County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

FESIA A. DAVENPORT
Chief Deputy Director

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October 9, 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

B & I 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 B & I Group Home (the Group Home) in February 2013. The Group Home has two sites located in the First Supervisorial District and provides services to DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to meet the individual needs of the child, as well as the needs of the children as a collective group."

The Group Home has two 6-bed sites, each licensed to serve a capacity of 6 boys, ages 13 through 17. At the time of review, the Group Home served 11 placed DCFS children. The placed children's overall average length of placement was 6 months, and their average age was 16.

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; and being comfortable in their environment. However, two children reported that they were not treated with respect and dignity.

The Group Home was in full compliance with 3 of 10 areas of our Contract compliance review: Health and Medical Needs; Psychotropic Medication; and Personal Needs/Survival and Economic Well-Being.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to both of the Group Home's vehicles not having been properly maintained, Special Incident Reports were not submitted via I-Track System to OHCMD and there was no documentation that disaster drills were conducted as required at the Alvarado Group Home site, Sign In/Out Logs for both group home sites were not maintained, and the Group Home had been cited by Community Care Licensing (CCL) due to a staff member having inappropriately restrained a child; Facility and Environment, related to the Alvarado Group Home site having two damaged window screens and the San Francisco Group Home site had

inoperable lights in the kitchen; Maintenance of Required Documentation and Service Delivery, related to staff at both group home sites not clearly documenting efforts to obtain the CSW's authorization to implement NSPs, and initial and updated NSPs that were non-comprehensive; Education and Workforce Readiness, related to some children not attending school as required and one child not having shown an increase in academic performance and/or school attendance; Personal Rights and Social/Emotional Well-Being, related to one child having said he did not believe he was treated with respect and dignity and that he did not believe he had privacy when using the telephone, and he and another child reported they did not have adequate input in planning recreation activities; Discharged Children, related to one child not having made progress in achieving his NSP goals and the Group Home did not provide adequate interventions to stabilize this child prior to requesting his removal; and Personnel Records, related to three staff members not meeting their job description qualifications related to work experience at the time of employment, and one employee did not receive a timely tuberculosis clearance.

Attached are the details of our review.

REVIEW OF REPORT

On July 3, 2013, the DCFS OHCMD Monitor, Kristine Kropke Gay, held an Exit Conference with the Group Home representatives: Irene Kiuruwi, Executive Director; Billy McDaniel, Group Home Administrator for the Alvarado site; and Renee Hudson, Facility Manager for the San Francisco site. The Group Home representatives: agreed with most of the findings and recommendations; were receptive to implementing systemic changes to improve compliance with regulatory standards; and to address the noted deficiencies in the Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendation noted in this compliance report.

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

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

PLB:EM:KR
RDS:PBG:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Philip Anih, President, Board of Directors, B & I Group Home
Irene Kiuruwi, Executive Director, B & I Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

B & I 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 February 2013 review. The purpose of this review was to assess B & I 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, five 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, five discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, three sampled children were prescribed psychotropic medication. OHCMD reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following seven areas out of compliance.

Licensure/Contract Requirements

- The Group Home vehicles in which the children are transported, a GMC Safari van and a Toyota Sienna van, were not maintained. The GMC Safari van's front left tire was worn, the rear left turn signal and rear left brake lights were not operational, the front passenger handle and power window button were missing and the first aid kit only contained a few bandages. Additionally, the van was dirty and had many broken and/or missing interior trim pieces, such as missing air conditioning vents and a light cover, as well as graffiti in the back area of the van. Furthermore, the "Driver's Vehicle Condition Reports," dated

March 4, 2013 and March 11, 2013, noted that the tires needed to be checked. However, there was no follow-up until March 14, 2013, when OHCMD brought this issue to the Facility Manager and the Executive Director's attention. One of the seat belts in the Toyota Sienna did not latch and the driver-side rear break light was not operational.

On March 15, 2013, OHCMD met with the Executive Director and discussed in detail the deficiencies and issues with both group home vehicles. The Executive Director stated that a vehicle would be rented until the GMC Safari was repaired or replaced. Subsequently, OHCMD was provided documentation of a rental van in the interim of repairs to the GMC Safari. Furthermore, OHCMD was provided documentation of repairs to the GMC Safari van, as well as documentation of a purchase of a pre-owned Toyota Sienna van. The Executive Director explained that although she replaced the Safari van, the van was repaired in order to sell it.

