County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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(213) 351-5602

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October 9, 2013

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

From: Philip L. Browning
Director

HUMAN SERVICES NETWORK d.b.a. YOUTH SERVICES NETWORK 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 Human Services Network d.b.a. Youth Services Network (the Group Home) in May 2013. The Group Home has three sites; one in the Third Supervisorial District and two in the Fifth Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster youth and Probation youth. According to the Group Home's program statement, its stated purpose is "First, to help children develop the skills and self-esteem which will enable them to become self-sufficient and productive persons in society. And second, to help develop and promote a viable social support system for children outside the foster care system."

The Group Home has three 6-bed sites, each licensed to serve a capacity of 6 boys, ages 11 through 18. At the time of the review, the Group Home served 16 placed DCFS children. The placed children's overall average length of placement was 4 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; and being comfortable in their environment.

The Group Home was in full compliance with 5 of 10 areas of our Contract compliance review; Educational and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Deficiencies were noted in the areas of Licensure/Contracts Requirements, related to one vehicle in which children are transported had a right front turn signal light that was not working properly and Community Care Licensing (CCL) cited the Group Home on three separate occasions, since May 23, 2012, for a Buildings and Grounds issue, a Personal Rights violation, and a Lack of Care and Supervision issue; Facility and Environment, related to one group home site having an unkempt yard; Maintenance of Required Documentation and Service Delivery, related to the Group Home not being compliant with its license as it applied to age of population served as one resident was 19 years old and untimely NSPs; Personal Rights and Social/Emotional Well-Being, related to one Non-Minor Dependent having felt that he was not treated with respect and dignity; and Personnel Records, related to one staff not having a timely tuberculosis test when hired. OHCMD instructed the Group Home 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 July 11, 2013, the DCFS OHCMD Monitor, Donald Luther, held an Exit Conference with the Group Home representative Ray Armstrong, Treatment Director. The Group Home representative agreed: with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and 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. 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: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
Miriam Korn, Executive Director, Human Services Network
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

HUMAN SERVICES NETWORK d.b.a. YOUTH SERVICES NETWORK 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 May 2013 review. The purpose of this review was to assess Human Services Network d.b.a. Youth Services Network'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 placed children were selected for the sample. 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, one placed child was prescribed psychotropic medication. OHCMD reviewed the child's case file to assess for timeliness of Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed three 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 five areas out of compliance.

Licensure/Contract Requirements

- One of the Group Home's vehicles, a passenger van in which the children are transported, was not properly maintained. On May 28, 2013, it was noted that the right front turn signal on the vehicle at the Granada site was not working. The finding was immediately brought to the Group Home's Treatment Director's attention. The signal light was repaired by the following day; one marker bulb and two turn indicator bulbs were replaced. OHCMD received documentation of the repair.

- Community Care Licensing (CCL) cited the Group Home on three separate occasions since May 23, 2012.

  On September 11, 2012 CCL cited the Group Home for not having repaired the air conditioner at Granada site, which was not operational for at least a week. A Plan of Correction (POC) was required and submitted to CCL. OHCMD received copy of receipt documentation that the air conditioner was repaired. CCL cleared the citation on September 24, 2012.

  On January 4, 2013, CCL cited the Group Home, as a child had reported a staff at the Parthenia site was yelling and used profanity while addressing residents. A POC was required by CCL that within 30 days the staff be retrained on children's personal rights, boundaries, appropriate language, and behavior. This was completed and documentation of the trainings was submitted to CCL. CCL informed OHCMD that the citation was cleared on January 4, 2013. DCFS investigated and determined the allegations to be inconclusive, as interviews with other residents in the home denied the allegations and reported the staff as always respectful while addressing them. No further action was taken.

  On March 25, 2013, CCL cited the Group Home for Lack of Care and Supervision at the Granada site, where one child struck another child with a plate, causing the victim to require medical attention. Civil penalties were imposed on the Group Home by CCL and a POC was required. The Group Home submitted the POC and documentation of staff retraining of Emergency Intervention Training. The Group Home has appealed the citation to CCL. OHCMD obtained the Group Home's appeal; and the appeal remains under review by CCL. The referral to the Department of Children and Family Services (DCFS) Child Protection Hotline (CPHL) was "evaluated out" as the CPHL determined that the two children had a physical altercation, the Group Home had proper supervision at the time of the incident, and the Group Home properly reported the assault to law enforcement. The aggressor was arrested.

Recommendations

The Group Home's management shall ensure that:

1. All vehicles are routinely and properly maintained.

2. The Group Home is in compliance with Title 22 Regulations.

<u>Facility and Environment</u>

- The backyard at the Shadow Hills site was not well maintained in that there were weeds throughout. The Group Home has since contacted the contracted gardener, resulting in the weeds being cut and removed from the yard. Photographic documentation was submitted to OHCMD on July 7, 2013 showing the backyard to be maintained and cleared of weeds.

