County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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PATRICIA S. PLOEHN, LCSW
Director

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November 23, 2010

To: Supervisor Gloria Molina, Chair
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From: Patricia S. Ploehn, LCSW
Director

## BOURNE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Bourne Group Home is located in the 5th Supervisorial District of Los Angeles County, and provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Bourne Group Homes' program statement, its stated goal is "to provide services to adolescents in need of an emancipation program who are learning disabled and mildly to moderately developmentally delayed," and the agency is licensed to serve a capacity of 12 children, ages 13 through 18.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Bourne Group Home in December 2009 at which time it had two six-bed sites. There were 12 Los Angeles County DCFS placed children. All 12 children were males. For the purposes of this review, 10 currently placed children's case files were reviewed, and 10 children were interviewed. The placed children's overall average length of placement was four months, and the average age was 16. Five staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Three children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that medication logs documented that correct dosages were being administered as prescribed.

## SCOPE OF REVIEW

The purpose of this review was to assess Bourne Group Home's compliance with the contract and State regulations. The visit included a review of the agency's program statement, administrative internal policies and procedures, 10 placed children's case files, and a random sampling of personnel files. A visit was made to the sites to assess the quality of care and supervision provided to children, and we conducted interviews with 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

Generally, Bourne Group Home was providing good quality care to DCFS placed children, and the services were provided as outlined in the agency's program statement. The children's case files and personnel files were well organized and professionally maintained. The sites were clean and adequately landscaped. All 10 interviewed children stated that they wanted to continue residing at the placement and that the staff was genuinely concerned about them.

The direct care staff stated that they were pleased with the support they received from the administrative staff. In fact, the facility manager reported that the Group Home administrative staff was attentive to the needs of the children and were open to listening to the direct care staff's suggestions for improvement.

At the time of this review, Bourne Group Home needed to develop comprehensive Needs and Services Plans (NSP). The Group Home also needed to provide the children on psychotropic medication with timely psychiatric evaluations/reviews, develop detailed sign in-out logs and ensure the Special Incident Reports were submitted timely.

The Executive Director and his management staff were accessible, cooperative and receptive to implementing systemic changes to improve their compliance with regulations and the Foster Care Agreement. Further, the Executive Director stated that he welcomed the findings in the review so that the current operating system could be improved.

Toni Tryon-Dickson, Chief Financial Officer, stated "Bourne Incorporated's mission is to provide a home environment for abused, neglected and at risk boys; in ways that encourages and empowers them to live productive and fulfilled lives. To assist with fulfilling our goal, we consistently strive to maintain the Group Home policies and procedures. We further welcome opportunities to improve and enhance how we conduct group home business. Ultimately our residents are the benefactors of our efforts toward excellence."

## NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 28 NSPs reviewed, 23 were not comprehensive in that they did not provide attainable case goals.
- One of the three children on psychotropic medication did not have a current psychiatric evaluation/review. However, the administrator stated the child was on a waiting list for a current psychiatric evaluation/review.
- The Special Incident Reports were not submitted timely.

The detailed report of our findings is attached.

## EXIT CONFERENCE

The following are highlights from the exit conference held on December 30, 2009:

**In attendance:**

Tim Tucker, Executive Director, Bourne Group Home via telephone; Tim Bourne, Administrator, Bourne Group Home; Debbie Manners, Social Worker, Bourne Group Home; Toni Tryon-Dickson, Chief Financial Officer, Bourne Group Home; and Edward Preer, Monitor, DCFS OHCMD.

**Highlights:**

Administrator Tim Bourne was in agreement with our findings and recommendations. He stated that obtaining a copy of the review instrument was very helpful because he had information regarding the scope of the review and he felt the review was fair. He stated that communication with the monitor was open, not adversarial, and helpful. He indicated that the monitor provided the Group Home with helpful information throughout the year.

As agreed Mr. Bourne provided a written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. It should be noted that the CAP was five days late. The CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

If you have any questions, please call me or your staff may contact Armand Montiel, Board Relations Manager, at 213-351-5530.

