff in the cottage will also be maintained by any staff involved in concerted efforts to assist all children in maintaining important relationships. The case manager, residential supervisor, and therapist will maintain a family interaction log and note when contact is made with family and friends, and the nature of the contact.

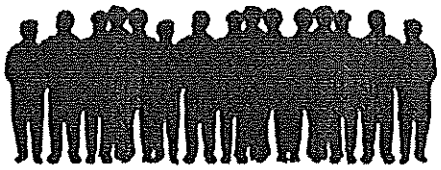
6. The need for attention to detail, including making thoughtful consideration of every line and every check-box.
   It was emphasized that the document should be proofread by every individual representing the GH whose signature indicates they have read and approve. An internal audit tool has been created and will be implemented to ensure the quality and completion of every NSP.

7. See Corrective Action items 2-6 noted above.
   Additionally, all staff present were trained on the proper way to complete a SMART goal that is then used to evaluate progress made in treatment. Movement/modification of goals should indicate whether progress has been made and how much progress.
   An additional re-training on the contract requirements for reporting serious incidents will take place with all involved staff. Per DPO Juarez, all incidents, including those not identified as "serious incidents" but are documented on in-house incident reports, will be included in the SIR section of the NSP moving forward.

   *All staff in attendance were required to proofread a mock NSP containing errors found in the GHM Review findings, answer numerous questions related to the NSP, and pass an exam on the creation of initial goals and how to properly indicate that a goal was achieved or modified.

   The Needs and Services Plan training will be delivered to all incoming staff as during New Hire Orientation to ensure they are knowledgeable on how to properly complete an NSP and why it is important.

   The agency Quality Assurance/Quality Improvement department has devised a tool to conduct internal audits of the NSP document. The audit tool will be utilized to review every NSP submitted to ensure the abovementioned steps are taken and the quality of the NSP meets Title 22 standards as well as the Master County Contract SOW.



Pacific Lodge Youth Services

IV. Educational and Workforce Readiness

Findings:

8. Of the five (5) children reviewed under this section, one (1) of the children did not have his quarterly NSP properly updated; therefore his educational progress could not be evaluated. It is recommended that All children's educational progress or lack of progress is updated and that the child's NSPs are adjusted accordingly as indicated in Title 22 and the Master County Contract, SOW.

Corrective Action Plan:

8. See Corrective Action items 2-7 above.

V. Health and Medical Needs

Findings:

9. A review of the files showed that one (1) of the seven (7) children was not provided with a timely dental examination. The child's file indicated that his dental exam was conducted 21 days late (he arrived on 12/18/12, exam conducted on 2/7/13). It is recommended that Pacific Lodge ensure that all children under the Group Home's care are provided with adequate and timely initial medical and dental exams as stated in Title 22, "to ensure that children have a thorough physical examination by a pediatrician within 30 days of admission".

Corrective Action Plan:

9. All residents will receive a thorough physical examination within the required 30 days, as outlined in Title 22 regulations. Upon intake, the agency Nurse will arrange for every child to receive their thorough examination, including medical, dental and vision. This will also be documented in the NSP that the child received his physical examination.

VIII. Personal Needs/Survival and Economic Well-Being

Findings:

10. A review of each child's allowance logs revealed that one (1) out of the seven (7) children was missing the allowance log for October 2012. It is

recommended that Pacific Lodge ensure that they maintain accurate allowance logs for each child. This shall be done in compliance with the Master County Contract, SOW, which states that each Group Home "shall maintain a log indicating the date, the amount of allowance the Placed Child received, and the Placed Child's signature (when age appropriate) upon receipt of the allowance".

Corrective Action Plan:

10. It is expected that every child's allowance and detail (chore) accounting will be maintained on the CA Department of Health and Human Services' *Record of Client's/Residents Safeguarded Cash Resources* form. This form should include itemized entries for allowance and detail money, and any other funds being deposited or withdrawn, one sheet for each month. At the close of the month, the last month's form should be signed by the client and placed in his client file. The current month will be maintained in the cottage accounting file.

IX. Personnel Records

Finding:

11. A review of the staff files revealed that one (1) out of the five (5) files was missing documented proof that they were in compliance with training standards. The deficient file was missing their initial training. It is recommended that Pacific Lodge ensure that they maintain accurate training records for all employed staff in accordance with Title 22, which states that, new child care staff shall complete a minimum of 24 hours of initial training.

Corrective Action Plan:

11. It is a requirement that all Pacific Lodge Youth Services staff must attend a 60-hour New Hire Training, including 20 hours of instructional orientation and 40 hours of on-the-job shadowing. This training must be completed prior to any staff working independently with the client population. Records of training will be placed in each staff's personnel file for audits and reviews.

Administrator

6/1/2013

Date