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July 25, 2013

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

From: Philip L. Browning, Director

ROSEMARY CHILDREN'S SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OCHMD) conducted a review of Rosemary Children's Services (The Group Home) in November 2012. The Group Home has five sites located in the First Supervisorial District and provides services to County of Los Angeles DCFS foster and Probation children and youth. According to the Group Home's program statement, its purpose is "to provide a safe setting where residents can gain skills that will enable them to cope effectively with their problems and successfully function within mainstream community life whether they return home or emancipate."

The Group Home has one 19-bed group home site licensed to serve a capacity of 19 girls, and four six-bed group home sites, each licensed to serve a capacity of six girls, ages 13 through 18. At the time of review, the Group Home served 30 placed DCFS children, six placed Probation youth, two children placed by San Bernardino County, and one privately placed child. The placed children overall average length of placement was three months, and their average age was 16.

SUMMARY

During our 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 six of 10 areas of our Contract compliance review: Maintenance of Required Documentation and Service Delivery; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Discharged Children; and Personnel Records.

The OCHMD Monitor noted deficiencies in the area of Licensure/Contract Requirements, related to Community Care Licensing (CCL) having issued citations and required Plans of Correction (POC) due to physical plant deficiencies and concerns regarding the administration of psychotropic medication; Facility and Environment, related to common areas and children's bedrooms not being well maintained and insufficient recreational equipment; Personal Rights and Social/Emotional Well-Being, related to insufficient meals and snacks and an inappropriate rewards/discipline system; and Personal Needs/survival and Economic Well-Being, related to provision of clean personal care items.

On January 14, 2013, the OHCMD placed an "Investigative Hold" on the Group Home due to multiple recent incidents involving the administration of psychotropic medication. An Administrative Review Conference was held on January 29, 2013. The issues and remedies were discussed, resulting in the Group Home's submission of a Corrective Action Plan (CAP). The CAP was approved, and the "Hold" was lifted on February 26, 2013.

Subsequent to the lifting of the "Hold," another incident involving the administration of psychotropic medication occurred on March 3, 2013. On March 5, 2013, the OHCMD again placed the Group Home on an "Investigative Hold"; the Administrative Review Conference was held on March 19, 2013. The "Hold" remained in place until it was determined that the CAP was fully and satisfactorily implemented. The CAP was approved, and the "Hold" was lifted on April 17, 2013.

In each instance of placing a "Hold," CCL and Probation were notified. CCL met with the Group Home administration to enforce the CAP is fully implemented.

Attached are the details of our review.

REVIEW OF REPORT

On December 17, 2012, Donald Luther, the DCFS OHCMD Monitor, held an Exit Conference with the Group Home representatives Greg Wessels, Executive Director; Tracy Alvarez, Residential Director; Lauren Daniels, Assistant Residential Director; and Arease Wheeler, Quality Assurance Director. The Group Home's representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a CAP.

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. The OCHMD Monitor 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:dl

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
Greg Wessels, Executive Director, Rosemary Children's Services
Lenora Scott, Regional Manager, Community Care Licensing
Rosalie Gutierrez, Regional Manager, Community Care Licensing

ROSEMARY CHILDREN'S SERVICES
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 November 2012 review. The purpose of this review was to assess Rosemary Children's Service'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. Seven currently placed children's case files were reviewed. Six of the seven children were interviewed to assess the care and services they received, as one child was released home at Court prior to being interviewed. 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 placed children were prescribed psychotropic medication. The Out-Of-Home Care Division (OHCMD) Monitor reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of monitoring psychotropic medication.

The OCHMD Monitor 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

The OCHMD found the following four areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) had cited the Group Home during three separate investigations, since the 2011 - 2012 OHCMD Annual Review.

On July 2, 2012, at Rosemary's Cottage, the larger group home site, CCL cited the Group Home for deficiencies related to plumbing problems. Discolored water was flowing from two upstairs faucets; two restroom sinks had clogged drains and were filled with water; and an odor was coming from two toilets which were not in working order. A Plan of Correction (POC) was completed. The sink water line was disconnected, flushed, and water ran clean. Maintenance staff snaked the sinks, removing hair and toothpaste residue, and the drains remained clear and unclogged. The maintenance staff also unclogged the toilets.

