# County of Los Angeles
# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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August 22, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

## ROSEMARY CHILDREN'S SERVICES GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Rosemary Children's Services Group Homes (Rosemary's) in December 2011, at which time they had a total population of 38 girls of which 30 were DCFS placed children, six Probation placed children, one child from San Bernardino County, and one privately placed child.

Rosemary's is located in the Fifth Supervisorial District and provides services to DCFS and Probation foster youth. According to Rosemary's program statement, its stated goal 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." Rosemary's has one 19-bed Group Home (GH) site with a licensed capacity for 19 children, and four six-bed group home sites, each with a licensed capacity for six children, all serving girls ages 13 through 18.

For the purpose of this review, seven DCFS and three Probation placed children's files were reviewed. Nine of the 10 children were interviewed as one was discharged prior to the interview. The placed children's overall average length of placement was three months and the average age was 16. Three discharged children's files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and

discharged according to their permanency plan. Five staff files were reviewed for compliance with Title 22 Regulations and the County contract requirements.

Six of 10 children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

## SCOPE OF REVIEW

The purpose of this review was to assess Rosemary's compliance with the County contract and State regulations. The visit included a review of Rosemary's program statement, administrative internal policies and procedures, the case files of 10 currently placed and three discharged children, and a random sampling of five personnel files. Visits were made to the sites to assess the quality of care and supervision provided to children, and we conducted interviews with nine children to assess the care and services they were receiving.

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

## SUMMARY

Generally, Rosemary's was providing services as outlined in the agency's program statement. The children interviewed reported feeling safe and satisfied with residing at Rosemary's.

A few deficiencies were noted during our review. Our review revealed the need for Rosemary's to address some facility deficiencies and possible safety hazards that were identified during the inspection of the facilities. These were addressed during the time of the review. There were also some documentation deficiencies in the NSPs.

Rosemary's management was receptive to implementing some systemic changes to improve their compliance with Title 22 Regulations and the County contract requirements. They agreed to address noted deficiencies in a Corrective Action Plan (CAP).

## NOTABLE FINDINGS

The following are the notable findings of our review:

- CCL had cited Rosemary's as a result of deficiencies and findings during CCL investigations. There was a substantiated allegation of general neglect on June 27, 2011, for bedrooms, bathrooms, hallway and showers at the 500 House facility. The 500 House needed cleaning and straightening and the trash cans needed to be emptied and covered. Rosemary's completed a CAP addressing the

citation. Staff members were reminded of their responsibility to ensure residents complete their chores or to complete any not accomplished. Further, CCL cited the 500 House for lack of perishable food and snacks. Rosemary's completed a CAP identifying the staff responsible for ensuring adequate supplies of perishable food in the facility and the process to purchase food when kitchen staff members are unable to supply the needs.

- The exteriors of the GH sites required maintenance. The fascia boards above the dining room window at the Bonnie House facility were weathered and peeling. The window screen above the kitchen sink in the Green House facility was missing. The Residential Director reported that the boards have been sanded and repainted and the screen has been replaced.

- The common areas of the GH sites required maintenance and cleaning. A porcelain handle insert on the bathroom sink fixture was missing at the Green House and the handle on the upstairs bathroom sink fixture in the Bonnie House was stripped. These were replaced by the Maintenance Supervisor. The bottom compartments of the freezers in both the Bonnie House and 500 House were dirty and were cleaned by staff at the time of the review. A kitchen drawer to the left of the sink in the Romberger House facility was damaged. The Maintenance Supervisor repaired it the same afternoon.

- Possible safety hazards were addressed. Two disposable razors were observed in the bathtub areas in the Bonnie House and the 500 House. These were immediately removed by staff and discarded. The Residential Director reported that disposable razors, aerosol cans, scissors, etc., are signed out by the children from the staff who are also instructed to return the item(s) upon completion. Direction was presented to staff in a staff meeting held on December 14, 2011, regarding the appropriate procedures, children's issuance, accountability and return of disposable razors.

