COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

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JERRY E. POWERS
Chief Probation Officer

July 29, 2014

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

FROM: Jerry E. Powers
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 2014. Pacific Lodge Boy's Home (Pacific Lodge) has one site located in Los Angeles County, Third Supervisorial District. The Group Home provides services to Los Angeles County Probation, Alameda County Probation, Sacramento County Probation, San Francisco County Probation, San Bernardino County Probation, Ventura County Probation, and San Luis Obispo 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 13 - 18 years of age in a residential setting. They offer their services to boys experiencing psychological, emotional, or behavioral problems, and their families, in a supportive therapeutic environment.

Pacific Lodge has one 51-bed site and is licensed to serve a capacity of 63 boys. The Group Home lowered its licensed capacity to 51 beds in 2012 and converted one (1) of its four (4) cottages (Sauble Cottage) into a mental health office, resulting in the loss of 12 beds. At the time of review, Pacific Lodge served 34 Los Angeles County Probation placed children, three (3) Alameda County Probation placed children, three (3) San Bernardino County Probation placed children, and one (1) San Francisco County Probation placed child, for a total population of 41 placed children. The placed children's overall average length of placement was four (4) months, and their average age was 17 years old.

Seven (7) Los Angeles County Probation children were randomly selected for the interview sample. Three (3) children in the sample size were prescribed psychotropic medication, and those cases were reviewed to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged child's files were reviewed to assess for compliance with permanency efforts.

Five (5) staff files were reviewed 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.

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 ten (10) areas of our Contract Compliance Review: Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharged Children; and Personnel Records.

However, deficiencies were noted in six (6) of the ten (10) areas of the review: Licensure/Contract Requirements; Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; and Personal Needs/Survival and Economic Well-Being. Deficiencies noted during this year's review were related to allowance logs, minor facility deficiencies in the common areas, Needs and Service Plans (NSPs), timely school enrollment and documentation of school progress, timely medical and dental exams and youth's weekly allowance. Of specific concern are two (2) areas that were noted in last year's review and did not improve this year. Pacific Lodge needs to establish comprehensive clothing and allowance logs to document that children were receiving payments for monthly clothing and weekly allowances. Pacific Lodge also failed to develop comprehensive NSPs. The NSPs did not have "Concurrent Case-Plan Goal" sections that were being implemented simultaneously with the primary plans (i.e. family finding efforts). Some of the NSPs were completed late, were missing accurate medical and dental information, had inaccurate or missing dates for other sections, and had unclear and/or improperly completed goals. Pacific Lodge supervisory staff were instructed to enhance monitoring in order to eliminate documentation issues.

REVIEW OF REPORT

On April 30, 2014, Probation PPQA Monitor Armando Juarez held an Exit Conference with the Pacific Lodge Residential Director Alfredo Gamiz, Clinical Supervisors Patricia Alba and Elizabeth Hartman. The Pacific Lodge representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as 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. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

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

JEP:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Acting Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Rhonda David-Shirley, Out-of-Home-Care Management, DCFS
Diana Flaggs, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Alfredo Gamiz, Residential Director, Pacific Lodge Boys 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 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. Full Compliance
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	5. Adequate Perishable and Non-Perishable Foods	5. Full Compliance
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. Full Compliance
	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. Full Compliance
	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. Improvement Needed 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. Improvement Needed 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	Full Compliance (ALL)

PACIFIC LODGE BOY'S HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Pacific Lodge's compliance with the County contract and State regulations and include a review of the Pacific Lodge 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, Group Home Monitoring (GHM) interviewed six (6) of the seven (7) children, due to one (1) child being on AWOL status, and reviewed their case files to assess the care and services they received. Three (3) children in the sample size were prescribed psychotropic medication, and those cases were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged Probation children's files were reviewed to assess Pacific Lodge's compliance with permanency efforts.

PPQA/GHM 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 out of compliance.

