County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
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(213) 351-5602

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October 22, 2012

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

From: Philip L. Browning
Director

YOUTH SERVICES NETWORK CONTRACT COMPLIANCE MONITORING REVIEW

The Los Angeles County Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Youth Services Network (YSN) Group Homes (previously d.b.a. Human Services Network) in May 2012, at which time they had three six-bed group home sites, each with a licensed capacity to serve six male children, ages 11 through 17, with a total population of 18 boys.

YSN has three group home sites: one located in the Third Supervisorial District and two in the Fifth Supervisorial District. YSN provides services to DCFS foster youth and Probation youth. At the time of the review, YSN had a total population consisting of 15 DCFS foster youth. According to YSN's program statement, its stated goal is "First, to help children develop the skills and self-esteem which will enable them to become self-sufficient and productive persons in society. And second, to help develop and promote a viable social support system for children outside the foster care system."

For the purpose of this review, seven currently placed DCFS children were interviewed and their case files were reviewed. The placed children's overall average length of placement was six months and the average age was 17. Three discharged children's case files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged according to their permanency plan. Four staff files

were reviewed for compliance with Title 22 Regulations and the County contract requirements.

Two of seven sampled children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess YSN's compliance with the County contract requirements and State Regulations. The visit included a review of YSN's program statement, administrative internal policies and procedures, seven currently placed children's case files, three discharged children's case files, and a random sampling of personnel files. Visits were made to the sites to assess the quality of care and supervision provided to children, and we conducted interviews with seven 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

Overall, the children interviewed reported they were provided with good care and appropriate services, were comfortable in their environment, and were treated with respect and dignity.

Several noted deficiencies needed to be addressed. Our review revealed YSN had some needed repairs to the exterior and interior of the sites. One deficiency posed a possible safety hazard and could have impacted the well-being of the placed children, yet had not risen to the level of abuse or neglect; a rodent bait station was observed by the OHCMD Monitor in the kitchen area.

Additionally, not all NSPs were comprehensive and lacked all elements on the NSP template. Not all initial physical and dental examinations were timely.

YSN has satisfactorily addressed each of these areas of concern. YSN was receptive to implementing systemic improvements necessary to comply with Title 22 Regulations and County contract requirements. The Administrator was cooperative and agreed to address the noted deficiencies in a Corrective Action Plan (CAP).

NOTABLE FINDINGS

The following were the notable findings of our review:

- On May 24, 2012, the OHCMD Monitor called CCL to report a rodent trap inside the Granada Hills site in the kitchen and an apparent rodent issue. On May 29, 2012, CCL cited YSN for a rodent issue. A CAP was required that YSN rat-proof the inside and outside of the home, closing any openings through which rodents could enter; to remove traps inside home; and continue maintenance prevention. YSN complied with CCL direction and continues to contract with a commercial pest control company to address the issue.

- A deficiency regarding the exterior of one site was noted. The rain gutter on the patio of the North Hills site was not properly secured and was filled with debris. The Treatment Director advised the Monitor at the Exit Conference that it had since been securely attached and cleaned.

- Deficiencies regarding the common areas of the homes were noted. The fireplace at the Granada Hills site was missing a screen over the opening. The Executive Director advised that the fireplace is never used; however, a fireplace screen will be purchased to cover the opening. Two cabinet drawers were not properly closing in a kitchen island cabinet at the Shadow Hills site. Pictures of these repairs have been received by OHCMD.

- In a bedroom at the Granada Hills site, an electrical outlet was missing a plate cover. Picture of the replaced cover was sent to OHCMD. A smoke detector was "chirping" in the home. The Treatment Director advised that new batteries had since been installed. A bedroom door was damaged. The Treatment Director advised the hole in the door had since been repaired.

- The backboard on the portable basketball goal was broken. The Treatment Director reported at the Exit Conference that the broken backboard had been discarded and a new one had been purchased.

