County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 10, 2013

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

From: Philip L. Browning
Director

FRED JEFFERSON MEMORIAL HOME FOR BOYS 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 Fred Jefferson Memorial Home for Boys Group Home (the Group Home) in April 2013. The Group Home has two sites located in the Second Supervisorial District and provides services to County of Los Angeles DCFS foster children. According to the Group Home's program statement, its purpose is, "to provide adolescents in need of out of home placement with a safe and secure home to live in. We offer a program of services designed to meet individual needs. As appropriate, we will work with families toward reunification. We coordinate our efforts to provide continuity and quality of programming."

The Group Home has two 6-bed sites, each licensed to serve a capacity of 6 boys, ages 12 through 17. At the time of review, the Group Home served 9 placed DCFS children. The placed children's overall average length of placement was 3 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; 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: Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

Psychotropic Medication was not applicable, as no placed children were prescribed psychotropic medication.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to a Community Care Licensing (CCL) citation and Special Incident Reports (SIRs) were not submitted in accordance with SIR reporting guidelines and Title 22 Regulations; Facility and Environment, related to the carpet in the bedrooms at one site, which was worn, tattered and becoming a safety hazard; Maintenance of Required Documentation and Service Delivery, related to a lack of documentation that DCFS Children's Social Workers (CSWs) were contacted on a monthly basis and initial and updated Needs and Services Plans (NSPs) were non-comprehensive; and Education and Workforce Readiness, related to two children not having been enrolled in school within three school days of placement. OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and to ensure compliance with services and building maintenance requirements and all regulatory standards.

It should be noted that an Investigative Hold was placed on the Group Home on May 3, 2013, as it was determined that the Group Home had not maintained an adequate staff-to-client ratio. A fight had occurred between two residents at the Group Home, and there was only one staff on duty supervising five children. The incident was investigated by both DCFS and CCL. The Group Home accepted full responsibility of the findings and complied with all recommendations made by OHCMD and CCL. A Review Conference was held to address the severity of the findings. The Group Home submitted a Corrective Action Plan (CAP), which was approved on June 12, 2013, and the Hold was lifted on the same date.

Attached are the details of our review.

REVIEW OF REPORT

On July 26, 2013, the DCFS OHCMD monitor, Sonya Noil, held an Exit Conference with the Group Home representative Cecelia Jefferson, Executive Director. The Group Home's representative: agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a 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 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:sn

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
Cecilia Jefferson, Executive Director, Fred Jefferson Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

FRED JEFFERSON MEMORIAL HOME FOR BOYS 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 and addresses findings noted during the April 2013 monitoring review. The purpose of this review was to assess the Fred Jefferson Memorial Home for Boys Group Home's (the Group Home) compliance with 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. 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, no children were prescribed psychotropic medication.

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

CONTRACTUAL COMPLIANCE

OHCMD found the following four areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) had cited the Group Home on February 6, 2013 as a result of deficiencies substantiated during the course of an investigation. On January 30, 2013, a fight had occurred between two residents resulting in one child being seriously injured. The child had sustained several cuts, some requiring stitches, when he was pushed through a window. He also lost a tooth as a result of being punched in the mouth.

CCL determined that the facility had not maintained an adequate staff-to-client ratio; there was only one staff on duty supervising five children when the fight occurred. CCL also noted a client Records Violation, as one of the children involved in the fight had been admitted to the facility without an Admission Agreement. Additionally, CCL noted a Plan of Operation Violation, as the Group Home did not follow its plan of operation regarding intake procedures and staff ratios. The Group Home was asked to submit a written Plan of Correction (POC); CCL approved the POC on February 27, 2013. Upon receipt of the Special Incident Report (SIR), OHCMD became aware of the incident and initiated a referral to the Child Protection Hotline. The Department of Children and Family Services (DCFS) Emergency Response Children's Social Worker (CSW) deemed the General Neglect allegations as substantiated on April 5, 2013. The Group Home reported the incident to law enforcement and the perpetrator was arrested.

