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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 28, 2011

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

From: Antonia Jiménez
Acting Director

PENNACLE FOUNDATION GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Pennacle Foundation Incorporated has two sites, the Lakewood Facility and the Corning Facility. The Lakewood Facility is located in the 4th Supervisorial District, and the Corning Facility is located in the 2nd Supervisorial District. Pennacle Foundation provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Pennacle Foundation's program statement, its stated goal is "to create an effective life support system specific for each of its residents." Pennacle Foundation is licensed to serve a capacity of eight children, ages 10 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Pennacle Foundation in July 2010 at which time the agency had two four-bed sites and eight placed DCFS children. Four children were males and four were females. For the purpose of this review, all currently placed children were interviewed and their case files were reviewed. The average overall length of placement for placed children was seven months, and their average age was 15. Six staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Six children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Pennacle Foundation's compliance with the contract and State regulations. The visit included a review of Pennacle Foundation's program statement, administrative internal policies and procedures, four placed children case files, and a random sampling of personnel files. A visit was made to the facilities to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Pennacle Foundation was providing adeqaute quality care to DCFS placed children, and the services were provided as outlined in the agency's program statement. The children interviewed stated that they wanted to continue residing at the placement and that the staff treated them fairly.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSP) and maintain documentation to demonstrate that the logs for children taking psychotropic medications were completely and accurately documented.

Pennacle Foundation was receptive to implementing some systemic changes to improve its compliance with regulations and the Foster Care Agreement. Further, the Executive Director stated that she welcomed the findings in the review so that the agency's current operating systems could be improved.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 12 initial and updated NSPs reviewed in the four children's case files, nine were not comprehensive in that they did not complete all the required elements in accordance with the NSP template. The NSPs did not include specific and measurable treatment goals as they related to permanency, life skills and visitation. Additionally, there was no documentation regarding progress toward the permanency plans. The Executive Director explained that NSPs are generally completed by the Administrators based on the input received from the entire treatment team members. The monitor will continue to provide support and training to the Group Home staff to ensure that NSPs are completed thoroughly.

- It was determined that one of the six children was administered psychotropic medication prior to receiving an approved psychotropic medication authorization. Another child was administered medication based on a written physician order, but no psychotropic medication authorization had been submitted. Additionally, the psychiatrist failed to update the progress notes to indicate the reason for discontinuing Abilify and starting Geodon and Lithuim. The same child was also taking Benadryl as a sleep aid, but it was not reflected on the psychotropic medication authorization request. This concern was immediately addressed with the Administrator, Dejuan Fletcher, during the monitoring review visit. She contacted the psychiatrist and he issued a new physician order, discontinuing the Benadryl, Geodon and Lithium and that the Abilify be restarted. The monitor gave the Group Home provider a copy of the policy on administering psychotropic medication. The Executive Director and Administrators stated that they understand this policy and would ensure that medication is administered according to the protocol.

- Although the children were receiving the required monthly clothing allowance, three of the four children did not have an adequate quantity of clothing. The Administrators stated that they would continue to work with their staff to ensure that all placed children have adequate clothing.

- Two of the four children reported that they were not given an opportunity to create or update a life book/photo album. The Executive Director stated that the facility manager would ensure that supplies are available at the Group Home so that all placed children would have any opportunity to create a life book/photo album.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held October 27, 2010.

In attendance:

Carolyn Ruffin, Executive Director, Dejuan Fletcher, Assistant Administrator, and Kevin Bennett, Assistant Administrator of Pennacle Foundation Group Home, and Christine Spooner, Monitor, DCFS OHCMD.

Highlights:

The Executive Director and Administrators were in agreement with our findings and recommendations. They stated that they would make the corrections immediately.

As agreed, Pennacle Foundation Group Home provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations in 2011.

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

AJ:LP:KR
EAH:BB:cs

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Carolyn Ruffin, Executive Director, Pennacle Foundation
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

PENNACLE FOUNDATION PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW – SUMMARY

SITE LOCATIONS

6133 E. Carson Street
Lakewood, CA 90713
License Number: 197803159
Rate Classification Level: 12

5643 Corning Ave.
Los Angeles, CA 90056
License Number: 198202803
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: July 2010**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance
III	**Program Services** (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6.Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	Full Compliance (ALL)

V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities	 1. Improvement Needed 2. Full Compliance 3. Improvement Needed
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	 1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	**Personal Rights** (11 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	 Full Compliance (ALL)
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improved Needed

IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed

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The following report is based on a "point in time" monitoring visit and addresses findings noted during the July 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of four children's case files and six staff files, Pennacle Foundation was in full compliance with three of nine sections of our Contract Compliance review: Licensure/Contract Requirements, Educational and Emancipation Services, and Personal Rights. The following report details the results of our review:

FACILITY AND ENVIRONMENT

Based on our review of Pennacle Foundation and interviews with four children, Pennacle Foundation fully complied with three of six elements in the area of Facility and Environment.

