# County of Los Angeles
## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 10, 2013

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

From: FJR Philip L. Browning
Director

**TURMONT HOME FOR BOYS AND GIRLS 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 Turmont Home for Boys and Girls Group Home (the Group Home) in January 2013. The Group Home has two sites. One site located in the Second Supervisorial District; one site located in the Fifth Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster youth. According to the Group Home's program statement, its purpose is "to provide 24-hour, non-medical care and supervision to residents placed by the Department of Children and Family Services."

The Group Home has two six-bed sites and is licensed to serve a capacity of 12 girls and boys, ages 13 through 17. At the time of review, the Group Home served 12 placed DCFS children. The placed children's overall average length of placement was eight 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 3 of 10 areas of our Contract compliance review: Facility and Environment; Educational and Workforce Readiness; and Personal Rights and Social/Emotional Well-Being. Psychotropic Medication was not applicable, as none of the placed children were prescribed psychotropic medication at the time of the review.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to Sign-In/Sign-Out logs not being properly completed and Community Care Licensing (CCL) cited the Group Home; Maintenance of Required Documentation and Service Delivery, related to the Group

Home's target population for children served was not consistent with the Group Home's Program Statement and Needs and Services Plans (NSP) were not comprehensive, and had not been authorized by the DCFS Children's Social Worker prior to implementation; Health and Medical Needs, related to one child's follow-up dental examination having been untimely; Personal Needs/Survival and Economic Well-Being, related to the Group Home not assisting children in updating their "Life Books,"; Discharged Children, related to children not having made progress toward achieving NSP goals; and Personnel Records, related to five staff members not having completed their required annual training, and one staff did not have a current California Driver License on file.

Attached are the details of our review.

## REVIEW OF REPORT

On February 12, 2013, DCFS OHCMD Monitor, Jui Ling Ho, held an Exit Conference with the Group Home representative, Victor Bradley, Program Director. The Group Home representative: was in agreement with the review findings and recommendations; was receptive to implementing systemic changes to improve compliance with regulatory standards; and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

A copy of this compliance report has been sent to the Auditor-Controller and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will assess for implementation of recommendations during our next monitoring review.

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

PLB:EM:KR
RDS:PBG:jlh

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
Victor Bradley, Executive Director, Turmont Home for Boys and Girls
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

**TURMONT HOME FOR BOYS AND GIRLS GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**Turmont Home for Boys**
**741 East Turmont Street**
**Carson, CA 90746**
**License # 191600783**
**Rate Classification Level: 8**

**Turmont Home for Girls**
**1519 E. Thomas Drive**
**Lancaster, CA 93535**
**License # 197600325**
**Rate Classification Level: 8**

| | **Contract Compliance Monitoring Review** | **Findings: January 2013** |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements) | |
| | 1. Timely Notification for Child's Relocation | 1. Full Compliance |
| | 2. Transportation Needs Met | 2. Full Compliance |
| | 3. Vehicle Maintained In Good Repair | 3. Full Compliance |
| | 4. Timely, Cross-Reported SIRs | 4. Full Compliance |
| | 5. Disaster Drills Conducted & Logs Maintained | 5. Full Compliance |
| | 6. Runaway Procedures | 6. Full Compliance |
| | 7. Comprehensive Monetary and Clothing Allowance Logs Maintained | 7. Full Compliance |
| | 8. Detailed Sign In/Out Logs for Placed Children | 8. Improvement Needed |
| | 9. CCL Complaints on Safety/Plant Deficiencies | 9. Improvement Needed |
| II | **Facility and Environment** (5 Elements) | |
| | 1. Exterior Well Maintained | Full Compliance (ALL) |
| | 2. Common Areas Maintained | |
| | 3. Children's Bedrooms | |
| | 4. Sufficient Recreational Equipment/Educational Resources | |
| | 5. Adequate Perishable and Non-Perishable Foods | |
| III | **Maintenance of Required Documentation and Service Delivery** (10 Elements) | |
| | 1. Child Population Consistent with Capacity and Program Statement | 1. Improvement Needed |
| | 2. County Children Social Worker's Authorization to Implement NSPs | 2. Improvement Needed |
| | 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 Social Workers Monthly Contacts Documented | 7. Full Compliance |
| | 8. Children Assisted in Maintaining Important Relationships | 8. Full Compliance |