- The children's bedrooms required maintenance. Ants were located on the ceiling perimeter of one bedroom at the Green House. The Maintenance Supervisor sprayed the perimeter of the ceiling and made certain that no children came in contact with the spray or residue. The Residential Director also reported that Western Exterminators was contracted to service the exterior of the facilities and that staff will be directed to complete maintenance requests to address any further issues. The face of a bedroom drawer in the Bonnie House was coming apart. The Maintenance Supervisor had arranged with a carpenter working in the house to repair the drawer. Mattress pads were missing from beds in bedrooms one, two and three in the 500 House. These were replaced at the time of the review.

- A box of frozen apple slices were left open and not properly sealed in the rear freezer of the 500 House. The Monitor advised the staff to properly seal the food. The Residential Director reported the apple slices were thrown away as a precaution.

- Four children's NSPs were not authorized by their Children Social Workers (CSWs) or Probation Officers for implementation and lacked documentation of efforts to obtain authorization. There was no documentation of five children's participation in the development of their NSPs. Further, eight children had initial NSPs that were not comprehensive and two children had updated NSPs not appropriately documenting monthly contacts with the CSWs or Probation Officers. Also, three updated NSPs were not comprehensive and did not contain all elements required in the NSPs; not all goals described what the staff's role was in completing the goals, some lacked the children's Grade Point Average and earned credits. The findings related to the NSPs were discussed. The Residential Director was receptive to the findings stating staff would ensure they are addressed in future NSPs. Staff representing Rosemary attended the NSP training conducted by OHCMD in January 2012, and it is expected that the training and implementation of their CAP will eliminate future NSP findings.

- One child's initial dental examination was completed three days past the required timeline of 30 days of the placement. There was no documentation as to the reason for the delay.

- One child reported the food was greasy and not cooked thoroughly. The Monitor reviewed the menus, cooking process and other food options available to the children. The food is prepared for the children by Huntington Culinary Service using Rosemary's facilities. The Residential Director explained that the children have other choices available to them if they dislike the entrée. Also, children have peer representation from each group home site in weekly "Key Club" meetings to bring issues to the administration, including food, food preferences, and suggestions.

- One child reported that a staff member abruptly demanded that she hang-up on an emotional phone call with her grandmother to do her chores. The Residential Director questioned the validity of the child's account of the incident as phone time is only permitted after chores have been completed and access to the phone would not have occurred if the chores needed to be completed. The Residential Director further stated that all staff receive training throughout the year on children's rights, discipline, and the Child Care Counselor expectations and will continue to receive training on appropriate interactions with the children.

- The clothing inventories for two children did not meet DCFS Clothing Standards for quantity. One child was lacking two pairs of pants and the other child was lacking three pairs of pants. Documentation was sent to OHCMD that reflects one child had since purchased two additional pairs of pants. The other child had been on AWOL status and unavailable to shop in order to supplement the pants she was lacking. Documentation received by OHCMD verifies the clothing allowance was ready for the child to spend had she been available. Both children have since been discharged.

- Five children reported they had never heard of or been provided the opportunity, or encouraged to create or maintain a Life Book/Photo Album. The Residential Director informed the Monitor that part of Rosemary's recreation program included scrapbooking and arts and crafts. These are the times when Life Books/Photo Albums are encouraged. The Residential Director provided the Monitor with schedules that had specific dates and times that scrapbooking is encouraged and worked on by the children. She did state that the projects are not, however, called Life Book/Photo Albums. The Monitor assured her that when describing a Life Book/Photo Album to the children that the term Life Book/Photo Album is not presented without wide and broad examples such as scrap booking, photo albums, memory books etc., and yet five children reported they have never been exposed to or offered the opportunity to create a Life Book/Photo Album.

## EXIT CONFERENCE

The following are highlights from the Exit Conference held January 18, 2012:

**In attendance:**

Greg Wessels, Executive Director; Tracy Alvarez, Residential Director; Arease Wheeler, Assistant Residential Director; LaWanna Blair, Quality Assurance Director, Rosemary's; and Donald Luther, Monitor, DCFS OHCMD.