Subsequently, an investigative Hold was placed on the Group Home on May 3, 2013. The Group Home accepted full responsibility of the findings and complied with all recommendations made by OHCMD and CCL. A Review Conference was held on May 23, 2013, to address the severity of the findings. The Group Home submitted a Corrective Action Plan (CAP), which was approved on June 12, 2013, and the Hold was lifted on the same date.

- A review of a sample of 15 Special Incident Reports (SIRs) revealed that SIRs were not prepared in compliance with the SIRs reporting guidelines. Although, SIRs were submitted timely, the SIRs were poorly documented and did not include required information. Names of children and staff involved in the reported incidents were omitted from SIRs. Further, the Group Home did not document actions taken by staff to address the incidents reported.

  The Group Home provided SIR training to staff on how to prepare and submit SIRs; verification of training was submitted to OHCMD. The Group Home's facility managers will ensure that SIRs are properly documented when submitted, and the Administrator will ensure compliance with the CAP.

Recommendation

The Group Home's management shall ensure that:

1. All SIRs are appropriately documented and cross-reported timely.

2. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

Facility and Environment

- A walk through of the group homes revealed deficiencies at the 152nd Street group home. Children's bedrooms were not well maintained, as the carpet in the

bedrooms were worn, tattered, the threads were loose and unraveling, becoming a safety hazard. It was also noted that there were no age-appropriate decorations on the bedroom walls. At the conclusion of the review, OHCMD brought these findings to the Group Home's Chief Executive Officer's attention. The Group Home replaced the carpet and purchased age appropriate wall décor. On June 7, 2013, OHCMD conducted a follow-up visit and verified that the carpet was replaced and the rooms were age-appropriately decorated.

The Group Home's management shall ensure that:

3. All children's bedrooms are well maintained.

Maintenance of Required Documentation and Service Delivery

- A review of children's case files revealed that the DCFS CSWs were not contacted monthly, and the efforts to contact the DCFS CSWs were not appropriately documented in the case files.

- Five initial Needs and Services Plans (NSPs) were reviewed; none were comprehensive, as they did not meet all the required elements in accordance with the NSP template. Concurrent case plan goals were not included in any of the initial NSPs. Further, the NSPs did not include treatment information and permanency goals.

- Three updated NSPs were reviewed; none were comprehensive, as they did not meet all the required elements in accordance with the NSP template. Permanency goals were not included in any of the updated NSPs, and the Group Home did not document how they would assist the children with achieving their identified case plan goals.

The Group Home representatives attended the OHCMD NSP training for providers in January 2012. Although the NSPs reviewed were not comprehensive, all NSPs were timely. It should be noted that OHCMD provided a brief NSP training for the Group Home's Licensed Clinical Social Worker (LCSW) who prepares the NSPs at the completion of this review. The Group Home's LCSW was receptive to the suggestions and instructions presented at the conclusion of the Review. The Group Home Director stated that, in efforts to ensure comprehensive NSPs, she will ensure staff utilizes the Specific, Measurable, Attainable, Realistic and Timely chart when developing the NSPs.

Recommendations

The Group Home's management shall ensure that:

4. The Group Home staff contacts the DCFS CSWs monthly and the contacts are appropriately documented in the case files.

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

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

Education and Workforce Readiness

- Two children were not enrolled in school within three school days of placement. One child was placed on March 18, 2013 and was not enrolled in school until April 1, 2013. The second child was placed on December 20, 2012, but his enrollment documentation noted he was enrolled on January 16, 2013. OHCMD addressed the need for ensuring children are enrolled in school timely and provided the Group Home representatives with online resources and the Educational Resource Website:http://www.educationcoordinatingcouncil.org/Links.htm.

Recommendations

The Group Home's management shall ensure that:

7. All children are enrolled in school within three school days after placement.

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

The OHCMD's last compliance report, dated December 13, 2012, identified nine recommendations.