CCL cited the Group Home on August 7, 2012 for the distribution of one child's medication to another child at the 500 House site, on July 18, 2012. The staff, upon realizing the error, contacted the nurse and was advised to monitor the child for two hours. CCL required the Group Home to complete a POC, including verification of retraining of the staff, on distribution of medication. The DCFS OHCMD had reviewed the Serious Incident Report (SIR) and was in agreement with the POC required by CCL. The staff was counseled and received a suspension for her actions.

CCL visited the Bonnie House on August 7, 2012 and cited the Group Home for several physical plant deficiencies. A toilet seat was found to be in an unsanitary condition. The toilet seat was replaced at the time of CCL's visit. A sofa was found to have damaged springs, making the sofa uncomfortable; the Group Home replaced the sofa. The screen on the door had been removed; the screen was replaced at time of the CCL visit.

Recommendation

The Group Home management shall ensure that

1. All sites are in compliance with Title 22 Regulations.

<u>Facility and Environment</u>

- During a walkthrough of the facilities, the OHCMD Monitor noted a floor tile with a broken corner in the upstairs bathroom of Rosemary's Cottage. On November 26, 2012, during a follow-up visit, the Monitor observed that the corner area of the tile had been patched and smoothed. Per the Executive Director, the bathrooms in Rosemary's Cottage were scheduled to be renovated in January 2013. In a follow-up contact with the Residential Director on February 27, 2013, he reported that the contractor has submitted the plans to the City of Pasadena for permits, but the Group Home has not been provided a specific start date.

A cast iron utility sink in the Bonnie House laundry area needed to be refinished/replaced. The Executive Director had advised that the sink would be repaired and the kitchen remodeled under a Community Development Block Grant in January 2013. Approval was granted for the project; however a specific start date remains uncertain, due to contractual negotiations.

A cast iron utility sink in the Romberger House laundry area also needed to be refinished/replaced. On December 5, 2012, OHCMD received photographic documentation that this sink had been refinished and reglazed.

- At the Bonnie House, an electrical outlet in a children's bedroom was missing a cover plate. On November 26, 2012, during a follow-up visit, the OHCMD Monitor observed that a new outlet and cover plate had been installed.

- There was no variety of on-site recreation equipment readily available at the Bonnie House for the children to use at their leisure. On November 26, 2012, during a follow-up visit, the OHCMD Monitor observed that a basketball, football, and soccer ball were now on site, available for the children's use.

Recommendations

The Group Home management shall ensure that:

2. The common areas of the sites are maintained and in good condition.

3. All children's bedrooms are maintained and all electrical outlets are equipped with cover plates in good condition, in order to prevent potential safety hazards.

4. Each site is supplied with a variety of on-site recreation equipment for the children's use.

Psychotropic Medications

Although there were no findings in the area of Psychotropic Medications during the 2012-2013 OHCMD Compliance Review, the OHCMD placed an "Investigative Hold" on the Group Home on January 14, 2013 and again on March 5, 2013 due to incidents involving the administration of psychotropic medication.

On January 14, 2013, the OHCMD placed an "Investigative Hold" on the Group Home due to a couple of recent incidents on July 11, 2012 and December 26, 2012, involving the administration of psychotropic medication. An Administrative Review Conference was held on January 29, 2013. The issues and remedies were discussed, resulting in the Group Home's submission of a Corrective Action Plan (CAP). The CAP included: providing additional training; administered disciplinary action; and added a Quality Assurance policy/protocol manual regarding the dispensement of medication. The CAP was approved, and the "Hold" was lifted on February 26, 2013.

