County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
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July 31, 2013

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

From: Philip L. Browning
Director

VISTA DEL MAR 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 Vista Del Mar Group Home (The Group Home) in January 2013. The Group Home has one site located in the Third Supervisorial District and provides services to County of Los Angeles DCFS foster children and Probation youth. According to the Group Home's program statement, its purpose is to "provide services to court dependent, emotionally disturbed, abused and neglected children."

The Group Home has one 24-bed site and is licensed to serve a capacity of 24 males and females, ages 13 through 18. At the time of review, the Group Home served nine placed DCFS children and two Probation youth. The placed children's overall average length of placement was 10 months, and their average age was 15.

SUMMARY

During the OHCMD 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 eight of 10 areas of our contract compliance review: Facility and Environment; Education 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.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to CCL complaints; and Maintenance of Required Documentation and Service Delivery, related to their compliance with Title 22 Regulations and the development comprehensive

initial and updated Needs and Services Plans. OHCMD instructed the Group Home supervisory staff to ensure compliance with licensing requirements and to enhance monitoring and provide training to eliminate documentation issues.

Attached are the details of our review.

REVIEW OF REPORT

On February 11, 2013, the DCFS OHCMD Monitor, Edward Preer, held an Exit Conference with the Group Home staff: Maricela Morales, Quality Assurance and Electronic Health Records Systems Manager; Elvia Hernandez, Quality Assurance Technician; Ana Solares, Quality Assurance Technician; Virginia Gilbea, Clinician; Zoe Kaha, Clinician; Joan Gregory, Coordinator of Direct Care Services and Group Home Academy; Lynn Cohen, Unit Director; and Amy Jaffe, Senior Vice President of Operations. The Group Home representatives agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

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:ep

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
Dr. Elias Lefferman, Executive Director, Vista Del Mar
Amy Jaffe, Senior Vice President of Operations, Vista Del Mar
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

VISTA DEL MAR 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 addressed findings noted during the January 2013 review. The purpose of this review was to assess Vista Del Mar Group Home's (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 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, four placed children were selected for the sample. 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, the four sampled children were prescribed psychotropic medication. Out-of-Home Care Management Division (OHCMD) reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed three 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 two areas out of compliance.

Licensure/Contract Requirements

- Community Care Licensing (CCL) cited the Group Home on April 5, 2012. A student reported that a teacher at the on-grounds school made inappropriate comments and had engaged in inappropriate physical contact with him. It was alleged that the teacher had massaged the child's neck and had used his fingernails to stroke his back, buttocks and genital area. The Group Home reported the incident to the Child Protection Hotline, CCL and to law enforcement.

CCL substantiated the allegation and cited the Group Home due to personal rights violations. The Department of Children and Family Services Emergency Response Investigator substantiated the allegation of sexual abuse. The Group Home terminated the teacher. The Group Home addressed the issues of safety and sexual abuse with each child during group therapy, milieu group and individual psychotherapy. In addition, the staff was trained to watch for signs of possible abuse and trained on protocols related to reporting abuse. The Group Home provided an approved Plan of Correction to CCL and the OHCMD.

Recommendation

The Group Home's management shall ensure that:

1. The facility is in compliance with Title 22 Regulations and County contract requirements.

Maintenance of Required Documentation and Service Delivery

In January 2012, the Group Home's representatives attended the OHCMD's Needs and Services Plan (NSP) training for providers. It was noted that three of four initial NSPs and six updated NSPs reviewed were developed after the OHCMD NSP training. All NSPs were developed timely.

- Four initial NSPs were reviewed; none were comprehensive. The children's educational needs and strengths were not identified. The Group Home did not provide an explanation regarding why the parents were not involved with the children. The Group Home did not explain the special cost associated with providing transportation for visits. The outcome goals projected completion dates exceeded 90 days. One of the outcome goals was not measurable, and some of the psychological and educational goals were not realistic and were difficult for the children to achieve.

