County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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PATRICIA S. PLOEHN, LCSW
Director

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December 13, 2010

To: Supervisor Michael D. Antonovich, Mayor
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From: Patricia S. Ploehn, LCSW
Director

SAND HILL GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Sand Hill Group Home is located in the 2nd Supervisorial District of Los Angeles County, and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Sand Hill Group Home's program statement, its stated goal is "to provide services to court dependent seriously emotionally disturbed and chronic run-away children." Sand Hill Group Home is licensed to serve a capacity of six children, ages 13 through 18.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Sand Hill Group Home in September 2009 at which time the agency had one six-bed site with four Los Angeles County DCFS placed children. All four children were males. As one child was very recently placed, for the purposes of this review, three placed children's case files were reviewed and three children were interviewed. The placed children's overall average length of placement was 21 days, and the average age was 15. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

One child was on psychotropic medication. We reviewed his case file to assess timeliness of psychotropic medication authorization and to confirm that medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Sand Hill Group Home's compliance with the contract and State regulations. The visit included a review of Sand Hill Group Home's program statement, administrative internal policies and procedures, three children's case files, and a random sampling of personnel files. A visit was made to the site to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they were receiving.

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

SUMMARY

On May 20, 2009, Sand Hill Group Home was placed on Temporary Hold because it chose to voluntarily close to repair the facility roof and remodel two bathrooms. The Temporary Hold was lifted on August 6, 2009, as the repairs were completed.

Sand Hill Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in the agency's program statement. The children's case files and personnel files were well organized and professionally maintained. The site was clean and well maintained. All three children interviewed disclosed that they felt safe at the Group Home.

The direct care staff stated that they were pleased with the support they received from the administrative staff. In fact, the Group Home staff stated that the Administrator was attentive to the needs of the children and open to listening to the direct care staff's suggestions for improvement.

At the time of the review, Sand Hill Group Home needed to address adequate documentation of the children's weekly allowance and landscaping deficiencies, ensure the children met the Group Home's population criteria and provide the staff with the required training hours. LaRonica Whitehurst, Administrator, Sand Hill Group Home, was receptive to implementing systemic changes to improve compliance with regulations and the Foster Care Agreement. Further, the Administrator stated that she welcomed the findings in the review to improve the current operating system. The draft report was sent to Sand Hill Group Home for comments, however Ms. Whitehurst did not provide a written response to the findings as requested. Therefore, this final report is being submitted without final comments from Sand Hill Group Home.

NOTABLE FINDINGS

The following are the notable findings of our review:

- One of the three placed children did not meet the Group Home's population criteria.
- Two of the three placed children reported that the Group Home did not provide them with the minimum weekly allowance.
- The Group Home did not provide the staff with the required annual training hours and emergency intervention training per the Group Home program statement.
- The Group Home's grass was brown.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held October 5, 2009:

In attendance:

LaRonica Whitehurst, Administrator, Sand Hill Group Home, and Edward Preer, Monitor, DCFS OHCMD.

Highlights:

Ms. Whitehurst was in agreement with the majority of our findings and recommendations. However, she was not in agreement with our finding that one of the placed children did not meet the Group Home's criteria per the agency's program statement. During the Exit Conference, Ms. Whitehurst stated that there were errors in the Group Home Program Statement, Section B, Child Characteristics and Behaviors that the agency planned to correct.

Ms. Whitehurst further stated that the grass was brown due to the City of Los Angeles water rationing regulations that limited watering of the grass to 30 minutes three times per week.

Ms. Whitehurst stated that obtaining a copy of the review instrument was helpful because she had information on the scope of the review, and she felt the review was fair. She stated that communication between her and the monitor was open, non adversarial, and helpful. She indicated that the monitor provided the Group Home with helpful information throughout the year.

Ms. Whitehurst agreed to provide a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. However, the CAP was 30 days late. The approved CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have any questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at 213-351-5530.