Subsequent to the lifting of the "Hold", another incident involving the administration of psychotropic medication occurred on March 3, 2013. On March 5, 2013 the OHCMD again placed the Group Home on an "Investigative Hold"; the Administrative Review Conference was held on March 19, 2013. The "Hold" remained in place until it was determined that the CAP was fully and satisfactorily implemented. The CAP included: the hiring of additional nursing staff to dispense medications; revised their policy/procedure manual to include language that nursing staff are the identified staff to dispense medication; increase the staff to client ratio from 1:6 to 1:3 from 12:30 p.m. to 10:30 p.m.; increased the number of medication administration in-service trainings; requirement of two staff to be present when medication is dispensed; revised their Quality Assurance policy to include medication audits; and medication labels would be placed on Medication Administration Records (MAR) to decrease misinterpretation of labels. The CAP was approved, and the "Hold" was lifted on April 17, 2013.

In each instance of placing a "Hold", CCL and Probation were notified. CCL met with the Group Home administration to enforce the CAP is fully implemented.

Personal Rights and Social/Emotional Well-Being

- Two children reported the food was bad, with comments of "tasted nasty", "wasn't cooked right", and "the bread was molded"; however, the other children did not express any dissatisfaction with the food. The OHCMD Monitor reviewed the menus, inspected the food, preparation area and cooking process, and found a varied menu of nutritious meals. There was no indication of spoilage or of foods being improperly cooked.

  The Group Home contracts its food services and preparation with a culinary services company. The Quality Assurance Director advised that the children are invited to participate in periodic survey interviews, if they wish, to express concerns or issues they may have related to their stay at the Group Home, including the food.

- One child expressed dissatisfaction with the discipline system in place. The concern was that children are subject to being unable to participate in the scheduled activity if one or two children are creating issues; staff precludes all children from attending or participating.

  The Residential Director stated that at times when this occurs, the children are offered an alternative activity. The OHCMD Monitor expressed that it seemed unfair that the children were not able to attend or participate in the scheduled activity, and that perhaps the children that are creating the discord should be the ones excluded. This may result in the need for additional supervision arrangements for those children. The Residential Director advised that additional staff are not always available. However, there are times when the children that are being disruptive are supervised at another group home site in order to enable the activity to take place.

Recommendations

The Group Home management shall ensure that:

5. All children are advised of the options that they can take to express their suggestions and dissatisfaction with food and menus without fear of any reprisal.

6. All children that are following their program and not presenting issues that require additional behavioral supervision are able to participate in scheduled activities without exclusion due to the behaviors of one or two children.

Personal Needs/Survival and Economic Well-Being

One child reported that she did not have an adequate amount of soap, a "messed up" brush, and no toothbrush or toothpaste. The OHCMD Monitor asked the child if she had asked the staff for replacements. The child shared that she was informed there were no more at that time. The OHCMD Monitor reported this to the Assistant Residential Director who immediately provided the child with the lacking items.

The OHCMD Monitor also inspected the hygiene supplies to ensure their availability and found that hair brushes were the only items that were not in the hygiene supply cabinet. Additional brushes were purchased that same day, and receipts were submitted to the OHCMD Monitor. After the review, the Residential Director advised the OHCMD Monitor that additional supplies are stored in a different hygiene supply closet at the facility; however, the lacking items had not been transferred to the hygiene closet to be accessed by the childcare workers for the children.

Recommendation

The Group Home management shall ensure that:

7. All children are provided with adequate personal care items.

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

The OHCMD's last compliance report, dated August 22, 2012, identified 15 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 10 of 15 recommendations. The previous recommendations were that:

- The Group Home is in compliance with Title 22 Regulations,
- All the Group Home's exteriors and grounds are well maintained,

- All common quarters are well maintained, in good repair, and free of hazardous conditions,
- All children's bedrooms are well maintained, each bed has a full compliment of clean linen, including mattress pads,
- A sufficient supply of perishable foods are maintained and properly stored,
- Documentation is maintained of CSW's approval for implementation of the NSPs or the attempt(s) to obtain authorization for implementation,
- All children are active participants in the development and implementation of their NSPs,
- All required monthly contacts with the CSWs are appropriately documented in the NSPs,
- Initial and updated NSPs are comprehensive, including all required elements in accordance with the NSP template,
- Initial dental examinations are conducted within the first 30 days of placement,
- Children are encouraged and aware of their ability to make suggestions and/or register a complaint about the food without fear of reprisal,
- Staff treat children with respect and dignity, and receive on-going training on appropriate, fair, and positive interaction techniques with children,
- All children have sufficient quantities of clothing to meet DCFS standards for quality,
- All children are encouraged and assisted in creating and maintaining a life book/photo album, and
- Full implementation of the outstanding recommendations from OHCMD's prior monitoring report regarding compliance with Title 22 Regulations, maintenance of common quarters and children's bedrooms, and advising children of the options that they can take to express their suggestions and dissatisfaction with food and menus without fear of any reprisal.