PSP:LP:
EAH:DC:ep

Attachment

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Public Information Office
Audit Committee
Donald H. Blevins, Chief Probation Officer
Sybil Brand Commission
Tim Tucker, Executive Director, Bourne Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland-Scott, Regional Manager, Community Care Licensing

**BOURNE GROUP HOME**
**PROGRAM COMPLIANCE MONITORING REVIEW**

**BOURNE GROUP HOME**
**3369 Monterosa Dr.**
**Altadena, CA 91001**
**Licensing Number: 198203672**
**Rate Classification: 10**

**BOURNE GROUP HOME**
**3656 Monterosa Dr.**
**Altadena, CA 91001**
**Licensing Number: 198204767**
**Rate Classification: 10**

The following report is based on a "point in time" monitoring visit and addresses findings noted during the December 2009 monitoring review.

## CONTRACTUAL COMPLIANCE

Based on our review of 10 children's files and five staff files, and/or documentation from the provider, Bourne Group Home was in full compliance with five of nine sections of our Contract Compliance review: Facility and Environment, Educational and Emancipation Services, Recreation and Activities, Clothing and Allowance, and Personnel Records. The following report details our findings.

## LICENSURE/CONTRACT REQUIREMENTS

Based on our review of 10 children's case files and/or documentation from the provider, Bourne Group Home fully complied with eight of nine elements in the area of Licensure/Contract Requirements.

We noted that Bourne Group Home notified DCFS within 24 hours of a child's relocation to a new Group Home, the Group Home was using available resources to stabilize the placement prior to requesting the child's replacement, and provided for the children's transportation needs.

The Group Home was operating in compliance with the licensing capacity, maintained a runaway procedure; weekly allowance logs were maintained; and the Group Home's disaster drills were conducted every six months and logged. The children stated that the Group Home advised them of the emergency procedures at the time of placement.

However, the Special Incident Reports (SIR) were not submitted timely. It was noted that the Group Home submitted an SIR three days late for one child who injured his arm, requiring immediate medical attention.

**Recommendation:**

Bourne Group Home management shall ensure that:

1. The Special Incidents Reports are submitted timely.

## FACILITY AND ENVIRONMENT

Based on our review of 10 children's case files and/or documentation from the provider, Bourne Group Home fully complied with all six elements reviewed in the area of Facility and Environment.

**Recommendation:**

None

## PROGRAM SERVICES

Based on our review of 10 children's case files, and/or documentation from the provider, Bourne Group Home fully complied with seven of eight elements reviewed in the area of Program Services.

We noted that the placed children met the Group Home's population criteria as outlined in the agency's program statement.

Based on our review, we found that Bourne Group Home obtained the DCFS CSWs' authorization to implement the NSPs, the children participated in the development of the NSPs, and the implemented NSPs were discussed with the Group Home staff. In addition, the children received the required therapeutic services, required and/or recommended assessments/evaluations were implemented, and the DCFS CSWs' monthly contacts were appropriately documented. However, 23 of the 28 NSPs were not comprehensive in that they did not provide attainable case goals.

**Recommendation:**

Bourne Group Home management shall ensure that:

2. The NSPs are comprehensive.

## EDUCATION AND EMANCIPATION SERVICES

Based on our review of 10 children's case files and/or documentation from the provider, Bourne Group Home fully complied with all four elements reviewed in the area of Education and Emancipation Services.

**Recommendation:**

None

## RECREATION AND ACTIVITIES

Based on our review of 10 children's case files and/or documentation from the provider, Bourne Group Home fully complied with all three elements reviewed in the area of Recreation and Activities.

**Recommendation:**

None

## CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of 10 children's case files and/or documentation from the provider, Bourne Group Home fully complied with eight of nine elements reviewed in the area of Children's Health Related-Services, Including Psychotropic Medication.

The Group Home obtained current court authorizations to administer psychotropic medication for the three placed children on psychotropic medication. The Group Home maintained medication logs, and the children received timely initial medical and dental examinations. In addition, the children received timely follow-up medical and dental examinations.