OHCMD followed-up to ensure repairs were completed on the Toyota Sienna van, the vehicle at the Alvarado Group Home site. The Group Home Administrator and Executive Director stated that, in the future, they will ensure daily inspections are conducted of both group home vehicles.

- A review of SIRs revealed that three of six SIRs submitted by the Alvarado Group Home site were not submitted to OHCMD via I-Track SystemTrack System. The Group Home Administrator was surprised with the finding and stated that the designated Facility Manager cross-references all SIRs and there must have been an oversight. He stated that the designated Facility Manager will continue to review all SIRs for compliance and stated that they are evaluating another staff to assist the Facility Manager in the submission of SIRs into the I-Track System.

- OHCMD found that the Alvarado Group Home site did not have documentation of having conducted disaster drills every six months, in accordance with Title 22 Regulations. The Facility Manager stated that the drills are conducted on a monthly basis and was unsure of the reason that there was no documentation of the drills in the disaster drill log binder. The Group Home Administrator also stated that the drills are conducted on a monthly basis and that better record keeping is necessary. He stated that at their monthly audit meeting, the designated Group Home Administrator will review the disaster drill log binder to ensure compliance.

- Both group home sites did not maintain the Sign In/Out Log, in that they were not always completed with the staff's signature, the anticipated time of return, and the time in and time out of the child. OHCMD also discussed with the Facility Managers that the children's Home Pass forms were not always completed and that it is particularly important for the form to indicate the expected time of the child's return. They both stated that they understood and acknowledged the log issues and would ensure their staff completes the logs. The Group Home Administrator stated that the Facility Managers will receive training to ensure that Sign In/Out Logs and home passes are completed. He stated that the Facility Managers will check the logs on a daily basis to ensure compliance.

- Community Care Licensing (CCL) cited the Group Home on November 29, 2012, when an investigation revealed that a staff member at the Alvarado Group Home site inappropriately restrained a child with a one-person restraint; when the restraint required a minimum of two trained facility personnel. The Group Home terminated the staff member on November 30, 2012, and provided verification to CCL on December 7, 2012, as their Plan of Correction (POC). CCL cleared the deficiency on December 7, 2012. The Group Home Administrator stated that he will provide a refresher training to ensure staff members use crisis intervention de-escalation techniques in order to avoid a physical restraint.

  CCL cited the Group Home on February 22, 2012. CCL conducted a Required Five-Year Visit to the Alvarado Group Home and found the following deficiencies: Personnel Requirements: one staff did not have 24 hours of initial training within 90 days of hire; Building and Grounds: Bedroom #1, which was vacant, had a non-operable smoke detector, one dresser had a broken drawer with graffiti within the drawer, and the hallway bathroom had unfinished work on the wall next to the toilet and excess grout spots. The Group Home provided a POC on March 2, 2012. CCL cleared the deficiency on March 7, 2012. The Group Home Administrator stated that subsequent to the physical plant findings, the Facility Managers started conducting daily inspections of the Group Homes and documenting needed repairs. The Administrator stated that more recently, the agency had hired a reliable maintenance person who performs routine maintenance every Saturday and on a more frequent as needed basis.

Recommendations

The Group Home's management shall ensure that:

1. The vehicles in which children are transported are maintained in good repair.

2. SIRs are appropriately documented and submitted via I-Track timely.

3. Disaster Drills are conducted and maintained in a disaster drill log.

4. Detailed Sign In/Out Logs and home passes are maintained.

5. The Group Home is compliant with Title 22 Regulations and County contract requirements.

<u>Facility and Environment</u>

- A walk-through of the exterior grounds of both group home sites revealed deficiencies at the Alvarado Group Home site. The Alvarado Home's Bedroom #3 had a bent window screen leaving space for rodents, flies and mosquitoes to enter. It was also observed that the garbage dumpster, which was attracting flies and emitting an odor, was located directly in front of Bedroom #3's open windows. OHCMD immediately brought this matter to the attention of the Facility Manager, the Group Home Administrator and the Executive Director, and requested the window screen frame be repaired and the garbage dumpster be located elsewhere. Additionally, a living room screen had a small hole. The Group

Home Administrator stated that the repairs would be completed quickly. OHCMD was provided photographs verifying the repairs.

