County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

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Chief Deputy Director

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July 24, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

PENNACLE FOUNDATION, INC. GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services' (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of the Pennacle Foundation, Inc. Group Home (The Group Home) in November 2012. The Group Home has two sites which provide services to County of Los Angeles DCFS foster children and youth. The Lakewood site is located in the Fourth Supervisorial District, and the Los Angeles site is located in the Second Supervisorial District. According to the Group Home's program statement, its purpose is "to create an effective life support system specific for each of its residents."

The Group Home has two four-bed sites and is licensed to serve a capacity of eight girls and boys, ages 10 through 17. At the time of the review, the Group Home served eight placed DCFS children. The placed children's overall average length of placement was four months, and their average age was 16.

SUMMARY

During the OHCMD review, the interviewed children generally reported feeling safe at the Group Home; having been provided with good care; and treated with respect and dignity.

The Group Home was in full compliance with five of 10 areas of our Contract compliance review: Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

Deficiencies were noted in the areas of: Licensure/Contract Requirements, related to not having conducted disaster drills and maintaining log; Facility and Environment, related to the maintenance of the exterior and the children's bedrooms; Maintenance of Required Documentation and Services Delivery, related to not having obtained the county worker's authorization to implement the Needs and Services (NSP) plans or documenting monthly contact with the county workers; Educational and Workforce Readiness, related to not having

enrolled children in school within three days of placement and increasing children's academic or attendance in school; and Psychotropic Medication, related to not having obtained court authorization or a current psychiatric evaluation reviews.

The OHCMD monitor also expressed concern as to the deficiencies in operation, maintenance and compliance of the two facilities and in maintaining the agency vehicles and logs. Further, Pennacle had been cited by Community Care Licensing (CCL), as a result of a substantiated Personal Rights Violation. The OHCMD Monitor instructed the Group Home supervisory staff to: enhance monitoring for both sites in order to ensure compliance with regulations; eliminate documentation and service delivery issues; and ensure consistency in operation. Most deficiencies were found at the Lakewood site.

Attached are the details of our review.

REVIEW OF REPORT

On January 23, 2013, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with Pennacle staff; Carolyn Ruffin, Administrator; DeJuan Fletcher, Assistant Administrator; and Kevin Bennett, Assistant Administrator. The representatives agreed with the findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this report.

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

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

PLB:EM:KR
RDS:PBG:sn

Attachment

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Carolyn Ruffin, Administrator, Pennacle Foundation Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

PENNACLE FOUNDATION GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the November 2012 monitoring review. The purpose of this review was to assess Pennacle Foundation Group Home's (The Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, four placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) Monitor interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, three children were prescribed psychotropic medication. The children's case files were reviewed to assess timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed three staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following five areas out of compliance.

Licensure/Contract Requirements

- The interior of one of the facility vans had not been maintained; the van had not been vacuumed in several months. The Group Home Assistant Administrator reported that the company vehicles are scheduled to be cleaned weekly and the staff at the Lakewood site was just negligent. The van's interior was cleaned on January 22, 2013.

The disaster drill log for the Lakewood site was not properly maintained; documentation was poor and incomplete. Only one entry was properly documented for a disaster drill conducted in 2012. The Group Home Administrator reported that effective immediately, although the requirement is to conduct disaster drills twice per year, Pennacle staff will conduct monthly disaster drills and will be required to document the details of the drills. Per the Group Home Administrator, this detailed documentation will include a description of the location of the drill, duration, and the response of all participants during each drill. OHCMD Monitor notified Community Care Licensing (CCL) of this deficiency.

- CCL cited the Group Home as a result of a substantiated Personal Rights Violation, on March 5, 2012. The CCL investigation revealed that staff failed to provide children with their clothing allowance for more than a month. Pennacle submitted a Plan of Correction (POC) to CCL, which included issuance of allowances to each child owed funds.