The Group Home did not provide one of the three children on psychotropic medication with the initial required psychiatric evaluation/review due to scheduling difficulties with the psychiatrist.

**Recommendation:**

Bourne Group Home management shall ensure that:

3. There is a current psychiatric evaluation/review for each child on psychotropic medication.

## PERSONAL RIGHTS

Based on our review of 10 children's case files and/or documentation from the provider, Bourne Group Home fully complied with 10 of 11 elements reviewed in the area of Personal Rights.

All 10 reviewed children reported that they were given information about the Group Home's policies and procedures, they felt safe in the Group Home, the staff treated them with respect and dignity, an appropriate rewards and discipline system was in place, and that their chores were reasonable. In addition, the 10 reviewed children

reported that they were allowed private visits, to make and receive telephone calls, to send and receive unopened correspondence/mail, free to attend religious services, and able to participate in activities of their choice.

All 10 reviewed children reported that they were free to receive or reject voluntary medical, dental and psychiatric care. The children reviewed were informed about their psychotropic medication and their right to refuse psychotropic medication.

However, two of the 10 children interviewed reported that they were not satisfied with the meals and snacks. The Group Home reported that a professional cook was hired. However, two children were picky eaters; they only wanted to eat snack food.

**Recommendation:**

Bourne Group Home management shall ensure that:

4. The meals and snacks are part of a balanced diet.

## CLOTHING AND ALLOWANCE

Based on our review of 10 children's case files and/or documentation from the provider, Bourne Group Home fully complied with all 10 elements reviewed in the area of Clothing and Allowance.

**Recommendation:**

None

## PERSONNEL RECORDS

Based on our review of five staff personnel files and/or documentation from the provider, Bourne Group Home fully complied with all 12 elements reviewed in the area of Personnel Records.

**Recommendation:**

None

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

### Objective

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

### Verification

We verified whether the outstanding recommendations from the A-C's Report issued February 8, 2007 were implemented.

### Results

The A-C's prior monitoring report contained eight outstanding recommendations. Specifically, Bourne Group Home was to ensure that it repaired the kitchen floor, replaced the dining room wall tile, cleaned the bathroom, replaced the bedroom window screen, cleaned the bedroom carpet, input from the treatment team and the children in the development of the NSPs, developed comprehensive NSPs, and provided the children with age appropriate emancipation and vocational services. Based on our follow up of these recommendations, Bourne Group Home management fully implemented seven of the eight recommendations. As we noted, one recommendation regarding the group home developing comprehensive NSPs was not fully implemented. A corrective action was required of Bourne Group Home to further address the finding.

**Recommendation:**

Bourne Group Home management shall ensure that:

5. They fully implement the one outstanding recommendation from the A-C Report dated February 8, 2007, which is noted in this report as Recommendation 2.

**BOURNE GROUP HOME**
**CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**3369 Monterosa Dr.**
**Altadena, CA 91001**
**License Number: 198204767**

**3656 Monterosa Dr.**
**Altadena, CA.**
**License: 198204767**

**Rate Classification Level: 10**

| | **Contract Compliance Monitoring Review** | **Findings: December 2009** |
|---|---|---|
| I | **Licensure/Contract Requirements** (9 Elements) | |
| | 1. Timely Notification for Child's Relocation | 1. Full Compliance |
| | 2. Stabilization to Prevent Removal of Child | 2. Full Compliance |
| | 3. Transportation | 3. Full Compliance |
| | 4. SIRs | 4. Improvement Needed |
| | 5. Compliance with Licensed Capacity | 5. Full Compliance |
| | 6. Disaster Drills Conducted | 6. Full Compliance |
| | 7. Disaster Drill Logs Maintenance | 7. Full Compliance |
| | 8. Runaway Procedures | 8. Full Compliance |
| | 9. Allowance Logs | 9. Full Compliance |
| II | **Facility and Environment** (6 Elements) | |
| | 1. Exterior Well Maintained | 1. Full Compliance |
| | 2. Common Areas Maintained | 2. Full Compliance |
| | 3. Children's Bedrooms/Interior Maintained | 3. Full Compliance |
| | 4. Sufficient Recreational Equipment | 4. Full Compliance |
| | 5. Sufficient Educational Resources | 5. Full Compliance |
| | 6. Adequate Perishable and Non Perishable Food | 6. Full Compliance |
| III | **Program Services** (8 Elements) | |
| | 1. Child Population Consistent with Program Statement | 1. Full Compliance |
| | 2. DCFS CSW Authorization to Implement NSPs | 2. Full Compliance |
| | 3. Children's Participation in the Development of NSPs | 3. Full Compliance |
| | 4. NSPs Implemented and Discussed with Staff | 4. Full Compliance |
| | 5. Therapeutic Services Received | 5. Full Compliance |
| | 6. Recommended Assessments/Evaluations Implemented | 6. Full Compliance |
| | 7. DCFS CSWs Monthly Contacts Documented | 7. Full Compliance |
| | 8. Comprehensive NSPs | 8. Improvement Needed |