The exterior of the Group Home was well-maintained. The front yards were clean and adequately landscaped.

The Group Home maintained an adequate supply of perishable and non-perishable foods.

Generally, the interior of the Group Homes were well maintained. However, there were some minor deficiencies, none of which posed any safety risks to placed children. Specifically, the hardwood flooring in the dining room at the Lakewood site was worn and needed to be replaced. The children's bedrooms at the Lakewood site were fairly well maintained, but did not contain personalized decorations.

The Group Home sites did have an appropriate quantity and quality of educational materials. The Lakewood site did not maintain a sufficient amount of recreational equipment.

The provider has addressed these issues in the attached Corrective Action Plan (CAP).

Recommendations:

Pennacle Foundation management shall ensure that:

1. The Group Home sites are maintained and in good repair in accordance with Title 22 regulations.

2. A sufficient amount of recreational equipment is available at the site.

PROGRAM SERVICES

Based on our review of four children's case files, Pennacle Foundation fully complied with five of the eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outline in its program statement, and they were assessed for needed services within thirty days of placement. The children were receiving the required therapeutic services.

During our review, we found that the treatment team discussed the implemented Needs and Services Plans (NSP). However, some of the required NSPs were not comprehensive. The NSPs did not include specific and measurable treatment goals as they related to permanency, life skills, and visitation. Additionally, there was no documentation regarding progress toward the permanency plans. Some of the updated NSPs were missing dates of medical/dental visits, concurrent case plan goals, efforts to enroll children in school within three business days and efforts to ensure that children had mentoring relationships. Additionally, some of the NSPs did not have the CSWs' signatures. Two of the four children did not participate in the development of the NSPs. The monitor discussed the need for comprehensive NSPs with the Executive Director and Assistant Administrators and agreed to provide additional support and training to the Group Home staff in this area. They explained that the NSPs are generally completed by the Administrators, based on the input from the treatment team members. They stated that they would work more diligently to ensure that all of the required documentation is provided in the NSP. The Executive Director has submitted a CAP which fully addressed this matter.

Recommendations:

Pennacle Foundation management shall ensure that:

3. NSPs are comprehensive and include all required elements.

4. Documentation is maintained as verification that DCFS CSWs approve the implementation of the NSPs.

5. Children participate in the development of NSPs.

RECREATION AND ACTIVITIES

Based on our review of four children's case files, and interviews with the four children, Pennacle Foundation fully complied with one of the three elements in the area of Recreation and Activities.

The children reported that they were given an opportunity to participate in activities, whether at home, in the community or at school. However, one child at the Lakewood site reported he was not given an opportunity to participate in planning activities. Additionally, one child at the

Corning site reported that she was not given an opportunity to participate in extra-curricular, enrichment, and social activities in which she had an interest. The Executive Director submitted a CAP which fully addressed this matter.

Recommendations:

Pennacle Foundation management shall ensure that:

6. All placed children are given the opportunity to participate in planning activities.

7. All placed children are allowed an opportunity to participate in age-appropriate extra-curricular, enrichment, and social activities.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of four children's case files and interviews with four children, Pennacle Foundation fully complied with seven of the nine elements in the area of Children's Health-Related Services. The files for the six placed children taking psychotropic medication were reviewed.

The Group Home had ensured that all children's initial and follow-up physical and dental examinations were conducted in a timely manner and well documented in their case files.

One of the six children's files reviewed did not have current court approved authorizations for the administration of psychotropic medication. The child was given medication on 5/1/10, but the approved psychotropic medication authorization was dated 5/17/10. Additionally, another child did not have a current psychotropic medication authorization on file. The child was being administered medication based on a written physician order dated 7/2/10. The order discontinued Abilify, but added Geodon and Lithuim. There was no documentation as to the reason for the change in medications. Additionally, this same child had been taking Benadryl as a sleep aid since January 2010, without a psychotropic medication authorization. This matter was immediately addressed with the Assistant Administrator, Dejuan Fletcher, during the monitoring review visit. Ms. Fletcher contacted the psychiatrist who issued a new physician order dated 7/14/10, discontinuing the Benadryl, Geodon and Lithuim. He also ordered the Abilify to be restarted. This medication was approved on a psychotropic medication authorization dated March 9, 2010. The provider stated that, in the future, physician orders and all court approved authorizations for the administration of psychotropic medication would be current and on file in the child's file. Pennacle Foundation appropriately addressed this finding in the attached CAP.