Licensure/Contract Requirements

- During a review of the children's clothing and weekly allowance logs, it was revealed that Pacific Lodge had incomplete allowance logs for six (6) out of the seven (7) children in the sample size. This element was also an issue during last year's review. Four (4) of the children in this year's sample size had weekly allowance and/or clothing logs that were missing their signatures of receipt. Child #1, from the Clark Cottage, had clothing logs that were missing for the months of November and December 2013 (placed in file during the review). Child #4, from the Bekins Cottage,

was missing his quarterly clothing allowance for March 2014 (placed in file during review), and was missing his weekly allowance log for February 2014. Child #6, from the Neimeyer Cottage, was missing the allowance log for the entire month of January 2014, as well as, for the date of 02/07/14. In addition, the same child's allowance records indicated that he only received five (5) dollars on 02/15/14, which is a violation of the Statement of Work (SOW) since the child is 16 year's old. Based on the SOW, he is to receive no less than seven (7) dollars of weekly allowance as mandated for children over 14 years. Child #7, also from the Neimeyer Cottage, was missing the clothing waiver form from his file and was missing clothing logs for December 2013, January 2014, and February 2014. Additionally, there were no allowance logs placed in his file for the entire four (4) months of his placement time. 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 and updated weekly allowance and clothing allowance records, which are to include each child's signature of receipt, and that they are given no less than the required minimum allowance amounts. In addition, monthly clothing allowance waiver forms are to be signed by all children in the Group Home and placed in their files, to indicate that they are aware of the Group Home's quarterly clothing payments. This is to be done in accordance with the Community Care Licensing (CCL), Title 22 standards, as well as the Master County Contract, Statement of Work (SOW).

Facility and Environment

- An inspection of the common areas to the common areas of all three (3) living cottages revealed that there were some physical deficiencies that required correction. Following are the itemized deficiencies found in the Group Home:

  Clark Cottage

  - Restroom-laundry area had graffiti on ceiling (fixed at time of review).
  - Living Room-vent cover by entrance was dusty.
  - Hallway-light covers missing.
  - Hallway- two (2) fire extinguishers were expired (Jan. 2013).
  - Kitchen-fire extinguisher expired (Jan. 2013).

  Bekins Cottage

  - Restroom-light cover was missing (same as last year).
  - Restroom-shower stall #2 had a poor/weak water pressure.
  - Restroom-stall #2 had graffiti on toilet seat.
  - Hallway-fire extinguisher expired (Jan. 2013).

Neimeyer Cottage

- Restroom-light covers missing (same as last year).
- Restroom-all stalls had graffiti on seat cover holders.
- Hallways-three (3) fire extinguishers expired (2-Jan. 2013, 1-Nov. 2012).
- Kitchen-fire extinguisher expired (Jan. 2013).
- In general, carpets throughout the cottages have major wear & tear.

Recommendation

Pacific Lodge's management shall ensure that:

1. All of the aforementioned physical deficiencies cited to the common areas that have not already been fixed, are corrected and repaired in a timely fashion. This shall be in accordance with the Community Care Licensing, Title 22 standards, which states that all Group Home sites are to be "clean, safe, sanitary and in good repair at all times".

Maintenance of Required Documentation and Service Delivery

- 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. This element has not been met for the second year in a row. Child #7's (Neimeyer Cottage) quarterly NSP did not indicate if any of the five (5) goals were achieved or modified because the projected completion dates were too far into the future. Therefore, it could not be determined if he achieved any goals and this section could not be assessed. As a result, Pacific Lodge was not compliant with the section "Children Progressing Toward Meeting NSP Case Goals".