| | | |
|---|---|---|
| IV | **Educational and Emancipation Services** (4 Elements)<br><br>1. Emancipation/Vocational Programs Provided<br>2. ILP Emancipation Planning<br>3. Current IEPs Maintained<br>4. Current Report Cards Maintained | Full Compliance (ALL) |
| V | **Recreation and Activities** (3 Elements)<br><br>1. Participation in Recreational Activity Planning<br>2. Participation in Recreational Activities<br>3. Participation in Extra-Curricular, Enrichment and Social Activities | Full Compliance (ALL) |
| VI | **Children's Health-Related Services (including Psychotropic Medications)** (9 Elements)<br><br>1. Current Court Authorization for Administration of Psychotropic Medication<br>2. Current Psychiatric Evaluation Review<br>3. Medication Logs<br>4. Initial Medical Exams Conducted<br>5. Initial Medical Exams Timely<br>6. Follow-up Medical Exams Timely<br>7. Initial Dental Exams<br>8. Initial Dental Exams Timely<br>9. Follow-Up Dental Exams Timely | 1. Full Compliance<br><br>2. Improvement Needed<br>3. Full Compliance<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br>7. Full Compliance<br>8. Full Compliance<br>9. Full Compliance |
| VII | **Personal Rights** (11 Elements)<br><br>1. Children Informed of Home's Policies and Procedures<br>2. Children Feel Safe<br>3. Satisfaction with Meals and Snacks<br>4. Staff Treatment of Children with Respect and Dignity<br>5. Appropriate Rewards and Discipline System<br>6. Children Free to Receive or Reject Voluntary Medical,<br>Dental and Psychiatric Care<br>7. Children Allowed Private Visits, Calls and Correspondence<br>8. Children Free to Attend Religious Services/Activities<br>9. Reasonable Chores<br>10. Children Informed about Psychotropic Medication<br>11. Children Aware of right to Refuse Psychotropic Medication | 1. Full Compliance<br><br>2. Full Compliance<br>3. Improvement Needed<br>4. Full Compliance<br>5. Full Compliance<br>6. Full Compliance<br><br>7. Full Compliance<br><br>8. Full Compliance<br>9. Full Compliance<br>10. Full Compliance<br>11. Full Compliance |

| | | |
|---|---|---|
| VIII | **Children's Clothing and Allowance** (8 Elements)<br><br>1. $50 Clothing Allowance<br>2. Adequate Quantity of Clothing Inventory<br>3. Adequate Quality of Clothing Inventory<br>4. Involvement in Selection of Clothing<br>5. Provision of Personal Care Items<br>6. Minimum Monetary Allowances<br>7. Management of Allowance<br>8. Encouragement and Assistance with Life Book | Full Compliance (ALL) |
| IX | **Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)**<br>(12 Elements)<br><br>1. Education/Experience Requirement<br>2. Criminal Fingerprint Cards Timely Submitted<br>3. CACIs Timely Submitted<br>4. Signed Criminal Background Statement Timely<br>5. Employee Health Screening Timely<br>6. Valid Driver's License<br>7. Signed Copies of GH Policies and Procedures<br>8. Initial Training Documentation<br>9. CPR Training Documentation<br>10. First Aid Training Documentation<br>11. On-going Training Documentation<br>12. Emergency Intervention Training Documentation | Full Compliance (ALL) |