Recommendations

The Group Home's management shall ensure that:

1. The vehicles in which the children are transported in are maintained in good working condition and routinely cleaned.

2. Disaster drills are conducted and properly documented every six months.

3. The Group Home is in compliance with Title 22 Regulations and the personal rights of placed children are upheld.

FACILITY AND ENVIRONMENT

- During a walk-through of the facilities, the OHCMD monitor observed loose bricks stacked in the back yard of the Lakewood site. The monitor brought this to the Group Home site administrations' attention as they presented a potential safety hazard. After three weekly visits to that site by the monitor, the loose bricks were eventually removed from the premises. CCL was notified of this deficiency.

- There was a make-shift curtain rod in one of the children's bedrooms at the Lakewood site. Nails where used to hang the rods, and the nails were protruding from the rod. It was further noted that the curtains were translucent and provided no privacy, as one could look directly into the child's bedroom from outside. The makeshift curtain rod was replaced with a wall-to-wall collapsible rod. The curtains were also replaced with a curtain made from thicker material which allows for privacy.

Recommendations

The Group Home's management shall ensure that:

4. The exterior and the grounds of the Group Home are well maintained and free from potential safety hazards.

5. All children's bedrooms are well-maintained; are free from potential safety hazards; and have window coverings which provide privacy for the children.

Maintenance of Required Documentation and Service Delivery

- The Group Home staff did not obtain or document efforts to obtain the Department of Children and Family Services (DCFS) Children's Social Worker's (CSW) authorization to implement the initial and updated Needs and Services Plan (NSPs). Two NSPs did not have the CSWs authorization, and the efforts to obtain the CSWs' signature were not documented. Effective immediately, the Group Homes Administration stated they will ensure that all CSW authorization's to implement the NSPs are obtained. The Group Home's Administration will also ensure that all supporting documentation and authorizations to implement NSPs are obtained.

It was noted that children's updated NSPs did not include documentation regarding the child's progress toward achieving their goals.

The Group Home staff had not contacted CSWs monthly, and the contacts or attempts were not appropriately documented in the initial or updated NSPs.

- Four initial NSPs were reviewed; none were comprehensive. It was noted that the Group Home needed to develop comprehensive initial NSPs. Permanency goals were not clearly identified.

- Nine updated NSPs were reviewed; none were comprehensive. It was noted that the Group Home needed to develop comprehensive updated NSPs. CSW contacts were not documented in the NSPs, and identified case plan goals were vague. Progress on identified case plan goals was not clear. Permanency goals were not clearly identified.

It is noted that the representatives from the Group Home attended the OHCMD NSP training for providers in January 2012. The Administrator reported that in the future, staff will utilize the Specific, Measurable, Attainable, Realistic, and Timely (SMART) chart as a guide to ensure development of comprehensive NSPs.

Recommendations

The Group Home's management shall ensure that:

6. The Group Home obtains or documents efforts to obtain DCFS CSW authorization to implement the NSPs.

7. All children are progressing toward meeting NSP case goals, and that the children's progress is documented.

8. DCFS CSWs are contacted monthly and the contacts are appropriately documented.

9. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

10. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Education and Workforce Readiness

- A child was not enrolled in school within three school days of placement; the child was placed on May 22, 2012 and was not enrolled until May 31, 2012. The Group Home reported they had begun the enrollment process by contacting the child's last school of enrollment for transcripts and medical history, but they had not documented their efforts. The Group Home will ensure that all efforts to enroll children in school are documented in each child's file. The Group Home was given the educational resource link website address (http://www.educationcoordinatingcouncil.org/Links.html) to utilize for future reference.

- Although the children were all attending school, the Group Home did not assist the children in meeting their educational needs and goals. Two children from the Lakewood site, who were performing below grade level, were not receiving the necessary tutorial services to ensure the educational needs and goals were being met. The Group Home Administrator stated that effective immediately, tutorial services from an outside agency will be offered to all Group Home residents. Supporting documentation reflecting participation, dates and time of tutoring services offered, and the minor's progress/lack of progress will be included in the Education section of the NSP. The Group Home has contracted with a tutoring program, School on Wheels and placed children began receiving tutorial services effective January 24, 2013. Pennacle provided verification of tutoring services for the children to the OHCMD Monitor.