- The Monitor observed two outdated containers of milk in the Granada Hills kitchen refrigerator. The staff discarded the milk at the time of the review. Additional milk was purchased that same day. The Monitor advised the Executive Director that OHCMD is reviewing the "best if used by dates/expiration dates" of food items. The Treatment Director reports that all food items will be checked weekly and any expired food items will be discarded.

- One child's NSP did not have documentation of the Children's Social Worker's (CSW) authorization to implement the NSP or attempts to obtain the authorization. Two children's updated NSPs were lacking documentation of the required Group Home monthly contacts to the children's CSWs. One child's NSP did not document visits or attempts to arrange visitation with his brother. Two children's updated NSPs were not comprehensive; NSPs lacked signature pages, monthly contacts to CSWs, and the required elements of the NSP templates were not completed. YSN attended the NSP training conducted by OHCMD in January 2012, and it is

expected that the training and implementation of their CAP will eliminate future NSP findings.

- One child did not have a timely initial physical examination or a timely initial dental examination, and the child's file did not include documentation of the last examinations within a year of placement.

- One interviewed child did not meet DCFS clothing standards for quantity, lacking slippers, two sweaters/sweatshirts and a jacket. Documentation was received by OHCMD that these items have since been purchased for the child.

- One interviewed child reported that he had never heard of anything like a Life Book/Photo Album. The Monitor assured the Treatment Director that when describing a Life Book/Photo Album to the children that the term life book is not presented without wide and broad examples such as scrap booking, photo albums, memory books etc., yet the child reported that he has never been exposed to or offered the opportunity to create a Life Book/Photo Album.

- One staff member had not completed the required on-going annual training. The Program Director reported that the staff had been on disability and had not completed the training since his return.

Each of these deficiencies were satisfactorily addressed, as verified by the Monitor during a follow-up visit to each site on July 11, 2012.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held July 17, 2012:

In attendance:

Miriam Korn, Executive Director; Ray Armstrong, Treatment Director; Art Thomas; Program Director, Youth Services Network; and Donald Luther, Monitor, DCFS OHCMD.

Highlights:

The Executive Director was in agreement with all but one of the findings and recommendations. The Executive Director expressed concern that a fireplace screen was required, as they had never used the fireplace, nor had CCL ever cited YSN in the past years for not having a screen in front of the fireplace. The Monitor explained that Title 22 Regulations require a screen covering for a fireplace. During the Exit

Conference, the Executive Director and Treatment Director indicated they welcome suggestions that assist in improving in areas where needed.

YSN provided an approved written CAP addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will 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:RRS:KR:
EAH:PBG:dl

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
Jonathan Greenfield, President, Board of Directors, Youth Services Network
Miriam Korn, Executive Director, Youth Services Network
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing
Deborah Santos, Acting Regional Manager, Community Care Licensing

YOUTH SERVICES NETWORK
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Parthenia Site
16010 Parthenia Street
North Hills, CA 91343
License Number: 191220817
Rate Classification: 12

Granada Hills Site
17929 Index Street
Granada Hills, CA 91344
License Number: 191220401
Rate Classification: 12

Shadow Hills Site
10047 Orcas Avenue
Shadow Hills, CA 91040
License Number: 198205892
Rate Classification: 12

	Contract Compliance Monitoring Review	**Findings: May 2012**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Transportation	2. Full Compliance
	3. Special Incident Reports	3. Full Compliance
	4. Compliance with Licensed Capacity	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Allowance Logs	7. Full Compliance
	8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies	8. Improvement Needed
	9. Detailed Sign In/Out Logs for Placed Children	9. Full Compliance
II	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Improvement Needed
	3. Children's Bedrooms/Interior Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment	4. Improvement Needed
	5. Sufficient Educational Resources	5. Full Compliance
	6. Adequate Perishable and Non-Perishable Food	6. Improvement Needed