| | | |
|---|---|---|
| | 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation<br>10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation | 9. Improvement Needed<br>10. Improvement Needed |
| IV | **Educational and Workforce Readiness** (5 Elements)<br>1. Children Enrolled in School Within Three School Days<br>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals<br>3. Current Report Cards Maintained<br>4. Children's Academic or Attendance Increased<br>5. GH Encouraged Children's Participation in YDS/ Vocational Programs | Full Compliance (ALL) |
| V | **Health and Medical Needs** (4 Elements)<br>1. Initial Medical Exams Conducted Timely<br>2. Follow-Up Medical Exams Conducted Timely<br>3. Initial Dental Exams Conducted Timely<br>4. Follow-Up Dental Exams Conducted Timely | 1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Improvement Needed |
| VI | **Psychotropic Medication** (2 Elements)<br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation Review | Not Applicable (N/A) |
| VII | **Personal Rights and Social/Emotional Well-Being** (13 Elements)<br>1. Children Informed of Group Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Appropriate Staffing and Supervision<br>4. GH's efforts to provide Meals and Snacks<br>5. Staff Treat Children with Respect and Dignity<br>6. Appropriate Rewards and Discipline System<br>7. Children Allowed Private Visits, Calls and Correspondence<br>8. Children Free to Attend or not Attend Religious Services/Activities<br>9. Reasonable Chores<br>10. Children Informed About Their Medication and Right to Refuse Medication<br>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care<br>12. Children Given Opportunities to Plan Activities in | Full Compliance (ALL) |

| | | |
|---|---|---|
| | Extra-Curricular, Enrichment and Social Activities (GH, School, Community)<br>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)<br><br>1. $50 Clothing Allowance<br>2. Adequate Quantity and Quality of Clothing Inventory<br>3. Children's Involvement in Selection of Their Clothing<br>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items<br>5. Minimum Monetary Allowances<br>6. Management of Allowance/Earnings<br>7. Encouragement and Assistance with Life Book | <br><br>1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br>7. Improvement Needed |
| IX | **Discharged Children** (3 Elements)<br><br>1. Children Discharged According to Permanency Plan<br>2. Children Made Progress Toward NSP Goals<br>3. Attempts to Stabilize Children's Placement | <br><br>1. Full Compliance<br>2. Improvement Needed<br>3. Full Compliance |
| X | **Personnel Records** (7 Elements)<br><br>1. DOJ, FBI, and CACIs Submitted Timely<br>2. Signed Criminal Background Statement Timely<br>3. Education/Experience Requirement<br>4. Employee Health Screening/TB Clearances Timely<br>5. Valid Driver's License<br>6. Signed Copies of Group Home Policies and Procedures<br>7. All Required Training | <br><br>1. Full Compliance<br>2. Full Compliance<br>3. Full Compliance<br>4. Full Compliance<br>5. Improvement Needed<br>6. Full Compliance<br>7. Improvement Needed |

# TURMONT HOME FOR BOYS AND GIRLS GROUP HOME
# CONTRACT COMPLIANCE MONITORING REVIEW
# FISCAL YEAR 2012-2013

## SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the January 2013 review. The purpose of this review was to assess Turmont Home for Boys and Girls' (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following ten 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 Department of Children and Family Services (DCFS) placed children were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, none of the children were prescribed psychotropic medication.

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

## CONTRACTUAL COMPLIANCE

OHCMD found the following six areas out of compliance.

### Licensure/Contract Requirements

- The resident Sign-In/Sign-Out log was not properly completed, as staff signatures were missing, and the expected time of return and destination were not documented. During the Exit Conference, the Program Director stated that all staff will be trained in the proper procedures for signing residents in and out of the facility, including providing mandatory staff signatures and documenting dates and times residents left or returned to the facility.

On April 3, 2013, the Group Home's in-service trainer conducted a four-hour refresher training for its staff on procedures and guidelines for maintaining the resident Sign-In/Sign-Out log. Verification of training was submitted to OHCMD.