Recommendation

The Group Home's management shall ensure that:

3. The exterior grounds of each site are well maintained.

Maintenance of Required Documentation and Service Delivery

- The Group Home was not in compliance with its license, as it applied to age of population served. The group home is licensed to serve residents through the age of 18; one Non-Minor Dependent (NMD) was 19 years of age. OHCMD informed the Group Home Treatment Director. The NMD has since been placed in transitional housing, per his permanency plan, on June 21, 2013.

- While one child's updated Needs and Services Plan (NSP) was comprehensive, the updated NSPs were not completed in a timely manner. The first updated NSP was due January 4, 2013; however, was completed on February 4, 2013. The following updated NSP was due April 4, 2013; however, was completed May 4, 2013.

Recommendation

The Group Home's management shall ensure that:

4. All NMDs are age-appropriate, meeting the criteria of the Group Home.

5. All NSPs are completed in a timely manner per the Group Home's contract with the County of Los Angeles.

Personal Rights and Social/Emotional Well-Being

- One youth reported that a staff at the Parthenia site does not treat him with respect and dignity. He reported that staff requests that he run "personal errands" for him, such as shopping. He further reported that the staff told him that it is disrespectful to the staff if he does not do it. OHCMD attempted to make a referral to the Child Protection Hotline, but was informed that since the resident was over 18 years of age that a referral could not be made; however, the information would be forwarded to the youth's DCFS Children's Social Worker. OHCMD immediately discussed this allegation with the Group Home Treatment Director. The staff was counseled and instructed by the Group Home Program Director and the Treatment Director that it was inappropriate for him to request for a resident to "pick up" something for staff, even if the resident was going to the store to shop for himself.

Recommendation

The Group Home's management shall ensure that:

6. All children/youth are treated with respect and dignity at all times.

Personnel Records

- One staff member did not have a current tuberculosis (TB) test that was completed within one year prior to or within seven days after the employee's date of hire. The Group Home

has since provided OHCMD with documentation of an updated TB test for the staff member administered May 24, 2013, with no evidence of TB.

- At the time of the review, three staff's personnel files did not have signed acknowledgement of the Children's Personal Rights Policy in their personnel files. All staff are now provided with Children's Personal Rights and sign for their receipt and review upon hire.

Recommendations

The Group Home's management shall ensure that:

7. All staff, upon hire, has a current tuberculosis test that is timely and in compliance with Title 22 Regulations.

8. All appropriate Group Home staff sign copies of the Group Home policies and procedures, including, but not limited to Children's Discipline Policy and Children's Personal Rights Policy.

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

The OHCMD's last compliance report, dated October 22, 2012, identified 16 recommendations.

Results

Based on our follow-up, the Group Home fully implemented 14 of 16 recommendations for which they were to ensure that:

- Common quarters are well maintained and in good repair, and are free of any possible safety hazards,
- Children's bedrooms are well maintained and in good repair,
- Recreational equipment is properly maintained and in good repair,
- Perishable and non-perishable food items are of adequate supply, meet standards of freshness, and are properly stored,
- Documentation is maintained of CSW's approval for implementation of the NSPs or the attempt(s) to obtain authorization for implementation,
- Required monthly contacts with the CSWs are appropriately documented in the NSPs,
- All children are assisted in maintaining important relationships,
- Updated NSPs are comprehensive, including all required elements in accordance with the NSP template,
- Initial physical examinations are conducted within 30 days of placement or within a year of the last annual physical examination,
- Initial dental examinations are conducted within 30 days of placement or within a year of the last annual dental examination,
- All children have sufficient quantities of clothing to meet DCFS standards,
- All children are encouraged and assisted in creating and maintaining a Life Book/Photo Album,
- All appropriate employees receive the required annual on-going training, and

- The outstanding recommendations from OHCMD's 2012 monitoring report are fully implemented.

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

- All sites are in compliance with Title 22 Regulations and the County contract requirements, and
- The exterior of the facilities are properly maintained and are free of any possible safety hazards.

Recommendation

The Group Home's management shall ensure that:

9. The outstanding recommendations from the 2011-2012 monitoring report dated October 22, 2012, which are noted in this report as Recommendations 2, and 3, are fully implemented.