Bourne Incorporated
3369 Monterosa Avenue
Altadena, CA 91001
626.797.9196 Office 626.345.9970 Fax

*"Making a Difference"*

February 5, 2010

Mr. Edward Preer
DCFS Children's Services Administrator
Out of Home Care Management Division
9320 Telstar Avenue, Room 216
El Monte, CA 91731

RE: Bourne Inc Group Home
Compliance Corrective Action Plan

COMPLIANCE CORRECTIVE ACTION PLAN

I. ***License Contract/Requirements***

4. Are special incident reports (SIRs) appropriately documented and cross-reported?

Corrective Action Plan:

1. At the time of the incident the Special Incident Reports will be overseen by the Senior Facility Manager and written and saved in the I-Track System by the Staff most involved in the incident.
2. The Administrator and/or Director of Operations will review the saved Special Incident Report to ensure appropriate documentation and verify cross reporting requirements.
3. The Administrator or the Director of Operations will submit the Special Incident Report via I-Track and/or report the incident via telephone to the Placement Administrative Services Group Home Monitoring Unit for Probation and DCFS youth within the required time frame per Exhibit A-VIII.

Person (s) responsible for ensuring the corrective action plan is met:

Administrator – Tim Bourne
Director of Operations – Tim Tucker

III. ***Program Services:***

23. The children's NSP were not comprehensive

Corrective Action Plan:

1. The Administrators within 3 days of placement review the Client's psychological, health, education, social, substance, legal, visitation, etc. history.

2. The Administrators will before 30 days of placement date and before 90 days afterwards meet with the respective entities, (Treatment Team) Clients, Therapist, Education Liaison, Social Workers, Parents, Primary Staff, Wrap Around, etc. to identify the specific need (s) of the client; establish obtainable and measurable goals.
3. The Administrators will act as a conduit between the respective entitles to review reports, receive updates, monitor progress, modify goals and show goal (s) met.
4. The Administrators will at anytime schedule and conduct meetings in respect to the clients' needs and goals.
5. The Administrators will write and submit NSP's in a timely manner.
6. The Administrators will provide a monthly telephonic and/or written updates to the client's Social Worker.
7. The Administrators will be responsible for attending NSP training classes, obtaining revised information and provide training.

Person (s) responsible for ensuring the corrective action plan is met:
Administrator – Tim Bourne
Director of Operations – Tim Tucker

VI. ***Children Health Related Services, Including Psychotropic Medication***

31. Is there current psychiatric evaluation/review for each child on psychotropic medication?

Corrective Action Plan:

1. It will be determined at the time of In-Take if the client is currently taking psychotropic medication.
2. If the client is currently is on psychotropic medications immediate efforts will be made by the Administrators, Social Workers and previous place of placement to secure the most current psychiatric evaluation and the court authorization.
3. If the client's current psychiatric evaluation and/or court authorization is unobtainable, the client will be scheduled for the first available psychiatric evaluation/review appointment from 30 days of placement.
4. All subsequent psychiatric evaluations will be scheduled by 30 days from the previous psychiatric evaluation.

Person (s) responsible for ensuring the corrective action plan is met:
Administrator – Tim Bourne
Director of Operations – Tim Tucker

VII. ***Personal Rights***

41. Do children report satisfaction with meals and snacks?

Corrective Action Plan:

1. The Group Home will post and prepare meals according to the monthly menus as provided by Executive Management Food Services.
2. The Group Home will offer a sandwich for an alternate meal choice and fruit as an alternate snack choice.

Person (s) responsible for ensuring the corrective action plan is met:
Administrator – Tim Bourne
Director of Operations – Tim Tucker

If you have any questions, please contact me on 626.797.9196 office or 626.786.4467 cell.

Sincerely,

for Bourne

Tim Bourne,
Bourne Inc. - Administrator