County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 13, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

STAR VIEW ADOLESCENT CENTER COMMUNITY TREATMENT FACILITY CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of Star View Adolescent Center in December 2010, at which time they had one 40-bed site and 33 DCFS placed children: six children were males and 27 females. The placed children's average length of placement was six months, and the average age was 15.

The Star View Adolescent Center (Star View) is located in the Fourth Supervisorial District and provides services to the Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Star View's program statement, its stated goal is "to provide an organized and structured multi-disciplinary treatment program for youth who cannot be safely maintained in family homes or lower level group home care because of the severity of their emotional and behavioral problems and very high risk behaviors." Star View Adolescent Center is licensed to serve a capacity of 40 children, ages 11 through 17.

For the purpose of this review, 15 currently placed children were interviewed and 15 children's case files were reviewed. Fifteen staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

Thirty-two of the 33 placed children were prescribed psychotropic medication. We reviewed their case files to assess the timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that the medication logs documented correct

dosages and were administered as prescribed. Two children's PMAs were not consistent with the prescribed medication they were receiving. When brought to the attention of the Director of Nursing (DON), she immediately requested the psychiatrist to submit an updated PMA to the Court.

SCOPE OF REVIEW

The purpose of this review was to assess Star View Adolescent Center's compliance with the contract and State regulations. The visit included a review of Star View's program statement, administrative internal policies and procedures, 15 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

Star View was providing the services as outlined in their program statement.

At the time of the review, Star View Adolescent Center needed to ensure that the PMAs were consistent with the psychotropic medications they were receiving and ensure the development of comprehensive Needs and Services Plans (NSPs). Star View management was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Some of the Special Incident Reports (SIRs) were not cross-reported in accordance with the CTF Agreement Exhibit A-VIII. The Administrator stated that the new management team will ensure that all applicable SIRs are cross-reported, in a timely manner, to all applicable agencies.

- Most of the NSPs were not comprehensive in that not all of the required elements were completed in accordance with the NSP template. The Administrator stated that the Clinical Director will provide additional training to the therapist to improve the NSPs.

- Of the 32 children prescribed psychotropic medication, two children's PMAs were not consistent with the psychotropic medication they were receiving. The Director of Nursing immediately corrected the deficiency. The Administrator stated that the Director of Nursing will follow up to ensure the PMAs are consistent with their Medication Logs.

- Some of the children stated that they did not feel safe; that peers want to fight them or threaten to fight them; "staff make fun of me, crack jokes about me"; and that staff do not appropriately restrain them ("staff slam kids down"). The Administrator stated that in general, they are reviewing the staff members' performance and enforcing progressive discipline, as well as ensuring that staff employment evaluations are timely and correspond with the staff members' performance. The Administrator also stated that several staff members are no longer employed at Star View Adolescent Center due to enforcing progressive discipline, as well as additional staff training to provide the employees "more tools for their tool box," such as more specific training in supervision and verbal interventions with the children. Additionally, the Administrator pointed out that there is a new management team, as well as an additional Community Treatment Facility (CTF) Program Manager to divide the CTF Unit and provide increased staff accountability, supervision and presence in the CTF. Therefore, with the staffing and management changes, the Administrator believes that they have employed many tangible, positive changes to enhance the functioning at Star View Adolescent Center.

- A few children reported that they did not feel that they were treated with respect and dignity in that they felt the staff "crack jokes about them," "cop an attitude" and that staff are friendly one day and disrespectful the next day. The Administrator covered the issue, as stated above.

- Some children reported dissatisfaction with meals and/or snacks in that some reported the food to be greasy, too salty, fattening, not enough snacks, same snacks, sometimes no snacks because the children pass them out and some get two snacks and then there is not enough snacks for everyone. The Administration stated that they have hired an outside agency, Huntington Culinary, to provide all of the food services for Star View Adolescent Center. The Star View Adolescent Center kitchen staff members are now employed by this culinary agency, which will provide training to the kitchen workers. Additionally, the Administrator stated that they are now requesting feedback from the children, as well as an added "deli bar" if children do not like the menu or salad bar options.

- One child reported that he was not aware of his right to refuse psychotropic medication. The Administrator stated that the children are informed of their right to refuse their psychotropic medication by their psychiatrist and therapist and that they will continue to inform the children on an on-going basis.