PSP:LP:KR
EAH:DC:ep

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Donald H. Blevins, Chief Probation Officer
Sybil Brand Commission
Eugene Brown, Executive Director, Sand Hill Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland Scott, Regional Manager, Community Care Licensing

SAND HILL
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

12108 S. Normandie Ave.
Los Angeles, CA 90044
License Number: 191801773

Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: September 2009**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Stabilization to Prevent Removal of Child 3. Transportation 4. SIRs 5. Compliance with Licensed Capacity 6. Disaster Drills Conducted 7. Disaster Drill Logs Maintenance 8. Runaway Procedures 9. Allowance Logs	 Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	 1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance
III	**Program Services** (8 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Therapeutic Services Received 6. Recommended Assessments/Evaluations Implemented 7. DCFS CSWs Monthly Contacts Documented 8. Comprehensive NSPs	 1. Improvement Needed 2. N/A 3. N/A 4. N/A 5. Full Compliance 6. N/A 7. N/A 8. N/A

IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards Maintained	 1. Full Compliance 2. N/A 3. Full Compliance 4. N/A
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment and Social Activities	 Full Compliance (ALL)
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow-Up Dental Exams Timely	 1. N/A 2. N/A 3. N/A 4. Full Compliance 5. Full Compliance 6. N/A 7. Full Compliance 8. Full Compliance 9. N/A
VII	**Personal Rights** (11 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	 Full Compliance (ALL)

VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Improvement Needed 7. Improvement Needed 8. Full Compliance
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education/Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's License 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On-going Training Documentation 12. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Improvement Needed

SAND HILL GROUP HOME PROGRAM
CONTRACT COMPLIANCEMONITORING REVIEW

SAND HILL GROUP HOME
12108 Normandie Ave.
Los Angeles, CA 90044
Licensing Number: 19180773
Rate Classification Level: 9

The following report is based on a "point in time" monitoring visit and addresses findings noted during the September 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of three children's files and five staff files, and/or documentation from the provider, Sand Hill Group Home was in full compliance with five of nine sections of our Contract Compliance review: Licensure/Contract Requirements; Educational and Emancipation Services; Recreation and Activities; Children's Health Related-Services, including Psychotropic Medication; and Personal Rights. The following report details our findings.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of three children's case files and/or documentation from the provider, Sand Hill Group Home fully complied with all nine elements reviewed in the area of Licensure/Contract Requirements.

Recommendation:

None

FACILITY AND ENVIRONMENT

Based on our review of Sand Hill Group Home, interviews with three children, and/or documentation from the provider, Sand Hill Group Home fully complied with four of six elements reviewed in the area of Facility and Environment.

The exterior of the Group Home was relatively well maintained. However, the Group Home's grass was brown and needed watering. In addition, the Group Home's outside exercise equipment appeared weathered, worn, and in poor condition.

The Group Home had an appropriate quantity of quality reading material, educational resources and supplies including a computer readily available to children. The Group Home's common quarters and the children's bedrooms were well maintained.

The Group Home maintained adequate perishable and non perishable foods.

Recommendations:

Sand Hill Group Home management shall ensure that:

1. The Group Home's exterior and grounds are well maintained.

2. The Group Home maintained sufficient recreational equipment in good condition and age appropriate.

PROGRAM SERVICES

Based on our review of three children's case files and/or documentation from the provider, Sand Hill Group Home fully complied with one of two elements reviewed. Six elements reviewed were non applicable in the area of Program Services. At the time of the review the three reviewed children had been placed in the Group Home for less than 30 days. Therefore, the four elements regarding Needs and Services Plans (NSP) were not reviewed. In addition, the recommendations on required and/or recommended assessments/evaluations implemented and the Group Home documentation of contact with the DCFS CSWs were not applicable.

One of the three children placed in the Group Home was not placed in accordance with the Group Home population criteria per the Group Home's program statement. ("The Group Home will not accept sexual perpetrator/exploits others.")

The children received required therapeutic services.