Results

Based on our follow-up, the Group Home fully implemented 5 of 9 of the previous recommendations for which they were to ensure:

- There is sufficient age-appropriate recreational equipment maintained in good condition,
- The children are placed in accordance with the Group Home's population criteria,
- The CSWs authorization to implement NSPs is obtained,
- Staff sign a criminal background statement in a timely manner, and
- Staff receive timely health screenings.

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

- All sites are in compliance with Title 22 Regulations and County contract requirements and that the Group Home remains free from any substantiated CCL complaints on safety and/or physical plant deficiencies,

- DCFS CSWs monthly contacts are documented,
- Comprehensive initial NSPs are developed, and
- Comprehensive updated NSPs are developed.

The Group Home's management shall ensure that:

8. The outstanding recommendations from the December 13, 2012 monitoring report, which are noted in this report as Recommendations 2, 4, 5, and 6, are fully implemented.

At the Exit Conference, the Chief Executive Officer expressed her desire to remain in compliance with all Title 22 Regulations and Contract requirements. She further reported that the Group Home will ensure that the outstanding recommendations are fully implemented and that, effective immediately, the Group Home staff will ensure DCFS CSWs are contacted monthly and that the contacts are appropriately documented. Further, the Group Home will conduct quarterly, or as needed, NSP trainings, to ensure the development of comprehensive NSPs. In addition, OHCMD met with the Group Home LCSW after the review and provided a brief training on NSPs. The LCSW was very receptive to the suggestions and instructions shared.

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 March 13, 2013. The A-C identified $48,138 in unallowable expenditures and $1,648 in unsupported/inadequately supported expenditures. The report stated that DCFS and the Group Home need to work together to resolve some potential overpayments. The Group Home's audited financial statements for the year ending December 31, 2009 and 2010 contained an on-going concern regarding the Group Home's continued qualification, because the Agency had operating losses of $240,050 and $84,359, respectively. The Fiscal Monitoring and Special Payments Section (FMSPS) reported that the Group Home is on a repayment agreement and the balance owed as of July 31, 2013 is $34,573. The Group Home is making monthly installments of $1,383, and all payments have been timely.

Additionally, it was noted that, as of November 2011, the Group Home owed the Internal Revenue Service (IRS) $630,997 in delinquent taxes, penalties, and interest. Since the Group Home had negative net assets and no reserves, it is unclear how the Group Home will repay its liabilities or offset future operating losses. The FMSPS informed OHCMD that the Group Home submitted an Offer of Compromise to the IRS; however, to date, the Group Home has not received a response.

FRED JEFFERSON MEMORIAL HOME FOR BOYS GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

1000 West 152nd Street
Compton, CA 90220
License # 198200050
Rate Classification Level: 10

1448 East 142nd Street
Compton, CA 90220
License # 198206276
Rate Classification Level: 10

	Contract Compliance Monitoring Review	Findings: April 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. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Improvement Needed
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	1. Full Compliance
	2. Common Areas Well Maintained	2. Full Compliance
	3. Children's Bedrooms Well Maintained	3. Improvement Needed
	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'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	6. Full Compliance
	7. County Children's Social Worker's Monthly Contacts Documented	7. Improvement Needed
	8. Children Assisted in Maintaining Important Relationships	8. Full Compliance
	9. Development of Timely, Comprehensive Initial	9. Improvement Needed

	NSPs with Child's Participation 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/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. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 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 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 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	Full Compliance (ALL)

	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)	
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/Photo Album	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	Full Compliance (ALL)

Fred Jefferson Memorial Homes for Boys
152 West Walnut Street Suite 150
Gardena, CA 90248
Phone (310) 763-1660 ***Fax (310) 763-0357***

August 13, 2013

Mrs. Patricia Bolanos-Gonzalez
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9320 Telestar Avenue Suite #216
El Monte, California 91731

Dear Mrs. Bolanos-Gonzalez,

Please find attached the Corrective Action Plan for Fred Jefferson Memorial Homes For Boys in response to program audit dated July 26, 2013.