Recommendations

The Group Home's management shall ensure that:

11. Children are enrolled in school within three school days of placement, and all efforts to enroll children in school are documented.
12. Children's educational needs and goals are being addressed.

13. The necessary services, such as tutoring, are provided to assist the children in increasing their academic performance.

Psychotropic Medication

- One discharged child's file did not have proper Psychotropic Medication Authorization documentation. Voluntary Psychotropic Medication Authorization documentation was present in the file, but it was not dated. The Assistant Administrator reported that the case in question was initially Voluntary Family Reunification (VFR) placement and once the VFR plan became a Court case; the Group Home did not obtain the proper PMA paperwork.

- It was noted that there had not been a psychiatric evaluation for the prescribed psychotropic medication for the above mentioned child. The Group Home representative and the Group Home's psychiatrist followed-up with the child's medication. The child has since been replaced.

Recommendations

The Group Home's management shall ensure that:

14. All children have proper psychotropic medication authorization on file.

15. All children prescribed psychotropic medication have a current psychiatric evaluation/review on file.

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

The OHCMD's last compliance report, dated July 19, 2012, identified 13 recommendations.

Results:

Based on our follow-up, the Group home fully implemented eight of 13 of the previous recommendations for which they were to ensure that:

- Children participate in activities (GH, School and Community),
- Children are given opportunities to participate in extra-curricular, enrichment and social activities,

- Encouragement and assistance with life book/photo album,
- DOJ submitted timely,
- FBI submitted timely,
- Child Abuse Central background statement timely,
- Signed criminal background statement timely,
- Employee health-screen timely,
- Children progressing toward meeting NSP goals,
- Development of comprehensive Initial NSPs,
- Development of comprehensive updated NSPs,
- DCFS CSWs monthly contacts documented, and
- Children enrolled in school timely.

The Group Home did not implement five prior recommendations. Specifically, the Group Home did not ensure children were progressing toward meeting their NSP goals; develop comprehensive initial and updated NSPs; and contact DCFS CSWs monthly; and enroll children in school timely.

The Group Home's management shall ensure that:

15. It fully implements the five outstanding recommendations from the July 19, 2012 monitoring report, which are noted in this report as Recommendations 7, 8, 9, 10, and 11.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

On June 24, 2013, the OHCMD Monitor contacted the A-C to inquire if a fiscal review had been conducted. We were informed that a fiscal report was being finalized and would be posted within the week.

PENNACLE FOUNDATION, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

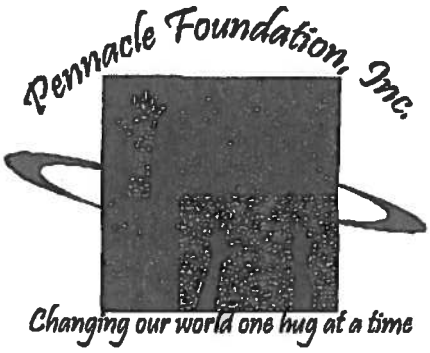
6133 E. Carson Street
Lakewood, CA 90713
License # 197803159
Rate Classification Level: 12

5643 Corning Avenue
Los Angeles, CA 90059
License # 198202803
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: November 2012**
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. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Improvement Needed
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms	3. Improvement Needed
	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. 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. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. 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	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	1. Improvement Needed 2. Improvement Needed
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	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)



April 11, 2013

Sonya Noil, CSA 1
Group Home Monitor
Out of Home Care Management Division
9320 Telstar Ave. Suite # 216
El Monte, CA 91731

Dear Ms. Noil

The following is the written Corrective Action Plan Addendum for Pennacle Foundations' overall program as it relates to the Group Home Monitoring Review Field Exit Summary conducted on 1/24/13.

1. (Section #1) Licensure/Contract Requirements:

(#3) – Does the group home maintain vehicle(s) in which the children are transported in good repair? (SAFETY)
(#5) – According to disaster drill logs, are disaster drills conducted and completed at least every 6 months? (SAFETY)
(#9) – Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plan deficiencies since the last review? (SAFETY)

Implemented Immediately, current status:

#3) Does the group home maintain vehicle(s) in which the children are transported in good repair? (SAFETY)

Effective immediately, and ongoing, all vehicles used to transport clients shall be maintained in safe/ good, clean operating condition.

