



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

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July 9, 2020

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
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Supervisor Sheila Kuehl
Supervisor Janice Hahn

From: *Cynthia McCoy Miller for*
Bobby D. Cagle
Director

**FIVE ACRES-THE BOYS' AND GIRLS' AID SOCIETY OF LOS ANGELES COUNTY
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
CONTRACT COMPLIANCE REVIEW**

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Five Acres-the Boys' and Girls' Aid Society of Los Angeles County Short-Term Residential Therapeutic Program (the Contractor) in September 2019. The Contractor has one office located in the Fifth Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 10
PRIORITY 3 0

CAD conducted an on-site Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

"To Enrich Lives Through Effective and Caring Service"

The Contractor was in full compliance with 6 of 10 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; Needs & Service Plans; Permanency & Transition Services; Education & Independent Living Program Services; Personal Rights and Social/Emotional Well-Being; and Personnel Files.

For the purpose of this review, seven DCFS placed children were selected for the sample. CAD reviewed the seven children's files and interviewed the children to assess the level of care and services they received. Additionally, three discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed three staff files for compliance with Title 22 Regulations and County contract requirements. To assess the quality of care and supervision provided to the placed children and foster youth, DCFS conducted site visits at the Contractor's location and the RFHs.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Children's bedrooms did not have operable windows or doors to the exterior of the home.
- Personal Needs/Survival and Economic Well-Being
 - Child reported that due to his tall stature of over 6 feet tall, he felt that he is not receiving enough food to eat. He stated that he is receiving the same amount of food as the small children.

Priority 2

- General Contract Requirements
 - Special Incident Reports were not timely submitted or appropriately cross-reported.
- Facility and Environment
 - Fireplace was accessible to clients.
 - Knob in a bathroom sink was broken.
 - Bathroom sink did not deliver hot water.
 - Beds and mattresses were not in good repair.
 - Linens and blankets were not clean.
 - Broken furniture was observed in some of the bedrooms.
- Health and Medical Needs;
 - Initial medical examinations were not conducted timely.
 - Initial dental examinations were not conducted timely.
- Personal Needs/Survival and Economic Well-Being
 - Child reported not having sufficient supply of personal hygiene items.

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On November 26, 2019, DCFS CAD Children Services Administrator I and DCFS Out-of-Home Care Management Division Quality Assurance Specialist held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations, and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted findings in this compliance report.

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

BDC:KR
LTI:bm

Attachments

c: Sachi A. Hamai, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Raymond Leyva, Interim Chief Probation Officer
Sheila Mitchell, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Chanel Boutakidis, Chief Executive Officer, Five Acres-the Boys' and Girls' Aid Society of Los Angeles County
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



promoting safety, well-being and permanency

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THE BOY'S AND GIRL'S AID SOCIETY OF LOS ANGELES •

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January 30, 2020

Beatriz Meza
Children Services Administrator 1
Department of Children & Family Services
Contracts Administration Division
Compliance Section
3530 Wilshire Blvd; 4th Floor
Los Angeles, CA 90010

Dear Ms. Beatriz Meza,

As per your request, please see the following Corrective Action Plans in response to Five Acres STRTP Contract Compliance Review Exit Summary.

CAP (1) Requested:

5.2) SIRs were not properly documented, with 13 SIRs being submitted late, 1 SIR was not reported to OHCMD, 6 SIRs were not reported to DCFS, and 1 SIR was not reported to CCLD.

Corrective Action Plan:

STRTP Supervisors or designees will submit I-Track forms to STRTP Residential Supervisor and DCFS Program Manager for review and approval that all parties are being cross-reported before the form is submitted in the I-Track system. DCFS Program Manager and STRTP Residential Supervisor will review weekly with Unit Program Coordinators that Special Incident Reports are completed within 24 hours of the incident. All applicable staff will be re-trained on this process by January 13, 2020, and implementation will begin immediately on this date.

CAP (2) Requested:

8.3) The fireplace at STRTP Solita is accessible to clients and does not ensure the protection of the clients' safety.

Corrective Action Plan:

The fireplace is currently not operable (gas shut off) and is not used by the staff nor clients. A fireplace cover will be placed at STRTP Solita by January 3, 2020 to ensure protection of the client's safety.

CAP (3) Requested:

8.12) The bathroom knob was broken at STRTP (Eagle Cottage).

Corrective Action Plan:

Unit Program Coordinators (UPCs) will send a repair request ticket to Facilities Department as soon as a repair need is identified and the Facilities Department will resolve the issue as soon as they can. UPCs will also conduct monthly cottage facility inspections to ensure the cottage is safe and in good condition. All repairs including the broken bathroom knob in Eagle Cottage will be repaired no later than December 27, 2019.

CAP (4) Requested:

8.13) The bathroom sink in STRTP (Lark Cottage) did not deliver hot water.

Corrective Action Plan:

Unit Program Coordinators (UPCs) will send a repair request ticket to Facilities Department as soon as a repair need is identified and the Facilities Department will resolve the issue as soon as they can. UPCs will also conduct monthly cottage facility inspections to ensure the cottage is safe and in good condition. All repairs including hot water in Lark Cottage will be repaired no later than December 27, 2019.

CAP (5) Requested:

10.7) Beds and mattresses at STRTP site were not in good repair (some beds were broken, mattresses were torn, and a urine stained mattress was covered in plastic).

