County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 2, 2013

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

From: Philip L. Browning
Director

FOR

CUNNINGHAM'S GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Cunningham's Group Home (the Group Home) in March 2013. The Group Home is located in the Second Supervisorial District and provides services to County of Los Angeles DCFS foster youth. According to the Group Home's program statement, its purpose is "to increase children's independent adaptive skills and decrease their maladaptive behaviors in order to gain the skills necessary for successful adult adjustment."

The Group Home has one six-bed site and is licensed to serve a capacity of six boys, ages 11 through 17. On November 16, 2012, CCL approved the Group Home to provide services to non-minor dependents in accordance with AB 12. At the time of review, the Group Home served five placed DCFS children. The placed children's overall average length of placement was 12 months and their average age was 18.

SUMMARY

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

The Group Home was in full compliance with 5 of 10 areas of our Contract compliance review: Facility and Environment; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Records. Psychotropic Medication was not applicable, as none of the placed children were prescribed psychotropic medication at the time of review.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to not having maintained a detailed Sign-In/Sign-Out log and Community Care Licensing (CCL) citations; Maintenance of Required Documentation and Service Delivery, related to initial and updated Needs and Services Plans (NSPs) not being comprehensive as all the elements were not addressed and not having ensured that the Children Social Worker (CSW) authorization was obtained prior to NSP implementation; Educational and Workforce Readiness, related to not having ensured that placed children attend school regularly, and improve their academic performance; and Discharged Children, related to ensuring that discharged children made progress toward achieving NSP goals. DCFS OHCMD instructed the Group Home's supervisory staff to enhance monitoring in order to eliminate documentation issues, ensure that all service requirements are met, and ensure compliance with all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On April 11, 2013, DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representative, Beatrice Cunningham, Executive Director. The Group Home's representative: agreed with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and further agreed to address the noted deficiencies in a Corrective Action Plan (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.

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

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

PLB:EM:KR
RDS:PBG:jlh

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
Beatrice Cunningham, Executive Director, Cunningham's Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

CUNNINGHAM'S GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the March 2013 review. The purpose of this review was to assess Cunningham's Group Home's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

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

For the purpose of this review, four Department of Children and Family Services (DCFS) placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, none of the children were prescribed psychotropic medication.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following four areas out of compliance.

Licensure/Contract Requirements

- The resident Sign-In/Sign-Out log was not properly completed. The logs were missing staff signatures, return time, or destination. During the Exit Conference, the Executive Director stated the Group Home will ensure that detailed Sign-In/Sign-Out logs are properly maintained and fully completed. On April 18, 2013, the Group Home's Administrator provided training to all group home Child Care staff on the procedural guidelines for signing residents in and out of the group home. Verification of training was submitted to OHCMD.

- Community Care Licensing (CCL) cited the Group Home on January 11, 2013. During a visit, CCL observed that window security bar releases in all three occupied bedrooms were

obstructed by beds. CCL requested the Group Home rearrange the bedroom furniture to ensure security bar releases are accessible. During a walk through of the facility, OHCMD observed that all security bar releases were free from obstruction.

Recommendations

The Group Home's management shall ensure that:

1. The resident Sign-In/Sign-Out log is properly completed and includes all required information and signatures.

2. The group home is in compliance with Title 22 Regulations and County contract requirements.

Maintenance of Required Documentation and Service Delivery

- The DCFS Children's Social Worker's (CSW) authorization to implement the Needs and Services Plan (NSP) was not obtained timely for 1 of 11 NSPs reviewed. During the Exit Conference, the Executive Director stated the Group Home will ensure that staff obtains, or document efforts to timely obtain the DCFS CSW's authorization to implement the NSP. Further, at least five days prior to the due date of each NSP, the Group Home will e-mail, fax or mail the NSP to the CSW for review and authorization to implement the NSP. If the CSW has any concerns or request changes to the NSP, those changes will be made and the NSP will again be submitted to the CSW for authorization. If no changes are necessary, the Group Home will request that the DCFS CSW signature page of the NSP be signed and returned via fax or mail.

- Three initial NSPs were reviewed. The NSPs were timely; however, none were comprehensive. Treatment goals were not measurable and child specific. Additionally, permanency treatment goals did not match their permanency case plans.

- Eight updated NSPs were reviewed; six were not comprehensive and did not meet all the required elements in accordance with the NSP template. Treatment goals were not measurable and child specific, and permanency treatment goals did not match their permanency case plans. It was noted, however, that all updated NSPs reviewed were submitted timely.