- A walk-through of the interior of both group home sites revealed that the San Francisco Group Home had non-operational lights in the kitchen. The Executive Director stated that they have employed a maintenance person who comes to the group home every Saturday, for approximately six hours, as well as on an as needed basis, and will repair or replace the kitchen lighting. Subsequently, the Group Home provided OHCMD photographs verifying the new kitchen lighting.

Recommendations

The Group Home's management shall ensure that:

6. The exterior and grounds of the group homes are well maintained.

7. The common quarters of the group homes are well maintained.

Maintenance of Required Documentation and Service Delivery

- It was noted that 4 of 13 reviewed Needs and Services Plans (NSPs) did not contain the CSW's signature, or efforts to obtain a signature authorizing implementation of the NSPs were not documented. However, it should be noted that every reviewed NSP had a fax sheet requesting the CSW's signature on the NSP; however, there was no proof or documentation that the fax sheet was sent to the CSW. The Administrator and Executive Director stated that the Group Home fax machine does not confirm sent items, nor does the fax machine show the date, time, and telephone number from which the documents were faxed. OHCMD advised and showed the Group Home administration the NSP Signature Page which requests the specific method and date the NSP was submitted to CSW. Various options to obtain the CSW's signature were further discussed. The Group Home Administrator acknowledged the issue and stated that he will follow-up with the Group Home therapist to ensure there is documentation on the NSPs signature page.

- A review of five initial NSPs revealed all were timely; however, none were comprehensive in that they did not meet all of the required elements in accordance with the NSP template. Some NSP template fields were not completed, the Psychotropic Medication Authorization date was missing, the Visitation, Education and Life Skills sections lacked details and some areas were left blank. Additionally, some of the NSP goals were not SMART (Specific, Measurable, Attainable, Result-Oriented, and Time Limited) goals, and/or did not contain a Permanency Plan goal.

- A review of eight updated NSPs revealed all were timely; however, none were comprehensive. Although they included detailed information, the updated NSPs had the same issues as noted in the initial NSPs. Additionally, most of the NSP/Quarterly Only information did not document the case goal number and the progress or lack of progress in the specific goal. Furthermore, the updated NSPs did not contain the dates the children received group therapy for the prior three months, while a few NSPs did not

document the dates of individual therapy. Most of the NSPs did not contain the monthly contact dates between the Group Home and the CSW for the prior three months.

It is noted that 12 of 13 reviewed NSPs were developed after OHCMD provided NSP training in January 2012; a Facility Manager and the Group Home therapist attended the training. Additionally, OHCMD emailed the NSP Training slides to the agency on October 19, 2012, and provided the Executive Director, Group Home Administrator and Facility Manager a document detailing the deficiencies noted in the NSPs. Furthermore, OHCMD reviewed a few of the deficient NSPs with the Group Home Administrator and one of the Facility Managers. They articulated that they understood the various reasons that the NSPs were deficient.

OHCMD inquired about the consultant who was to provide support to the Group Home therapist in completing comprehensive NSPs, according to last year's CAP. The Group Home Administrator stated that the consultant conducted the NSP training with the Group Home therapist and requested that the therapist contact her if the therapist had questions after the training. OHCMD suggested that the consultant should have reviewed some of the therapist's NSPs post NSP training to ensure the NSPs were comprehensive. OHCMD contacted the therapist and discussed the various, repetitive errors in the NSPs. Additionally, OHCMD emailed the NSP Training slides to the Group Home therapist and requested she review the information prior to OHCMD's NSP refresher training in August 2013. Also, OHCMD conducted an NSP refresher training for all contracted providers in August 2013; the Group Home therapist attended the training.

Recommendations

The Group Home's management shall ensure that:

8. The Group Home staff obtains, or document efforts to obtain, the DCFS CSW's authorization to implement the NSPs.

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

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

<u>Education and Workforce Readiness</u>

- Four children did not attend school as required. The Group Home Administrator stated that it is very difficult to motivate some children to attend school, although their behavior modification program is tied to the children's school attendance. He stated that he will meet with the administrative staff, including the Group Home therapist, to devise a more effective incentive program for the children to attend school.