**Highlights:**

The Executive Director and Residential Director indicated that the review was helpful for Rosemary's and that they were in agreement with most of the findings. They stated that each child is offered the opportunity to be voluntarily interviewed by a Quality Assurance representative to gain their perspective of Rosemary's, including their care, staff interactions, food, or any issue they wished to present.

The Residential Director advised that the maintenance concerns and findings have been addressed by the Maintenance Supervisor and have been completed.

As agreed, Rosemary's provided an approved CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

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

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

PLB:RRS:KR:
EAH: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
Ralph Ramirez, President, Board of Directors, Rosemary Children's Services
Greg Wessels, Executive Director, Rosemary Children's Services
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

**ROSEMARY CHILDREN'S SERVICES GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**Rosemary's Cottage**
**3244 E. Green St.**
**Pasadena, CA 91107**
**License Number: 191200578**
**Rate Classification: 12**

**Green House**
**3123 E. Green St.**
**Pasadena, CA 91107**
**License Number: 198203635**
**Rate Classification: 12**

**Bonnie House**
**63 North Bonnie St.**
**Pasadena, CA 91106**
**License Number: 191201129**
**Rate Classification: 12**

**500 House**
**500 S. Oakland Ave.**
**Pasadena, CA 91101**
**License Number: 191200579**
**Rate Classification: 12**

**Romberger House**
**1023 Fremont Ave.**
**So. Pasadena, CA 91030**
**License Number: 191500577**
**Rate Classification: 12**

| | Contract Compliance Monitoring Review | Findings: December 2011 |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements) | |
| | 1. Timely Notification for Child's Relocation | 1. Full Compliance |
| | 2. Transportation | 2. Full Compliance |
| | 3. SIRs | 3. Full Compliance |
| | 4. Compliance with Licensed Capacity | 4. Full Compliance |
| | 5. Disaster Drills Conducted & Logs Maintained | 5. Full Compliance |
| | 6. Runaway Procedures | 6. Full Compliance |
| | 7. Allowance Logs | 7. Full Compliance |
| | 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies | 8. Improvement Needed |
| | 9. Detailed Sign In/Out Logs for Placed Children | 9. Full Compliance |
| II | **Facility and Environment** (6 Elements) | |
| | 1. Exterior Well Maintained | 1. Improvement Needed |
| | 2. Common Areas Maintained | 2. Improvement Needed |
| | 3. Children's Bedrooms/Interior Maintained | 3. Improvement Needed |
| | 4. Sufficient Recreational Equipment | 4. Full Compliance |
| | 5. Sufficient Educational Resources | 5. Full Compliance |
| | 6. Adequate Perishable and Non-Perishable Food | 6. Improvement Needed |

| | | |
|---|---|---|
| III | **Maintenance of Required Documentation and Service Delivery** (13 Elements)<br><br>1. Child Population Consistent with Program Statement<br>2. DCFS CSW Authorization to Implement NSPs<br>3. Children's Participation in the Development of NSPs<br>4. NSPs Implemented and Discussed with Staff<br>5. Children Progressing Toward Meeting NSP Case Goals<br>6. Development of Timely Initial NSPs<br>7. Development of Comprehensive Initial NSPs<br>8. Therapeutic Services Received<br>9. Recommended Assessment/Evaluations Implemented<br>10. DCFS CSWs Monthly Contacts Documented<br>11. Children Assisted in Maintaining Important Relationships<br>12. Development of Timely Updated NSPs<br>13. Development of Comprehensive Updated NSPs | 1. Full Compliance<br><br>2. Improvement Needed<br>3. Improvement Needed<br>4. Full Compliance<br>5. Full Compliance<br><br>6. Full Compliance<br>7. Improvement Needed<br>8. Full Compliance<br>9. Full Compliance<br><br>10. Improvement Needed<br>11. Full Compliance<br><br>12. Full Compliance<br>13. Improvement Needed |
| IV | **Educational and Workforce Readiness** (8 Elements)<br><br>1. Children Enrolled in School Timely<br>2. Children Attending School<br>3. Children Facilitated in Meeting Educational Goals<br>4. Children's Academic or Attendance Increase<br>5. Current IEPs Maintained<br>6. Current Report Cards Maintained<br>7. YDS/Vocational Programs Opportunities Provided<br>8. GH Encourage Children's Participation in YDS | Full Compliance (ALL) |
| V | **Health And Medical Needs** (6 Elements)<br><br>1. Initial Medical Exams Conducted<br>2. Initial Medical Exams Timely<br>3. Follow-Up Medical Exams Timely<br>4. Initial Dental Exams Conducted<br>5. Initial Dental Exams Timely<br>6. Follow-Up Dental Exams Timely | 1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Improvement Needed<br>6. Full Compliance |