It was further noted that the Group Home's representatives had attended the OHCMD's NSP training for providers in January 2012; the NSPs reviewed were developed subsequent to the January 2012 training.

The OHCMD provided NSP training to the Group Home Social Workers (GHSWs) on March 22, 2013. During the Exit Conference, the Group Home's Executive Director stated that in order to ensure NSP are comprehensive and include all required elements, the Group Home has developed a check system for all NSPs, which includes review of NSPs by the GHSW, Facility Manager and the Administrator. In addition, seven days prior to the due date of any NSP, the GHSW will meet with the placed child, Manager, Administrator and DCFS CSW (if available) to discuss the child's progress and identified NSP treatment goals. The GHSW will review each

section of the NSP with the Administrator to ensure that all NSP required elements were included. Revision will be made if necessary. The Group Home will ensure the NSP is signed by the placed youth, GHSW, the Administrator and forward to DCFS CSW for authorization of the NSP prior to implementation.

Recommendations

The Group Home's management shall ensure that:

3. The group home staff obtains or documents efforts to timely secure the DCFS CSW's authorization to implement the NSP.

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

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

Education and Workforce Readiness

- A review of the children's educational records revealed that two of four children reviewed did not improve their academic performance and/or attendance.

  During the Exit Conference, the Executive Director explained that the Group Home has an incentive program to assist the children in increasing school attendance; the children are rewarded for getting up and going to school each day. She acknowledged modifications are needed; additional incentives will be added to reward a child for remaining at school and attending all classes.

  The incentive program will also be used to improve a residents' grades. In addition, the Group Home Facility Manager or designee will make visits to the children's school one to two times a month and will make contact with the counselors and/or the teachers to discuss what the children can do to improve their grades. The treatment team will also work closely with DCFS CSWs to inform and monitor the children's school performance and attendance. On-site tutoring service will be provided to the residents twice a week to meet their educational needs. Further, the Group Home will continue to enlist assistance from the Los Angeles Unified School District Neglected and Delinquent Program in obtaining Individualized Educational Plans, credit from previous schools and collaborate with teachers regarding any problems with attendance and grades. OHCMD provided the Group Home staff with educational resources and the website for the Education Coordinating Council, http://www.educationcoordinatingcouncil.org/Links.htm.

Recommendation

The Group Home management shall ensure that:

6. Children improve academic performance and/or school attendance.

Discharged Children

A review of discharged children's files revealed that two of three discharged children did not successfully meet all of their NSP goals prior to discharge. During the Exit Conference, the Executive Director assured OHCMD that the Group Home will take all necessary treatment measures to assist children with setting and meeting goals. The Group Home treatment team will also have monthly meetings to discuss children's progress and response to treatment. If a child is not making progress toward achieving their goals, alternate treatment strategies will be discussed. Changes to treatment plans will be made, when and if needed, to assist with attainment of goals.

In addition, the Group Home will break down all goals into smaller tasks to ensure treatment goals can be achieved. These goals will be specific, measurable, attainable, results-oriented and time-limited to help each child successfully meet their NSP goals.

Recommendation

The Group Home's management shall ensure:

7. All children make progress toward meeting their NSP goals.

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

The OHCMD's last compliance report, dated August 13, 2012, identified 12 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 7 of 12 recommendations for which they were to ensure:

- Appropriate and comprehensive allowance logs are maintained,
- The group home's exterior and physical plant are well maintained,
- Children are progressing towards meeting their NSP goals,
- All children are enrolled in school timely,
- All children attend school regularly, as required,
- Group Home staff work with the CSWs to ensure children are discharged according to the permanency plan and/or their efforts are documented, and
- All staff members receive the required emergency intervention training, per the group home's program statement.

The Group Home did not fully implement the recommendations regarding ensuring:

- The resident sign-in/sign-out log is always properly completed,
- Initial and updated NSP are comprehensive and include required information,
- The treatment team works with both public and non-public schools to increase academic performance and/or attendance of the children,
- The children are assisted with making progress toward meeting their NSP goals prior to discharge, and

- Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report regarding developing comprehensive NSPs.

Recommendation

The Group Home's management shall ensure that:

8. The outstanding recommendations from the 2011-2012 fiscal year monitoring report dated August 13, 2012, which are noted in this report as Recommendations 1, 4, 5, 6, 7, and 8 are fully implemented.