Effective immediately, and ongoing, all vehicles used to transport clients are placed on a weekly routine cleaning maintenance schedule, ensuring that all vehicles are kept clean and sanitary.

Effective immediately, transporting staff will conduct a visual vehicle inspection, and complete the provided inspection report prior to completing each route. (See Attachment)

P.O. Box 18224 • Los Angeles, CA 90018
Phone: (323) 750-2400 • Fax: (323) 750-2444 • www.pennaclefoundationinc.org

Staff will immediately report any/all vehicle deficiencies to administration for expedited repairs. Administration will ensure all vehicles requiring repairs are removed from the routes, and repairs are conducted in a timely manner. All repairs will be completed prior to the vehicle(s) being placed back in route rotation.

Administration will facilitate and insure that all vehicles receive routine (quarterly) maintenance checks, which will include but not be limited to oil changes, and fluid checks. Supporting documentation reflecting maintenance and repairs will be maintained and filed at Pennacle's administration office.

#5) According to disaster drill logs, are disaster drills conducted and completed at least every 6 months? (SAFETY)

Effective immediately and ongoing, Pennacle staff conducts disaster drills monthly, documenting details describing the location, duration, and participants response during each drill. The monthly drills will be maintained in the facility file for one-year minimum.

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

Effective Immediately and ongoing, Pennacle residents are issued their clothing allowance ($50.00) monthly. Residents may provide staff with a written statement, requesting for staff to withhold/save their monthly clothing allowance for an additional month (copies of written statements will be stored in the residents file, clothing allowance file and at the administrative offices), resulting in the resident's clothing allowance to accumulate to $100.00, and affording the resident a more vast shopping experience. If/when written authorization to withhold/save a residents clothing allowance is provided, staff will notify the GH-Facility Manager of the residents decision and then store the residents clothing allowance in a secured area. All residents are/will be informed of their right to have access to their withheld/saved clothing allowance at anytime during the waiting period/month.

Plan To Prevent Reoccurrence:

#3) Does the group home maintain vehicle(s) in which the children are transported in good repair? (SAFETY)

All staff will received ongoing refresher/training on Vehicle Inspection(s) and Maintenance procedures. All staff is required to submit their vehicle inspection reports to administration each Friday of each week. Each vehicle will be/is placed on a weekly routine cleaning maintenance schedule, which includes but not limited to; being washed and vacuumed. Vehicles requiring repairs will be immediately removed from the transportation routes, at which time staff will notify administration of the needed repairs immediately. Administration will ensure that all repairs are completed in a timely manner, and returned to their route(s) once all repairs are completed. Administration will facilitate and insure that all vehicles receive routine (quarterly) maintenance checks, which will include but not be limited to oil changes, and fluid checks. Supporting documentation reflecting maintenance and repairs will be maintained and filed at Pennacle's administration office.

#5) **According to disaster drill logs, are disaster drills conducted and completed at least every 6 months? (SAFETY*)***

All staff will receive ongoing refresher/training regarding conducting and documentation of proper Disaster drill procedures. The GH-Facility manager will schedule routine monthly disaster drills onto the GH-Activity calendar. Staff will follow the GH-Activity calendar in relations to conducting the monthly disaster drills. The GH-Facility Managers will review all disaster drill logs monthly ensuring proper completion.

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

All staff will receive ongoing/refresher training regarding Personal Rights – Monthly issuance, withholding/saving of clothing allowance procedures. Staff will obtain written authorization from any/all residents whom are requesting their monthly clothing allowance to be withheld/saved (copies of written statements will be stored in the residents file, clothing allowance file and at the administrative offices). All residents will have access to their withheld/saved clothing allowance at anytime during the waiting period/ month.