- Some staff members did not meet the educational/experience requirements described in their job description. A staff member's criminal fingerprint card was not submitted timely and was subsequently cleared. Another staff did not have an initial Tuberculosis clearance. Also, a few staff members did not have documentation of receiving all of the required initial and ongoing training hours, while some staff members' CPR Certificates had expired before they were re-certified and other staff members did not receive the Emergency Intervention Plan Refresher every six months. The Administrator stated that the hiring department managers have been "in-serviced" to ensure that potential candidates are qualified for their position and that the Human Resources Department will cross-check to ensure compliance.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held September 15, 2011.

In attendance:

Dr. Natalie Spiteri, Star View Adolescent Center Administrator; Rob McKinstry, Star View Adolescent Center Administrator Coordinator; Kristine Kropke Gay, Monitor, OHCMD, DCFS.

Highlights:

The Administrator was in agreement with our findings and recommendations and stated that they have employed many changes to improve the program at Star View Adolescent Center. Specifically, they are now reviewing staff performance and enforcing progressive discipline with staff members, as well as ensuring that staff employment evaluations are completed timely and correspond with their performance. The Administrator stated that several staff members are no longer employed at Star View due to enforcing progressive discipline process. Further additional staff training to provide the direct-care staff members "more tools for their tool box," such as much more specific training in verbal interventions with the children, additional training in supervision and on-going training in the Attachment, Self-Regulation and Competency (ARC) treatment program have also been provided. The Administrator pointed out that there is an all-new management team, as well as an additional CTF Program Manager so that the CTF Unit has two managers in order to provide increased staff accountability, supervision and presence in the CTF. The Administrator also stated that they have hired an outside culinary agency to provide the food service and that former Star View employees are now employed by this culinary agency. The

Administrator believes these tangible changes will continue to make a positive impact to the functioning of Star View Adolescent Center.

As agreed, Star View Adolescent Center provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

DCFS and Star View Adolescent Center have continued to have quarterly meetings and we (DCFS) have noted some marked improvements in the overall supervision of placed children. A follow-up visit will be conducted to assess for full implementation of recommendations during our next review.

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

PLB:RS:KR:
EAH:PBG:kkg

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Sandra Tobias, President, Board of Directors, Star View Adolescent Center
Kent Dunlap, Executive Director, Star View Adolescent Center
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

STAR VIEW ADOLESCENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

4025 West 226th Street
Torrance, CA 90505
Phone: (310) 373-4556
License Number: 197803340
Rate Classification Level: CTF

	Contract Compliance Monitoring Review	December 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	 1. Not Applicable 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
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	 Full Compliance (ALL)
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. NSPs Comprehensive	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed
IV	**Educational and Youth Development Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP and 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	1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
VII	**Personal Rights** (11 Elements) 1. Children Informed of Group 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	1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)

IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements)	
	1. Education/Experience Requirement	1. Improvement Needed
	2. Criminal Fingerprint Cards Timely Submitted	2. Improvement Needed
	3. CACIs Timely Submitted	3. Improvement Needed
	4. Signed Criminal Background Statement Timely	4. Full Compliance
	5. Employee Health Screening Timely	5. Improvement Needed
	6. Valid Driver's Licenses	6. Not Applicable
	7. Initial Training Documentation	7. Improvement Needed
	8. Signed Copies of GH Policies and Procedures	8. Full Compliance
	9. CPR Training Documentation	9. Improvement Needed
	10. First-Aid Training Documentation	10. Full Compliance
	11. On-going Training Documentation	11. Improvement Needed
	12. Emergency Intervention Training Documentation	12. Improvement Needed

STAR VIEW ADOLESCENT CENTER
CONTRACT COMPLIANCE MONITORING REVIEW

Star View Adolescent Center
4025 West 226th Street
Torrance, CA 90505
Phone: (310) 373-4556
License Number: 197803340
Rate Classification Level: Community Treatment Facility

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

CONTRACTUAL COMPLIANCE

Based on our review of 15 children's files and 15 staff files, and/or documentation from the provider, Star View Adolescent Center was in full compliance with four of the nine sections of our Contract Compliance review: Facility and Environment; Education and Youth Development Services; Recreation and Activities; and Clothing and Allowance. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of 15 children's case files and/or documentation from the provider, Star View Adolescent Center fully complied with eight of the nine elements reviewed in the area of Licensure/Contract Requirements with one element not applicable.