III	**Maintenance of Required Documentation and Service Delivery** (13 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Improvement Needed
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Children Progressing Toward Meeting NSP Case Goals	5. Full Compliance
	6. Development of Timely Initial NSPs	6. Full Compliance
	7. Development of Comprehensive Initial NSPs	7. Full Compliance
	8. Therapeutic Services Received	8. Full Compliance
	9. Recommended Assessment/Evaluations Implemented	9. Full Compliance
	10. DCFS CSWs Monthly Contacts Documented	10. Improvement Needed
	11. Children Assisted in Maintaining Important Relationship	11. Improvement Needed
	12. Development of Timely Updated NSPs	12. Full Compliance
	13. Development of Comprehensive Updated NSPs	13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements)	
	1. Children Enrolled in School Timely	Full Compliance (ALL)
	2. Children Attending School	
	3. Children Facilitated in Meeting Educational Goals	
	4. Children's Academic or Attendance Increase	
	5. Current IEPs Maintained	
	6. Current Report Cards Maintained	
	7. YDS/Vocational Programs Opportunities Provided	
	8. GH Encourage Children's Participation in YDS	
V	**Health And Medical Needs** (6 Elements)	
	1. Initial Medical Exams Conducted	1. Full Compliance
	2. Initial Medical Exams Timely	2. Improvement Needed
	3. Follow-Up Medical Exams Timely	3. Full Compliance
	4. Initial Dental Exams Conducted	4. Full Compliance
	5. Initial Dental Exams Timely	5. Improvement Needed
	6. Follow-Up Dental Exams Timely	6. Full Compliance

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** (15 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. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	Full Compliance (ALL)
VIII	**Personal Needs/Survival And Economic Well-Being** (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 Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed

IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. On-going Training Documentation 14. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Improvement Needed 14. Full Compliance

YOUTH SERVICES NETWORK
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Parthenia Site
16010 Parthenia Street
North Hills, CA 91343
License Number: 191220817
Rate Classification: 12

Granada Hills Site
17929 Index Street
Granada Hills, CA 91344
License Number: 191220401
Rate Classification: 12

Shadow Hills Site
10047 Orcas Avenue
Shadow Hills, CA 91040
License Number: 198205892
Rate Classification: 12

The following report is based on a "point in time" monitoring visit and addresses findings during the May 2012 monitoring review.

CONTRACTUAL COMPLIANCE

We reviewed seven currently placed children's files, three discharged children's files and four staff files, and/or documentation from the provider. Youth Services Network (YSN) Group Homes (previously d.b.a. Human Services Network), fully complied with four of 10 sections of our Contract Compliance Review: Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; and Discharged Children.

The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENT

Based on our review of seven children's case files and/or documentation from the provider, YSN fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

Community Care Licensing (CCL) had substantiated an allegation of General Neglect; CCL cited YSN as a result of findings during its investigation. On May 24, 2012, the Out-of-Home Care Management Division (OHCMD) Monitor called CCL to report a rodent trap inside of the Granada Hills site in the kitchen and an apparent rodent issue. On May 29, 2012, CCL cited YSN for a rodent issue. A CAP was required that YSN rat-proof the inside and outside of the home, closing any openings through which rodents could enter, to remove traps inside home, and continue maintenance prevention. YSN complied with CCL direction and continues to contract with a commercial pest control company to address the issue.

Recommendation:

YSN management shall ensure:

1. All sites are in compliance with Title 22 Regulations and the County contract requirements.

FACILITY AND ENVIRONMENT

Based on our review, YSN complied with one of six elements reviewed in the area of Facility and Environment.

A deficiency regarding the exterior of the North Hills site was noted. The rain gutter on the patio was not properly secured and was filled with debris. The Treatment Director advised the Monitor at the Exit Conference that it had since been securely attached and cleaned.

Deficiencies regarding the common areas of the homes were noted. The fireplace at the Granada Hills site was missing a screen over the opening. The Executive Director advised that the fireplace is never used; however, a fireplace screen will be purchased and maintained, covering the opening. Two cabinet drawers were not properly fitting in a kitchen island cabinet at the Shadow Hills site. Pictures of these repairs have been received by OHCMD.

