County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 13, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

PROJECT SIX GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of Project Six Group Home in November 2011, at which time they had one 24-bed site and children placed through the Department of Mental Health (DMH) only.

Project Six is located in the Third Supervisorial District and provides services to Los Angeles County Department of Mental Health (DMH) youth and Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Project Six's program statement, the stated goal is "decrease residents' maladaptive behaviors and improve their social, emotional and academic/occupational functioning." Project Six is licensed to serve a capacity of 24 male and female youth, ages 11 through 17.

For the purpose of this review, only four staff files were reviewed for compliance with Title 22 Regulations and County contract requirements, as there were no DCFS placed children, nor DCFS discharged children's files to review.

SCOPE OF REVIEW

The purpose of this review was to assess Project Six's compliance with the County contract and State regulations. The visit included a review of Project Six's program statement, administrative internal policies and procedures, and a random sampling of personnel files. A visit was made to the facility to inspect the physical plant and review staff files.

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

SUMMARY

At the time of the review, we noted a few personnel deficiencies. The Group Home needed to ensure their newly-hired staff members receive timely certification in CPR, First-Aid, and the Emergency Intervention Plan.

Project Six was receptive to implementing some systemic changes to improve their compliance with State regulations and the County contract. The Program Director stated she understood and agreed with the findings and would develop a Corrective Action Plan (CAP) to address the deficiencies.

NOTABLE FINDINGS

The following are the notable findings of our review:

- One of four reviewed staff members did not receive timely certification in CPR and First-Aid, in that they were not certified until four months after their hire date. Furthermore, another newly-hired staff member was not certified in the Emergency Intervention Plan until four months after their hire date. The Program Director agreed with the findings and stated that the deficiencies will be corrected.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held January 4, 2012:

In attendance:

Jessica Romeyn, Program Director, Project Six Group Home and Kristine Kropke Gay, Monitor, OHCMD, DCFS.

Highlights:

The Program Director was in agreement with our findings and recommendations.

Project Six provided an approved CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

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

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

PLB:RS:KR:
EAH:PBG:kkg

Attachments

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
Kristie Hoefflin, Program Director, Project Six Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

PROJECT SIX
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

SITE LOCATION

15339 Saticoy St.
Van Nuys, CA 91405
License Number: 197606825
Rate Classification: 12

	Contract Compliance Monitoring Review	November 2011
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs Documented and Cross-Reported 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigations Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	1. Not Applicable 2. Not Applicable 3. Not Applicable 4. Not Applicable 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedroom/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (13 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. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs	Not Applicable (ALL)

	8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationships 12. Development of Timely Updated NSPs 13. Development of Comprehensive Initial/Updated NSPs	
IV	**Educational and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates in Meeting Child's Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourages Children's Participation in YDS	Not Applicable (ALL)
V	**Health and Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	Not Applicable (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review	Not Applicable (ALL)
VII	**Personal Rights And Social/Emotional Well-Being** (15 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	Not Applicable (ALL)

	5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival and Economic Well-Being** (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 Ethnic Personal Care Items 6. Minimum Monetary Allowance 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	Not Applicable (ALL)
IX	**Discharge Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Not Applicable (ALL)

X	**Personnel Records** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First Aid Training Documentation 13. Ongoing Training Documentation 14. 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. Needs Improvement 12. Needs Improvement 13. Full Compliance 14. Needs Improvement

PROJECT SIX GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

15339 Saticoy St.
Van Nuys, CA 91405
License Number: 197606825
Rate Classification Level: 12

The following report is based on a "point in time" monitoring visit and addresses findings noted during the November 2011 monitoring review.

CONTRACTUAL COMPLIANCE

During our review, there were no DCFS placed children, and the DCFS discharged children's files were reviewed during the last monitoring review. There were only DMH placed children at the time of our review. We reviewed four personnel files, as well as documentation from the provider. Project Six complied with two of three applicable sections of our contract compliance review: Licensure/Contract Requirements and Facility and Environment. The seven other sections were not applicable, due to no DCFS placed children during the time of our monitoring review. The following report details the results of our review.

PERSONNEL RECORDS

Based on our review of four staff personnel files, and/or documentation from the provider, Project Six fully complied with 11 of 14 elements reviewed in the area of Personnel Records.

We found that one of four reviewed staff members did not receive timely certification in CPR and First-Aid, in that they were not certified until four months after their hire date. Furthermore, another newly-hired staff member was not certified in the Emergency Intervention Plan until four months after their hire date. The Program Director agreed with the findings and stated that the deficiencies would be corrected.

Recommendations:

Project Six's management shall ensure:

1. All staff members receive timely certification in CPR.
2. All staff members receive timely certification in First-Aid.
3. All staff members receive timely certification in the Emergency Intervention Plan.

FOLLOW-UP FROM THE 2010 MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the OHCMD's last monitoring review.

Verification

We were unable to verify whether the outstanding recommendations from our last monitoring report were implemented, because there were no DCFS placed children at the time of our review. The last report was issued December 17, 2010.

Results

The OHCMD's prior monitoring review contained five outstanding recommendations. Specifically, Project Six Group Home was to comply with the following: develop comprehensive NSPs; ensure age-appropriate children participate in the development of NSPs; children are to be given the opportunity to participate in planning activities; children are to receive timely initial medical and dental examinations; and children are to be encouraged and assisted in creating and updating a life book/photo album. Based on no DCFS-placed children at the time of the monitoring review, all five recommendations could not be determined. Therefore, we were unable to verify if the CAP was implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal report of Project Six, dated November 3, 2011, revealed there was $36,637 in unallowable and unsupported/inadequately supported expenditures. According to DCFS' Fiscal Monitoring Section, Project Six submitted an approved CAP and paid the money that was due.

DATE: January 23, 2012

TO: Kristine Kropke-Gay, Out of Home Care Monitor
Patricia Bolanos-Gonzalez, Group Home Manager

FAX: 626-572-2368

FROM: Project Six

RE: Corrective Action Plan for
Group Home Monitoring Review 2011
Exit Conference Date: 1/4/2012

The Corrective Action Plan (CAP) has been implemented as follows for the Project Six Group Home located at 15339 Saticoy Street, Van Nuys, California 91406 (License # 197600205).

X. Personnel Records:

Corrective Action Plan

- All Project Six Residential Counselors will receive First Aid Training within the first 30 days of employment.
- All Project Six Residential Counselors will receive CPR Training within the first 30 days of employment.
- All Project Six Residential Counselors will receive the emergency training program, "Pro Act", within the first 30 days of employment.

Jessica Romeyn, Program Director, will be responsible for ensuring that the CAP will be fully implemented.

1-23-2012
Date

Jessica Romeyn
Program Director
Project Six