Person Responsible for Implementing Plan of Correction:
#3) GH-Staff/ GH- Facility Managers and Administration
#5) GH- Staff/ GH- Facility Manager and Administration
#9) GH- Staff/ GH- Facility Manager and Administration

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
#3) Administration and Program Director
#5) Administration and Program Director
#9) Administration and Program Director

2. (Section #2) Facility and Environment
(# 10) – Are the exterior and the grounds of the group home well maintained (Front and back yards clean, and adequately landscaped condition of home exterior, driveway, walkway and fences; window screens)? (SAFETY)
(# 12) – Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age – appropriate decorations; and appropriate sleeping arrangements) (SAFETY)

Implemented Immediately
#10) Are the exterior and the grounds of the group home well maintained (Front and back yards clean, and adequately landscaped condition of home exterior, driveway, walkway and fences; window screens)? (SAFETY)

Effective immediately, and ongoing, staff will conduct routine grounds checks (utilizing the Facility Check List; see attachment), prior to the beginning of each shift, ensuring that the facility exterior and interior grounds are well maintained, and free of any hazards at all times. The GH- Facility Manager will monitor the facilitation and completion of the Facility grounds Check List responsibilities weekly, ensuring all staff is following the Safety procedure.

All repairs and landscape needs/ request will be documented on the Repair Request form (See attachment) and is/will be immediately forwarded via fax to administration. Repairs and landscape needs will be immediately addressed by Pennacle's Maintenance Department. Upon completion of the repairs, the Maintenance department will document the completion of the repairs on the said Repair Request form, which will be stored at the administration office.

Effective immediately, and ongoing, the maintenance department will schedule routine grooming of the facility grounds/landscape, ensuring that the grounds are maintained and free of debris and all hazardous materials at all times.

#12) Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age – appropriate decorations; and appropriate sleeping arrangements) (SAFETY)

Effective immediately, and ongoing, Pennacle staff/facility manager will conduct routine grounds checks, prior to the beginning of each shift, ensure that all window coverings, fixtures, and that the facility exterior and interior grounds are well maintained and free of any hazards, and able to provide residents with conformability and privacy in their bedrooms at all times.

Plan To Prevent Reoccurrence:

#10) Are the exterior and the grounds of the group home well maintained (Front and back yards clean, and adequately landscaped condition of home exterior, driveway, walkway and fences; window screens)? (SAFETY)

All staff will receive ongoing/refresher training regarding resident's safety, and ongoing upkeep and maintenance of the facility grounds. Staff will conduct routine grounds checks; using the Facility Check List form, prior to the beginning of each shift. The GH-Facility Manager will monitor and review the Facility Grounds Check list weekly, ensuring that all staff are following the implemented procedure, and the facility grounds are well maintained and free of all hazards at all times.

#12) Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age – appropriate decorations; and appropriate sleeping arrangements) (SAFETY)

The GH- Facility Manager will monitor the facilitation and completion of the Facility grounds Check List responsibilities weekly, ensuring all staff is following the Safety procedure. All needed repairs of furniture and or fixtures will be reported (via fax of a Repair Request form), and repaired/replaced immediately, ensuring that the facility exterior and interior grounds are continuously well maintained and in good working condition.

Person Responsible for Implementing Plan of Correction:
(#10, #12) GH –Facility Manager, Staff, and Administration

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
(#10, #12) Administration and Program Director

3. (Section #3) Maintenance Of Required Documentation And Service Delivery
(# 16) – Did the group home obtain or document efforts to obtain County worker's authorization to implement the Needs and Service Plan? (WELL BEING)
(#18) – Are the sampled children progressing towards meeting the Needs and Service Plans case goals? (WELL BEING)
(#21) – Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file? (WELL BEING)
(#23) – Did the treatment team develop timely, comprehensive, Initial Needs and Service Plans with the participation of the developmentally age-appropriate child? (WELL BEING)
(#24) – Did the treatment team develop timely, comprehensive, updated Needs and Service Plans with the participation of the developmentally age-appropriate child? (WELL BEING)

Implemented Immediately
(#16) Did the group home obtain or document efforts to obtain County worker's authorization to implement the Needs and Service Plan? (WELL BEING)
Effective immediately, and ongoing, Pennacle administration will ensure that all CSW authorization is obtained to implement all NSP's. If a signature/authorization is unattainable, supporting documentation of all efforts and attempts made towards obtaining the authorization will be attached to, and or documented on the addendum page of said NSP before the NSP is filed in the clients' file.