In a children's bedroom at the Granada Hills site, an electrical outlet was missing the cover plate. A picture of the new cover plate was sent to OHCMD. A smoke detector was "chirping" in the home. The Treatment Director advised that new batteries had since been installed. The bedroom three door was damaged. The Treatment Director advised the hole in the door had since been repaired.

The backboard on the portable basketball goal at the Granada Hills site was broken. The Treatment Director reported at the Exit Conference that the broken backboard had been discarded and a new one had been purchased.

The Monitor observed two outdated containers of milk in the Granada Hills kitchen refrigerator. The staff discarded the milk at the time of the review. Additional milk was purchased that same day. The Monitor advised the Executive Director that OHCMD is reviewing the "best if used by dates/expiration dates" of food items. The Treatment Director reports that all food items will be checked weekly and any expired food items will be discarded.

Recommendations:

YSN management shall ensure:

2. The exterior of the facilities are properly maintained and are free of any possible safety hazards.

3. Common quarters are well maintained and in good repair, and are free of any possible safety hazards.

4. Children's bedrooms are well maintained and in good repair.

5. Recreation equipment is properly maintained for the children's use.

6. Perishable and non-perishable food items are of adequate supply, meet standards of freshness, and are properly stored.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review, YSN fully complied with nine of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

One child's NSP did not have documentation of CSW's authorization to implement the NSPs or attempts to obtain the authorization. Two children's updated NSPs were lacking documentation of the required Group Home monthly contacts to the CSWs. One child's NSP did not document visits or attempts to arrange visitation with his brother. Two children's updated NSPs were not comprehensive lacking signature pages, monthly contacts to CSWs, the required elements of the NSP templates. YSN attended the NSP training conducted by OHCMD in January 2012, and it is expected that the training and implementation of their CAP will eliminate future NSP findings.

Recommendations:

YSN management shall ensure:

7. Documentation is maintained of CSW's approval for implementation of the NSPs or the attempt(s) to obtain authorization for implementation.

8. Required monthly contacts with the CSWs are appropriately documented in the NSPs.

9. All children are assisted in maintaining important relationships.

10. Updated NSPs are comprehensive, including all required elements in accordance with the NSP template.

HEALTH AND MEDICAL NEEDS

Based on our review, YSN fully complied with four of six elements in the area of Health and Medical Needs.

One child did not have a timely initial physical examination or a timely initial dental examination within the first 30 days of placement, and the child's file did not include documentation of the last examinations within a year of placement. There was no documentation as to the reason for the delays.

Recommendations:

YSN management shall ensure:

11. Initial physical examinations are conducted within 30 days of placement or within a year of the last annual physical examination.

12. Initial dental examinations are conducted within 30 days of placement or within a year of the last annual dental examination.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Based on our review, YSN fully complied with six of eight elements in the area of Personal Needs/Survival and Economic Well-Being.

One interviewed child did not meet Department of Children and Family Services (DCFS) clothing standards for quantity, lacking slippers, two sweaters/sweatshirts, and a jacket. Documentation was received by OHCMD that these items have since been purchased for the child.

One interviewed child reported that he had never heard of anything like a Life Book/Photo Album. The Monitor assured the Treatment Director that when describing a life book to the children that the term life book is not presented without wide and broad examples such as scrap booking, photo albums, memory books etc., yet the child reported that he has never been exposed to or offered the opportunity to create a life book.

Recommendations:

YSN management shall ensure:

13. All children have sufficient quantities of clothing to meet DCFS standards for quality.

14. All children are encouraged and assisted in creating and maintaining a Life Book/Photo Album.

PERSONNEL RECORDS

Based on our review of three staff personnel files and/or documentation from the provider, YSN fully complied with 13 of 14 elements reviewed in the area of Personnel Records.

One staff member had not completed the required on-going annual training. The Program Director reported that the staff had been on disability and had not completed the training since his return.

