County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 12, 2013

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

From: FOR Philip L. Browning
Director

PENNY LANE 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 Penny Lane (the Group Home) in March of 2013. The Group Home has 11 sites: 9 located in the Third Supervisorial District and 2 located in the Fifth Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children and Probation Department (Probation) youth. According to the Group Home's program statement, its purpose is, "to provide each child with an individualized treatment or needs and services plan that will address and successfully treat a child's presenting problems and ensure the child's safety, permanency, and well-being."

The Group Home has ten six-bed sites and one 45-bed site. The Group Home is licensed to serve a capacity of 105 male and female children, ages 12 through 18. At the time of review, the Group Home served 47 placed DCFS children and 47 Probation youth. The placed children's overall average length of placement was six months, and their average age was 17.

SUMMARY

During OHCMD's review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment and treated with respect and dignity.

The Group Home was in full compliance with 8 of 10 areas of our Contract compliance review: Facility and Environment; Education 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.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to the Group Home having been cited by Community Care Licensing (CCL) on two occasions; and Maintenance of Required Documentation and Service Delivery, related to Need and Services Plans not being comprehensive.

Attached are the details of our review.

REVIEW OF REPORT

On July 11, 2013, DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with the Group Home representatives, Wendy Carpenter, Associate Executive Director; Laterra Champion-Watson, Quality Improvement Social Worker Director; Cathy Blain, Main Facility Director; Regina Thomas, Medical Station Supervisor; Amy Nearhoof, Intake Director; Jerry Majewsky, Program Director; and Shiva Berjis, Clinical Supervisor. The representatives: agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve 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 Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD 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
Wendy Carpenter, Asst. Director, Penny Lane
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

PENNY LANE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY
FISCAL YEAR 2012-2013

Main Facility
15302 Rayen Street
North Hills, CA 91343
License Number # 191202002
Rate Classification Level: 12

Satellite 1 Group Home
9723 Burnet Street
North Hills, CA 91343
License # 191202003
Rate Classification Level: 12

Satellite 2 Group Home
16656 Nordhoff Street
North Hills, CA 91343
License # 19122188
Rate Classification Level: 12

Satellite 3 Group Home
13804 Osbourne Street
Arleta, CA 91331
License # 191290246
Rate Classification Level: 12

Satellite 4 Group Home
8616 Valjean Ave.
North Hills, CA 91343
License # 197605935
Rate Classification Level: 12

Satellite 5 Group Home
8806 Haskell Street
North Hills, CA 91343
License # 191221975
Rate Classification Level: 12

Satellite 6 Group Home
11641 Balboa Blvd.
Granada Hills, CA 91344
License # 191220837
Rate Classification Level: 12

Satellite 7 Group Home
9630 Wilbur Ave.
Northridge, CA 91324
License # 191220863
Rate Classification Level: 12

Satellite 8 Group Home
9845 Hayvenhurst Ave.
North Hills, CA 91343
License # 191221387
Rate Classification Level: 12

Satellite 9 Group Home
6329 Clybourne Ave.
North Hollywood, CA 91606
License # 198207800
Rate Classification Level: 12

Satellite 10 Group Home
1610 North Valley Street
Burbank, CA 91505
License # 198207799
Rate Classification Level: 12

	Contract Compliance Monitoring Review	Findings: March 2013
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. 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	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children Social 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. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children Social 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. Full Compliance
	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	Full Compliance (ALL)
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	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 Involvement 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)

PENNY LANE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the March 2013 review. The purpose of this review was to assess Penny Lane'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, seven placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) 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, five 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 five 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 two areas out of compliance.

Licensure/Contract Requirements

- On March 22, 2012, Community Care Licensing (CCL) cited the Group Home as a result of a substantiated Personal Rights complaint. CCL's investigation revealed that staff had acted inappropriately when staff hit a resident with his shoulder, causing the resident to retaliate against staff. A Plan of Correction (POC) was requested by CCL. The Group Home submitted a POC, which CCL approved; CCL cleared the deficiency on March 27, 2013. The Group Home also completed a Special Incident Report which was timely and appropriately filed. The DCFS Emergency Response investigation Children's Social Worker (CSW) deemed the allegations inconclusive, as there was not enough evidence to substantiate the

incident. The child suffered no injuries, and it was the staff's word against the child's. During the course of the investigation, the youth was arrested and charged with battery, as he had allegedly pushed the staff. The Group Home was proactive in addressing the allegations by submitting a written CAP to OHCMD. Further, OHCMD was informed that the staff involved in this incident remains on medical leave; he has not returned to work since February 2012, when the incident occurred. However, upon his return to work, this staff member will be reassigned to the Main Facility where he will have additional staff support and an on-duty supervisor during his scheduled shift. He will also be retrained on the Group Home's Emergency Intervention plan.