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings during CCL investigations. On August 13, 2012, the Lancaster Site was cited, as the carpet throughout the group home was very dirty. On August 23, 2012, the Group Home replaced the carpet in the bedrooms, and the carpet in the living room and dining room were shampooed. CCL conducted a site visit on September 13, 2012 and cleared the deficiency. During the Exit Conference, the Program Director stated that the Group Home will ensure regular cleaning and maintenance of the carpet.

- On November 28, 2012, CCL cited the Lancaster Site for having medication stored unsecured inside the refrigerator for several hours. This deficiency was corrected the same day, as the Group Home's staff purchased a lock box and secured the medication. The Group Home immediately ensured that all medication was properly stored and secured to prevent access by the residents. On December 17, 2012, all staff members were trained on the proper procedures for storing and securing medication.

During the Exit Conference, the Program Director stated that the Group Home will ensure that the facilities remain free from potential safety hazards and that medication is secured. He also stated that facilities will be maintained and the Facility Manager will conduct daily routine checks and any needed repairs will be completed immediately.

**Recommendations**

The Group Home's management shall ensure that:

1. The resident Sign-In/Sign-Out log is properly completed.

2. The group home is in compliance with Title 22 Regulations and County contract requirements.

**<u>Maintenance of Required Documentation and Service Delivery</u>**

- It was noted that the Group Home's target population for children served was not consistent with the Group Home's program statement and license; one resident was 18 years old.

  The Program Director informed OHCMD that the Group Home is in the process of completing the required documents to submit to DCFS and CCL to qualify for AB 12 services for Non-Minor Dependents. In an effort to avoid disruption of the resident's progress, the Group Home allowed this resident to continue his placement, pending approval of the Group Home's AB 12 program. This youth transitioned into transitional housing on March 8, 2013.

The Program Director stated that until the Group Home has been approved to serve AB 12 youth, the Group Home will ensure that all residents approaching the age of majority are properly prepared to transition to another facility, transitional housing, or to a family or friend, in an effort to minimize the disruption.

- The DCFS Children's Social Worker's (CSW) authorization to implement the Needs and Services Plan (NSP) was not obtained timely for four of 15 NSPs reviewed. During the Exit Conference, the Program Director stated that at least 10 days prior to the due date of each NSP, the Group Home will e-mail, fax or mail the NSP to the DCFS CSW for review and authorization. If the DCFS CSW has any concerns or requests changes to the NSP, those changes will be completed, and the NSP will again be submitted to the DCFS CSW for authorization. If no changes are necessary, the Group Home will request that the DCFS CSW sign the signature page of the NSP and return via fax or mail. The Group Home will document all efforts made to obtain the DCFS CSW's authorization to implement the NSPs.

- Five initial NSPs were reviewed. The NSPs were timely; however, none were comprehensive. The NSPs did not include all the required elements in accordance with the NSP template. The treatment goals in two NSPs were not measurable or specific. In addition, one NSP did not include a permanency treatment goal.

- Ten updated NSPs were reviewed. Although the NSPs were timely, they were not comprehensive and did not meet all the required elements, in accordance with the NSP template. Eight updated NSP quarterly sections lacked detailed information regarding progress made toward achieving the identified treatment goals, or the child's progress was not updated. Seven updated NSPs did not include permanency treatment goals. Two updated NSPs did not include dates of monthly contacts with DCFS CSW or of therapy/clinical groups attended by the children.

The Group Home representatives attended the OHCMD's NSP training in January 2012; the NSPs reviewed had been developed subsequent to the January 2012 training. In an effort to ensure the development of comprehensive NSPs, on March 21, 2013, the Group Home Administrator, Program Director, Manager, and Therapist reviewed the Power Point tutorial to better understand the information that shall be included in the NSP and Quarterly Report. In addition, the OHCMD Monitor, Jui Ling Ho, provided NSP training to the Group Home Social Worker on April 10, 2013. During the Exit Conference, the Program Director stated that effective immediately, all NSPs will be reviewed by the Program Director prior to submission to the DCFS CSW. The Program Director will ensure NSPs are properly prepared and include detailed information.