Recommendation:

YSN management shall ensure:

15. All appropriate employees receive the required annual on-going training.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior review were implemented. The last report was dated September 2, 2011.

Results

The OHCMD's prior monitoring report contained seven outstanding recommendations. Specifically, YSN was to ensure the exterior of the sites are well maintained; all common quarters are well-maintained; bedrooms have sufficient lighting; there is an appropriate quantity and quality of educational resources; recreation equipment was properly maintained and secured; documentation is maintained of the CSW's approval of implementation of the NSP or the attempt to obtain authorization; the child actively participates in the development of their NSP; monthly contacts with CSWs are appropriately documented in the NSPs; NSPs are comprehensive; the GH advocates for the child to obtain required timely updated IEPs; staff receive on-going training on appropriate, fair and positive interaction techniques; children have sufficient quantities of clothing to meet DCFS standards; children are encouraged and assisted in creating and maintaining a life book/photo album; all appropriate staff receive the required on-going annual training; and all staff receive the Emergency Intervention training. Based on our follow-up of these recommendations, YSN fully implemented six of the 15 recommendations.

Recommendation:

YSN management shall ensure:

16. Full implementation of the outstanding recommendations from OHCMD's prior Monitoring Report, which are noted in this compliance report as Recommendations 2, 3, 5, 7, 8, 10, 13, 14, and 15.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of YSN has not been posted by the Auditor-Controller. Per the DCFS Various Programs "Status of Outstanding Debt" spread sheet, as of May 31, 2012, YSN is not indebted to the County of Los Angeles.

YOUTH SERVICES NETWORK
11339 CAMARILLO STREET, SUITE 308 • WEST TOLUCA LAKE, CALIFORNIA 91602 • (818) 769-5688 • FAX (818) 980-1580

September 7, 2012

Department of Children and Family Services
9320 Telstar Ave, Suite 216
El Monte, CA 91731

The following Corrective Action Plan is herein submitted in response to the 2011 annual review.

I. LICENSURE / CONTRACT REQUIREMENTS

8. Are there no Community Care Licensing citations? On 5/29/2012, the Granada Hills facility was cited for a rodent issue. Prior to being issued the citation, the facility was being professionally treated to exterminate the rodents. All of the small crawl spaces on the outside of the home have been covered and the kitchen sink has been completely redone and sealed to prevent rodents from entering. The traps under the sink were removed. "Safe traps" are being used around the perimeter of the facility until the rodents are completely gone. Youth Services Network will continue to contract with a commercial pest control company to ensure that the facility remains pest free. Under the supervision of the Operations Director, the YSN maintenance crew will be responsible to conduct weekly inspections to ensure the home remains rodent free and that the coverings remained in place. The Operations Director is responsible to maintain the contract with the commercial pest control company. Youth Services Network will ensure compliance with title 22 regulations and the county contract requirements.

II. FACILITY AND ENVIRONMENT

10. Are the exterior and the grounds of the group home well maintained? It was found that the rain gutter at the Parthenia home was full of debris and not properly secured. The debris has been cleared and the gutter has been properly secured. To prevent debris collecting in the future, the maintenance crew will routinely clean the gutters of debris. The Operations Director will supervise the maintenance crew to ensure the weekly inspection is thorough and properly performed.
11. Are common quarters well maintained? It was found that the Granada facility fireplace did not have a screen. A screen for the fireplace at the Granada home will be purchased and secured around the fireplace. Although the fireplace has never been used, a screen will be securely attached. The Operations Director will ensure that the maintenance department routinely ensures that the fireplace screen remains securely in place.

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The left and right drawers of the kitchen island at the Granada home have been repaired and back on track. Under the supervision of the Operations Director, the maintenance crew will conduct weekly inspections to ensure the drawers are on track and in working condition.