Recommendation:

Sand Hill Group Home management shall ensure that:

3. The Group Home population is consistent with the criteria in the Group Home's Program Statement.

EDUCATION AND EMANCIPATION SERVICES

Based on our review of three children's case files and/or documentation from the provider, Sand Hill Group Home fully complied with two elements reviewed in this area. The Group Home provided the one child over age 16 with the opportunity to participate in emancipation and vocational training programs. In addition, the Group Home maintained the children's IEPs. The two additional elements in this area that relate to the provision of Independent Living Programs/Emancipation Services and the children's current progress reports were not applicable because the three children were placed in the group home less than 30 days.

Recommendation:

None

RECREATION AND ACTIVITIES

Based on our review of three children's case files and/or documentation from the provider, Sand Hill Home Group Home fully complied with all three elements reviewed in the area of Recreation and Activities.

Recommendation:

None

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of three children's case files and/or documentation from the provider, Sand Hill Group Home fully complied with all four elements that were applicable and reviewed. Five of the elements were not applicable because the children were placed in the Group Home less than 30 days; these elements related to the authorization of psychotropic medication, psychiatric evaluation, medical logs, and follow-up medical and dental examinations. The one child prescribed psychotropic medication was placed in the Group Home on the date of the monitoring review September 22, 2009, with a current authorization for psychotropic medication.

The Group Home provided the children with timely initial medical and dental examinations.

Recommendation:

None

PERSONAL RIGHTS

Based on our review of three children's case files and/or documentation from the provider, Sand Hill Group Home fully complied with all 11 elements reviewed in the area of Personal Rights.

Recommendation:

None

CHILDREN'S CLOTHING AND ALLOWANCE

Based on our review of three children's case files and/or documentation from the provider, Sand Hill Group Home fully complied with six of eight elements reviewed in the area of Clothing and Allowance.

Two of the three children reported that they did not receive the weekly monetary allowance, and the monitoring review determined that the Group Home did not adequately document that the children received the minimum weekly allowance. The third child, who reported that he did receive the weekly allowance, stated he was free to manage his allowance. During the Exit Conference, Ms. Whitehurst agreed to document the children's allowance on the LIC 405 Record of Client's/Resident's Safeguarded Cash Resources Form.

Two of the three children had the required quantity of quality clothing. The third child was placed in the Group Home without the required quantity of quality clothing. However, he received the monthly clothing allowance and his clothing met the DCFS 2281 standard. The child reported that he was involved in the selection of his clothing. The Group Home provided all the children with personal care items.

The Group Home encouraged the children to create life books/photo albums.

Recommendation:

Sand Hill Group Home management shall ensure that:

4. The children are provided with the minimum weekly monetary allowance and adequately document that the children received their allowance.

PERSONNEL RECORDS

Based on our review of five staff personnel files and/or documentation from the provider, Sand Hill Group Home fully complied with 10 of 12 elements reviewed in the area of Personnel Records.

The Sand Hill Group Home voluntarily closed May 20, 2009 to August 6, 2009 to repair the facility roof and remodel two bathrooms. The Group Home did not disassociate the staff from the Group Home during the three-month temporary closure. However, the Group Home did not require the staff to maintain the required annual training and emergency intervention training during the three months the facility was closed.

All five staff reviewed met the education/experience requirements, submitted timely criminal fingerprint cards/live scans, Child Abuse Central Index Clearances (CACI) and signed criminal background statements. They also received timely health screenings, signed copies of the Group Home's policies and procedures, had valid driver licenses, and completed CPR, First-Aid, and initial training. However, one of the five staff did not

complete the required on-going training and emergency intervention training per the Group Home's Program Statement.

Recommendations:

Sand Hill Group Home management shall ensure that:

5. The Group Home employees receive the required on-going training.

6. The Group Home employees receive emergency intervention training per the Group Home's program statement and Title 22 Regulations.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the Auditor-Controller's (A-C) prior monitoring review.