Recommendations:

Pennacle Foundation management shall ensure that:

8. All placed children have current court approved authorizations prior to the administration of psychotropic medication.

9. Psychiatric orders document the reason for changes in medication.

CLOTHING AND ALLOWANCE

Based on our review of four children's case files and interviews with the four children, Pennacle Foundation fully complied with six of the eight elements in the area of Clothing and Allowance.

The children received at least $50 per month for clothing and reported that they were allowed to be involved in the selection of their clothing. However, none of the children had an adequate quantity of clothing, based on the DCFS Clothing Standard. Specifically, three of the children did not have bathrobes. The Administrators stated that they would ensure that a clothing inventory was completed monthly to ensure that all placed children had an adequate quantity and quality of clothing.

All four reviewed children reported that the Group Home provided them with the required minimum weekly allowance and that they spent their allowances as they chose. The Group Home provided children with adequate personal care items.

Two of the four children reported that they had not been given an opportunity to create life books/photo albums that contain memories from special holidays and activities. The provider has addressed this in the attached Corrective Action Plan (CAP).

Recommendation:

Pennacle Foundation shall ensure that:

10. All placed children have an adequate supply of clothing based on the DCFS Clothing Standard.

11. All placed children are encouraged and assisted with creating and updating a life book/photo album of items that relate to childhood memories.

PERSONNEL RECORDS

Based on our review of six staff personnel files, Pennacle Foundation fully complied with eleven of the twelve elements in the area of Personnel Records.

All six reviewed staff met the educational/experience requirements, and submitted timely criminal fingerprint cards, Child Abuse Central Index (CACI) clearances and signed criminal background statements in a timely manner. They also received timely initial health screenings, signed copies of the Group Home policies and procedures, had valid driver's licenses, and completed CPR and First-Aid as required per the Group Home's program statement. The six staff received the 20 hours of ongoing training as required per Title 22. However, two staff did not have current emergency intervention training.

Recommendation:

Pennacle Foundation shall ensure that:

12. All staff receive the required training per Title 22 regulations and the Group Home's program statement.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S (A-C) REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C's report issued on September 30, 2008 were implemented.

Results

The A-C's prior monitoring report contained nine outstanding recommendations for the Lakewood Facility and twelve outstanding recommendations for the Corning Facility. Specifically, Pennacle Foundation was to ensure that it maintained the Group Homes in good repair in accordance with Title 22 regulations, included all treatment team members in the development of comprehensive NSPs, provided children with appropriate opportunities to participate in emancipation and vocational programs, and assisted children in creating and maintaining photo albums/life books. Based on our follow-up of the A-C's recommendations, Pennacle Foundation had fully implemented nineteen of the twenty-one recommendations. The recommendations to develop comprehensive NSPs that include both short and long term goals and to assist children in creating and maintaining photo albums/life books were not fully implemented. A CAP was requested of Pennacle Foundation to further address these findings.

Recommendation:

Pennacle Foundation management shall ensure that:

12. It fully implements the two outstanding recommendations from the A-C's September 30, 2008 monitoring report, which are noted in this report as Recommendations 3 and 5.

November 27, 2010

Barbara Butler
County of Los Angeles
Department of Children and Family Services
425 Shatto Place
Los Angeles Ca 90020

Dear Ms. Butler,

The following is the written Correction Action Plan for Pennacle Foundation, Corning, Lakewood program, regarding the deficiencies cited on the Contract Compliance Review report that was conducted on 11/8/2010.

II. Facility and Environment

- Flooring in dining room is worn and needs to be replace (Lakewood)
- Personalized decoration needed in both bedrooms (Lakewood)
- Games are not accessible to the children.(Lakewood)

All status changes were implemented immediately
Status Changes:

1. Dining room floor at the Lakewood Facility was sanded, refinished and buffed so that the flooring did not show any wear and tear.
2. Residents are able to decorate their rooms with appropriate items based on their individual taste.
3. All facility games and recreational equipment was moved and stored where it is accessible to the residents.