The Group Home representatives expressed their desire to remain in compliance with all CCL, Title 22 Regulations and County contract requirements. The Group Home has re-trained all staff members on how to properly complete the sign-in/sign-out log. In efforts to ensure comprehensive NSPs, the Group Home has developed and implemented a check system. The Group Home is providing on-site tutoring to meet the resident's educational needs. The Group Home is also conducting monthly meetings to discuss children's progress toward achieving NSP goals prior to discharge. The Group Home Executive Director and the Administrator will also be conducting monitoring checks to ensure compliance with the CAP.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller conducted a fiscal review of the Group Home's fiscal operations from January 1 to December 31, 2009. The fiscal report, dated May 12, 2011, stated that there were no unallowable or questioned costs; however, the Group Home needs to strengthen its internal controls over disbursements, petty cash, personnel/payroll records, fixed assets, and Board meetings.

CUNNINGHAM'S GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

5739 Chesley Avenue
Los Angeles, CA 90043
License # 191801179
Rate Classification Level: 8

	Contract Compliance Monitoring Review	**Findings: March 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation Needs Met	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Improvement Needed
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance
	7. County Children's Social Workers Monthly Contacts Documented	7. Full Compliance
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	9. Improvement Needed
	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed

IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Not Applicable (N/A)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's efforts to provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involvement in Selection of Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Full Compliance 2. Improvement Needed 3. Full Compliance
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)

Cunningham's Group Home

Po Box 1638

Inglewood, California 90302

310-673-9185

May 28, 2013

TO: PATRICIA BOLANOS-GONZALEZ, DCFS MANAGER
OUT-OF-HOME CARE MANAGEMENT DIVISION
Via e-mail to Jui Ling Ho, Monitor

FROM: BEATRICE CUNNINGHAM, DIRECTOR
CUNNINGHAM's GROUP HOME

CORRETIVE ACTION PLAN (CAP)

Cunningham's Group Home (Cunningham's) is providing the Out-of-Home Care Management Division (OHCMD) with a Corrective Action Plan as requested regarding the findings revealed during the monitoring of our facilities.

RE: 2012-2013 Compliance Monitoring Review

Licensure/Contract Requirements

Element # 8

Does the facility maintain a detailed sign-in/out log for placed children? (SAFETY)

Finding(s)

Not all the sign-in/sign-out logs were fully completed

Corrective Action Plan

Although most of the sign-in/out log was completed by the duty Child Care Staff, there were some areas were not fully completed, such as missing a returning time or staff's signature.

Cunningham's will take the following action to ensure that detailed sign-in/out logs are appropriately maintained and fully completed.

Child Care Staff received In-Service training by Cunningham's Administrator on April18, 2013 as to the procedural guidelines for signing residents in and out of the Group Home. A copy of the attendance sheet was attached with this CAP. The sign-in/out log shall include the name of the child, his destination, the time he left the facility, the anticipated time of return, and the name and telephone number of the person responsible to supervise the resident while he is away from the facility. If omission/error/question occurs the Administrator will immediately contact the staff responsible in person or by phone in order to update or correct the log sheets.

Person(s) Responsible for Implementation for the CAP

Cunningham's Administrator will ensure implementation of the CAP

Time Frame of Implementation

The CAP was implemented immediately following the In-Service training on April 18, 2013.

Element #9

Is the Group Home free of any substantiated Community Care Licensing Complaints on safety and/or physical plant deficiencies since the last review? (SAFETY)

Finding(s)

On January 11th 2013.CCL observed that the security bar releases in all three occupied bedrooms were obstructed by beds. CCL requested Cunningham's Group Home to rearrange the beds not to block access to the security bar releases.

Corrective Action Plan

Cunningham's Group Home immediately took the action on the same day, January 11th 2013, to rearrange the beds. On March 22 2013, during the OHCMD annual contract compliance monitoring review, the Out-of-Home Care Management monitor observed that all security bar releases were not blocked by beds.

Person's Responsible for Implementation of the CAP

Cunningham's Administrator has ensured implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented since 1-11-2013.

Maintenance of Required Documentation and Service Delivery

Element #16

Did the group home obtain or document efforts to obtain the County Worker's authorization to implement the Needs and Services Plan? (WELL-BEING)

Finding(s)

The CSW's authorization to implement the NSF was not obtained timely for one of the 11 NSPs reviewed.

Corrective Action Plans:

Although only one of the 11 NSPs reviewed did not have CSWs authorization to implement the NSP, Cunningham's will take the following action to ensure that Staff obtain, or document efforts to obtain, the DCFS CSW's authorization to implement the NSP.