| | | |
|---|---|---|
| VI | **Psychotropic Medication** (2 Elements)<br><br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation Review | Full Compliance (ALL) |
| VII | **Personal Rights And Social/Emotional Well-Being** (15 Elements)<br><br>1. Children Informed of Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Satisfaction with Meals and Snacks<br>4. Staff Treatment of Children with Respect and Dignity<br>5. Appropriate Rewards and Discipline System<br>6. Fair Consequences<br>7. Children Allowed Private Visits, Calls and Correspondence<br>8. Children Free to Attend Religious Services/Activities<br>9. Reasonable Chores<br>10. Children Informed About Their Medication<br>11. Children Aware of Right to Refuse Medication<br>12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care<br>13. Children Given Opportunities to Plan Activities<br>14. Children Participate in Activities (GH, School, Community)<br>15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities | 1. Full Compliance<br><br>2. Full Compliance<br>3. Improvement Needed<br>4. Improvement Needed<br><br>5. Full Compliance<br>6. Full Compliance<br>7. Full Compliance<br><br>8. Full Compliance<br>9. Full Compliance<br>10. Full Compliance<br>11. Full Compliance<br>12. Full Compliance<br><br>13. Full Compliance<br>14. Full Compliance<br><br>15. Full Compliance |
| VII I | **Personal Needs/Survival And Economic Well-Being** (8 Elements)<br><br>1. $50 Clothing Allowance<br>2. Adequate Quantity of Clothing Inventory<br>3. Adequate Quality of Clothing Inventory<br>4. Involvement in Selection of Clothing<br>5. Provision of Ethnic Personal Care Items<br>6. Minimum Monetary Allowances<br>7. Management of Allowance/Earnings<br>8. Encouragement and Assistance with Life Book | 1. Full Compliance<br>2. Improvement Needed<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br>7. Full Compliance<br>8. Improvement Needed |

| | | |
|---|---|---|
| IX | **Discharged Children** (3 Elements)<br><br>1. Children Discharged According to Permanency Plan<br>2. Children Making Progress Toward NSP Goals<br>3. Attempts to Stabilize Children's Placement | Full Compliance (ALL) |
| X | **Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)**<br>(12 Elements)<br><br>1. DOJ Submitted Timely<br>2. FBI Submitted Timely<br>3. CACIs Timely Submitted<br>4. Signed Criminal Background Statement Timely<br>5. Education/Experience Requirement<br>6. Employee Health Screening Timely<br>7. Valid Driver's License<br>8. Signed Copies of GH Policies and Procedures<br>9. Initial Training Documentation<br>10. One Hour Child Abuse and Reporting Training<br>11. CPR Training Documentation<br>12. First-Aid Training Documentation<br>13. On-going Training Documentation<br>14. Emergency Intervention Training Documentation | Full Compliance (ALL) |

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**So. Pasadena, CA 91030**
**License Number: 191500577**
**Rate Classification: 12**

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

## CONTRACTUAL COMPLIANCE

Based on our review, Rosemary's complied with four of 10 sections of our Contract Compliance Review: Education and Workforce Readiness; Psychotropic Medication; Discharged Children; and Personnel Records. The following report details the results of our review.