  A review of the children's files revealed that ~~only~~ two (2) out of the seven (7) children had initial NSPs that were not timely and/or comprehensive. This element has not been met for the second year in a row. However, overall there were fewer deficiencies under this element for this year's review. Both of the deficient NSPs were completed late. Child #6 (Neimeyer Cottage) had the initial NSP completed 24 days late and had the wrong reporting period dates noted. Child #7 (Neimeyer Cottage) had the initial NSP completed 10 days late and had the wrong placement date noted. Both children's initial NSPs had dental examinations that were late, and they failed to provide an explanation for the delays. In addition, child #6 was enrolled in school late by 22 days and the NSP failed to provide an explanation. Child #6 also had goals with start dates and projected completion dates that appeared to be incorrect, as they did not coincide with the dates of the NSP reporting periods. His NSP also had a goal that was convoluted and needed to be broken down into two separate goals to address separate needs (school performance and drug abuse). Child #7 had a goal that did not indicate who the staff responsible for monitoring his progress would be and the NSP was missing a goal to address his family reunification and drug abuse needs. As a result, Pacific Lodge was deficient in the section under "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 required Updated NSPs to assess. As a result, only five (5) children's Updated NSPs were reviewed. Four (4) out of the five (5) had timely NSPs; however, none of the five (5) were comprehensive. This element has not been met for the second year in a row. Child #7 (Neimeyer Cottage) had the Updated NSP completed 10 days late, therefore the Group Home was deficient under timeliness. None of the children's Updated NSPs provided adequate information in the "Concurrent Case-Plan Goal" section. The NSPs failed to implement concurrent plans (i.e. family finding efforts) simultaneously with the primary plan. They simply indicated that family finding efforts would be initiated if the primary reunification plan became inadequate. The bank account segment of the Life Skills section for all of the children appeared to be non-specific and "cookie cutter" because they all indicated that the child would not have a bank account opened until they obtained a job and had $100 dollars to open the account. None of the children in the sample size appeared to have had bank accounts established at any point during their placement time. One of these files failed to provide an update on the reason why medical appointments were not timely. Two of the children had Updated NSPs that did not properly an update the Serious Incident Reporting (SIR) section. Other sections of the NSPs indicated that they were involved in significant incidents such as fights and drug use, but were not documented in the SIR section. One of the children had Visitation sections that did not provide sufficient information. Other sections of his NSP indicated that his original reunification plan was to live with his grandfather and that he had an older brother in his life. Yet the visitation section only indicated that he did not maintain the initial contact with his brother and omitted the grandfather's involvement in his case plan.

  Finally, all of the deficient Updated NSPs had problems with the "Outcome Goals" section. Some of the goals had either incorrect start dates, projected completion dates, and/or modification dates. A few of the goals were unclear as to why they were modified and did not indicate what changes were made to the goal to make it achievable. Some of the goals were removed entirely from the NSP without being placed in the "Achieved Outcome Goals" section or indicating why the goal was removed, or simply was extended instead of replacing with a new goal. One of the children had a goal that was moved to the "Achieved Outcome Goals" section, even though other sections of the NSP contradicted with the success of the goal, such as involvement in fights and verbal aggression. In addition, a few of these goals appeared to have two (2) separate goals as part of one (1), while some NSPs were missing other goals that should have been created based on information provided within the same NSPs, such as drug abuse and family reunification goals. As a result, Pacific Lodge was deficient in the section under "Development of Timely, Comprehensive, Updated NSPs with Child's Participation".

Recommendation

Pacific Lodge's management shall ensure that:

1. Each child's NSP is adjusted accordingly to properly document the progress they are making in the Group Home program by establishing reasonable projected completion dates that coincide with the child's placement time, as stated in the Master County Contract, SOW.

2. The aforementioned NSP deficiencies are corrected so that each child has timely and comprehensive initial NSPs in accordance with Title 22 standards as well as the Master County Contract SOW.

3. The aforementioned NSP deficiencies are corrected so that each child has timely and comprehensive quarterly NSPs in accordance with Title 22 standards as well as the Master County Contract SOW.

Educational and Workforce Readiness

- A review of the children's files revealed that one (1) out of the seven (7) children did not have proof of enrollment in school within three (3) days of placement. The child was from the Neimeyer Cottage. Child #6 was enrolled 22 days late, (DOP: 01/16/14, Enrolled: 02/12/14), and his NSP's failed to provide an explanation for the late enrollment. As a result, Pacific Lodge was deficient in the section under "Children Enrolled in School Within Three School Days".

- A review of the children's files showed that one (1) out of the seven (7) children did not have current report cards. Child #7, from the Neimeyer Cottage, was missing report cards for the second half of his placement time at the Group Home. He was missing grades for January and February 2014. As a result, Pacific Lodge was out of compliance with the section under "Current Report Cards Maintained".