Verification

We verified whether the outstanding recommendations from the A-C Report issued November 3, 2009 were implemented.

Results

The A-C's prior monitoring report contained 17 outstanding recommendations. Specifically, Sand Hill Group Home was to ensure that the facility and bathroom shower were clean; replace the living room and hall carpet, bathroom floor tile, sink counter top, and sink enclosure; repair the damaged area around the bathroom window and the bedroom window bar; purchase waterproof bed covering; provide the children with recreational activities; allow the children the opportunity to plan activities and participate in extracurricular, enrichment and social activities; provide the children with monthly clothing and weekly monetary allowances; and maintain current clothing inventories. Based on our follow up of these recommendations, Sand Hill Group Home fully implemented 16 of the 17 recommendations. As noted, one recommendation regarding the Group Home providing the children with the minimum weekly monetary allowance was not fully implemented. A corrective action was required of Sand Hill Group Home to further address the finding.

Recommendation:

Sand Hill Group Home management shall ensure that:

7. It fully implements the one outstanding recommendation from the A-C's Report dated November 3, 2009, which is noted in this report as Recommendation 4.

SAND HILL GROUP HOME, INC
12108 S. Normandie Ave.
Los Angeles, CA 90044
(323) 777-6153 • (323) 777-7821 fax

January 20, 2010

County of Los Angeles
Dept. of Children and Family Services
Out of Home Care Management Division

Attn: Edward Preer
9320 Telstar Ave.
El Monte, CA 91731

Re: Group Home Contract Compliance Review

Dear Mr. Preer,

We are providing you with an addendum to the Corrective Action Plan as requested on the monitoring of our facility for the period of September 23, 2008 through September 22, 2009.

Group Home Contract Compliance Review

II. Facility and Environment

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

Corrective Action Plan

Sand Hill managerial staff will ensure that the grounds around the facility are maintained. A gardener will be hired to cut the grass when needed. The children will water the grass twice a week and pick up trash and other debris daily as part of their independent living training, however if the child does not want to perform these duties, staff will complete it. The person responsible for making sure this is implemented is Gene Brown, Executive Director.

13. Does the group home maintain sufficient recreational equipment in good condition and age appropriate?

Corrective Action Plan

Sand Hill staff will check the condition of the outdoor equipment on a weekly basis. A maintenance log will list the name of the equipment, the date checked and the condition of the equipment. The administrator will initial verifying that each item has been checked and working properly. If the equipment is in poor condition it will be repaired or discarded if the repairs are not possible. The person responsible for making sure this is implemented is the administrator, LaRonica Whitehurst.

III. PROGRAM SERVICES

16. Is the children's population consistent with the criteria in the Program Statement?

Corrective Action Plan

A checklist will be added with the resident's information sheet listing questions that must be asked about each resident to meet the requirements of our program statement. Staff will be required to receive all of this information from the social worker and screen it thoroughly to make sure the resident meet the requirements outlined in our program statement before accepting the resident. The 709 will be compared with our program statement and reflect the information received during the intake process. A child will not be accepted if they do not meet the requirements outlined in our program statement. The person responsible for making sure this is implemented is the administrator, LaRonica Whitehurst.

VIII. CLOTHING ALLOWANCE

55. Are children always provided with the minimum monetary allowances?

Corrective Action Plan

Sand Hill Group Home will provide the residents with the age appropriate weekly allowance on Fridays. The children's allowance will be itemized and documented on the safe cash form. Each resident will sign their name in the allowance log next to the amount they receive and staff will also sign verifying that it was given to them. The person responsible for making sure this is implemented will be Wanda Brown, Childcare Worker.

IX. PERSONNEL RECORDS

68. Have appropriate employees received the required on-going training?

Corrective Action Plan

Sand Hill Group Home administrative staff will follow the yearly in service training schedule to ensure that all staff has the required hours of annual training within their yearly anniversary date. If a staff member misses a monthly training class, they are required to provide proof that they received training for those hours missed within their yearly anniversary date. A check list will be in each staff member's folder listing the classes, the date and the amount of hours received. Staff will sign their initials along with the administrator's initials verifying that they have taken the class listed. This check list will be checked on a monthly basis to ensure that staff is receiving their annual training requirements within their yearly anniversary date. The person responsible for making sure this is implemented is the administrator, LaRonica Whitehurst.