## LICENSURE/CONTRACT REQUIREMENTS

Based on our review of 10 children's case files and/or documentation from the provider, Rosemary's fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

CCL had cited Rosemary's as a result of deficiencies and findings during CCL investigations. There was a substantiated allegation of general neglect on June 27, 2011, for bedrooms, bathrooms, hallway and showers at the 500 House facility, which needed cleaning and straightening and had trash cans that needed to be emptied and covered. Rosemary's completed a CAP addressing the citation. Staff members were directed as to their responsibility to ensure residents complete their chores or to complete the chores themselves if any are not accomplished.

Further, CCL cited 500 House for lack of perishable food and snacks. Rosemary's completed a CAP identifying the staff responsible for ensuring adequate supplies of perishable food in the facility and the process to purchase food when kitchen staff are unable to supply the needs.

**Recommendation:**

Rosemary's management shall ensure:

1. Compliance with Title 22 Regulations.

## FACILITY AND ENVIRONMENT

Based on our review, Rosemary's fully complied with two of six elements reviewed in the area of Facility and Environment.

Several deficiencies were noted; however, they were immediately addressed by the Maintenance Supervisor. The window screen above the kitchen sink at the Green House was missing and the fascia boards above the dining room window on the south side of the Bonnie House were weathered and peeling.

The porcelain handle insert on the bathroom sink fixture was missing at the Green House and the handle on the upstairs bathroom sink fixture in the Bonnie House was stripped. These were replaced by the Maintenance Supervisor. The bottom compartments of the freezers in both the Bonnie House and 500 House were dirty and were cleaned by staff at the time of the review. A kitchen drawer to the left of the sink in the Romberger House was damaged.

Possible safety hazards were immediately eliminated as two disposable razors were observed in the bathtub areas in the Bonnie House and 500 House and discarded by staff. The Residential Director responded that disposable razors, aerosol cans, scissors, etc., are signed out by the children from the staff and are instructed to return the item(s) upon completion. Direction was presented to staff in a staff meeting held on December 14, 2011, regarding the appropriate procedures, children's issuance, accountability and return of disposable razors.

Ants were located on the ceiling perimeter of bedroom three at the Green House. The Maintenance Supervisor sprayed the perimeter of the ceiling at the time of the review and made certain that no children came in contact with the spray or residue. Further, the face of a bedroom drawer in the Bonnie House was coming apart. The Maintenance Supervisor arranged with a carpenter working in the house to repair the drawer. Also, mattress pads were missing from beds in bedrooms one, two and three at the 500 House. These were replaced at the time of the review.

It was also noted that a box of frozen apple slices was left open and not properly sealed in the rear freezer of the 500 House. The Monitor advised the staff to properly seal the

food. The Residential Director informed the Monitor the apple slices were thrown away as a precaution.

**Recommendations:**

Rosemary's management shall ensure:

2. All group home exteriors and grounds are well maintained.

3. All common quarters are well maintained, in good repair, and free of hazardous conditions.

4. All children's bedrooms are well maintained, and each bed has a full compliment of clean linen, including mattress pads.

5. A sufficient supply of perishable foods are maintained and properly stored.

## MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review, Rosemary's fully complied with eight of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

Our review revealed four children's case files did not contain documentation of DCFS Children Social Workers' (CSWs) or Probation Officers' approval or efforts to obtain authorization for NSPs implementation and five case files lacked documentation of the children's participation in the development of their NSPs. However, eight children had initial NSPs that were not comprehensive. Two children's updated NSPs did not appropriately document the Group Home's required monthly contacts with the children's CSW or Probation Officer. Also, three updated NSPs were not comprehensive, not containing all elements required in the NSPs; not all goals described what the staff's role was in completing the goal, some lacked the children's Grade Point Average, and earned credits. The Residential Director was receptive to the findings and would ensure they are addressed in future NSPs. Rosemary's attended the NSP training conducted by OHCMD in January 2012, and it is expected that the training and implementation of their CAP will eliminate future NSP findings.

**Recommendations:**

Rosemary's management shall ensure:

6. Documentation is maintained of CSW's approval for implementation of the NSPs or the attempt(s) to obtain authorization for implementation.