- One (1) out of the seven (7) children was not placed at the Group Home long enough to have his academic attendance section evaluated. Of the other six (6) children, one (1) of the children was not in compliance with this section. Child #4 (Bekins Cottage) had an updated NSP that indicated his Educational Goal needed to be extended and modified because he "was not able to meet the expected frequency" of the goal. However, the Group Home did not document the efforts made to assist the child in improving his school performance or what new techniques and/or strategies were implemented as part of the modification. 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 are enrolled in school in accordance with the Master County Contract, SOW, which states that children are to be enrolled within three (3) school days from the date of placement, and that proper documentation is provided.

2. Each child's file maintains accurate school records in accordance with Title 22 standards, which include, but are not limited to "including his/her grade or performance level".
3. All efforts made by the Group Home to assist the children in making educational progress are clearly documented in their NSPs. According to the NSP training handout provided in January 2012, they are to "Indicate the efforts that the caregiver has taken to help the child to make progress in school, so that the caregiver could be acknowledged for doing so. This is especially important for those children who, despite receiving all the external support possible, are not progressing academically".

Health and Medical Needs

- A review of the files showed that one (1) of the seven (7) children was not provided with timely follow-up medical examinations. Child #1, from the Clark Cottage, had an Updated NSP which indicated that a follow-up medical appointment was to take place on 01/20/14, but the NSP did not indicate if the appointment visit was kept. As a result, Pacific Lodge was out of compliance with the section under "Follow-Up Medical Exams Conducted Timely".

- A review of the files showed that one (1) of the seven (7) children was not provided with a timely dental examination. Child #6, from the Neimeyer Cottage, had his initial dental examination conducted 11 days late (DOP: 01/16/14, exam conducted on 02/26/14). 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 follow-up medical exams, with proper documentation in file.

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

Personal Needs/Survival and Economic Well-Being

- During the interview process, one (1) of the children was not available for interview because of his AWOL status. However, based on the documentation logs provided by the Group Home, he was not provided with proper weekly allowance payments. In addition, three (3) of the other children were either unsure of their weekly allowance amounts or reported that they receive insufficient amounts. As a result, a total of four (4) out of the seven (7) children were out of compliance with this section. Two (2) were from the Bekins Cottage, and two (2) were from the Neimeyer Cottage. Child #4 (Bekins Cottage) had logs missing for February 2014, and some of the other weekly allowance logs were missing his signature of receipt. He also believed his

allowance was five (5) dollars a week. Child #5 (Bekins Cottage) was not interviewed but his logs indicate that he did not sign each time the weekly allowance was credited to his account. Child #6 (Neimeyer Cottage) was missing the weekly allowance logs for the month of January 2014, and for 02/07/14. In addition, his allowance log for 02/15/14 indicated that he only received five (5) dollars for that week. He also indicated that he was unsure of what his weekly allowance was supposed to be. Child #7 (Neimeyer Cottage) did not have any logs in his file documenting receipt of payment for the entire duration of his placement (one month), and he was also unsure of what his weekly allowance was supposed to be. 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". They shall also ensure that the base weekly allowances given are in compliance with the SOW and that children over 14 years of age are given a minimum of seven (7) dollars per week each time.

PRIOR YEAR FOLLOW-UP FROM THE PROBATION PPQA/GHM GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

PPQA/GHM's last compliance report dated June 9, 2014 identified 11 recommendations.

Results

Based on the follow-up, Pacific Lodge fully implemented 4 of the 11 previous recommendations for which they were to ensure that:

- They made concerted efforts 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.

- The monthly contact with each child's Probation Officer/Case Worker is properly documented in their NSPs.

- They made concerted efforts to assist each child in maintaining important relationships. These efforts were documented in each child's NSPs.

- They maintained accurate training records for all employed staff in accordance with Title 22 standards.