**Recommendations**

The Group Home's management shall ensure that:

3. All children are placed in accordance with the Group Home's license and program statement population criteria.

4. The group home staff obtains, or documents efforts to timely obtain, the DCFS CSW's authorization to implement the NSP.

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.

**Health and Medical Needs**

- One child's follow-up dental examination was not conducted timely; it was two months late, due to an oversight. During the Exit Conference, the Program Director stated that effective immediately, all children's files will be reviewed on a weekly basis to assure that all upcoming appointments or follow-up dates are properly scheduled. The procedure shall allow time for rescheduling and cancellations in order to meet the six-month requirement.

**Recommendation**

The Group Home management shall ensure that:

7. All children receive timely follow-up dental examinations.

**Personal Needs/Survival and Economic Well-Being**

- The children reported that the Group Home staff did not encourage or assist them in updating their "Life Book" or photo album. One child disclosed that she was offered the photo album on the same day of the interview with OHCMD.

  During the Exit Conference, Program Director stated that the Group Home will encourage and assist each resident in creating and updating a "Life Book"/photo album. The "Life Book" shall include, but not be limited to photographs, personal event cards, certificates, awards and others items that relate to childhood memories. The Group Home will issue each resident a "Life Book"/photo album at the time of placement. Staff and residents will meet once a week for group activity to encourage the creation and updating of the "Life Books"/photo albums.

**Recommendation**

The Group Home's management shall ensure that:

8. All children are encouraged and assisted in updating their "Life Book" or photo album.

**Discharged Children**

- A review of discharged children's files revealed that two of three discharged children did not successfully meet all of their NSP goals prior to discharge. During the Exit Conference, the Program Director assured that the Group Home will take all necessary treatment measures to assist children with setting and meeting their goals. The Group Home's treatment team will also have monthly meetings to discuss children's progress and response to treatment. If a child is not making progress toward achieving their goals, alternate treatment strategies will be discussed. Changes to treatment plans will be made, when and if needed, to assist with attainment of goals.

**Recommendation**

The Group Home's management shall ensure that:

9. All children make progress toward meeting their NSP goals prior to discharge.

**Personnel Records**

- One staff did not have a copy of a valid California Identification (ID) or California Driver License (CDL) in the employee personnel file. According to the Program Director, this employee does currently have a CDL; however, at the time of the review, the Group Home did not have a copy of her current CDL on file. A copy of her CDL was forward to the OHCMD on April 4, 2013.

  During the Exit Conference, the Program Director stated that he and the Administrator will ensure all employees have a valid CDL/ID and that a copy is included in the employee's personnel file. Individuals from other states seeking employment will need to apply for a CDL/ID within the State's legal time frame to continue employment at the Group Home.

- Five staff members did not complete their required annual trainings. One staff member needs to receive Pro-Act refresher training. The other four staff members did not meet the minimum 40 hours Orientation training for their first year as required, they were each missing 10 hours.

  During the Exit Conference, the Program Director stated that the Group Home has developed a check-list to ensure that all required training and documentation have been obtained at the time of employment and that documents or training in need of renewal can be completed before the expiration date. This information will be kept in the employee's personnel file for review. The Administrator and Program Director will review the employee check-list monthly.

  All employees with expired Pro-Act certificates received 20 hours of Pro-Act refresher training on April 15, 16 and 17, 2013. Additionally, employees who did not meet the 40 hours minimum Orientation training for their first year, as required, received the 10 missing

hours of training on April 1, 2 and 3, 2013. Verification of training was forwarded to OHCMD.

**Recommendation**

The Group Home's management shall ensure that:

10. All employees have a valid California ID or CDL.

11. All employees receive required training.

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

The OHCMD's last compliance report, dated June 19, 2012, identified 12 recommendations.

**Results**

Based on our follow-up, the Group Home fully implemented seven of 12 recommendations for which they were to ensure that:

- All SIRs are appropriately documented and cross-reported timely,
- Children are progressing towards meeting their NSP goals,
- Children are assisted in maintaining important relationships,
- All children attend school regularly, as required,
- The treatment team works with both public and non-public schools to increase academic performance and/or attendance of the children,
- The Group Home staff work with the CSWs to ensure children are discharged according to the permanency plan and/or document their efforts, and
- All staff members receive timely initial health-screenings.

