



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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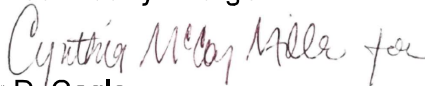
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March 23, 2021

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

From: 
Bobby D. Cagle
Director

FRED JEFFERSON MEMORIAL HOME FOR BOYS 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 virtual Contract Compliance Review of the Fred Jefferson Memorial Home for Boys Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in July 2020. The Contractor has one licensed site located in the Second Supervisorial District. The site provides services to the County of Los Angeles DCFS placed children, Probation foster youth, and Non-Minor Dependents (NMDs).

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 2
PRIORITY 2 8
PRIORITY 3 1

CAD conducted a virtual 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 2 of 10 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; and Personal Rights and Social/Emotional Well-Being.

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

CAD reviewed four 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 also conducted virtual site visits.

CAD noted findings in the areas of:

Priority 1

- Facility and Environment
 - Common quarters were not well maintained, one site did not have functioning smoke detectors installed in the hallway of sleeping areas and children bedrooms.
- Personnel Files
 - Staff members did not receive the required current emergency intervention training; and ongoing annual training.

Priority 2

- General Contract Requirements
 - Detailed sign in/out logs were not well maintained.
 - Special Incident Reports were not properly documented.
- Facility and Environment
 - Common quarters were not well maintained, one site had locks on refrigerators and accumulated ice in the freezer compartment; Vehicle had a tire warning light on.
- Needs and Services Plans (NSPs)
 - NSPs were not comprehensive and completed accurately; were not developed timely; and had missing the Children's Social Worker/Deputy Probation Officer signatures.
- Permanency and Transition Services
 - Aftercare support and linkage services not provided;
 - Post permanency support services not provided.
- Education and Independent Living Program Services

- Efforts to maintain children at school of origin not documented.
- Health and Medical Needs
 - Required follow-up medical examinations were not conducted timely.

Priority 3

- Personal Needs/Survival and Economic Well-Being
 - Contractor did not ensure that children life books were maintained.

On September 15, 2020, the DCFS CAD Children Services Administrators I and II and the 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:KDR
LTI:gt

Attachments

- c: Fesia Davenport, Chief Executive Officer
Arlene Barrera, Auditor-Controller
Adolfo Gonzales, Chief Probation Officer
Brandon Nichols, Chief Deputy Probation Officer, Juvenile Services
Public Information Office
Audit Committee
Sybil Brand Commission
Dr. Cecilia J. Freeman, Executive Director, Fred Jefferson Memorial Home for Boys
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



Fred Jefferson Memorial Home for Boys (STRTP)
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Gardena, Ca 90248
License Number 198200050/198206276

Phone # (310) 763-1660

Fax # (310) 763-0357

Original Date of Submission: October 15, 2020

CAP Addendum Submission Date: October 29, 2020

Department of Children and Family Services
Contract Administration Division
Compliance Section
Attention: Grace Tamase CSA I
3530 Wilshire Bld., 4th Floor
Los Angeles, CA 90010

Regarding: November 2019-June 2020 Contract Compliance Review

Dear Ms. Tamase,

Fred Jefferson Memorial Home for Boys (STRTP) is submitting the corrective action plan for the review period of November 2019 through June 2020. Below you will find a response to each finding listed on the monitoring review field exit summary. The Administrator will monitor and ensure all corrections are implemented immediately upon all training. The Administrator will also ensure that the agency remains in compliance with all State and County regulations.

I. GENERAL CONTRACT REQUIREMENTS

Finding #4. Detailed sign in / out logs are Maintained

Residents detailed sign-in and sign-out logs are not maintained. The logs are missing children's initials in several dates, incomplete sign in when returning and do not consistently document the person who is responsible to supervise child while they are away from the facilities. Further, the logs are not completed fully in their entirety.

Action Taken

Fred Jefferson Memorial Home (STRTP) will create a more simplified sign-in and sign-out form. All staff will be trained on how to complete the new form during our next training on 11/03/2020 by the program administrator. A copy of the sign-in sheet will be sent to DCFS CAD Compliance Division after completion of the training. Fred Jefferson Memorial Home (STRTP) facility managers will ensure Sign-Out sheets are completed accurately by Direct Care Staff and residents monthly. A weekly report of staff that have incorrectly or insufficiently completed the form will be documented. Additional training by Facility Managers will be provided to any staff who requires correction more than once within a 30-day period.

Finding #5.2 SIRs were properly cross-reported in the I-Track System

CAD noted 4 of 44 SIR's reviewed were not properly cross-reported in the I-track System. One (#680450) was not cross reported to the CSW. One (#686175) was not reported to the CSW timely. One (679478) was not cross reported to OHCMD. One (#3685946) was not reported to CCL.

Action Taken

Fred Jefferson Memorial Home for Boys (STRTP) will ensure proper checks of all Special Incident Reports being submitted by having them saved prior to submitting which will allow Senior Facility Managers and Administrator to review and submit in a timely manner. Immediate training on Special Incident Reports will be conducted by Administrator during our next staff meeting on 11/03/2020 and will cover cross reporting to CSW, CCL and OHCMD. A copy of the sign in sheet will be sent immediately after completion of the training to CAD. Overnight Facility Managers will monitor all Special Incident Reports daily to ensure proper cross reporting to all appropriate parties. Facility Managers will provide a weekly report of staff in which require special incident report corrections more than once per week to Administrator for additional training to be scheduled. Administrator will oversee this process and conduct an internal audit of all incident reports from both Direct Care Staff and Facility Managers no less than once per month.

