County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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December 13, 2010

To: Supervisor Michael D. Antonovich, Mayor
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Supervisor Don Knabe

From: Patricia S. Ploehn, LCSW
Director

ST ANNE'S MATERNITY GROUP HOME PROGRAM 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.

St. Anne's Maternity Group Home is located in the 1st Supervisorial District and provides services to Los Angeles County Department of Children and Family Services' (DCFS) youth as well as youth serviced by the Los Angeles County Probation Department. According to St. Anne's Maternity Group Home's program statement, the agency's stated goal is "to provide services to at risk and pregnant or parenting young mothers and their children up to 3 years of age." St. Anne's Maternity Group Home is licensed to serve a capacity of 32 children, ages 11 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of St. Anne's Maternity Group Home in March 2010, at which time it had one 32-bed site with 11 DCFS placed children. All 11 children were females. As six of the eleven children refused to be interviewed, for purposes of this review five children were interviewed. All eleven children's case files were reviewed. The sampled children's average overall length of placement was 14 months, and the average age was 18. Ten staff files were reviewed for compliance with Title 22 regulations and contract requirements.

One child was on psychotropic medication. We reviewed her 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 St. Anne's Maternity Group Home's compliance with the contract and State regulations. The visit included a review of St. Anne's Maternity Group Home's program statement, administrative internal policies and procedures, all DCFS placed children's case files, and a random sampling of personnel files. A visit was made to the facility to assess the quality of care and supervision provided to the children, and we conducted interviews with the 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

St. Anne's Maternity 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 interviewed expressed satisfaction with the majority of services.

The direct care staff stated that they had open communication with the placed children and did their very best to address their needs in a timely manner.

At the time of our review, we noticed that Needs and Services Plans/Quarterly Reports (NSP/QR) were not comprehensive and lacked details regarding the quality of the children's visits with their family members. The NSPs also lacked details of contact Group Home staff had with the Children's Social Workers (CSW) about the children. The plans also lacked details about medical treatment and/or follow up. Further, the Group Home needed to make repairs to two dressers in the children's rooms. A hall bathroom on the first floor needed repairs due to water damage. The water damage had caused some ceiling tile in the lobby to fall and the tile needed to be replaced. This was brought to the immediate attention of St. Anne's management and repairs were completed prior to the Exit Conference.

During the Exit Conference, St. Anne's Maternity Group Home administration indicated that the agency is receptive to making corrections to improve their compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the eleven NSPs/QRs reviewed, three were not comprehensive and lacked detailed information. QRs lacked detail regarding the quality of children's visits with their families. The NSPs/QRs also lacked details of the contact Group Home staff had with CSWs regarding the children's progress with case plan goals. The plans did not have details about medical treatment received and/or follow-up. In addition, some plans had medical provider information although the children had not yet been treated by the medical provider.

- The physical plant site inspection revealed that two dressers in two different bedrooms had broken or missing drawers which needed to be repaired. A hall bathroom on the second floor had water damage that spilled onto the first floor directly beneath causing a few ceiling titles to be damaged. The repairs were made prior to the Exit Conference.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held June 15, 2010.

In attendance:

Carlos Tovar, Director of Quality Assurance, Laurie Collier, Senior Director of Residential Programs and Support Services, Sandra Valdovinos-Heredia, Residential Services Director, and Maryam Sesay, St. Anne's Maternity Group Home; and Monitor Lilia Gonzalez, DCFS OHCMD.

Highlights:

During the Exit Conference, St. Anne's Administration was in agreement with our findings and recommendations. It was noted that the repairs to the two dressers, ceiling and hall bathroom were completed prior to the Exit Conference.