(#18) – Are the sampled children progressing towards meeting the Needs and Service Plans case goals? (WELL BEING)
Effective immediately, and ongoing, GH staff will forward all documents and communication reflecting progress/lack of progress for all children's Needs and Service Plans case goals to administration monthly. Administration will ensure that all Needs and Service Plans case goal progress is clearly documented in all NSP's and Quarterlies for all minors placed.

(#21) Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file? (WELL BEING)
Effective immediately and ongoing, Pennacle staff will communicate and document their contacts on the (previously implemented) CSW Contact form (see attachment), on a monthly basis. Staff will continue to forward all CSW contact information to administration monthly via the provided form. Administration will then ensure that dates of the agencies contact with all CSW's will be thoroughly transferred into all NSP's.

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

Effective immediately, and ongoing, the treatment team in collaboration with the County Worker, GH staff, and age- appropriate child, will develop a timelier, outcome based, specific, measurable, attainable and a overall more comprehensive Initial NSP by taking additional session time with each minor placed, within their initial 30 days of placement and an updated NSP each 90 days thereafter.

The treatment team, administration, and GH staff in collaboration with the County worker, will ensure that all minors placed have clearly identified permanency goals, and that progress on medical appointments/follow-up appointments, school, and family contact and or visit information is appropriately documented in each child's NSP.

Plan To Prevent Reoccurrence:
(# 16) – Did the group home obtain or document efforts to obtain County worker's authorization to implement the Needs and Service Plan? (WELL BEING)
(#18) – Are the sampled children progressing towards meeting the Needs and Service Plans case goals? (WELL BEING)
(#21) – Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file? (WELL BEING)
(#23) – Did the treatment team develop timely, comprehensive, Initial Needs and Service Plans with the participation of the developmentally age-appropriate child? (WELL BEING)
(#24) – Did the treatment team develop timely, comprehensive, updated Needs and Service Plans with the participation of the developmentally age-appropriate child? (WELL BEING)

The Facility manager will routinely collect and forward all documentation reflecting the staff's daily efforts to make contact with all outside agencies, and Needs and Service Plan goals progress in the areas including but not limited to; school enroll, medical appointment and follow-ups, permanency, family visitation, and contact for each minor placed.

Administration will ensure that all supporting documentation is collected from the Gh staff; reflecting authorizations to implement NSP's, goal progress, visitation, education progress, and medical updates and all other collected information is accurately documented in each minor's NSP.

Person Responsible for Implementing Plan of Correction:
(#16, #18, #21, #23, #24) Facility Managers, Administration, and Treatment Team

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
(#16, #18, #21, #23, #24) Administrator and Facility Manager, Program Director

4. (Section # 4) Education And Workforce Readiness

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

(# 26) – Does the agency ensure the child attends school as required and facilitate in meeting the child's educational needs and goals (e.g. IEP conference, tutoring, parent/teacher conference, homework, etc.), if applicable for children placed over 90 days? (WELL BEING)

(#28) – Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals)? (WELL BEING)

Implemented Immediately

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

Effective immediately, the Facility Manager will work closely with the designated Educational Rights holder, DCFS CSW, and the designated Unified School District for each minor placed, to ensure that all minors are being enrolled into the appropriate educational setting within three days of initial placement. The facility manager and staff will maintain documentation (Education Progress Form – see attachment) reflecting all efforts made towards enrolling each minor into school as stated in the County Contract statement of work. Administration will ensure that all supporting documentation reflecting staffs efforts made towards enrolling each minor placed, and academic progress will be attached to and or documented on the addendum page of each NSP.

(# 26) Does the agency ensure the child attends school as required and facilitate in meeting the child's educational needs and goals (e.g. IEP conference, tutoring, parent/teacher conference, homework, etc.), if applicable for children placed over 90 days? (WELL BEING)

(#28) Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals)? (WELL BEING)

Effective immediately and ongoing, tutoring services from an outside agency will be/is offered to all Pennacle residents. Supporting documentation reflecting participation, dates and timed of tutoring services offered, and the minor's progress/lack of progress will be documented on the Education Progress form and in each minor's NSP.