Star View was in full compliance with using all resources in an attempt to stabilize the child, was compliant with their licensed capacity, conducted and maintained disaster drill logs, runaway procedures and maintained allowance logs. The timely notification for child's relocation was not applicable because they have one site. The Group Home did not always appropriately document and cross-report all special incidents. The Administration detailed a more extensive plan, which included more oversight, to ensure that special incidents are reported in a timely manner.

Recommendation:

Star View Adolescent Center management shall ensure that:

1. SIRs are appropriately documented and cross-reported to all required parties, via I-Track, in a timely manner.

PROGRAM SERVICES

Based on our review of 15 children's case files and/or documentation from the provider, Star View Adolescent Center fully complied with seven of the eight elements in the area of Program Services.

We noted that placed children met Star View's population criteria as outlined in their program statement, the Group Home obtained or attempted to obtain the CSW's

signatures to implement the Needs and Services Plans (NSPs), and the children and staff participated in the development of the NSP. We also found that the children received the required therapeutic services, received the necessary assessments/evaluations and CSWs monthly contacts were documented.

Of the 37 initial and updated NSPs reviewed, most were not comprehensive in that they did not include all of the required elements in accordance with the NSP template. Specifically, some of the NSPs contained blank fields where the Psychotropic Medication Authorization (PMA) date was to be documented, school enrollment date, 709 date routine, psychiatric physical evaluations, visitation dates and the Concurrent Case Plan goal. Some areas stated N/A; however, did not provide an explanation for being not applicable. Some NSPs contained incorrect information or contained the same information, including goals from previously completed NSPs. Additionally, some goals were not measurable, child specific and/or realistic for the child to achieve. The Administration stated that the Clinical Director completed an NSP in-service training with all Primary Therapists on August 9, 2011, to ensure NSPs are submitted timely, and are comprehensive. Additionally, the Administration reported that Quality Assurance Department will perform monthly audits to ensure compliance.

Recommendation:

Star View Adolescent Center management shall ensure that:

2. The NSPs are comprehensive and include all elements of the NSP template.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 15 children's case files and/or documentation from the provider, Star View Adolescent Center fully complied with seven of nine elements in the areas of Children's Health Related-Services, including Psychotropic Medication.

The Agency had ensured that all children's Court approved Psychotropic Medication Authorizations (PMA) and the bi-monthly psychiatric assessments were timely. Additionally, the reviewed children received timely initial and follow-up medical and dental examinations.

Thirty-two of 33 children placed at Star View Adolescent Center were prescribed and administered psychotropic medication. All had current Psychotropic Medication Authorizations (PMA). Two children's prescribed psychotropic medication was not consistent with their PMAs. Specifically, one child's PMA authorized a maximum dosage of 600 mg. of Tegratol, however was receiving 800 mg. Another child's PMA approved a maximum dosage of 300 mg. of Lamictal; however the child was receiving 400 mg. This discrepancy was immediately brought to the attention of the Star View Director of Nursing, who immediately requested that the Star View psychiatrist revise the children's PMAs. The children were not adversely affected.

Recommendation:

Star View Adolescent Center management shall ensure that:

3. The current PMA accurately documents the child's prescribed psychotropic medication.

4. The medication log of the child's prescribed psychotropic medication is consistent with the child's PMA.

PERSONAL RIGHTS

Based on our review of 15 children's case files, interviews with the 14 children, and/or documentation from the provider, Star View Adolescent Center fully complied with seven of 11 elements in the area of Personal Rights.

Overall, the children reported being informed of Star View Adolescent Center's policies and procedures, that they had an appropriate rewards and discipline system and were free to receive or reject voluntary medical, dental and psychiatric care. Also, the children reported being allowed private visits and telephone calls, had reasonable chores and were able to send and receive mail, as well as freedom to attend religious services of their choice.

Six of 14 children reported that they did not feel safe in the group home and one child did not complete the interview, and therefore did not answer the question. Specifically, a child reported that a staff member rubbed their hands together in a threatening manner. Some children reported not feeling safe due to staff having an attitude, child-on-child fights, "kids going off" and/or restraints in which allegedly "staff slam kids down." One child alleged that last year children would ask staff for the "green light" to fight another child. The child further related a restraint that occurred in February 2010 in which she alleged being "air planed" and dropped at a low distance to the ground, resulting in an injured lip. The Administration was not aware of the child's allegation related to the incident and was reported to the Child Protection Hotline by OHCMD Monitor. This referral was later deemed unfounded, therefore OHCMD took no action.