As agreed, St. Anne's Maternity Group Home provided a timely written Corrective Action Plan (CAP), addressing each recommendation noted in this compliance report. The 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:lg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Tony Dana Walker, Executive Director, St. Anne's Maternity Group Home
Leonora Copeland Scott, Regional Manager, Community Care Licensing
Jean Chen, Regional Manager, Community Care Licensing

ST ANNE'S MATERNITY GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

155 N. Occidental Blvd.
Los Angeles, CA 90026
License Number 191802087
Rate Classification Level 12

	Contract Compliance Monitoring Review	**Findings: March 2010**
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. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 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 Needs and Services Plans	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Needs Improvement
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	Full Compliance (ALL)

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	Full Compliance (ALL)
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	Full Compliance (ALL)

	6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	
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	Full Compliance (ALL)

ST. ANNE'S MATERNITY GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

St. Anne's Maternity Group Home
155 N. Occidental Boulevard
Los Angeles, CA 90026
License Number 191802087
Rate Classification Level 12

The following report is based on a "point in time" monitoring visit and addresses findings noted during the March 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 11 children's files and 10 staff files, and/or documentation from the provider, St. Anne's Maternity Group Home was in full compliance with seven 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; Personal Rights; Children's Clothing and Allowance; and Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances, and Training). The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of 11 children's files and 10 staff files, and/or documentation from the provider, St. Anne's Maternity Group Home was in full compliance with all nine elements reviewed in the area of Licensure/Contract Requirements.

Recommendation:

None

FACILITY AND ENVIRONMENT

Based on our review of St. Anne's Maternity Group Home, review of 11 children's case files and/or documentation from the provider, St. Anne's Maternity Group Home, fully complied with four of six elements reviewed in the area of the Facility and Environment.

The facility's exterior was well maintained. The front and back yards were clean and adequately landscaped. The children's sleeping arrangements were appropriate with adequate furniture and lighting. The Group Home had sufficient recreational equipment and an appropriate quantity and quality of reading materials and educational resources.

The common quarters were clean; however, the interior needed some repairs. Two dressers in two children's bedrooms had broken drawers. A bathroom located on the first floor hallway needed repairs due to water damage. Several ceiling tiles in the lobby had fallen due to the water damage. Prior to the Exit Conference, St. Anne's Maternity

Group Home provided documentation indicating that the repairs to the bathroom and dressers had been completed.

We noted that the Group Home maintained sufficient age appropriate recreational equipment. We also noted that the Group Home had an appropriate quality and quantity of reading materials, educational resources and supplies readily available to children.

Recommendations:

St. Anne's Maternity Group Home management shall ensure that:

1. Common quarters are well maintained and in good repair at all times.

2. Children's bedrooms are well maintained.

PROGRAM SERVICES

Based on our review of 11 children's files and/or documentation from the provider, St. Anne's Maternity Group Home fully complied with seven of eight elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in the agency's program statement. Children reported that they received individual and group therapeutic services.

We noted that the Group Home obtained the CSW's authorization to implement the NSPs and children participated in the development of the Plans. Also, the NSPs were implemented and discussed with the Group Home staff, and CSWs were contacted monthly. We also noted that children were receiving therapeutic services and that recommendations on required assessments were implemented.

However, we found that some NSP/QR updates were not comprehensive and were missing information. Specifically, the NSPs/QRs did not detail progress made between the child and the family of origin (or when applicable, with significant adult connections as approved by the CSW). The NSPs/QRs lacked details about progress made in treatment and the child's family involvement with treatment. The NSPs/QRs were also missing details about the contact the Group Home staff had with the CSW regarding the child's progress, follow-up in the areas regarding the placed children's mental health treatment/psychological health, and the child's overall progress with her psychological health.

In addition, we found that some NSPs had some areas inappropriately completed. In one case, the medical provider information had been input in the NSP report although the child had not yet been treated by the medical provider.

Recommendation:

St. Anne's Maternity Group Home management shall ensure that:

3. NSPs/QRs are comprehensive and include required information.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of 11 children's files and/or documentation from the provider, St. Anne's Maternity Group Home fully complied with all four elements reviewed in the area of Educational and Emancipation Services.

Recommendation:

None

RECREATION AND ACTIVITIES

Based on our review of 11 children's files and/or documentation from the provider, St. Anne's Maternity Group Home fully complied with all four elements reviewed in the area of Recreation and Activities.

Recommendation:

None

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 11 children's files and/or documentation from the provider, St. Anne's Maternity Group Home fully complied with all nine elements reviewed in the area of Children's Health-Related Services, including Psychotropic Medication.

Recommendation:

None

PERSONAL RIGHTS

Based on our review of 11 children's files and/or documentation from the provider, St. Anne's Maternity 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 11 children's files and/or documentation from the provider, St. Anne's Maternity Group Home fully complied with all eight elements reviewed in the area of Children's Clothing and Allowance.