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

- The resident Sign-In/Sign-Out log is always properly completed,
- The Group Home staff obtains or documents efforts to obtain the DCFS CSWs' authorization to implement the NSP,
- Initial and updated NSP are comprehensive and include required information,
- The children are assisted with making progress toward meeting their NSP goals prior to discharge, and
- Full implementation of the outstanding recommendations from the OHCMD's 2010-2011 monitoring report regarding obtaining the DCFS CSWs' authorization in a timely manner to implement the NSP, and development of comprehensive NSPs.

**Recommendation**

The Group Home's management shall ensure that:

12. The outstanding recommendations from the 2011-2012 monitoring report dated June 19, 2012, which are noted in this report as Recommendations 1, 4, 5, 6, 9, and 12, are fully implemented.

At the Exit Conference, the Group Home representative expressed his desire to remain in compliance with all Title 22 Regulations and Contract requirements. The Group Home has re-trained all staff members in the proper completion of the sign-in/sign-out log. In an effort to ensure the development of comprehensive NSPs, the Group Home Administrator, Program Director, and Executive Director will review the NSPs prior to submittal, and they will ensure all efforts made to obtain the DCFS CSW's authorization to implement NSPs are documented. Additionally, the Group Home's Treatment Team will conduct monthly meetings during which the children's progress toward achieving NSP goals will be addressed. The Group Home Executive Director and the Administrator will conduct periodic checks to monitor compliance with the CAP.

## MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The Auditor-Controller conducted a fiscal review of the Group Home's fiscal operations from January 1, 2009 to December 31, 2009. The fiscal report, dated May 9, 2012 states the Group Home had $76,377 in disallowed expenditures. The Group Home submitted a fiscal CAP which is being monitored by the DCFS Fiscal Monitoring Section. Currently, the Group Home is in compliance with their payment plan.

# TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

April 5, 2013

County of Los Angeles
Dept. of Children and Family Services
Out of Home Care Management Division
Attn: Patricia Bolanos-Gonzalez
9320 Telstar Avenue
El Monte, Ca. 91731

Dear Ms. Bolanos-Gonzalez:

I am submitting an **Addendum** to Corrective Action Plan developed for the deficiencies for the 2012/2013 Monitoring Review conducted by Jui Ling Ho.

**Licensure/contract requirements**

**Element #8**

**Sign-in/Sign-out Log was not always adequately completed.**

**Corrective Action Plan:**

By 4-20-2013, all Staff at Turmont will be re-trained by the Program Director on the procedures and responsibility for completing all sign in/out log sheets for each resident. This training will include the understanding that each staff will assure that Turmont will maintain a detail sign-in/out log for placed children who leave the facility for any reason other than regularly scheduled work, school or group activities of the contractor. This log shall include the name of the child, his/her destination, the time he/she left the facility, the anticipated time of return, and the name and telephone number of the person responsible to supervise the resident while he/she is away from the facility. Staff will also be re-trained on the run away procedures that need to be taken if residents are absent for an extended amount of time outside of the noted sign in/out sheets. The Facility manager at each facility will review the log sheets for each resident throughout the day to assure all residents are accounted for and there have not been any omissions to the log. A comment section will be added to the form to make note of any necessary information regarding that particular resident. If omission/error/question occurs the facility manager will immediately contact the staff responsible in person or by phone in order to update or correct the log sheets.

The Administrator and Program Director will ensure that sign in/out logs are adequately completed and maintained and that the corrective action plan remains implemented and is working as intended.

**Element #9**

**Free of any Substantiated Community Care Licensing Complaints.**

1) On 8/13/12, Lancaster Site was cited by CCL due to carpets throughout the group home were very dirty.

2) On 11/28/12, CCL cited Lancaster Site for having refrigeratored medication left unsecured inside the refrigerator for several hours.

**Corrective Action Plan:**

1) On 8/23/2012, Turmont Group Home had all three bedrooms carpets replaced and shampooed the carpets in the living room and dining room. CCL conducted a site visit on 9/13/12 and the facility is now within Title 22 Regulation Standards. Turmont will ensure regular cleaning and maintenance of the carpet in all areas of the facility.