69. Have appropriate employees received emergency intervention training per the GH's Program Statement?

Corrective Action Plan

Sand Hill Group Home administrative staff will follow the in training schedule. We will have the Pro Act training class as required and a yearly refresher course. If a staff member misses the Pro Act training class, they are required to provide proof that they received this course before the expiration date of the previous class. A check list will be in

each staff member's folder listing the classes, the date and the amount of hours received. Staff will sign their initials along with the administrator's initials verifying that they have taken the Pro Act class. This check list will be checked on a monthly basis to ensure that staff is meeting their Pro Act annual training requirements before their expiration date. The person responsible for making sure this is implemented is the administrator, LaRonica Whitehurst.

Submitted by,
LaRonica Whitehurst
LaRonica Whitehurst
Administrator

SAND HILL GROUP HOME, INC
12108 S. Normandie Ave.
Los Angeles, CA 90044
(323) 777-6153 • (323) 777-7821 fax

January 20, 2010

County of Los Angeles
Dept. of Children and Family Services
Out of Home Care Management Division

Attn: Edward Preer
9320 Telstar Ave.
El Monte, CA 91731

Re: Final Performance Evaluation Results Review

Dear Mr. Preer,

We are providing you with an addendum to the Corrective Action Plan as requested on the monitoring of our facility for the period of September 23, 2008 through September 22, 2009.

Performance Evaluation Results Review

I. Area of Review: Clothing and Allowance

Finding:

2.1 The Sand Hill Group Home did not provide the residents Michael C., James P., and Isaiah C. with the required weekly allowance.

Corrective Action Plan

2.1 Sand Hill Group Home will provide the residents with the age appropriate weekly allowance on Fridays. The children's allowance will be itemized and documented on the safe cash form.
Each resident will sign their name in the allowance log next to the amount they receive and staff will also sign verifying that it was given to them. The person responsible for making sure this is implemented will be Wanda Brown, Childcare Worker.

II. Area of Review: Personnel Records

Finding:

5.1 The staff, Gene Brown, Tishan Guest, and Luther Keith lack the required number of annual training hours.

Corrective Action Plan

5.1 Sand Hill Group Home administrative staff will follow the yearly in service training schedule to ensure that all staff has the required hours of annual training within their yearly anniversary date. If a staff member misses a monthly training class, they are required to provide proof that they received training for those hours missed within their yearly

anniversary date. A check list will be in each staff member's folder listing the classes, the date and the amount of hours received. Staff will sign their initials along with the administrator's initials verifying that they have taken the class listed. This check list will be checked on a monthly basis to ensure that staff is receiving their annual training requirements within their yearly anniversary date. The person responsible for making sure this is implemented is the administrator, LaRonica Whitehurst.

Finding:

5.2 The staff Gene Brown, Wanda Brown, LaRonica Whitehurst, Tishan Guest and Luther Keith lacked the required annual Pro Act Training.

Corrective Action

5.2 Sand Hill Group Home administrative staff will follow the in training schedule. We will have the Pro Act training class as required and a yearly refresher course. If a staff member misses the Pro Act training class, they are required to provide proof that they received this course before the expiration date of the previous class. A check list will be in each staff member's folder listing the classes, the date and the amount of hours received. Staff will sign their initials along with the administrator's initials verifying that they have taken the Pro Act class. This check list will be checked on a monthly basis to ensure that staff is meeting their Pro Act annual training requirements before their expiration date. The person responsible for making sure this is implemented is the administrator, LaRonica Whitehurst.

Submitted by,
LaRonica Whitehurst
LaRonica Whitehurst
Administrator