However, the follow-up discovered that Pacific Lodge failed to fully implement 7 of the previous 11 recommendations for which they were to ensure that:

- All children's files maintained accurate clothing records and that a monthly clothing allowance waiver be created and signed by all children in the Group Home. As aforementioned in the element of "Comprehensive Monetary and Clothing Allowance Logs Maintained", Pacific Lodge had incomplete allowance logs for six (6) out of the seven children in the sample size. Most of the children in this year's sample size had weekly allowance and/or clothing logs that were missing their signatures of receipt and had entire clothing logs that were missing. One of the children was missing the allowance logs for the entire four (4) months of his placement time. Another was missing the clothing waiver form from his file.

- They made substantial efforts to provide each child with all available resources to make progress towards their NSP goals and that such efforts were documented. This element has not been met for the second year in a row. As aforementioned in the element of "Children Progressing Toward Meeting NSP Case Goals", one (1) of the children in this year's review did not have proper documentation of the progress that was being made. The child's quarterly NSP did not indicate if any of his goals were achieved because the projected completion dates were too far into the future to be assessed.

- Children's initial NSPs were timely and comprehensive. This element has not been met for the second year in a row. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", two (2) of the children in this year's review had initial NSPs that were not timely and/or comprehensive. Both NSPs were completed late and one (1) of the NSPs had the wrong reporting period dates noted. The NSPs had dental examinations and school enrollment dates that were also late, however; they failed to provide an explanation for the delays. They also both had goals that were either unclear, convoluted, and/or had incorrect dates, as well as omitting goals to address important needs.

- Children's updated NSPs were timely and comprehensive. This element has not been met for the second year in a row. As aforementioned in the element of "Maintenance of Required Documentation and Service Delivery", one (1) of the children had his quarterly NSP completed 10 days late and five (5) children had NSPs that were not comprehensive. None of the children's quarterly NSPs provided adequate information in the "Concurrent Case-Plan Goal" section and the bank account segment of the Life Skills section for all of the children appeared to be non-specific and "cookie cutter". One of these files failed to provide an update on the reason why medical appointments and school enrollments were not timely. Two of the children had quarterly NSPs that did not properly update the SIR section. One of the children had Visitation sections that did not provide sufficient information. Finally, all of the deficient quarterly NSPs had problems with the "Outcome Goals". Some of the goals had problems with dates and a few of the goals were unclear as to why they were modified or what changes were made to the goal to make it achievable. Some of the goals were either removed instead of being moved to the "Achieved Outcome Goals" section or were moved to the "Achieved Outcome Goals" section

even though they did not appear to have been fully achieved. In addition, a few of these goals appeared as if they should have been two (2) separate goals instead of one (1) convoluted goal, and some NSPs were missing goals that should have been created to address significant needs of the child.

- 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. This element has not been met for the second year in a row. Two (2) years ago, one (1) of the children was not making sufficient academic progress and there was no clear explanation provided. Last year, 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 aforementioned under the element of "Children's Academic or Attendance Increased", one (1) of the children in this year's review had a quarterly NSP which indicated that his Educational Goal needed to be modified and extended because he "was not able to meet the expected frequency" of the goal, and the Group Home did not document their efforts to assist the child in improving his school performance.

- 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. Two (2) years ago, one (1) child had a quarterly NSP which did not clarify if a follow-up dental appointment was conducted. Last year, one (1) of the children had an initial dental exam that was conducted 21 days late and the NSPs did not provide a reason for the delay. As aforementioned under the element of "Initial Dental Exams Conducted Timely", one (1) of the children in this year's review was not provided with a timely dental examination. The child had his initial dental examination conducted 11 days late (DOP: 01/16/14, exam conducted on 02/26/14).

- They maintain accurate allowance logs for each child. Last year, a review of each child's allowance logs revealed that two (2) children were missing proper documentation in that they were missing allowance logs for entire months. As aforementioned under the element of "Minimum Monetary Allowances", during the interview process with the children in this year's review, four (4) out of the seven (7) children were out of compliance with this section because they were either not provided with the appropriate amounts and/or had improperly kept allowance logs to verify payments received. In addition, two (2) of the children were unsure of their allowance amounts.