- One child's academic performance and/or attendance did not increase in spite of being enrolled in the school's tutoring program. However, the child promoted from 8th to 9th grade, in spite of the child's grades and attendance having declined. With regard to this child, the Group Home Administrator stated that prior to the child attending high school in the Fall, the Facility Manager will arrange a meeting with the child's school counselor,

request the CSW's participation, and formulate a plan to assist the child in academic success.

Recommendations

The Group Home's management shall ensure that:

11. The Group Home staff ensures children attend school as required or provide interventions to assist the child in improving school attendance.

12. The Group Home staff assist children in increasing academic and/or attendance or document efforts to assist children with obtaining academic progress.

Personal Rights and Social/Emotional Well-Being

- One child at the Alvarado Group Home site reported that he was not treated with respect and dignity. The child reported that a specific staff member "treats me differently." The child elaborated that the staff member dials the telephone for him and does not trust him because "I used to break stuff."

- The above-mentioned child stated that he does not have privacy when using the telephone. Again, he stated that staff dials the telephone and that he cannot use the telephone in his bedroom. The Administrator stated that he did not agree with this finding. He stated that to avoid children calling unauthorized people; they are not allowed to use the telephone in their bedrooms. He stated that staff dial the telephone number and gives the child the telephone for their use. The Group Home Administrator stated management will "brainstorm" and come up with an appropriate arrangement.

- Two children at the Alvarado Group Home site stated that they had inadequate input into planning recreational activities. One child stated that a specific staff member will decide on the outing; the choices to pick from are usually Boomers! Entertainment Center or the movies. If the outing is to the movies, the children have a choice in the movie. The second child stated that they have a choice between three activities which include skating, Boomers and movies. He stated that sometimes they have a choice and sometimes they have no choice in the movie selection. The Administrator questioned this finding. He stated that many boys choose going to Boomers, so that they can meet their friends there. He stated that in the future, the children at the Alvarado site will be given more input into planning varied recreational outings.

  The second child also stated that he would like more choice in where they shop. He stated that he would like to shop at the Mall, rather than at one particular store. The Facility Manager stated that the particular store has the best price for jeans, which is what the child needed. In reviewing the child's receipts, OHCMD noted that the child had purchased clothes at various stores; however, the Facility Manager stated that in the future the boys will have more of a selection in locations to purchase clothes.

  This same child stated that the children at the San Francisco site go out to eat and that he would like to go out to eat too. However, when OHCMD reviewed the recreational

funds for both group home sites, it was found that the Alvarado site generally spent a large portion of their weekly recreational budget on fast food and eating at restaurants, rather than on recreational activities. This issue was brought to the Group Home Administrator's attention. The Administrator stated that he investigated the matter and did find that the Alvarado site was spending too much money on food, rather than recreational activities. He stated that it is difficult to motivate the children to attend outings and that a disproportionate amount of recreational money was spent on food rather than not spent at all. He stated that although they have season passes to Knott's Berry Farm, Raging Waters and Universal Studios, it is difficult to motivate the children to go to these venues. The Administrator stated that on occasion, the agency receives tickets to Staples Center and other venues and that it is sometimes difficult to motivate the children to try new things. The Administrator stated that he will meet with the Executive Director and the Facility Managers and devise a plan to motivate the children to attend recreational activities. He stated they will also discuss ways to provide the Alvarado Group Home children with more input in planning more varied recreational outings. The Administrator stated that he is considering implementing an activity refusal form to better document the children's refusal to attend activities.

Furthermore, in reviewing the weekly recreational funds for both Group Home sites, OHCMD discovered that on two occasions, the Alvarado site had used recreational funds for Court parking and lunch for a child who attended their Delinquency Court Hearing. When brought to the Administrator's attention, he investigated the matter and found that to be the situation. The Administrator stated that the recreational funds should not have been used to pay for Court parking and lunch for a child and the agency's accountant will refund the group home site's recreational money. Furthermore, the Administrator stated that he will ensure this does not occur in the future and will provide OHCMD with documentation of staff training.