7. All children are active participants in the development and implementation of their NSPs.

8. Required monthly contacts to the CSWs are appropriately documented in the NSPs.

9. Initial and updated NSPs are comprehensive, including all required elements in accordance with the NSP template.

## HEALTH AND MEDICAL NEEDS

Based on our review, Rosemary's fully complied with five of six elements in the area of Health and Medical Needs.

One child had her initial dental examination three days past the first 30 days of placement. There was no documentation as to the reason for the delay. Reasons why a child would not attend their examination appointments would be refusal or the child is not present due to runaway.

**Recommendation:**

Rosemary's management shall ensure:

10. Initial dental examinations are conducted within the first 30 days of placement.

## PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

Based on our review, Rosemary's fully complied with 13 of 15 elements in the area of Personal Rights and Social/Emotional Well-Being.

One interviewed child was not satisfied with the food served at Rosemary's. She reported the food was greasy and not cooked thoroughly. The Monitor reviewed the menus, cooking process and other food options available to the children. The food is prepared for the children by Huntington Culinary Service using Rosemary's facilities. The Residential Director explained that the children have other choices available to them if they dislike the entrée. Also, children have peer representation from each group home site in weekly "Key Club" meetings to bring issues to administration, including food, food preferences, and suggestions. Further, each child is offered the opportunity to be voluntarily interviewed by a Quality Assurance representative to gain their perspective of Rosemary Children's Services, including their care, staff interactions, food, or any issue they wish to present.

One interviewed child reported that on one occasion, she was having an emotional phone call with her grandmother when a staff member abruptly demanded the child hang up the phone to do her chores. The Residential Director questioned the validity of the child's account of the incident as phone time is only permitted after chores have been completed and access to the phone would not have occurred if the chores needed to be completed. The Residential Director further stated that all staff receive training throughout the year on children's rights, discipline, and the Child Care Counselor

expectations and will continue to receive training on appropriate interactions with the children.

**Recommendations:**

Rosemary's management shall ensure:

11. Children are encouraged and aware of their ability to make suggestions and/or register a complaint about the food without fear of reprisal.

12. Staff treat children with respect and dignity, and receive on-going training on appropriate, fair, and positive interaction techniques with children.

## PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review, Rosemary's fully complied with six of eight elements in the area of Personal Needs/Survival and Economic Well-Being.

Two interviewed children's clothing inventories did not meet DCFS Clothing Standards for quantity. One child was lacking two pair of pants and the other child was lacking three pair of pants. Documentation was sent to OHCMD that reflects one child had since purchased two additional pair. The other child had been on AWOL status and unavailable to go clothes shopping to supplement the pants she was lacking. Documentation received by OHCMD verifies the clothing allowance was ready for the child to spend had she been available. Both children have since been discharged.

Five interviewed children reported they had never heard of or provided the opportunity, or encouraged to create or maintain a Life Book/Photo Album. The Residential Director informed the Monitor that part of Rosemary's recreation program includes scrapbooking and arts and crafts. These are the times when Life Books/Photo Albums are encouraged. The Residential Director provided the Monitor schedules that had specific dates and times that scrapbooking is encouraged and worked on by the children. She did state that the sessions are not, however, called Life Book/Photo Albums. The Monitor assured her that when describing a Life Book/Photo Album to the children that the term life book is not presented without wide and broad examples including scrap booking, photo albums, memory books, etc., and yet five children reported they have never been exposed to or offered the opportunity to create a Life Book/Photo Album.

**Recommendations:**

Rosemary's management shall ensure:

13. All children have sufficient quantities of clothing to meet DCFS standards for quality.

14. All children are encouraged and assisted in creating and maintaining a Life Book/Photo Album.

## FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

### Objective

Determine the status of the recommendations reported in our prior monitoring review.

### Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was issued July 14, 2011.