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: May 30, 2014

TO: Probation Department Managers & DPO Armando Juarez

FROM: Alfredo Gamiz, Pacific Lodge Boy's 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 Alfredo Gamiz, Residential Director, at, (818) 657-3116.

Administrator

Pacific Lodge Youth Services

PACIFIC LODGE BOY'S HOME
4900 Serrania Ave.
Woodland Hills, CA 91364
License # 191201989
Rate Classification Level: 12
May 30, 2014

I. Licensure/Contract Requirements

Findings:

1. During a review of the children's clothing and weekly allowance logs it was revealed that Pacific Lodge had incomplete allowance logs for six (6) out of the seven children in the sample size. This element was also an issue during last year's review. Four of the children in this year's sample size had weekly allowance and/or clothing logs that were missing their signatures of receipt. Some of them had clothing and/or weekly allowance logs that were missing complete months (placed in file during the review). In addition, one (1) of the children's allowance records indicated that he only received five (5) dollars for one (1) week, which is a violation of the Statement of Work (SOW). Based on the SOW, he is to receive no less than seven (7) dollars of weekly allowance as mandated for children over 14 years. Finally, one (1) of the children was missing the clothing waiver form from his file. All children's files must maintain accurate weekly allowance records and clothing payment records 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:

In addition to the accounting of a child's allowance and other funds being maintained on the *CA Department of Health and Human Services Record of Clients/Residents Safeguarded Cash Resources* form (CCL Form LIC 450), a new policy and procedure will be created, and trained to, by 6/18/2014 to ensure compliance with Community Care Licensing (CCL), Title 22 standards, as well as the Master County Contract, Statement of Work (SOW). The policy will detail the steps to be taken to ensure compliance with all applicable guidelines including verifying accuracy and obtaining signatures, and clearly outline who is responsible for guaranteeing these steps are followed. In addition, the Residential Program Manager will be responsible for checking all Clothing Allowance and CCL Form LIC 450 at the close of each month to verify accuracy.

In regard to the child only receiving five (5) dollars for his "weekly" allowance, this was attributed to the child only being placed with PLYS five (5) days out of the seven (7) days for that particular week. He was given a pro-rated amount to account for the days he was placed.

Our policy of having our case manager review and sign the clothing order waiver as part of our intake orientation will remain the same, as it was an isolated incident. The staff member will have a performance counseling memo issued to them as they were unable to follow proper protocol.

II. Facility and Environment

Findings:

2. An inspection of the common areas to the interior of all three (3) living cottages revealed that there were some physical deficiencies that required correction. Following are the deficiencies cited. In the Clark Cottage, the laundry area in the restroom had graffiti on the ceiling (fixed at time of review). The living room vent cover by entrance was dusty. One of the hallway light covers was missing, and two (2) fire extinguishers were expired (Jan. 2013). The kitchen also had an expired fire extinguisher (Jan. 2013). In the Bekins Cottage, the restroom light cover was missing (same as last year), shower stall #2 had poor/weak water pressure, and toilet stall #2 had graffiti on the toilet seat. In addition, the hallway fire extinguisher was expired (Jan. 2013). In the Neimeyer Cottage the restroom light covers were missing (same as last year) and all of the toilet stalls had graffiti on the seat cover holders. The hallways had three (3) expired fire extinguishers (2-Jan. 2013, 1-Nov. 2012), as well as the one (1) in the kitchen (Jan. 2013). Finally, in general, the carpets throughout the cottages had major wear & tear damage.

Corrective Action Plan:

As noted above, the graffiti on the ceiling of the laundry area in the restroom of Clark cottage was corrected at time of review.
The living room vent cover in Clark cottage was cleaned on 3/27/2014.
All missing hallway light covers were replaced on 5/21/2014.
The agency was in the process installing recessed lighting throughout the cottages to eliminate the ongoing expense of light covers; however, it was decided to not move forward with the project, so replacement light covers will be ordered regularly to ensure compliance.
All expired fire extinguishers were replaced on 3/24/2014.
The shower in Bekins cottage (stall #2) was repaired on 5/28/2014.