Recommendations

The Group Home's management shall ensure that:

13. Children are treated with respect and dignity.

14. Children's privacy is protected when using the telephone unless otherwise stated by Court order.

15. Children are given an opportunity to plan extra-curricular activities.

<u>Discharged Children</u>

- The review of one discharged child's file revealed that the child did not make progress toward meeting their NSP goals. The Group Home did not provide supporting documentation of interventions.

- The same child noted above was issued a 7-Day Notice without adequate interventions to stabilize the placement. Specifically, a Team Decision Meeting (TDM) was held early in his placement; however, the child remained placed another six months without another TDM or documentation of attempts to stabilize the child. The Administrator stated that

the child was difficult and that the Group Home should have requested a more recent TDM.

Recommendations

The Group Home's management shall ensure that:

16. Discharged children make progress toward meeting their NSP goals.

17. The Group Home provides timely interventions to stabilize the child prior to requesting the child's removal.

Personnel Records

- Three of five staff members did not meet their Job Description qualification of work experience when they were initially hired. The Group Home Administrator agreed and stated that the Job Description will be revised and submitted to DCFS Contracts Administration Division and CCL to request approval of their revised program statement.

- One staff member did not receive a timely health screening. According to Title 22 Regulations, an employee must receive a health screening clearance one year before to seven days after hire date, and the employee received the Tuberculosis clearance on the eighth day of employment. The Group Home Administrator stated this was an oversight; newly-hired employees are not hired until completely cleared. He stated he will ensure this does not occur in the future.

Recommendations

The Group Home's management shall ensure that:

18. All staff meets the education/experience requirements in the Job Description.

19. All staff receive a timely health screening, which includes a timely Tuberculosis clearance.

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

The OHCMD's last compliance report, dated October 9, 2012 identified 15 recommendations.

Results

Based on our follow-up, the Group Home fully implemented seven of 15 recommendations for which they were to ensure that:

- The children's bedrooms are well maintained with operational smoke detectors,
- Children are progressing toward meeting the NSP case goals,
- Children receive the required therapeutic services,

- Children receive timely initial dental examinations,
- Children receive timely follow-up dental examinations,
- All staff members receive timely initial training, and
- All staff members receive timely certification in the Emergency Intervention Plan.

The Group Home did not implement eight recommendations for which they were to ensure that:

- All SIRs are appropriately documented and cross-reported timely,
- A safe environment for children and compliance with Title 22 Regulations,
- The common quarters are well maintained,
- The development of comprehensive initial NSPs,
- The development of comprehensive updated NSPs,
- Children attend school as required,
- Staff assist and document efforts to improve children's academic performance and/or attendance, and
- Full implementation of the outstanding recommendations from the OHCMD's prior monitoring report, dated July 10, 2011 regarding development of comprehensive initial and updated NSPs.

Recommendation

The Group Home's management shall ensure that:

20. The outstanding recommendations from the 2011-2012 monitoring report, dated October 9, 2012, which are noted in this report as Recommendations 2, 5, 7, 9, 10, 11, 12, and 20, are fully implemented.

    The Group Home representatives expressed their desire to remain compliant with the County contract, Title 22 Regulations and service requirements. The Group Home has provided training for all staff to ensure they are aware of proper Pro-ACT interventions and restraints, as well as the consequences for not adhering to proper procedures. To ensure the group home sites are properly maintained, the Group Home staff will conduct detailed, weekly inspections of the group home sites and record all deficiencies, which will be completed by the recently hired maintenance person. To ensure compliance with submittals of SIRs, the Group Home has identified a staff to assist the Facility Manager in the submission of SIRs into the I-Track System. To ensure the development of comprehensive NSPs, the Group Home therapist received one-on-one training through OHCMD, as well as attended the OHCMD NSP refresher training in August 2013. To ensure children attend school regularly and improve in academic performance, the Group Home will work directly with the school-based CSW via the Foster Youth Education Program. In addition, the Group Home has implemented the use of monetary incentives.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the Group Home was posted by the Auditor-Controller (A-C) on April 7, 2008. The A-C identified $6,612 in unallowable costs and $17,749 in unsupported/inadequately supported costs, totaling $24,361.