Plan To Prevent Reoccurrence:

- Facility Manager will ensure that when flooring starts to show signs of wear and tear, maintenance will be notified to re-finish.

- Facility Manger and staff will ensure that residents always have the ability to furnish their rooms with décor that suits their individual taste. During outing staff will encourage and give them an opportunity to purchase such items.

- Facility Manager will ensure that all games and recreational equipment is maintain and available to all residents.

Person Responsible for Implementing Plan of Correction:
Administrator or designee, Facility Manager or designee and Staff
Person Responsible for Monitoring to Ensure Plan of Correction Remains Implemented and is Working as Intended:
Administrators

III. Program Services

- NSP did not have CSW's signatures.
- Four NSP's did not reflect that the resident participated in the development of the NSP's.
- A review of the NSP's revealed that they were not comprehensive. NSP's goals must be specific, measurable, attainable, results- oriented and time –limited. Updated NSP's must reflect the progress the children are making toward their goals.
- NSP's were missing dates of medical/dental visits, concurrent case plan goals
- Efforts to enroll children in school within 3 school days.
- Mentoring relationship

All status changes were implemented immediately
Status Changes:

1. Pennacle treatment team will ensure that all NSP's (initial and updated) and quarterly reports are comprehensive with specific goals that are measurable and attainable for each client. In addition, Pennacle's treatment team will provide comprehensive progress explanation and steps that each client has taken to achieve their goals.

2. Pennacle's treatment team will ensure that all needed signatures are on the signature page of all NSP's and that the signatures are obtained in a timely matter according to the SOW, if signatures are unattainable within the timeframe then the treatment team will document their due diligence and follow-thru according to the SOW. This information will be noted on the addendum page

3. All medical appointments will be documented on all NSP's and quarterlies and any up coming appointments if provided.

4. At the time of admission Pennacle's intake coordinator will ensure that the CSW provides Pennacle with the concurrent case plan for each resident.

5. CSW will also be required to submit to Pennacle's intake coordinator sufficient documents in order to enroll child in school with in three days of placement. Administrator or designee will document on NSP's addendum page if a child is unable to enroll with in the three day period, this documentation will include all contacts and efforts made attempted to enroll minor.

6. For all residents placed at Pennacle without a noted significant other, Pennacle will work actively with CSW and Pennacle's mentoring coordinator to make sure those clients without significant others are assigned a mentor suitable for their needs.

Plan To Prevent Reoccurrence:

- Administrator or designee will monitor all NSP's and ensure that they are comprehensive with specific goals and that all goals are measurable and attainable for each client. Comprehensive progress notes for each goal will be documented within the NSP's, this will include what steps the client has/will have to take in order to achieve that specific goal.

- Administrator or designee will also ensure that all residents participate in the planning of thier NSP's, understand and agree with the goals stated on their NSP's.

- Administrator or designee will ensure that all medical/dental appointments are documented on all NSP's and any follow up appointments completed. Documentation of outcomes /results and any follow-up appointment will also be included in the NSP

- Administrator or designee will ensure that all appropriate documents are obtained at the time of admission in order to enroll the residents in school with in the three day period. If Pennacle is not able to obtain needed document at the time of admission, attempts made will be noted along with contacts and results. This will be located in the addendum section of the NSP.

- Pennacle will work activity with CSW's to recruit an appropriate mentors for those clients with out significant others. Documentation of this process will also be noted in the NSP with result in the quarterlies.

Person Responsible for Implementing Plan of Correction:
Administrator or designee, Treatment Team
Person Responsible for Monitoring to Ensure Plan of Correction Remains Implemented and is Working as Intended:
Administrator

V. Deficiency: Recreation and Activities
Children reported that they were not given the opportunity to participate in the planning activities (Lakewood site)
All status changes were implemented immediately
Status Changes:
Administrator or designee will ensure that all resident are given a chance to participate in the planning of all activities. If a resident refuse to participate in the planning activity staff will document in residents progress notes that they did not want to participate.
Plan To Prevent Reoccurrence:
Administrator or designee will ensure that all staff document resident's refusal of or participation in the planning of facility activities. This documentation will be noted in the group log and in the client case file.
Person Responsible for Implementing Plan of Correction:
Facility Manager, Administrator or designee,

Person Responsible for Monitoring to Ensure Plan of Correction Remains Implemented and is Working as Intended:
Administrator

V. Deficiency: Recreation and Activities
Resident are not given the opportunity to participate in extra- curricular activities. (Corning Site)
All status changes were implemented immediately
Status Changes:
Pennacle will make sure that all eligible children that want to participate in extra-curricular activities be given the opportunity. The facility manger and/or Administrator or designee will document on all clients NSP's the child desires and coordination of their plan. Objectives and results will be noted in the resident's NSP educational section.
Plan To Prevent Reoccurrence:
Facility Manager, Administrator or designee will ensure that all opportunities for all eligible clients be given their chance to participate in extra- curricular activities.