All toilet seats, and toilet seat cover holders with graffiti were replaced, as well as the graffiti removed from toilet stalls as of 5/29/14.
The Residential Director will be meeting with a Project Manager from Commercial West on 5/30/2014 to start the process of picking and designing floor plans to remove all carpet from resident rooms and replace with hardwood flooring.

III. Maintenance of Required Documentation and Service Delivery

Findings:

3. Of the seven (7) files reviewed, one (1) of the children did not have proper documentation of the progress that was being made. This element has not been met for the second year in a row. Child #7's (Neimeyer Cottage) quarterly NSP did not indicate if any of the five (5) goals were achieved or modified because the projected completion dates were too far into the future. According to the Master County Contract, SOW, each child's NSP is to be adjusted to properly document the progress they are making in the Group Home program by establishing reasonable projected completion dates that coincide with the child's placement time.

4. A review of the children's files revealed that only two (2) out of the seven (7) children had initial NSPs that were not timely and/or comprehensive. This element has not been met for the second year in a row. Both of the deficient NSPs were completed late. Child #6 (Neimeyer Cottage) had it completed 24 days late and had the wrong reporting period dates noted. Child #7 (Neimeyer Cottage) had it completed 10 days late and had the wrong placement date noted. Both children's initial NSPs had dental examinations that were late, and they failed to provide an explanation for the delays. In addition, child #6 was enrolled in school late by 22 days and the NSP failed to provide an explanation. Child #6 also had goals with start dates and projected completion dates that appeared to be incorrect, as they did not coincide with the dates of the NSP reporting periods. His NSP also had a goal that was convoluted and needed to be broken down into two separate goals to address separate needs (school performance and drug abuse). Child #7 had a goal that did not indicate who the staff responsible for monitoring his progress would be and the NSP was missing a goal to address his family reunification and drug abuse needs. According to the Title 22 standards as well as the Master County Contract SOW, the aforementioned deficiencies should be corrected so that each child has timely and comprehensive initial NSP's.

5. Four out of the five (5) files reviewed did not have comprehensive NSP's. This element has not been met for the second year in a row. Child #7 (Neimeyer

Cottage) had the quarterly NSP completed 10 days late, therefore the Group Home was deficient under timeliness. None of the children's quarterly NSPs provided adequate information in the "Concurrent Case-Plan Goal" section and were not implemented simultaneously with the primary plan. The bank account segment of the Life Skills section for all of the children appeared to be non-specific and "cookie cutter" because they all indicated that the child would not have a bank account opened until they obtained a job and had $100 dollars to open the account. Some files failed to provide an update on the reason why medical appointments and school enrollments were not timely. Two of the children had quarterly NSPs that did not properly update the SIR section. One of the children had the wrong date of placement, and for another the Visitation sections did not provide sufficient information. Finally, all of the deficient quarterly NSPs had problems with the "Outcome Goals" section. 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 6/11/2014 the Residential Director, Clinical Director, QA DMH specialist and the QA Residential Specialist will conduct a two-part, competency-based training for all Pacific Lodge Youth Services personnel involved in the completion of the Needs and Services Plan. Present at this mandatory training will be Clinical Supervisors, Therapists, Case Managers, Substance Abuse Counselors, Nursing staff, Therapeutic Recreation Program Manager, Therapeutic Based Services staff, and ILP Program Specialist.

The training will address the importance of properly tracking progress towards goals, and the process of being timely and comprehensive. After the training, the Case Manager, who is the "owner" of the NSP, will need to submit a completed NSP to the QA Residential Specialist by 6/18/2014 for review. Only NSPs that meet the criteria set forth by this audit and training will be accepted after this training. Those that do not, will receive additional one-on-one coaching from our PPA for a minimum of two (2) hours, but not to exceed four (4) hours.

Additionally, the QA Residential Specialist will be conducting quarterly refresher trainings with all the staff listed above as well as conducting internal audits of all files for compliance on a quarterly basis.