The DCFS Fiscal Monitoring and Special Payments Section (FMSPS) confirmed that the Group Home has paid the unsupported/inadequately supported and ineligible expenditures.

B & I GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Alvarado Group Home
197 E. Alvarado Street
Pomona, CA 91767
License # 197801988
Rate Classification Level: 11

San Francisco Group Home
410 San Francisco Street
Pomona, CA 91767
License # 197803511
Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: February 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Improvement Needed
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Improvement Needed
	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	1. Improvement Needed
	2. Common Areas Well Maintained	2. Improvement Needed
	3. Children's Bedrooms Well Maintained	3. Full Compliance
	4. Sufficient Recreational Equipment/Educational Resources	4. Full Compliance
	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	1. Full Compliance
	2. County Children 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 Social Worker's Monthly Contacts Documented	7. Full Compliance

	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	8. Full Compliance 9. Improvement Needed 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/Progress Reports Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	1. Full Compliance 2. Improvement Needed 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	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. Children's Chores Reasonable 10. Children Informed About Their Medication and	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance 10. Full Compliance

	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)	11. Full Compliance 12. Improvement Needed 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 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. 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. Improvement Needed
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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

I. LICENSURE/CONTRACT REQUIREMENTS

Facility #197801988 & 197803511
P.O. Box 1761
Pomona, CA 91769

Phillip Anih
Chairman

Carlton Edwards
Secretary

Ernest Bentum
Treasurer

Dr. Allen Brown
Member

Billy McDaniel
Member

Resistard Kitilya
Member

Irene Kiuruwi
Executive Director:
Non voting member

William H. Mashingaidze
Financial Advisor
Non voting member

B & I Group Home Inc
410 San Francisco Ave
Pomona CA 91767
Tel:(909) 623-3158
Tel(909) 549-7838
Pomona, CA 91769
Fax:(909) 622-3678

#3---Facility Manager will ensure that facility's vans are maintained and in good repair. Facility Manager will ensure weekly van inspections are conducted and all findings will be immediately reported to Administrator to ensure repairs are immediately completed. A weekly van inspection log will be maintained. Administrator will ensure compliance.

#4—Facility Manager will be responsible for ensuring that special incident reports SIRs) are appropriately documented and cross reported Each time an I-TRACK is generated manager will utilize Exhibit A-VIII to ensure all applicable parties have been notified. We are currently identifying other staff members to assist in I-TRACK reporting. Administrator will be responsible for ensuring Facility Manger follows the correct reporting guidelines.

#5----B/I does conduct monthly disaster drill monthly. However, to ensure more consistency the Administrator will conduct monthly audit to ensure compliance. Administrator will be responsible for compliance.

#8—B/I has a detailed Sign in /Out log that details the resident whereabouts when they have been give approved passes by their CSW. To be more consistent the Facility Manager will now review the Sign/In Out log daily to ensure procedures are being followed. Administrator conducted training on July 27, 2013 to address this issue. Administrator will ensure compliance.

#9—To ensure that B/I remains free of any substantiated Community Care licensing complaints on safety, training was held on July 27, 2013 to review Pro Act procedures and consequences for violating policy. The staff member who performed the one person restraint was terminated and a plan of correction was submitted to CCL. CCL cleared the deficiency on February 12, 2012. Administrator will ensure compliance.

II. FACILITY AND ENVIRONMENT

#10 and # 11---Facility Manager will be responsible for ensuring that a weekly detailed facility inspection form is completed and all deficiencies are recorded on a maintenance request form and reported to Administrator and maintenance personnel. The maintenance personnel work every Saturday for 6-8 hours to repair all deficiencies. Maintenance personnel will also be available for emergencies. Now the Administrator will meet with the Facility Manager every Friday to discuss repairs that have been requested for the weekend. Administrator will ensure this procedure is followed weekly. (See attached form).