- Six updated NSPs were reviewed; none were comprehensive. Some of the issues noted in the initial NSPs were also a concern in the updated NSPs. Six updated NSPs included outcome goal completion dates which exceeded 90 days. The Permanency Plan and Concurrent Case Plan were not addressed. The Psychological goal, plan and method did not change. The Group Home did not address the following areas: participation in school related activities by the children and the Group Home's staff; and the children's health, academic abilities, social skills. The Group Home did not explain why the parents were not involved with the children. The updated NSPs did not explain the special cost associated with providing transportation for visits. One of the NSPs did not answer the question regarding the siblings visit. This updated NSP did not address the family and others participation in the children's treatment program over the past three months.

The Group Home representatives agreed that all required elements were not included in the NSPs, and they will take corrective actions to ensure the development of comprehensive NSPs.

The Monitor reviewed the NSP training template with the Group Home representatives. The Group Home will enhance monitoring of the NSPs. The Group Home Unit Director and therapist will meet monthly to ensure all required elements of the NSP's are addressed. The Group Home Unit Director will review and sign-off on all the NSPs. The Senior Vice President of Operations will review a sample of the NSPs monthly.

Recommendations

The Group Home's management shall ensure that:

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

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

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

The OHCMD's last compliance report, dated May 8, 2012, identified one recommendation.

Results

Based on our follow-up, the Group Home did not fully implement the recommendation for which they were to ensure that:

- Initial NSPs are comprehensive and include all required elements in accordance with the NSP template.

Recommendation

The Group Home's management shall ensure that:

4. It fully implement the May 8, 2012 outstanding recommendation from the 2011-2012 fiscal year monitoring review, which is noted in this report as Recommendation 2.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

VISTA DEL MAR GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Vista Del Mar
3200 Motor Avenue
Los Angeles, CA 90034
License # 191600721
Rate Classification Level: 12

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

	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

Rick Wolf
Co-Chair, Board of Directors

Lyn Konheim
Co-Chair, Board of Directors

Elias Lefferman
President/Chief Executive Officer

March 21, 2013

Department of Children and Family Services
Out of Home Care Management Division
Patricia Bolanos-Gonzales
9320 Telstar, Suite 216
El Monte, California 91731

Re: Corrective Action Plan for Level 12 Facility Audit (Handler) dated February 11, 2013

Dear Ms. Bolanos-Gonzales:

Our Corrective Action Plan re *Is the Group Home free of any substantiated Community Care Licensing complaints on safety and/ or physical plant deficiencies since the last review* is the following:

On April 5, 2012, CCL cited this facility due to an incident that allegedly took place on September 16, 2011, where a NPS school staff made inappropriate comments and had inappropriate physical contact with a student. It should be noted that Community Care Licensing, through their investigation concluded that the allegation regarding sexual abuse (inappropriately touching of student's genitals and buttocks) was inconclusive. The allegation concerning violation of client's personal rights was substantiated. The teacher was immediately suspended from working at Vista Del Mar and was subsequently terminated. (See attached) In addition, for safety reasons, the classroom that had been used for the music class was reconfigured so that there is not longer a separate office within the class room.

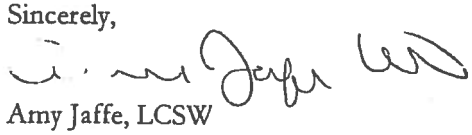
Regarding *Did the treatment team develop timely, comprehensive, initial as well as updated Needs and Services Plans with the participation of the developmentally age-appropriate child* is the following:

On February 11, 2013, as part of the exit meeting, Mr. Preer conducted an in-depth training with the clinicians, unit director, QM, and me. Please see attached outline for content of the training. This was especially helpful as the NSP template was just introduced in January and it is different than the previous format. Many clinicians had found some of the areas a bit confusing and Mr. Preer was very helpful in reviewing the entire form and with addressing questions that arose.

Lynn Cohen, LCSW, Unit Director, will review every completed NSP and will be signing off on them. In addition, I am also reviewing the NSPs to ensure compliance with the new format.

Please let me know if additional information is needed.

Sincerely,



Amy Jaffe, LCSW
Senior Vice President of Intensive Intervention Programs

Cc: Edward Preer, DCFS
Lynn Cohen, LCSW, Handler Unit Director
Elias Lefferman, PhD/CEO
Quality Assurance Department
Contracts Compliance Department