Recommendation:

None

PERSONNEL RECORDS

Based on our review of 10 staff files and/or documentation from the provider, St. Anne's Maternity Group Home fully complied with all 12 elements reviewed in the area of personnel records.

Recommendation:

None

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

Objective

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

Verification

We verified whether the outstanding recommendations from the A-C's last audit report dated July 7, 2009, were implemented.

Results

The A-C's prior monitoring report contained four outstanding recommendations. Specifically, St. Anne's Maternity Group Home management was to clean and organize the supply area in the recreation/craft room. Also, a bathroom mirror was to be replaced. St. Anne's Maternity Group Home management was to ensure that all beds include a full complement of linens. Also, St. Anne's Maternity Group Home management was to ensure residents maintained safe practices when using electrical appliances. St. Anne's Maternity Group Home implemented all four recommendations.

Recommendation:

None

November 3, 2010

Dorothy Channel, Manager, CSA II
County of Los Angeles
Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Avenue, #216
El Monte, CA 91731

RE: Corrective Action Plan for Group Home Contract Compliance Review
Second Addendum to CAP: **November 3, 2010**
First Addendum to CAP due: **August 31, 2010**
Request for CAP date: **June 17, 2010**
CAP due date: **August 19, 2010**
St. Anne's Group Home
License Number 191802087 - RCL 12

Dear Ms. Channel:

The St. Anne's Residential Treatment Program is dedicated to providing the best services available to our residents. Your collaboration and input is helpful in making this possible for our residents. The following item was recommended and will be rectified through the plans related below.

I. Facility and Environment:

1.Recommendation: St. Anne's Residential Program to ensure that all common quarters are well maintained.

A bathroom on the first floor was out of service and it had leaked to the ground floor by the elevator and was missing a ceiling tile. Per administration, it was in process of being repaired. The repairs were verified by Group Home Monitor.

Corrective Action Plan:

The Residential Treatment Director will review the maintenance work order tracker on a weekly basis to ensure that all work orders submitted are completed in a timely manner and that any urgent work orders receive precedence.

a) On a daily basis, for the morning, afternoon and overnight shift, all Residential Counselors, Lead Residential Counselors will document any maintenance issues on their Head/Safety/Health Check to ensure that all bedrooms and common areas are well maintained
b) If an area is unsafe, they will document a work order necessary and submitted a work order request to the Lead Residential Counselor.
c) On a daily basis, three times per day and as needed, the Lead Residential Counselor will submit work orders to the Residential Program Assistant.

d) The Maintenance staff will meet with the Support Services Director on a daily basis to review the work orders documented on the Work order tracker and will be given a printed copy of the work order.

e) The Maintenance staff will take the work order tracker that was given to them by the Support Services Director to their meeting with the Residential Program Assistant.

f) The Program Assistant will meet with the Maintenance staff on a daily basis to delegate and prioritize the work order tasks.

g) The Maintenance staff will fix the maintenance issue and document the date and time it's completed.

h) The Residential Treatment Director will meet with the Support Services Director on a weekly basis to review the Work order tracker to ensure that all work orders are being completed in a timely manner and that urgent requests are also being completed in a time-sensitive manner.

i) The Residential Treatment Director, Supportive Services Director, Quality Assurance Director and Senior Director Residential Programs and Support Services will review the work order tracker requests, pending work orders to be completed and outstanding work order to be completed.

k) The Quality Assurance Director and the Support Services Director conduct a walk through of the facility on a monthly basis to ensure that all common quarters are well maintained.

l) The Residential Treatment Director, Supportive Services Director, Quality Assurance Director and Senior Director Residential Programs and Support Services will review the monthly walk through of the facility to ensure all common quarters are well maintained.