Corrective Action Plan:

Each cottage will utilize the split-shift staff position to conduct a daily room check of all beds, mattresses, and furniture to ensure each clients' rooms are adhering to required standards e.g. beds and furniture in good repair, clean bedding and other accessories. STRTP Residential Supervisor will conduct a weekly walk through of each cottage to ensure all beds and mattresses are meeting required standards. All applicable staff will be trained on this process by January 13, 2020, and

implementation will begin immediately on this date. The replacement of beds and mattresses began on September 24, 2019 and was completed on October 11, 2019.

CAP (6) Requested:

10.8) Some of the sites did not have clean linens and blankets (some beds were missing bedsheets or had torn bedspread).

Corrective Action Plan:

Each cottage will utilize the split-shift staff position to conduct a daily room check of all beds, mattresses, and furniture to ensure each clients' rooms are adhering to required standards e.g. beds and furniture in good repair, clean bedding and other accessories. STRTP Residential Supervisor will conduct a weekly walk through of each cottage to ensure all beds and mattresses are meeting required standards. All applicable staff will be trained on this process by January 13, 2020, and implementation will begin immediately on this date.

CAP (7) Requested:

10.10) Bedroom windows did not open.

Corrective Action Plan:

Five Acres STRTP and STRTP Solita have Fire Clearances in place from Pasadena Fire Department and LA County Fire Department from 2017 to present. In addition, there exists an emergency evacuation plan with three exits from every cottage. Upon the next fire inspection, the Director of Facilities will request that the Fire Marshal document that no window modifications are required to the locked windows as there are operable doors leading to three exits.

CAP (8) Requested:

10.11) Bedrooms were not clean, safe, sanitary, or in good repair such as containing broken furniture and other items.

Corrective Action Plan:

Unit Program Coordinators (UPCs) will send a repair request ticket to Facilities Department as soon as a repair need is identified and the Facilities Department will resolve the issue as soon as they can. UPCs will also conduct monthly cottage facility inspections to ensure the cottage is safe and in good condition. All broken furniture will be repaired no later than December 27, 2019.

The Director of Facilities will ensure that there is back up furniture on site to ensure broken furniture will be replaced in a timely manner.

CAP (9) Requested:

33) Initial medical examinations were not conducted in a timely manner.

Corrective Action Plan:

Five Acres nursing staff have identified at least two additional medical clinics to which medical services will be provided to our clients. Nursing staff will continue the current process of scheduling the Initial Medical Examinations within 48 hours of client's placement, utilizing identified medical clinics to ensure clients are seen within the required timeframe of 30 days from placement. In addition, nursing staff will make regular follow up with the medical clinics if an appointment was unable to be made during the initial contact with the medical clinic. All information regarding the client's medical visits (e.g., appointment scheduling, insurance discrepancies, refusals, etc.) will be documented in the client's record, including but not limited to, notes and Needs and Services Plan. This process will begin January 1, 2020.

CAP (10) Requested:

34) Initial dental examinations were not conducted in a timely manner.

Corrective Action Plan:

Five Acres nursing staff have identified at least two additional dental offices to which dental services will be provided to our clients. Nursing staff will continue the current process of scheduling the Initial Dental Examinations within 48 hours of client's placement, utilizing identified dental offices to ensure clients are seen within the required timeframe of 30 days from placement. In addition, nursing staff will make regular follow up with the dental offices if an appointment was unable to be made during the initial contact with the dental office. All information regarding the client's dental visits (e.g., appointment scheduling, insurance discrepancies, refusals, etc.) will be documented in the client's record, including but not limited to, notes and Needs and Services Plan. This process will begin January 1, 2020.

CAP (11) Requested:

69) Client was not provided with a sufficient supply of personal hygiene items that meet their needs (e.g., coconut oil and hair straightener).

Corrective Action Plan:

STRTP Residential Supervisor will add a question related to client's preferred hygiene products to the Monthly Report form that Unit Program Coordinators complete at the end of each month and submit to STRTP Residential Supervisor for review to support client being provided with sufficient personal hygiene items. All applicable staff will be trained on this process by January 13, 2020, and implementation will begin immediately on this date.

CAP (12) Requested:

70) Client reported not being provided with enough food.

Corrective Action Plan:

The Director of Facilities communicates regularly with Five Acres food vendor, Huntington Culinary Inc., to ensure ongoing nutrition needs for the children are met. Huntington Culinary Inc. catering staff and/or Residential Treatment Counselors will follow physician, children/NMD or authorized representative's guidelines for food preparation. Specialized food will be purchased and stored by Huntington Culinary Inc.

Children/NMDs, through the complaint procedures, individual meetings with their staff advocate, or through the Child and Family Team meetings, have the opportunity to provide input on menus. Whenever possible and when nutritionally sound, client-directed menu suggestions are taken into consideration and implemented by Huntington Culinary Inc.

Should you need additional information please feel free to contact me at egonzalez@5acres.org or 626-773-3768.

Thank You,



Elizabeth Gonzalez, LMFT
Chief Program Officer, CCR
Five Acres Residential Division

cc: Ali Bhatti
Matthew St. John
Elizabeth Villalobos
Dario Villamarin
Jennifer Woolery
Tiffani Tran