2) This deficiency was corrected the same day as staff purchased a lockable box and secured medication. Turmont Group Home immediately ensured that all medication was stored and secured properly to prevent access by the residents. Further, on 12/17/2013, all staff has been properly trained on storage and security of medication. Turmont will continue to maintain all medication in a locked box at all times.

Turmont will ensure that the facility will remain free of safety hazards at all times including access to medication and all needed repairs and maintenance will be immediately completed and maintained appropriately. The Facility Manager will do daily routine checks, and any concerns or problems will be documented, repaired, replaced or secured immediately.

**Maintenance of required documentation and service delivery**

**Element #15**

**It was noted that one sample youth was not in compliance with Turmont'S program statement placement population criteria. The youth was 18; his age exceeded the group home's placement age criteria.**

**Corrective Action Plan:**

Turmont Home for Boys is in the process of completing the required documents for submittal to DCFS and CCL to qualify for AB 12 services. During this timely procedure two of our residents aged beyond the current criteria of our placement criteria. In an effort to not disrupt the current progress that each resident was continuing to make, Turmont allowed these residents to continue their placement during our attempt to complete the required documents to apply for AB12. Since our exit review on 2/20/2013 one of the two residents was reunified with the maternal Grandfather as per his permanency plan and the other continues to work towards his Diploma which he is on track to receive by summer 2013. The current resident has applied for Transitional housing which should take place within 90 days from the time of this report, other arrangements and/or alternatives will be made to run concurrently with the request for transitional housing to ensure a transition of this minor within that 90 days to assure that this minors progress will go uninterrupted.

Turmont will continue to work on the submittal of all required documents to be considered for AB 12 services. Until Turmont has been approved for AB 12, Turmont will assure that all residents that are approaching the age which is out of our criteria, be properly prepared for transition to another facility, Transitional housing, family or friends in a manner that will minimize the disruption of any progress that is being made at his/her current placement with Turmont.

The Administrator and Program Director will assure that the corrective action plan remains implemented and are working as intended.

**Element #16**

**The CSW's authorization to implement the NSP was not obtained timely for four of 15 NSPs reviewed.**

**Corrective Action Plan:**

At least 10 days prior to the due date of each Residents NSP, Turmont will e-mail, fax or mail the NSP to the CSW for review and authorization to implement the NSP. If the CSW has any concerns for changes to the NSP, those changes will be completed and the NSP will again be forwarded to the CSW for Authorization. If no changes are necessary Turmont will request that the signature page of the NSP be signed and returned via fax or mail. Turmont will document all efforts made to obtain authorization to implement NSP's.

Immediately, the Administrator and Program Director will assure that Turmont Staff obtain, or document efforts to timely obtain, the DCFS CSW's authorization to implement the NSP.

**Element #23 and 24**

**NSP not comprehensive**

**Corrective Action Plan:**

On 3/21/2013, Administrator , Program Director, Manager, (Therapist) all from Turmont, have reviewed the Power Point tutorial to better understand the language contained in the NSP and Quarterly Report and to have a collaborative approach to developing comprehensive NSP/Quarterly reports.

Turmont has scheduled to meet with Jui Ling Ho, OHC Monitor on 4/10/2013, to get a better understanding of properly completing the NSP.

Turmont will be sure to include required elements in accordance with the NSP template.

Turmont will immediately assure that the Quarterly Section of the NSP will include detailed information regarding progress toward the identified treatment goals and an update to the child's last status.

Turmont will assure that the Permanency plan and permanency treatment goals for each resident is clearly stated and that each child has treatment goals that are in place to accomplish the permanency plan, all progress toward the residents permanency plan will be updated.

Turmont will ensure that all treatment goals are Attainable and Measurable. Measurable so that there is a specific time frame in which to progress can be measured. Attainable and which the client can reasonably be expected to accomplish, commit to and perform.

Turmont will assure that the correct report date is reflected on each report.

Turmont will assure that initial NSP's do not include Quarterly information.