- On September 24, 2012, during a complaint investigation, CCL observed at least one mattress soiled and stained with an unknown brown substance at the head of one child's bed. Also, several children had been bitten by insects or bugs. Both allegations were substantiated. The Group Home Maintenance Supervisor immediately replaced damaged mattresses and continues to ensure that mattresses are routinely checked for cleanliness. The Group Home was fumigated and continues to be fumigated on a monthly basis.

Recommendation

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

Maintenance of Required Documentation and Service Delivery

- Nine updated Needs and Services Plans (NSPs) were reviewed; four were not comprehensive, as they did not include the Children's Social Worker (CSW) or Deputy Probation Officer (DPO) contact information. During the Exit Conference, the Administrator reported that effective immediately, all updated NSPs will document CSW or DPO contacts.

  It was noted that the Group Home representatives attended the OHCMD NSP training in January 2012; NSPs reviewed were developed subsequent to the NSP training. To further assist the Group Home in ensuring comprehensive updated NSPs, during the Exit Conference, OHCMD reviewed the NSP template with the Group Home representative.

Recommendation

The Group Home's management shall ensure that:

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

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

The OHCMD's last compliance report, dated October 5, 2012, identified three recommendations.

Results

Based on our follow-up, the Group Home fully implemented one of three recommendations for which they were to ensure that:

- Comprehensive initial NSPs are developed.

The Group Home did not implement the following recommendations:

- They remain free from any substantiated CCL complaints on safety and/or physical plant deficiencies, and
- Comprehensive updated NSPs are developed.

Recommendation

The Group Home's management shall ensure that:

3. The outstanding recommendations from the October 5, 2012 monitoring report, which are noted in this report as Recommendations 1 and 2, are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and Contract requirements. In efforts to ensure the development of comprehensive NSPs, the Group Home has implemented regular staffings during which NSPs will be discussed. The Clinical Supervisor will also be involved in the review of NSPs. In addition, to ensure all group home sites are in compliance with Title 22 Regulations, the staff supervisors will ensure regular checks of the facilities are conducted.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the Group Home has not been posted by the Auditor-Controller.

July 25, 2013,

Patricia Bolanos-Gonzales CSA II
County of Los Angeles
Bureau of Children and Family Services
Out of Home Care Investigations
9320 Telstar Ave. Suite 206
El Monte, Ca. 91731
626 569-6819 (phone) 626 572-2368 (fax)

Sent Via Fed Ex

Performance Action CAP

Dear Ms. Bolanos-Gonzalaes CSA II,

The following is Penny Lane's Corrective Action Pan (CAP) following an announced monitoring visit from DCFS on March 27, 2013, The Contract Compliance Monitoring Review visit was conducted by Sonya Noil, CSA I. The identified findings were noted and Corrective Action Plan for NSP is due on August 10, 2013.

Needs Improvement: *Well Being:* Nine updated NSPs were reviewed; four were not comprehensive, as they did not include the Children's Social Worker (CSW) or Deputy Probation Officer (DPO) contact information. During the Exit Conference, the Administrator reported that effective immediately, all updated NSPs will document CSW or DPO contacts

CAP: The Residential Clinical Manager will work with the therapist, to ensure that the Children's Social Worker (CSW) or Deputy Probation Director (DPO) contact information is properly documented in the NSP. A meeting was held with group home staff and it was communicated that a detailed log outlining initiated and successful contact made with county workers will be maintained. All contact information such as dates and specific form of interaction will be documented in the child NSP according to the NSP template. The Clinical Managers and Quality Improvement/Social Worker Director will review and approve all foster youth treatment NSP contact information to ensure that the reports are comprehensive and individualized to each youth's unique treatment needs.

The following is to clarify the Community Care Licensing Findings noted in the report.

On March 22, 2012, Community Care Licensing (CCL) substantiated a Personal Rights complaint. CCL concluded that a staff member hit a client with his shoulder which caused the client to assault the staff. Penny Lane provided the staff with re-training on crisis intervention and moved the staff to another facility for a fresh start. The staff member is currently on Medical Leave. Penny Lane submitted a Plan of Correction (POC). CCL approved the POC and the deficiency was cleared on March 27, 2012. The DCFS investigation deemed the allegations inconclusive.

On September 24, 2012, CCL observed at least one mattress soiled and stained. Also, several clients had been bitten by insects or bugs. Penny Lane's Maintenance Supervisor replaced the mattresses on September 24, 2012. September 25, 2012 Penny Lane submitted a Plan of Correction (POC) to CCL.

The Maintenance Supervisor and Program Director consistently check the mattresses for cleanliness and replace as needed in a timely manner. Penny Lane continues to be fumigated on a monthly basis.

As always, we appreciate your feedback and take this an opportunity to better our residential program.

Sincerely,

Wendy Carpenter, MA
Associate Executive Director

Laterra Champion Watson, MSW, ASW
Quality Improvement and Social Worker Director

Shiva Berjis, MFT, /MFT
Residential Clinical Manager