At least 5 days prior to the due date of each NSP, Cunningham's will e-mail, fax or mail the NSP to the CSW for the review and authorization to implement the NSP. If the CSW has any concerns for changes to the NSP, those changes will be completed and the NSP will again be forwarded to the CSW for Authorization. If no changes are necessary, Cunningham's will request that the signature page of the NSP be signed and returned via fax or mail. Cunningham's will document all efforts made to obtain authorization to implement NSP's.

Person(s) Responsible for Implementation of the CAP

Cunningham's Administrator, Group Home Social Worker and Child Care Staff have ensured implementation of this CAP.

Time Frame of Implementation

The CAP has been implemented since March 22, 2013.

Elements #23 and 24

Did the treatment team develop timely, comprehensive, Initial and updated Needs and Services Plan (NSP) with the participation of the developmentally age-appropriate child?
(WELL-BEING)

Finding(s)

These Needs and Services Plans (NSPs) were not comprehensive due to: Not all of their treatment goals were measurable or attainable and were not child-specific. In addition, not all of the permanency treatment matched their permanency treatment goals match the permanency case plans.

Corrective Action Plan

On March 22, 2013, OHCMD Monitor, review her NSP findings with Cunningham's Administrator and Social Worker (GHSW). At that time she conducted a NSP training and was able to address the many issues our Group Home Social Worker was having with the NSP's.

Cunningham's Group Home will ensure that NSP's treatment goals are measurable, attainable and are child-specific. In addition, all of the permanency treatment goals will match the permanency case plans. In order to ensure the NSP will be comprehensive to include all required element, Cunningham's developed a check system for all NSPs. This involves the GHSW, Facility Manager and the Administrator. In addition, seven days prior to the due date of any NSP, the GHSW will meet with the placed child, facility manager, Administrator and CSW (if available) to discuss the child's progress and identified NSP treatment goals. After then, the GHSW will review each section of the NSP with the Administrator to ensure that all NSP required elements were included. After any necessary adjustment are completed, a NSP will be completed prior to the due date and will be signed by the placed youth, GHSW, the Administrator and forward to Children's Social Worker for authorization of the NSP to be implemented.

Person(s) Responsible for the Implementation of the CAP

Cunningham's Group Home Administrator and Group Home Social Worker will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented since March 22, 2013.

IV. Education and Workforce Readiness

Element #28

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

Findings(s): Two out of the four children did not increase school attendance and improve academic performance.

Corrective Action Plan

In order to increase resident's school attendance, the treatment team has the incentive program in placed. This program will reward children for getting up and going to school each day. Additional incentives will be added when the child also stays at school and attends all classes for the day. Each child will take an attendance sheet to school daily and return it to the staff on duty when they return home.

The incentive program will also be used to improve resident's grades. In addition, the facility manager or designee will make regular visits to the school one to two times a month. They will make contact with the counselor and/or the teacher. They will ask the teachers what the child can do to improve their grades including possibilities for extra credit. The treatment team will work closely with the placed child by providing on-site tutoring to the resident twice a week for their educational needs. Further, the group home will continue to enlist assistance from LAUSD Neglected and Delinquent Program in obtaining IEP's, credit from previous schools and collaboration with teachers regarding any problems with attendance and grades.

Person(s) Responsible for Implementation of the CAP

Cunningham's Group Home Administrator, Group Home Social Work Staff, Child Care Workers will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented since May 8, 2013.

Discharged Children

Element #57
For children placed at least thirty days, did the child make progress toward meeting their NSP goals? (PERMANENCY)

Finding(s)

Two of three discharged children did not successfully meet all of their NSP goals prior to their discharge.

Corrective Action Plan

Cunningham's Administrator assured that Cunningham's treatment team will take all necessary treatment measures to assist children with setting and meeting their stated goals. The

treatment team will have monthly meetings to discuss children's progress and response to treatment. If a client is not making progress toward their goals, then alternate treatment strategies will be discussed. Changes to treatment plans will be made, when and if needed, to assist with attainment of goals.

Cunningham's will immediately assure that all identified goals are broken down into smaller tasks in order for these treatment goals to be implemented and assessable for future evaluation. These goals will be specific, measurable, attainable, result oriented and time limited to help each child/resident successfully meet his NSP goals.

Person(s) Responsible For Implementation of the CAP

Cunningham's Group Home Administrator, Group Home Social Work and Child Care Staff will ensure implementation of the CAP.

Time Frame of Implementation

The CAP has been implemented since May 8, 2013.

Sincerely,

Beatrice Cunningham

Beatrice Cunningham
Cunningham's Director