The Group Home did not implement the recommendations regarding compliance with Title 22 Regulations; all common quarters being well maintained; ensuring all bedrooms are well maintained; children are made aware of their ability to make suggestions or complaints about the food; and full implementation of outstanding recommendations from OHCMD's prior Monitoring Report.

Recommendation

The Group Home management shall ensure that:

8. The outstanding recommendations from the August 22, 2012 report for the 2011-2012 fiscal year monitoring review, which are noted in this report as Recommendations 1, 2, 3, 5 and 8 are fully implemented.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

ROSEMARY CHILDREN'S SERVICES
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

3244 E. Green St.
Pasadena, CA 91107
License #191200578
Rate Classification: 12

3123 E. Green St.
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Rate Classification: 12

63 North Bonnie St.
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License #191201129
Rate Classification: 12

500 S. Oakland Ave.
Pasadena, CA 91101
License #191200579
Rate Classification: 12

1023 Fremont Ave.
So. Pasadena, CA 91030
License #191500577
Rate Classification: 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. 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	1. Full Compliance
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms	3. Improvement Needed
	4. Sufficient Recreational Equipment/Educational Resources	4. Improvement Needed
	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	Full Compliance (ALL)
	2. County Worker's Authorization to Implement NSPs	
	3. NSPs Implemented and Discussed with Staff	
	4. Children Progressing Toward Meeting NSP Case Goals	

	5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	
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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Full Compliance 8. Full Compliance 9. Full Compliance

	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)	10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance
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. The OCHMD Monitor Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

Rosemary Children's Services
CARING FOR THE CHILD
TEACHING THE TEEN
FOSTERING THE FAMILY

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ACCREDITED BY:
California Alliance of Child and Family Services
Council on Accreditation

MEMBER OF:
Association of Community Human Service Agencies
California Association of Private Specialized Education and Services
Child Welfare League of America
Foster Family-Based Treatment Association
Learning Disabilities Association
United Way

www.rosemarychildren.org

April 3, 2013

Department of Children and Family Services
9320 Telstar Ave, Ste 216
El Monte, CA 91731
Attn: Patricia Bolanos-Gonzalez & Donald Luther

Re: 2012-2013 Group Home Compliance Report Corrective Action Plan

I. **Licensure/Contract Requirements**

Recommendation:

All sites are in compliance with Title 22 regulations.

9) *Is the group home free of any substantiated CCL complaints on safety and physical plant deficiencies since the last review?*

9.1-On July 2, 2012, Rosemary's Cottage was cited for discolored water coming from the bathroom faucets, two clogged drains and two clogged toilets. These issues were resolved by Rosemary's maintenance staff. A Corrective Action Plan was submitted to CCL and approved. Staff will conduct a walk through of the facility once all clients leave to school to ensure drains and toilets are not clogged after client usage. If any maintenance issues are found, a maintenance request will be submitted.

9.3- On August 7, 2012, Rosemary's was cited for a toilet seat that was found to be unsanitary and a sofa that the LPA felt was uncomfortable. A Corrective Action Plan was submitted to CCL and approved. The toilet seat cover was deemed "unsanitary" due to a ½ inch of the veneer finish chipping off. The toilet seat and cover were replaced the same day of the CCL visit. A new sofa was purchased and the screen on the screen door was replaced the same day of the visit. Child Care Counselors will conduct the comprehensive house and grounds checklist and submit to their supervisor twice a week. If any deficiencies are noted, maintenance requests will be submitted to the maintenance department.