### Results

The OHCMD's prior monitoring report contained 10 outstanding recommendations. Specifically, Rosemary's was to ensure Special Incident Reports were submitted in accordance with the contractual timeframe; all common quarters were to be clean, well maintained, and in good repair; children's bedrooms were to be well maintained and free of hazardous conditions; sufficient supplies of perishable foods were to be maintained and properly stored; NSPs were to be comprehensive, included all required elements, in accordance with the NSP template; current approved psychotropic medication authorizations were to be obtained and maintained for the psychotropic medication that each child receives; children were to be encouraged and made aware of their ability to make suggestions and/or register a complaint about the food or other concerns without fear of reprisal; staff was to receive on-going training on appropriate, fair, and positive interaction techniques; children were to be and feel safe in the GH; and children were to have sufficient quantities of clothing to meet DCFS Standards for quality and quantity. Based on our follow-up of these recommendations, Rosemary's fully implemented three of 10 recommendations.

**Recommendation:**

Rosemary's management shall ensure:

15. Full implementation of the outstanding recommendations from OHCMD's prior Monitoring Report which are noted in this compliance report as Recommendations 3, 4, 5, 8, 9, 11, 12, and 13.

## MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of Rosemary's has not been posted by the A-C.

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

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ROSEMARY
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ACCREDITED BY:
California Alliance of Child and Family Services

MEMBER OF:
Association of Community Human Service Agencies
California Association of Private Specialized Education and Services
Child Welfare
Leagues of America
Foster Family Based Treatment Association
Leonard Dietrich's Association
United Way

www.rosemarychildren.org

## 2011 Field Exit Summary Corrective Action Plan:

### I. Licensure/Contract Requirements

8) *Are there any CCL citations, OHCMD Investigation Unit reports on safety and physical plant deficiencies?*

500 House was cited by CCL for not having enough perishable foods in the home and for the house being unkempt (client rooms had clothes, and personal items scattered on the floor and trash cans were full). Management addressed these issues with the Assistant Supervisor who is responsible for ensuring the house maintains an accurate supply of perishable foods and with the morning Child Care Counselors who are responsible for making sure the clients do not leave the house until their rooms are tidy. A CAP was submitted to CCL regarding these findings.

### II. Facility and Environment

10) *Are the exterior and the grounds of the group home well maintained?*

2. The screen was replaced on the sliding kitchen window of the Green House group home on Friday the 9th of December, by the Maintenance Supervisor.

3. Fascia boards on south side of Bonnie house over the dining room were scraped, sanded, primed and painted on January 20th, by the Maintenance Supervisor.

11) *Are common quarters well maintained?*

2. Porcelain insert on the left handle to the sink fixture at Green House replaced on December 22nd 2011, by the Maintenance Supervisor

3. Handle on the side sink in the staff bathroom at Bonnie house was replaced on December 22nd 2011, due to it being stripped, replaced by the Maintenance Supervisor. As for the disposable razor, staff was reminded in the team meeting that all contraband, including razors, needs to be confiscated. Rosemary's also buys clients electric razors so that bladed razors are not used.

4. Disposable razor left in the shower of the upstairs bathroom-staff was reminded in the team meeting that all contraband, including razors, needs to be confiscated. Rosemary's also buys clients electric razors so that bladed razors are not used.

5. Drawer to the left of the kitchen sink broken at Romberger, repaired by the Maintenance Supervisor on December 8th 2011.

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

5. Mattress covers were placed on the mattress the day of inspection in bedrooms 1, 2, and 3 at Romberger.

15) *Does the group home maintain adequate perishable and non perishable foods?*

4. The box of frozen apples was discarded the day of the inspection for not being properly sealed. Staff was addressed, in their team meeting, for not following proper food storage protocol.

III. **Maintenance of Required Documentation and Service Delivery**

17. *Did the group home obtain or document efforts to obtain the DCFS CSW's authorization to implement the N&S plan?*

During the months of June 2011-November2011 our Administrative Assistant was on maternity leave so an interim worker was hired. The interim worker was mailing the Needs and Service plans to CSW's without getting proof of delivery. The method we have in place to ensure placing agents receive the N&S plans is to fax the plans to the workers and get a fax transmittal confirmation or we scan the document and send it via email and a copy of the email or fax transmittal sheet is placed in the client's file.