Turmont will ensure that all identified treatment goals or broken down into small task in order to be accurately implemented and assessable for future evaluations. These goals will also be measureable and child specific.

Effective immediately, all NSPs will be reviewed by the Administrator and Program Director prior to submission to the DCFS Children's Social Worker (CSW). The Executive Director will ensure NSPs are properly prepared and include detailed information.

**Element #33**

**One child's follow-up dental examination was not timely; it was two months late.**

**Corrective Action Plan:**

Turmont will ensure that all dental follow-up examinations are completed in a timely manner. All children's files will be reviewed on a weekly basis to assure that all upcoming appointments or follow-up dates are being properly scheduled. The procedure shall allow time for rescheduling and cancellations in order to meet the six-month requirement.

The Administrator and Program Director will assure that that all dental follow-ups are timely and documentation is completed and maintained in the residents file and that the corrective action plan remains implemented and is working as intended.

**Personal Needs/Survival and Economic well-being**

**Element #55**

**Life books/Photo Album**

**Corrective Action Plan:**

Turmont will encourage and assist each resident in creating and updating a Life book/Photo Album. This life book shall consist of, but not be limited to photographs, personal event cards, certificates, awards and others items that relate to childhood memories. Turmont will issue each resident a Life Book/Photo Album upon being placed. Staff and Residents will meet once a week as a group activity to encourage creation of their Life Books/ Photo Albums and to add updated information.

The Administrator and Program Director will assure that that all residents maintain Life Books/Photo Albums and that the corrective action plan remains implemented and is working as intended.

**Discharged Children**

**Element #57**

**We found two of three discharged children did not successfully meet all of their NSP goals prior to their discharge.**

**Corrective Action Plan:**

Turmont will assist residents in making progress toward there NSP goals. The Administrator and Program Director will assure that Turmont will take all necessary treatment measures to assist children with setting and meeting their goals. The Treatment Team will also have monthly meetings to discuss children's progress and response to treatment. If a client is not making progress toward their goals, then alternate treatment strategies will be discussed. Changes to treatment plans will be made, when and if needed, to assist with attainment of goals.

The Administrator and Program Director will assure that the Treatment Team will have monthly meetings to discuss children's progress and response to treatment.

# TURMONT HOME FOR BOYS/GIRLS

A HOME FOR CHILD NURTURE, CARE & DEVELOPMENT
COMMITTED TO AN EXCELLENT HOME ENVIRONMENT

**Personnel Records**

**Element #63**

**One staff member did not have a valid California Identification (ID).**

**Corrective Action Plan:**

The Employee reviewed for this CAP, does currently have a California Drivers License (CDL). At the time of the monitoring review, Turmont did not have a copy of her current CDL. A copy of her CDL was attached with the CAP to the OHCMD.

The Administrator and Program Director will ensure that all employees have a valid CDL/ID. Employees seeking employment coming from other states will need to apply for a California Driver License within the legal time frame that California permits for current residents to transfer out of state Driver License to CDL. This transfer will be required to continue employment at Turmont.

**Element #65**

**Five staff members did not complete their required trainings. One staff member needs to receive refresh Pro-Act training. The other four staff members were each missing 10 hours for their first year training requirement.**

**Corrective Action Plan:**

All Pro-Act training will be renewed prior to the 2 year expiration period. All employees with expired Pro-Act certificates will receive renewal training within April 22, 2013, By Victor Bradley who is a certified Pro-Act Trainer. Upon completing the required training, the staff's training certificate will be mailed to the OHCMD.

All employees who do not meet the 40 hour minimum Orientation training for their first year which is to include one hour Child Abuse training will be required to finish the needed training hours by 4/20/2013. Upon completing the required training, the staff's training certificate will be mailed to the OHCMD.

Turmont has developed a plan in which an employee check list will be maintained and monitored on a monthly basis to assure that all required training and documentation has been obtained at the time of employment and that documents in need of renewal can be completed before the expiration date. This information will be kept in the employees file for review. The Administrator and Program Director will review the employee check list monthly.

Thank you for allowing Turmont to make these corrections.

Yours truly

Victor Bradley

**Victor Bradley, Program Director**

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