9.4-On August 7, 2012, Rosemary's was cited for a medication error. The staff distributing the medication gave a client another client's medication. A Corrective Action Plan was submitted to CCL and approved. The staff member who gave out the wrong medication was suspended. To ensure the staff would not repeat her error, she was retrained on the medication procedures. In addition, on March 10, 2013, Rosemary's transferred the responsibility of medication dispensing to the nurses. House staff verify that the medication being dispensed is the correct medication and a nurse administers the medication to the client.

Rosemary's will continue efforts to ensure compliance with Title 22 regulations.

II. Facility and Environment

Recommendation:

Rosemary's staff shall ensure that:

-The common areas of the sites are maintained and in good condition

-All children's bedrooms are maintained and all electrical outlets are equipped with cover plates in good condition, in order to prevent potential safety hazards.

-Each site is supplied with a variety of on site recreation equipment for the children's use.

11) *Are common quarters well maintained?*

11.1-The OHCMD monitor observed a floor tile with a broken corner in the upstairs bathroom of the Cottage. The floor tile was patched by maintenance staff on November 26, 2012. The Cottage upstairs bathrooms are scheduled for renovation in early 2013. Child Care Counselors will conduct house and grounds checks twice a week and submit maintenance requests for any items in need of repair.

11.3-The cast iron sink in the laundry room at Bonnie needed to be refinished. The OHCMD monitor was made aware that the cast iron utility sink in the laundry area at the Bonnie House is to be re-placed under the Community Development Block Grant received from the City of Pasadena in early 2013, along with the re-model of the kitchen. Due to the process taking longer than expected, the sink was refinished on March 19, 2013. The maintenance supervisor is responsible for conducting a weekly walk through off all sites and noting any areas that need maintenance. It is the maintenance supervisor's responsibility to ensure the maintenance is completed.

11.5-The cast iron utility sink in the back porch at Romberger needed to be refinished. The OHCMD monitor was made aware that the Romberger kitchen was being remodeled. The utility sink was re-glazed on December 3, 2012 by a private refinishing company. The Romberger kitchen remodel was completed on 12/7/12. The maintenance supervisor is responsible for conducting a weekly walk through off all sites and noting any areas that need maintenance. It is the maintenance supervisor's responsibility to ensure the maintenance is completed.

To ensure all common quarters are maintained, house staff will conduct daily visual assessments of the houses and complete the house and grounds checklist twice a week and submit the checklists to their supervisors. Staff will also submit maintenance requests in order to keep

the areas free of safety hazards. The maintenance supervisor will collect the requests from the On-Duty office on a daily basis and prioritize the requests. All requests will be filled based on priority.

12) *Are children's bedrooms well maintained?*

12.3- An electrical outlet at Bonnie House was missing a cover. On November 26, 2013, a maintenance worker replaced the outlet cover. Child Care Counselors will conduct house and grounds checks twice a week and submit maintenance requests for any items in need of repair. Child Care Counselors are also responsible for daily visual assessments of the home.

To ensure all bedrooms are maintained, house staff will conduct daily visual assessments of the houses and complete the house and grounds checklist twice a week and submit the checklists to their supervisors. Staff will also submit maintenance requests in order to keep the areas free of safety hazards. The maintenance supervisor will collect the requests from the On-Duty office on a daily basis and prioritize the requests. All requests will be filled based on priority.

13) *Does the group home maintain sufficient recreational equipment and an appropriate selection of reading materials and educational resources and supplies, including computers, which are age-appropriate, readily available to children, and in good repair?*

There was not a variety of on-site recreation equipment available at the Bonnie House.Recreation equipment such as a basketball, football, and soccer ball were taken to the house. This equipment is in addition to the other equipment available for check out and use through our recreation department. House supervisors will ensure a variety of recreation equipment is available at the homes for use.

III. Maintenance of Required Documentation and Service Delivery

-No deficiencies

IV. Education and Workforce Readiness

-No deficiencies

V. Health and Medical Needs

-No deficiencies

VI. Psychotropic Medication

-No deficiencies

VII. Personal Rights and Social/Emotional Well-Being

Recommendation:

Rosemary's staff shall ensure that:

-All children are advised of the options that they can take to express their suggestions and dissatisfaction with food and menus without fear or reprisal.