The facility manager or staff designee will make sure that all documentation for clients that want to participate in extra curricular activities is obtain, file and submitted to all appropriate parties. The residents that are not eligible to participate, staff will document within the NSP in the educational section.
Person Responsible for Implementing Plan of Correction:
Facility Manager, Administrator or designee,
Person Responsible for Monitoring to Ensure Plan of Correction Remains Implemented and is Working as Intended:
Administrator

VI. Deficiency: Children's Health Related- Services, Including Psychotropic Medication
A client was administered medication before Pennacle received PMA approval from court. (Lakewood Site)
All status changes were implemented immediately
Status Changes:
Administrator will make sure that all PMA are approved before any resident is given any Psychotropic medication. Monthly check will be conducted to ensure that all PMA are up to date and file correctly.
Plan To Prevent Reoccurrence:
Administrator or designee will make sure that all PMA's are received and review before any medication is administered to any client. If not then the designated person will work with the facility physician bring the program in compliance
Person Responsible for Implementing Plan of Correction:
Facility Manager, Administrator or designee,
Person Responsible for Monitoring to Ensure Plan of Correction Remains Implemented and is Working as Intended:
Administrator

VI: Deficiency: Children's Health Related- Services, Including Psychotropic Medication

Client's medication was discontinued and a new medication was started without an approve PMA(Corning Site)

All status changes were implemented immediately

Status Changes:

Administrator will ensure sure that all PMA are approved before any resident is given any Psychotropic medication.

Administrator will make sure that all physician notes are current and up to date and that all orders are placed in clients files

Plan To Prevent Reoccurrence:

Pennacle will make sure that before any medication is administered all PMA's are approved and received from the court.

Person Responsible for Implementing Plan of Correction:

Facility Manager, Administrator or designee,

Person Responsible for Monitoring to Ensure Plan of Correction Remains Implemented and is Working as Intended:

Administrator

VII. Deficiency: Clothing and Allowance

Three of the four children did not have bathrobe as a required by the DCFS Clothing standard.

All status changes were implemented immediately

Status Changes:

Pennacle has purchase bathrobes for all clients who need robes.

Plan To Prevent Reoccurrence:

Clothing inventories will be taken every month and the Facility manager or Administrator designee will ensure that each resident has adequate quality and quantity of clothing.

Person Responsible for Implementing Plan of Correction:

Facility Manager, Administrator or designee,

Person Responsible for Monitoring to Ensure Plan of Correction Remains Implemented and is Working as Intended:

Administrator

VII. Deficiency: Clothing and Allowance

Two of the children reported that they have not been given the opportunity to create Life Books/ Photo Albums (Lakewood Site)

All status changes were implemented immediately

Status Changes:

The Facility manager and staff will ensure that all residents are given the opportunity to participate in creating a life book / photo album. The facility Manager will make sure that the proper supplies are available to the resident in order to complete this task.

Plan To Prevent Reoccurrence:

The administrator or designee will monitor all residents' life book and follow-up with the facility manager on each resident's progress in completing their project.

Facility manager or Administrator designee will document in group log and client files if a resident refuse to participate in creating a Life Book.

Person Responsible for Implementing Plan of Correction:

Facility Manager, Administrator or designee,

Person Responsible for Monitoring to Ensure Plan of Correction Remains Implemented and is Working as Intended:
Administrator

IX. Deficiency: Personnel Records
Two of the staff did not have current emergency intervention training.
All status changes were implemented immediately
Status Changes:
Administrator will ensure that the appropriate training is provided to each staff that all training are current and up to date.
Plan To Prevent Reoccurrence:
Administrator or designee will make bi-monthly checks in the personal file to ensure that all documents are current and maintained up-to-date.
Person Responsible for Implementing Plan of Correction:
Administrator or designee,
Person Responsible for Monitoring to Ensure Plan of Correction Remains Implemented and is Working as Intended:
Administrator

Carolyn Ruffin
Administrator