18. *Do age appropriate children participate in the development of the NSP?*

All of our clients regularly meet with their supervisor, case manager and therapist to determine goals they would like to attain during their placement at RCS. The goals discussed in the meetings and behaviors displayed by the client are then added to the NSP. Once the NSP is completed, the client is invited to the treatment team meeting to discuss the report. The lack of signature on the NSP does not mean they did not participate in the development of the report. It means they were not available when the NSP was updated and finalized. To ensure the client signature is on every report, the Residential Administrative Assistant is responsible for checking the signature page of each report to make sure the three required signatures are on there. Once all signatures are obtained, the report will be sent out.

22. *Did the treatment team develop comprehensive initial NSP's with the child?*

25. *Are DCFS CSW's contacted monthly by the GH and are the contacts appropriately documented?*

28. *Did the treatment team develop comprehensive updated NSP's with the child?*

RCS recently added a new position within the Residential Department. The position of Assistant Residential Director (ARD) was added and one of the main duties of the position is oversight of the NSPs. The ARD supervises the Counseling Team Supervisors who are responsible for gathering all of the information needed to complete the NSPs. In addition, the ARD leads the treatment team meeting and is a Marriage and Family Therapist Intern. The ARD is responsible for reviewing the NSP's before

they are sent to the placing agents. The ARD ensures the NSPs are comprehensive and include all of the information gathered from the treatment meetings. The ARD also ensures the goals are measureable and attainable and her education and experience in writing therapeutic goals has helped to improve quality of the NSPs. If any sections of the NSP are incomplete, the ARD sends the report back to the supervisor and the supervisor has to obtain the information and input it on the NSP. The ARD then checks the report again and will sign the signature page once the report is complete. Once the report is complete, it is given to the Administrative Assistant to fax or email out to the placing agent.

IV. **Education and Workforce Readiness**

No deficiencies

V. **Health and Medical Needs**

41. *Are initial dental examinations timely?*

The Administrative Assistant will document the date and reason why a client did not attend their initial exams and place the document in the client's file. Reasons why a client would not attend their exams would be when a client refuses, or is not present (due to runaway).

VI. **Psychotropic Medication**

-No deficiencies.

VII. **Personal Rights and Social/Emotional Well-Being**

49. *Do children report satisfaction with meals and snacks?*

RCS contracts with Huntington Culinary to provide nutritious, well balanced meals to our clients. Client representatives from each home, meet on a monthly basis to discuss meal planning. Suggestions from these meetings are then submitted to our kitchen staff. The suggestions are filtered because most suggestions do not meet nutritional requirements but those that do, will be added to the menu.

50. *Is staff treating children with respect and dignity?*

RCS provides child care counselors with 80 hours of initial training. During this training, staff are given a copy of clients' personal rights and are expected to know and understand them. There is also an in-service training provided by RCS that goes over client rights.

VIII. **Personal Needs/Survival and Economic Well-Being**

63. *Are children's on going clothing inventories of adequate quantity?*

RCS provides all clients with an initial $100 clothing stipend that they get to use within the first week of placement. Clients then receive an additional $150 when their stipend comes in from the County. On a month

to month basis, clients receive $50 to purchase additional clothing items, which is not inclusive of the money allotted for school uniforms, work clothes, school shoes, etc. The protocol to ensure clients have an adequate amount of clothing is that staff will conduct monthly clothing inventories. If staff notice a client is lacking in a certain type of clothing, they are to ensure client uses the money allotted to purchase more of that item. If the money allotted is not sufficient, staff will fill out a new purchase order, meet with the Residential Director and get it signed and will then take the client shopping to ensure the clothing requirements are met.

69. *Are children encouraged and assisted in creating and updating a life book/photo album?*
During Day Treatment, activities are planned out (such as picture taking, collage making, poetry) and clients are given the opportunity to include their work in their life books. The Day Treatment activities previously provided were not named "Life Books", but a calendar of activities was given to our DCFS monitor that verifies all the activities our clients partake in. Since the review, the Day Treatment staff have been encouraged to call the activities "Life Book" so that there is no confusion for the clients.

IX. **Discharge Children**
-No deficiencies

X. **Personnel Records**
-No deficiencies

Tracy Alvarez

Tracy Alvarez, Residential Director

7/18/12

Date