At the Exit Conference, the Group Home representative expressed the Group Home's desire to continue to strive to remain in compliance with all Title 22 Regulations. Requests for equipment maintenance repairs are now reported to the main office for appropriate and expedited repair or service. Staff will receive on-going training focusing on children's personal rights, staff appropriate interactions with children, and their use of appropriate language. Additionally, the Group Home will ensure that all staff receive continual training in recognizing the "tone" of the Group Home setting, being abreast of unresolved conflicts within the population, and developing staff's ability to identify when additional supervision for the safety of the children and staff is needed. The Group Home has implemented daily facility checks, completed by the facility managers and staff, to resolve any maintenance issues regarding buildings and grounds, which are reported and addressed in a timely manner. The Group Home's Treatment Director and Program Director will make periodic and consistent monitoring checks to ensure compliance with the CAP, under the supervision of the Executive Director.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

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

HUMAN SERVICES NETWORK d.b.a. YOUTH SERVICES NETWORK GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

16010 Parthenia Street
North Hills, CA 91343
License # 191220817
Rate Classification Level: 12

17929 Index Street
Granada Hills, CA 91344
License # 191220401
Rate Classification Level: 12

10047 Orcas Avenue
Shadow Hills, CA 91040
License # 198205892
Rate Classification Level: 12

	Contract Compliance Monitoring Review	**Findings: May 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. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Well Maintained	2. Full Compliance
	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. Improvement Needed
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Full Compliance
	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 7. County Children's Social Worker's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 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	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Nutritious 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance

	8. Children Free to Attend or Not Attend Religious Services/Activities 9. Children's Chores Reasonable 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)	8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children 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	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Improvement Needed 7. Full Compliance

YOUTH SERVICES NETWORK
15501 San Fernando Mission Blvd, Suite 301 • Mission Hills, CA 91345 • (818) 898-7100 • FAX (818) 898-7474

Group Home Monitoring Review CAP 2012

August 6, 2013

OHCMD

9320 Telstar Ave

El Monte, CA 91731

1. Licensure and Contract Requirements

3. Does the group home maintain vehicles in which the children are transported in good repair? (Safety)

3.2 - No, the right front turn blinker of the Granada Hills van was not working. The bulb was replaced and the receipt was received by OHCMD on 5/29/2013.

CAP: The group home manager will inspect the van on a daily basis and report any maintenance issues to their supervisor and immediately submit a maintenance request to the administrative offices. The maintenance department will also inspect the vans on a weekly basis, including checking the turn signals. The van will not be used to transport residents if there are any safety issues, until the issues are corrected.

Miriam Korn, *Executive Director*
Board of Directors Jonathan Greenfield, *President* Joe Gjonola, *Vice President* Eric Wong, *Treasurer* Sandra Needs-Ramirez, *Secretary*
Members Michael Hennessy, *Member* David Hernandez, *Member* Carol Numrich, *Member* Robert Schad, *Member* Trevon Smith, *Member*

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)

9.2 – On 9/11/2012, CCL cited YSN for not having repaired the air conditioning at the Granada Hills site. On-site staff reported it had not been working for at least a week. However, air conditioning repair service had been to the home on 9/7/12 and serviced the air conditioning, and an invoice for that service was sent to CCL. Apparently the unit malfunctioned again on 9/11/12. YSN therefore disputes the finding that the AC had not been working for a week, and that YSN had, in good faith, made appropriate effort to have the unit repaired. YSN submitted a plan of correction to CCL and the air conditioner has serviced again on 9/12/13 and repairs made, with invoice provided to CCL.

CAP: YSN exercised due diligence in repairing the AC immediately when it was reported to administration on 9/7/12, and had not been informed that it had malfunctioned again on 9/11/12. The group home supervisor, under the supervision of the Program Director, will continue to check the air conditioning on a regular basis and will report any maintenance issues immediately. The group home facility will continue to be inspected on a weekly basis by the Maintenance supervisor to ensure the facility is in good repair with all appliances functioning normally.

9.1 – On 1/4/2013, CCL cited YSN for a staff being heard by the children using profanity over the speaker phone in the Parthenia facility staff office. Within 30 days, a plan of correction was completed and submitted to CCL.

CAP: All staff will participate in ongoing training regarding appropriate language and resident interactions / boundaries. This particular staff has been put on a work contract addressing appropriate interaction with youth and while on duty, and has been placed on probation. If there are further substantiated incidents involving inappropriate language and / or interactions with residents, the staff will be immediately terminated.

9.2 – On 3/5/2013, CCL cited YSN for lack of care and supervision at the Granada site over an SIR where one child, unprovoked, struck another child with a plate, causing the victim to require medical attention. The perpetrator was arrested. Civil penalties were imposed on YSN and a CAP was submitted documenting training and Emergency Intervention Training.