Plan To Prevent Reoccurrence:

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

Facility managers will forward all documentation reflecting their daily efforts to enroll each minor into the appropriate educational setting, and academic updates/progress (via the implemented Education Progress Form) to the administrator. The administrator will ensure that all academic information is documented and submitted via each resident's NSP.

(# 26) Does the agency ensure the child attends school as required and facilitate in meeting the child's educational needs and goals (e.g. IEP conference, tutoring, parent/teacher conference, homework, etc.), if applicable for children placed over 90 days? (WELL BEING)

(#28) Based on the services provided by the facility, has the child's academic performance and/or attendance increased (e.g. improved grades, test scores, promotion to the next level, H.S. grad, IEP goals)? (WELL BEING)

Each resident placed will be matched with a tutor (tutoring provided by outside agencies) within 90 days of placement, to assist residents in areas of academic weakness. The Facility manager and GH staff will document all contact, tutoring sessions, and academic progress/lack of progress on the Education Progress Form daily. The FM and CH staff will forward the Education Progress Form to administration monthly. Administration will ensure all supporting documentation reflecting each client's participation, and academic progress, which will include information pertaining to the tutoring services offered to each resident, and that it is documented in each resident's NSP.

Person Responsible for Implementing Plan of Correction:
(#25, #26, #28) Staff, Facility Manager, Education Liaison, and Administrator

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
(#25, #26, #28) **Administrator, Education Liaison, and Program Director**

5. (Section #6) – Psychotropic Medication
(#34) – Are there current court- approved authorizations for the administration of psychotropic medication or did the GH document efforts to obtain? (WELL BEING)
(#35) – Is there a current psychiatric evaluation/review for each child on psychotropic medication? (WELL BEING)

Implemented Immediately
(#34) ***Are there current court- approved authorizations for the administration of psychotropic medication or did the GH document efforts to obtain? (WELL BEING)***

Effective immediately, and ongoing, administration will continue to work with the treatment team, ensuring that all psychotropic authorizations are submitted, followed-up, received, and filed in a timely manner. Facility managers and administration will ensure that upon completion of intake, all residents prescribed psychotropic medication will be received with a current psychotropic authorization/DCFS 179 form; authorizing staff to administer all prescribed psychotropic medications. A copy of all current psychotropic authorizations/DCFS 179 forms will be maintained in the residents facility file and at the administrative offices.

(#35) – Is there a current psychiatric evaluation/review for each child on psychotropic medication? (WELL BEING)

Effective immediately, and ongoing, administration and GH facility managers will work with the treatment team, ensuring that all residents' prescribed psychotropic medication receives an initial

evaluation within 7 days of placement, and receives ongoing monthly psychotropic/mental health reviews.

Plan To Prevent Reoccurrence:
(#34) ***Are there current court- approved authorizations for the administration of psychotropic medication or did the GH document efforts to obtain? (WELL BEING)***
(#35) – Is there a current psychiatric evaluation/review for each child on psychotropic medication? (WELL BEING)

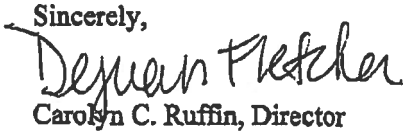
Administration and facility managers will review residents files monthly, ensuring that all psychotropic authorizations/DCFS 179 forms, and mental health progress notes are current at all times. Copies of psychotropic authorizations/DCFS 179 forms, evaluations, and progress/review notes will be maintained in the residents facility file and at the administrative offices.

Person Responsible for Implementing Plan of Correction:
(#34, #35) **Facility managers and Administrator**

Person Responsible for Monitoring to Ensure Corrective Action Remains Implemented and is Working as Intended:
(#34, #35) **Administrator and Program Director**

It should be further noted that Pennacle Foundation Program Administrator, Kevin Bennett has been reassigned to work within the boy's facility (Lakewood/Halldale), in efforts to ensure that the above plan is efficiently and effectively being implemented, and that the program is operating cohesively.

Sincerely,



Carolyn C. Ruffin, Director