If you need additional information please feel free to call me at 310.763.1660 x. 121.

Respectfully Submitted,

Cecilia Jefferson-Freeman, Ph.D.
Chief Executive Officer

LICENSURE/CONTRACT REQUIREMENTS

4. Are all Special Incident Reports appropriately documented and cross reported timely.
Fred Jefferson Memorial Homes will report all incidents in a timely manner. All residents and staff present names will be documented on report. All awols will be reported immediately and under incidents within twenty four hours. All CSW's, Community Care Licensing, and Out of Home Care will receive the report through I-Track. When appropriate the Sherriff and Child Abuse Hotline will be notified. The facility managers will ensure that the reports are done correctly and in a timely manner. The administrator will ensure that the group home maintains compliance with the licensure/contract requirement.

9. Is the group home free of any substantiated Community Care Licensing complaints on safety and or physical plant deficiencies since the last review.
Fred Jefferson Memorial Homes will have two staff on duty twenty four hours a day seven days a week. On July 27, 2013 all staff was trained in Therapeutic Crisis Intervention to help to ensure safety in the facility.
The administrator will ensure that the facility remains safe for all residents and the CEO will ensure that compliance is maintained.

FACILITY AND ENVIRONMENT

12. Are children bedrooms well maintained?
Administration immediately replaced the carpet and encouraged each resident to pick out posters and or pictures for the walls of their bedrooms.
Fred Jefferson Memorial Homes will maintain clean and safe bedrooms for all residents. Residents are encouraged to report any thing that needs to be replaced in their bedroom or facility. Facility managers will evaluate the house on a weekly basis and report to administration immediately when something needs to be fixed or replaced. An evaluation tool is attached for your review. The administrator will monitor this corrective action plan and the CEO will ensure that compliance is maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

21. Are county workers contacted monthly by the group home and are the contacts appropriately documented in the case file?
Fred Jefferson Memorial Homes For Boys will make monthly contacts with county workers. The agency social worker will contact the county social worker at least once a month and more if needed. Each contact will be documented in the file and on the Needs and Services Plan. The administrator will monitor correction to ensure group home maintain compliance.

23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plans with the participation of the developmentally age-appropriate child?
The agency social worker will develop timely and comprehensive initial Needs and Services Plans. The Needs and Services Plan will be developed with each resident's input on their goals and setting the date for completion of each goal. The initial Needs and Services Plan will be done within

thirty days of placement. The ASW attended the training the Department of Children and Family Services had on August 1, 2013 on the Needs and Services Plan. The administrator will monitor to ensure the group home maintain compliance.

24. Did the treatment team develop timely, comprehensive, updated Needs and Services Plans with the participation of the residents.
Fred Jefferson Memorial Homes for Boys agency social worker along with each resident will develop a comprehensive and timely Needs and Services Plan. The Needs and Services Plan will be reviewed and developed every ninety days. Goals either will be modified or documented as goal completed. ASW attended the training the Department of Children and Family Services had on August 1, 2013 regarding the Needs and Services Plan. The administrator will monitor agency social worker to ensure group home maintains compliance.

EDUCATION AND WORKFORCE READINESS

25. Was the child enrolled in school within three school days after placement or did the Group Home document efforts?
Fred Jefferson Memorial Homes For Boys facility manager will ensure that each resident will be enrolled in school within three days. If placement occur during school break the facility manager will document in residents file that school break is in session. If resident comes during the week before school break the facility manager will try to enroll the resident in school. If the school decides that they will not enroll him until after the school break the facility manager will request documentation on why the resident cannot be enrolled and documentation will be placed in the file. All efforts to enroll the resident in school will be documented in the resident's file.
The administrator will monitor the facility manager to ensure compliance is maintained.

Cecilia J. Freeman 8-13-13

SIGNATURE DATE