-All children that are following their program and not presenting issues that require additional behavioral supervision are able to participate in scheduled activities without exclusion due to the behaviors of one or two children.

39. *Do children report the group home's efforts to provide nutritious palatable meals and snacks?*

Two of the seven clients interviewed reported that they disliked the food. The clients stated the food was "nasty" and the bread was moldy. The OHCMD monitor inspected the food and found that it met nutritional value and it was not moldy. Rosemary's contracts with Huntington Culinary to provide nutritious, well balanced meals to our clients. Client meal suggestions can be given to the Rosemary's Key Club members and the Key Club Members then discuss the suggestions in their monthly meeting. The suggestions are then submitted to our kitchen staff. The kitchen staff then ensures that the suggestions meet nutritional requirements and then the meal is added to the menu.

In addition to the aforementioned, there is a comment section on the Group Home Daily Production Record form. This form is filled in by staff on a daily basis to track how many meals were served. This is another opportunity the clients have to voice their opinion on the meal that was served to them. The form is filled out and sent back to the kitchen on a weekly basis. The kitchen staff then ensures that the suggestions meet nutritional requirements and then the meal is added to the menu. Through these forms, clients are given the opportunity to voice their opinions. Clients will be regularly reminded to comment on these forms by house staff.

Rosemary's QI Department also sends out Client Satisfaction Surveys twice a year. On these surveys, clients can anonymously voice their opinion about the food and provide suggestions for improvement. The surveys are then discussed in a Management meeting and the Directors will decide what plan of action is to take place.

41. *Is a fair rewards and discipline system in place?*

One of the seven clients was dissatisfied with the discipline system in place which is if one or two clients are acting out during a scheduled

activity, and then the entire group has to return to Rosemary's. This policy is in place because it is Rosemary's obligation to ensure the safety of our clients, staff and community members. If our clients begin to act out before leaving on an outing, those clients will be held back from the activity while the compliant clients are allowed to attend the activity. If our clients begin to act out while in public (ex. cursing at community members, engaging in physical altercations, engaging in self-injurious behavior) staff are trained in Pro Act. If Pro Act principles and interventions fail, then staff are trained to end the outing/activity and drive the clients back home. Once at home an alternate in-house activity is commenced. When feasible, arrangements will be made in order to carry out the scheduled activity for clients who are complying with the program.

VIII. Personal Needs/Survival and Economic Well-Being

Recommendation:

Rosemary's staff will ensure that:

-all children are provided with adequate personal care items

62. *Are children provided with a sufficient supply of clean towels along with adequate personal care items appropriate to their ethnic needs, and are these items readily accessible?*

One of the seven clients reported that she did not have an adequate amount of soap, a "messed up" brush, and no toothbrush or toothpaste. The monitor made staff aware of the situation and staff immediately retrieved the items for the client. Upon intake, all clients receive a robe, towel set, shower/house slippers, electric shaver, toiletry basket (which includes shampoo, conditioner, body wash), and My Stuff Bag (which includes a stuffed animal, lufa, blanket, hair brush, toothbrush, and toothpaste). Once the client arrives at their assigned group home, the group home staff then provides the client with the rest of their hygiene products such as deodorant, gel/grease, body lotion, etc.

Clients are allowed to lock up their toiletry items in their hygiene locker therefore it is the client's responsibility to inform staff when their supplies are low or need to be replaced. It is then staff's responsibility to ensure the client gets their supplies within the next business day. If staff fail to follow up with the client, the client should speak with their supervisor and the supervisor should follow up with the staff member as well as get the client their supplies.

Clients will be reminded of how to request personal hygiene products and the Overnight Supervisor will conduct weekly checks at each site and replenish the hygiene products stock, as needed, to ensure products will be in stock or readily available.

IX. **Discharge Children**
-No deficiencies

X. **Personnel Records**
-No deficiencies

The Residential Director will be responsible for ensuring the CAP is fully implemented. The QI Department will also conduct random checks to ensure the group homes are in compliance with the CAP and all regulations.

Tracy Alvarez, Residential Director

4/3/13
Date