Three of 15 children reported that they did not feel that they were treated with respect and dignity. One child reported that "staff spit," not purposefully, when they are talking to him in such close proximity and that he has asked the staff to "back off." The child further stated that he felt that he was treated differently in that when he gets angry and curses, he receives a consequence; however, that the same does not apply to his peers. Another child reported that staff are "very disrespectful" and have told him: "What are you looking at?" and "Turn around!" when staff were horse playing with other staff members. The child further reported that the staff say it "aggressively" and that "it makes me angry." The third child reported that staff show favoritism among the children and that "the staff here tease you." The child reported that she will "be cussing" and staff will tell her to "watch your mouth," however the staff sometimes "slip

and cuss words come out." These concerns were brought to the administration's attention who stated they would follow up.

Six of 15 children reported that they were not satisfied with the meals and snacks. Specifically, the children felt that the snack portion was too small or that there were not enough snacks for everyone and/or that the food was too fattening, greasy, salty and/or unhealthy. Star View Adolescent Center management stated they have employed an outside culinary agency to provide the food service. They have also added a deli bar in addition to the salad bar and regular meal plan. The Administrator also stated that they are now receiving feedback from the children, to provide more food satisfaction for the children.

One of 15 children reported not being aware of the right to refuse psychotropic medication. Star View Adolescent Center management stated that the child's psychiatrist and therapist provides regular, ongoing discussion of their right to refuse medication and will continue to do so.

Recommendations:

Star View Adolescent Center management shall ensure that:

5. The children are made to feel safe.

6. The children are treated with respect and dignity.

7. The children are provided with satisfactory meals and snacks.

8. The children are aware of their right to refuse psychotropic mediation.

PERSONNEL RECORDS

Based on our review of 15 staff personnel files and/or documentation from the provider, Star View Adolescent Center fully complied with three of the 12 elements and one element was not applicable in the area of Personnel Records.

All 15 reviewed staff members submitted a criminal background statement, signed the group home policies and procedures and received First-Aid certification in a timely manner.

Five of the 15 reviewed staff members did not meet the educational/experience requirements described in their Job Description. One staff member's criminal fingerprint card and Child Abuse Index Clearance was not submitted timely; however, was subsequently cleared. Another staff member did not receive a timely Health Screening (Tuberculosis clearance). Also, two staff members did not have documentation of receiving the required initial training hours and three staff members did not have documentation of receiving the required on-going training hours, while four

staff members' CPR Certificates had expired before they were re-certified and five staff members did not receive the Emergency Intervention Plan Refresher every six months. Star View Adolescent Center management acknowledged all of the personnel deficiencies and has provided training to the hiring managers and the Human Resources Department will provide the oversight.

Recommendations:

Star View Adolescent Center management shall ensure that:

9. All staff members meet Star View Adolescent Center's educational/experience requirements.

10. All staff members receive a timely criminal fingerprint card.

11. All staff members receive a timely Child Abuse Index Clearance.

12. All staff members receive a timely initial health screening.

13. All staff members receive the required initial training.

14. All staff members receive timely certification in CPR.

15. All staff members receive the required on-going training.

16. All staff members receive timely certification in the Emergency Intervention Plan.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in the OHCMD's prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior monitoring review were implemented. The last report was issued on December 8, 2010.

Results

OHCMD's prior monitoring report contained 15 outstanding recommendations. Specifically, Star View Adolescent Center was to ensure that NSPs were comprehensive including verification of CSW's approving the implemented NSP, documentation of monthly contacts with CSWs, maintain the facility in good repair, ensure children were receiving timely initial dental examinations; make sure children felt

safe and were treated with respect and dignity. Additional recommendations included an appropriate rewards and discipline system, that children were allowed to attend religious services of their choice, that children were regularly advised and educated about their prescribed psychotropic medications and were informed of their right to refuse them and have an adequate supply of personal hygiene products. Also, the staff members were to meet the job description in the Star View Adolescent Center's program statement of educational/experience requirements, receive a timely health screening and that the staff members receive timely training/certification in CPR, First-Aid, annual and Emergency Intervention Plan (Pro-Act).