CAP: Staff will continue participate in trainings utilizing Emergency Intervention Techniques. The staff involved in this incident were retrained individually in ProAct guidelines for Emergency Interventions. YSN submitted a formal request to CCL to appeal the findings of substantiated neglect, as an internal investigation of the incident confirmed that the staff had followed Pro-Act Emergency Intervention protocol in his intervention with the residents. A copy No response has been received to date from CCL to the appeal)

II. Facility and Environment

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

10.3 - No, the spring weeds at the Shadow Hills facility needed cutting. On 7/2/2012, the Treatment Director sent photographic documentation that the weeds in the backyard had been cut and removed. Common areas were comfortable and nicely maintained.

CAP: The facility grounds will be inspected on a routine basis by the Maintenance Supervisor and the house supervisors, under the supervision of the Program Director and Operations Director. The outside yard will be maintained on a weekly basis (including the large area in the backyard at Shadow Hills) by the gardeners. Maintenance needs will be reported immediately to the Administrative offices, and corrected upon notification.

III. Maintenance of Required Documentation and Service Delivery

15. Are children placed in accordance with the group home's capacity and population criteria? (Well-Being)

No, one resident was nineteen years of age. According to CCL and our program statement, YSN is only able to have residents up to the age of eighteen, unless they have a documented medical need requires residing in a group home.

CAP: All residents accepted into the YSN program must meet the age requirements of our contract and CCL regulations. Permanency plans will be coordinated with the CSW to ensure a resident is placed in appropriate housing before they reach the age of nineteen. If a resident is placed with us and they are eighteen, plans for permanency will be discussed between the treatment team prior to admission. YSN will adhere to all age requirements and regulations as per CCL policy and our program statement.

24. Did the treatment team develop timely, comprehensive, updated needs and Services Plans (NSP) with the participation of the developmentally age – appropriate child? (Well-Being)

24 – One resident's updated NSPs were comprehensive, but not timely - due 1/4/13, not 2/4/13 and the following NSP was due 4/4/13 not 5/4/13.

CAP: The Case Manager, under the supervision of the Treatment Director, will double check the dates to ensure the dates correspond to the due dates. In this case, it was just a typo, but each NSP will be reviewed prior to submission. The Treatment Director will check the reports for accuracy, including the dates corresponding with the due dates.

IV. Education and Workforce Readiness – Full compliance

V. Health and Medical Needs – Full Compliance

VI. Psychotropic Medication – Full Compliance

VII. Personal Rights and Social / Emotional Well-Being

40. Do the children report being treated with respect and dignity (Well –Being)

40 – A NMD reports that a staff ask the children to run personal errands for him. NMD states staff say they are disrespectful if they don't do it! NMD stated that is why he sometimes doesn't want to come home, to avoid the situation.

CAP: Internal investigation indicated that staff at the Parthenia facility deny asking residents to run their personal errands, and house staff stated they had no knowledge of any residents complaining that this was occurring. However, it was discussed that staff are to NEVER ask residents to run errands, go to the store, etc. for a staff member. In addition, during an agency wide training, all staff were reminded to never ask a resident to run errands or similar activities. All staff have been trained in treating the residents with respect and dignity at all times.

VIII. Personal Needs / Survival and Economic Well – Being – Full Compliance

IX. Discharged Children – Full Compliance

X. Personnel Records

62. Have employees received timely health screenings / TB clearance? (Safety)

62 – TB test not timely (12/17/10). YSN states that chest X-rays are good for three years? Per CCL, the staff needed to be tested for TB and completed per the CCL Title 22 Regulations, no more than one year prior to the hire or within one week after hire. The Treatment Director faxed over proof after the review. An updated that the staff member had his chest X-ray and was cleared to work. However, this particular staff is not able to have the typical blood test for TB, therefore, he must have the X-Rays. He was told that he was not able to have chest X-Rays more than one time per three years for health reasons.

CAP: All staff will continue to have TB clearance prior to working with the residents. The records will be checked by the Operations Director and Program Director to ensure compliance. If staff are not able to have a traditional blood test for TB, than a doctor's note will be requested indicating that a chest X-ray is suitable for three . YSN will comply with CCL regulations (Title 22) and all staff will be cleared by CCL prior to working.

64. Have appropriate GH employees signed copies of the GH policies and procedures? (Safety)

64 – Three employees did not have a signed copy of the Children's Rights Policy. At the time of review, the statement was reviewed and signed by the three staff members.

CAP: All YSN staff are trained in Children's Personal Rights Policy at time of hire, and signed documentation of this training is kept at the administrative offices. However, it has not been required previously that staff sign the actual Children's Personal Rights document. The Program Director will ensure that existing staff have signed this document and all new staff will be required to sign it, and the document will be in their personnel file.

If you have any further questions, or require further information, please do not hesitate to contact me immediately.

(818) 849-8917

Sincerely,

Ray Armstrong, LMFT