Implementation date:	**11/03/2010 and Ongoing**
Person Responsible:	Residential Counselors Lead Residential Counselors Sandra Valdovinos-Heredia, Residential Services Director
Support Services Director:	Maintenance Staff Scott Kissack
Quality Assurance:	Carlos Tobar, Quality Assurance Director

2. Recommendation: St. Anne's Residential Program to ensure that all youth's bedrooms are well maintained.

Two dressers were missing a drawer. Proof that repairs were made was submitted

Corrective Action Plan:

All youth's bedrooms will be well maintained. The Residential Treatment Director will review the maintenance work order tracker on a weekly basis to ensure that all work orders submitted are completed in a timely manner and that any urgent work orders receive precedence.

a) On a daily basis, for the morning, afternoon and overnight shift, all Residential Counselors, Lead Residential Counselors will document any maintenance issues on their Head/Safety/Health Check to ensure that all bedrooms and common areas are well maintained.

b) If an area is unsafe, they will document a work order necessary and submitted a work order request to the Lead Residential Counselor.

c) On a daily basis, three times per day and as needed, the Lead Residential Counselor will submit work orders to the Residential Program Assistant.

d) The Maintenance staff will meet with the Support Services Director on a daily basis to review the

work orders documented on the Work order tracker and will be given a printed copy of the work order.

e) The Maintenance staff will take the work order tracker that was given to them by the Support Services Director to their meeting with the Residential Program Assistant.

f) The Program Assistant will meet with the Maintenance staff on a daily basis to delegate and prioritize the work order tasks.

g) The Maintenance staff will fix the maintenance issue and document the date and time it's completed.

h) The Residential Treatment Director will meet with the Support Services Director on a weekly basis to review the Work order tracker to ensure that all work orders are being completed in a timely manner and that urgent requests are also being completed in a time-sensitive manner.

i) The Residential Treatment Director, Supportive Services Director, Quality Assurance Director and Senior Director Residential Programs and Support Services will review the work order tracker requests, pending work orders to be completed and outstanding work order to be completed.

k) The Quality Assurance Director and the Support Services Director conduct a walk-through of the facility on a monthly basis to ensure that all bedrooms are well maintained.

l) The Residential Treatment Director, Supportive Services Director, Quality Assurance Director and Senior Director Residential Programs and Support Services will review the monthly walk through of the facility to ensure all bedrooms are well maintained.

II. Permanency

1.Recommendation: St. Anne's Residential Program to ensure that quarterly updates include detailed information on the quality of visitation/involvement/contact the child has with the family of Origin/friends/Guardian. St. Anne's Residential Program to ensure that Quarterly updates detail the child's progress with family involvement, including family's involvement in the child's treatment.

Some quarterly updates on the Needs and Services Plans lacked detailed information on the quality of the visitation/involvement/contact the child had with the family of Origin/friends/Guardian. The child's overall progress with the family involvement or family's involvement in the child's treatment.

Corrective Action Plan:

All Needs and Services Plans will be comprehensive with all of the required information on them. All quarterly updates will include detailed information on the quality of the visitation/involvement/contact she has with her family of origin/friends/guardian. The quality refers to the relationship being positive, negative or other. The quarterly update will include the names of the family members of origin/friends/guardian. The quarterly update will document the progress or lack thereof in regards to the family's involvement in her treatment.

a) The Education Case Liaison, who is responsible for completing the Needs and Services Plan will meet with the Residential Treatment Director weekly.

b) The NSPs will be reviewed to ensure that the above mentioned information is comprehensive and specific to the youth's goals.

c) In the weekly supervisions, the ECL will receive continuous feedback and training to ensure that each NSP includes detailed information on the quality of the visitation/involvement/contact the child had with the family of Origin/friends/Guardian.

d) The child's overall progress with the family involvement or family's involvement in the child's treatment.

Implementation date:	**11/03/10 and ongoing**
Person Responsible:	Education Case Liaison Sandra Valdovinos-Heredia, Residential Services Director
Quality Assurance:	Carlos Tobar, Quality Assurance Director

Implementation date:	**11/03/2010 and ongoing**
Person Responsible:	Residential Counselors Lead Residential Counselors Sandra Valdovinos-Heredia, Residential Services Director
Support Services Director:	Scott Kissack
Quality Assurance:	Carlos Tobar, Quality Assurance Director

If you have any questions or would like to further discuss the above correction plan please feel free to contact me.

Thank you.

Sincerely,

Sandra Valdovinos-Heredia, Residential Services Director
Office: 213.381.2931, ext.264
Mobile: 213.804.0477
Fax: 213.381.7804
svaldovinos@stannes.org

CC: Lilia Gonzalez, Group Home Monitor, OHCMD
Lauri Collier, Senior Director of Residential Programs & Support Services
Carlos Tobar, Quality Assurance Director