Recommendation:

Star View Adolescent Center management shall ensure that:

17. They fully implement the outstanding recommendations from OHCMD's December 8, 2010 Compliance Monitoring Review, which is noted in this report as Recommendations 2, 5, 6, 7, 8, 9,11, 13, 14, and 15.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C did not conduct a fiscal review of Star View Adolescent Center.

Star View Children & Family Services
4025 W. 226 Street
Torrance, California 90505
Telephone: (310) 373-4556
Fax: (310) 373-2826

October 17, 2011

Kristine Kropke-Gay, CSA I
Out of Home Care Management Division
Department of Child and Family Services
9320 Telestar Ave.
El Monte, CA 91731

Dear Ms. Kropke-Gay:

This letter is in response to your request for a **Corrective Action Plans** for the following findings from the **Compliance Review Field Exit Summary, DATED 9/15/11**:

I. Licensure/Contract Requirements: 4. Are special incident reports (SIRs) appropriately documented and cross-reported?

- Currently, Round-Up meeting is the arena where we review incidents that occurred in the previous 24 hours. Members at Round-Up include, but are not limited to Director of Residential Services, CTF Program Managers, Behavior Analyst, Director of Nursing, Director of Quality Assurance, Administrative Coordinator, Clinical Director, and Administrator to decide if the incident is reportable per CTF Special Incident Reporting Guidelines. Once determined to be a reportable incident, Behavior Analyst is responsible for the completion and submission of I-Tracks.

- All Program Managers will communicate their investigative findings to the Behavioral Analyst and/or Administrator's designee in a timely manner.

- Behavioral Analyst and/or Administrator's designee will submit each report to the Director of Quality Assurance and/or the Administrative Coordinator for review prior to their submission to the I-Track system.

- Behavioral Analyst and/or Administrator's designee will check in daily with Director of Quality Assurance to inform of status on I-Tracks.

- Weekend and holiday I-track reporting system implemented. Program Manager with oversight from Director of Residential Services will complete I-tracks within 24 hour period.

- The system will be monitored by the Administrative Coordinator and Director of Quality Assurance along with the Administrator to ensure compliance.

- On 2/9/11, Out-of-Home Care Management Division Monitor and Group Home Manager met with current SVAC Administration to discuss and review Special Incident Reporting Guide for Community Treatment Facility - Exhibit VIII-A to

voice concerns and successes. Again this information is shared with the management team for recognition and follow-up at the weekly held meeting. The level system guidelines have allowed for a review with the client which includes creating a self-care safety plan. As a standard practice Clients continue to have 1:1 therapy with their individual therapists to voice any issues and concerns and have access to the grievance procedure and Patient's Rights advocate and/or Designee. Upcoming, clients will have the opportunity to participate in the monthly Safety Committee meeting.

- Based on feedback from the Client Satisfaction Survey along with other factors, Dietary services are now contracted through and outside culinary service management company in order to increase the quality of services (meals, snacks) and overall client satisfaction.

- Children are made aware of the right to refuse medication by their psychiatrist during monthly visits, and/or as needed visits regarding informed consent with medication regimen and changes to medication.

IX. Personnel Records: 58. Do group home staff meet the educational/experience requirements? 59. Were criminal fingerprint cards submitted timely? 60. Were Child Abuse Index Clearance (CAIs) submitted timely? 62. Have employees received timely initial health screenings? 64. Have appropriate employees received the required initial training? 66. Have appropriate employees received CPR training in the area of child abuse identification and reporting? 68. Have appropriate employees received the required on-going training? 69. Have appropriate employees received emergency intervention training per the GH's program statement?

- Administrator in-serviced hiring department managers on ensuring that potential candidates are qualified for their position in accordance with their Star View job description, that timely criminal clearance, health screening, and CPR certification occurs in accordance with Title 22 regulations. HR Department will cross-check to ensure compliance.

- Director of Training will ensure staff receive the required initial and annual training hours, including, but not limited to Pro-ACT and a refresher every 6 months in accordance with Star View's Program Statement. Prior to staff receiving their annual evaluation and wage increase, a review of training hours will occur by supervisor. HR Department will cross-check to ensure compliance.

- SVAC is currently in the process of requesting a change to the Program Statement, which would allow staff to be trained in Pro-ACT for eight hours on an annual basis versus four hours biannually.

If you have any further questions, or require any further documentation, please contact me.

Sincerely,

Natalie Spiteri, Psy.D.
Administrator