12. Are children's bedrooms well maintained? It was found that there was a missing outlet plate in bedroom number 2, a smoke detector chirping, and a hole in bedroom door number 3. The plate has been replaced, the batteries in the smoke detectors have been replaced on 6/1/12 and the hole in bedroom door # 3 repaired on 6/1/12. Under the supervision of the Program Director, the House supervisors will conduct weekly inspections of the facility and report any issues with the bedrooms, including, appliances, furnishings, and overall condition.
13. Does the group home maintain sufficient recreational equipment in good condition and age -appropriate? It was found that the Granada facility had a broken basketball hoop in the backyard. The broken basketball hoop has been disposed and replaced with a new one. The house supervisors, under the supervision of the Program Director will ensure all recreational equipment is properly maintained and provided for the youth.
15. Does the group home maintain adequate perishable and non - perishable foods? It was found during the inspection there was outdated milk in the refrigerator at the Granada facility. The milk was discarded immediately. Under the supervision of the Program Director, house supervisors will inspect all food items on a weekly basis and dispose of expired food items. Milk will be checked on a daily basis to ensure that it has not passed the expiration / best used by date.

III. MAINTEANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

17 - Did the group home obtain or document efforts to obtain the DCFS' authorization to implementing the Needs and Services Plan? All attempts to obtain CSW signatures for approved NSP will be documented and filed. This will be accomplished by saving the fax verification form send to CSWs and filed in the chart. Case managers will be responsible to obtain the signatures and provide proof of fax transmittal verification. The Treatment Director will inspect files on a routine basis to ensure attempts have been made to obtain DCFS authorization.

25. Are DCFS CSWs contacted monthly by the group home and are the contacts appropriately documented? Group home contacts with the CSWs will be documented in the NSPs. The case managers will be responsible to document all contacts with the CSWs, including leaving voicemails and direct contact. The topic of conversation will be documented in the NSPs. The Treatment Director will review the NSPs to ensure proper documentation.

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All resident visits with siblings will be documented on a regular basis. If there are no visits, the reasons will be documented as well. Case managers will be responsible for including this information in the NSPs.

28. Did the Treatment Team develop comprehensive updated Needs and Services plans with the child? Case Managers are responsible to obtain the signature pages and maintain records of monthly contacts to DCFS social workers. The Treatment Director will review documentation on a regular basis to ensure proper communication and documentation.

V. HEALTH AND MEDICAL NEEDS

38. Are initial medical examinations timely?
41. Are initial dental examinations timely?
All residents will have a medical and dental examination within 30 days of placement. If they have a record of being seen shortly before placement, this will be documented as to why they were not required to examined again within the first 30 days. If the resident was not seen within 30 days, all explanations will be included in the NSPs. House supervisors are responsible to make medical appointments for the residents within the first 30 days of placement. Under the supervision of the Treatment Director and Program Director, the records will be reviewed on a regular basis to ensure compliance.

VII. CLOTHING AND ALLOWANCE

53. Are children involved in the selection of their clothing? All residents will be supplied with clothing on a regular basis. Clothing orders will be issued on a regular basis, including purchasing items such as slippers and bathrobes. Youth will be involved with the selection of their clothing. House supervisors are responsible to ensure proper clothing inventory and checking inventory on a regular basis. The Program Director will routinely review the house supervisors to ensure proper quantity of clothing.
59. Are children encouraged and assisted in creating and updating lifebooks / photo albums? All residents will be provided lifebooks and /or photo albums. The case managers and house supervisors are responsible to review lifebooks and provide the supplies to maintain lifebooks. The Treatment Director will review lifebook on a regular basis to ensure participation. The purpose of lifebooks will be explained to all residents and discussed on a routine basis.

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X - PERSONNEL RECORDS

85. Have appropriate employees received the required annual on-going training? All training will be documented on a regular basis. The Program Director is responsible to maintain training and documentation of participation. If a staff member has missed any required training due to medical leave, disability, or other approved absence, they will be required to receive all required training prior to resuming work. Under the supervision of the Executive Director, training documentation will be reviewed on a regular basis.

Please let us know if you require more information regarding this Corrective Action Plan.

Sincerely,

Ray Armstrong, Treatment Director