IV. Educational and Workforce Readiness

Findings:

6. A review of the children's files revealed that one (1) out of the seven (7) children did not have proof of enrollment in school within three (3) days of placement. The child was from the Neimeyer Cottage. Child #6 was enrolled 22 days late,

   (DOP: 01/16/14, Enrolled: 02/12/14), and his NSP's failed to provide an explanation for the late enrollment. This was out of compliance with the Master County Contract, SOW, which states that children are to be enrolled within three (3) school days from the date of placement, and that proper documentation is provided.

7. A review of the children's files showed that one (1) out of the seven (7) children did not have current report cards. Child #7, from the Neimeyer Cottage, was missing report cards for the second half of his placement time at the Group Home. He was missing grades for January and February 2014. According to Title 22, each child's file is to maintain accurate school records which include, but are not limited to, "including his/her grade or performance level".

Corrective Action Plan:

A new, comprehensive policy and procedure was created detailing the process for enrolling a child in school (see attached), which clearly defines whose responsibility it is to carry out the various steps in the process.

The Case Manager will be responsible for ensuring that all new children are enrolled in school within three (3) school days from the date of placement. Additionally, it will be the responsibility of the Case Manager to ensure all proper documentation is obtained from the school and placed in the child's residential file.

Additionally, the QA Residential Specialist position was recently created. The primary responsibilities of the QA Residential Specialist is to audit, train and ensure compliance with all agency documentation, in particular the Needs and Services Plans and residential files to ensure compliance with CCL, Title 22, and the Master County Contract, Statement of Work (SOW). The QA Residential Specialist will be responsible for ensuring current grades and transcripts for every child is in his residential file as regular internal audits are conducted.

8. One (1) of the children in the sample size was not in compliance with the section under "Academic performance and/or attendance increased?" Child #4's (Bekins Cottage) quarterly NSP indicated that his Educational Goal needed to be extended and modified because he "was not able to meet the expected frequency" of the goal. However, the Group Home did not document the efforts made to assist the child in improving his school performance or what new

techniques and/or strategies were implemented as part of the modification. According to the NSP training handout provided in January 2012, they are to "Indicate the efforts that the caregiver has taken to help the child to make progress in school, so that the caregiver could be acknowledged for doing so. This is especially important for those children who, despite receiving all the external support possible, are not progressing academically".

Corrective Action Plan:

See Corrective Action Plan for items 3-5.

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 timely follow-up medical examinations. Child #1, from the Clark Cottage, had a quarterly NSP which indicated that a follow-up medical appointment was to take place on 01/20/14, but the NSP did not indicate if the appointment visit was kept.

   A review of the files also showed that one (1) of the seven (7) children was not provided with a timely dental examination. Child #6, from the Neimeyer Cottage, had his initial dental examination conducted 11 days late (DOP: 01/16/14, exam conducted on 02/26/14). All children under the Group Home's care are to be provided with adequate and timely 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:

See Corrective Action Plan for items 6-7. In addition, all residents will receive a thorough physical examination within the required 30 days, as outlined in CCL, Title 22 regulations. Upon intake, the agency nurse will be responsible for scheduling all medical, dental and vision appointments and documenting such information in the child's NSP.

Pacific Lodge Youth Services

VIII. Personal Needs/Survival and Economic Well-Being

Findings:

10. During the interview process, four (4) out of the seven (7) children were out of compliance with the section under "Are children always provided with the minimum monetary allowances?" Two (2) were from the Bekins Cottage, and two (2) were from the Neimeyer Cottage. The children's files were missing entire monthly logs and some were missing their signatures of receipt. Some of the children were also unsure of their weekly allowance amounts. In addition, one of the children had an allowance log indicating that he only received five (5) dollars for one (1) of the weeks. It is recommended that Pacific Lodge 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 is to maintain logs, including "the Placed Child's signature (when age appropriate) upon receipt of the allowance". They shall also ensure that the base weekly allowances given are in compliance with the SOW and that children over 14 years of age are given a minimum of seven (7) dollars per week each time.

Corrective Action Plan:

See Corrective Action Plan for item 1.

Alfredo Gamiz, Administrator