B & I Group Home Inc.
We Care

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P.O. Box 1761
Pomona, CA 91769

Phillip Anih
Chairman

Carlton Edwards
Secretary

Ernest Bentum
Treasurer

Dr. Allen Brown
Member

Billy McDaniel
Member

Resistard Kitilya
Member

Irene Kiuruwi
Executive Director:
Non voting member

William H. Mashingaidze
Financial Advisor
Non voting member

B & I Group Home Inc
410 San Francisco Ave
Pomona CA 91767
Tel:(909) 623-3158
Tel(909) 549-7838
Pomona, CA 91769
Fax:(909) 622-3678

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

#16----To ensure that group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan, the group home therapist will fax a letter inviting the County Worker to participating in a treatment team meeting to implement the NSP. Group home therapist will document on the front of the letter and on the last page of the NSP the date the information was faxed to County Worker. Administrator has met with group home therapist and will enforce this procedure. Therapist is attending NSP training on August 1. 2013

#23-24 The group home therapist will ensure the treatment team develops, comprehensive initial and updated Needs and Services Plans. The therapist will ensure that the template fields are detailed and completed with all required information, including dates and names. Facility's therapist will also attend NSP training at CCL on August 1, 2013 to help create more comprehensive initial and updated NSPs. Therapist will ensure compliance.

IV. EDUCATIONAND WORKFORCE READINESS

#26—To ensure that residents are attending school as required, Facility Manager has identified a designated School Based CSW associated with the Gloria Molina Foster Youth Education Program and DCFS. The CSW is based at Pomona High School, and will assist with attendance and academic. The Facility Manger will record resident's daily attendance on the group resident's attendance form. To help improve attendance resident will now be given a weekly $5.00 incentive to attend school. The incentive will be added to resident's weekly allowance. Facility Manager will also meet and document all meeting with school regarding resident.

#28—To help to improve resident's academic performance Facility Manager will meet with teachers, enforce study times, seek additional homework with assistance of Group Home staff and seek tutoring programs. A designated school based CSW at Pomona High School associated with the Gloria Molina Foster Youth Education Program and DCFS has been designated to assist with academic. Also, to improve academic performance B/I will now offer more incentives, such as gift cards or additional allowances to all resident that receive school awards, special recognition, and improved grades. Administrator will be responsible for follow up to ensure compliance.

V. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

#40---Administrator will be responsible for ensuring that all resident are treated with dignity and respect. Training was held on July 27, 2013 to address this issue. Any staff known to be in violation will be discipline or terminated. Administrator will enforce.

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#42 Facility Managers will ensure children are allowed to make and receive private telephone calls. Resident are able to make and receive private phone calls, however when residents are unsupervised while making phone calls they often hang up the phone and call unauthorized persons, which sometime creates an unwarranted situation. It should also be noted that the resident's representative have requested that some phone call be monitored. We will make every effort to remain in compliance and not violate any personal rights. Training was held on July 27, 2013 to address this issue. Administrator will ensure compliance.

#47—Facility Manager will ensure residents are given the opportunity to plan activities in which they have interest by having bi-monthly meetings and record all suggestions made by residents. Manager will then add agreed upon activities to the activity schedule for resident to participate in. It should also be noted that all money allocated for activities will only be utilized for activity and no other purpose. A meeting was held with all staff and Accounting Department on July 27, 2013 to address this issue. Funds can only be used for the purpose that it has been allocated for and no other use. The Accountant explained to the staff about the misuse of funds. The funds that were used for parking and food at the Alvarado site for the year were reimbursed back to the activity funds in the amount of $100. This is not a common occurrence. Accountant and Administrator will ensure compliance. (See copy of reimburse activity check).

XII. Discharged Children

#57---#58------Facility Manager will make every attempt to ensure that children placed at least 30 days make progress toward meeting their NSP goals and make effort to stabilize the placement before requesting the removal of a child. B/I is committed to meeting with the resident's County Worker to setup meetings and also will request a TDM meeting before any resident is removal to help stabilize placement and meet NSP goals. All attempts will be documented and placed in the resident's file. Administrator will ensure this process takes place.

XI. PERSONNEL RECORDS

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#61—To ensure that staff who have direct contact with children meet the educational/experience requirements, the Administrator has revised the job description. Revised job description will be submitted to CCL and DCFS contracts by August 12, 2013 for approval and to amend Program Statement. (See attach job description). Administrator will ensure compliance.

#62—Administrator will ensure that all staff TB screenings are timely. Newly hired staff member will not begin employment until after TB has been cleared. Administrator will ensure compliance.

Sincerely
Billy McDaniel
Administrator