II. FACILITY AND ENVIRONMENT

Finding #6.14 Tire Tread

Site #1 Although the tire tread of the vehicle's tires appeared to be fine, the low tire air pressure indicator light was illuminated on vehicle's dashboard at the time of the virtual site walkthrough. Per agency administrator, the vehicle will be taken to a mechanic immediately so that the tire air pressure can be corrected. CAD conducted a virtual facetime follow up on 8/26/20 and confirmed that the tire air

pressure had been corrected and the indicator light was gone on vehicle's dashboard.

Action Taken

A usage form will be created and completed before every use of all vehicles used to transport clients. This form will be completed after each use by all staff members who operate Fred Jefferson Memorial Home for Boys (STRTP) vehicles. The form will consist of a walk around inspection, which will include tires, lights, emergency hazards, starting and ending mileage, fuel level, and check of dashboard lights. Senior Facility Managers will monitor compliance for the agency weekly and report to Administrator during Weekly Supervision. When a vehicle indicator light comes on due to safety reason the Facility Manager will be notified by staff driving and vehicle will not be used. Facility Manager will assure vehicle will be taken into the shop within 24 hours. A copy of the sign in sheet will be sent immediately to CAD after completion of the training on 11/03/2020 which will be conducted by Administrator.

Finding #8.6 A functioning smoke detector & carbon monoxide detector is installed in hallways of all sleeping areas.

Site #1 did not have functioning smoke detectors installed in the hallway of sleeping areas and children's bedrooms. Per agency Administrator, new smoke detectors have been purchased and in the process of replaced. CAD conducted a virtual facetime follow up walkthrough on 8/26/20 and confirmed that functioning smoke detectors were installed in the hallway of sleeping areas and in children's bedrooms.

Action Taken

All Non-Working smoke detectors were immediately replaced in the hallway, sleeping areas and residents' bedrooms as stated above and verified during the walkthrough on 8/26/2020. Smoke detectors will be closely inspected and documented Monthly by Facility Managers. An Inspection form will be created and introduced at Facility Manager training on 11/03/2020. A copy of the sign in sheet will be sent immediately to CAD after completion of the training on 10/22/2020 which will be conducted by Administrator. A copy of the Smoke Detector form is also attached for your review.

Findings #8.16 The common areas appear to be clean, safe, sanitary, and in good repair.

Site #2- On 8/20/20 CAD observed 1 of 3 refrigerator freezers' compartments had an excessive amount of ice accumulated and surrounding the compartment where meats were stored. Some of the meat wrappings and boxed snacks had what appeared to be freezer burn due to the excessive ice. The administrator informed CAD that the freezer would be replaced because of the issue with the excessive ice accumulating. In addition, CAD observed 2 of the 3 refrigerators in the main kitchen area to have metal locks on them and were observed locked. According to

the agency administrator and site manager, the two locked refrigerators serve as storage for food, meats, fruits; various snacks and kept locked so that the “children will not eat it all.” CAD observed the unlocked refrigerator with sparse amounts of food and snacks and a few frozen items in comparison to the locked refrigerators, which were fully stocked with boxes of fruits, several gallons of drinks, eggs, frozen snacks, several frozen meats. Per the administrator and site manager, the food in the locked refrigerators are transferred to the unlock refrigerator when the unlocked refrigerator runs low in food items and the children may ask staff to unlock the locked refrigerator’s if they want something from the locked refrigerators. Having lock mechanisms on refrigerators or any food storage compartments does not afford a “home like” environment. The Agency will be asked to immediately stop this practice and to remove all locks from food storage in the children’s common areas.

Action Taken

Site #2 had refrigerator replaced due to the excessive ice and possible freezer burn to food items stored in the unit. Picture of the new refrigerator are attached for your review. The refrigerator or any food compartments in the common areas at both homes will have all locks removed to afford a “Home Like” environment. Storage freezers at both sites have now been moved out of the common areas of the homes and will remain lock to protect inventory supplies. Direct Care Staff will check daily to ensure refrigerators are working properly, and stock with to ensure residents have a variety of choices.

IV. NEEDS AND SERVICE PLANS

Findings #16.1 NSPs were developed timely.

No-C4, NSPs dated 3/30/20 and 4/30/20 were missing at the time of C4 file review. The NSPs were subsequently completed by the agency's assigned social worker after noted missing from C4 file. Copies of the NSPs were provided to CAD on 8/4/20 with a copy of an email dated 8/3/20 to C4 CSW.

Action Taken

Head of Service will provide a Needs and Service Plan training to Fred Jefferson Memorial Home for Boys (STRTP) clinical staff (Therapist, Case Manager) before November 3rd, 2020. In addition to a review of the expected cadence, this training will also include appropriate goal settings, accurate visitation plans, school history and include signatures from the children’s social worker and the child if age appropriate. Head of Service will meet with Case Manager(s) monthly to ensure NSP’s are completed accurately and timely.

Findings #16.2 NSPs were comprehensive & accurate.

No-(C1, C2) NSPs were updated quarterly rather than at least every 30 days. C1, quarterly NSP dated 4/30/20 (covered period 1/30/20-4/30/20). C2, quarterly NSP dated 2/21/20 (covered period 11/21/19-2/21/20) and quarterly NSP dated 5/21/20 (covered period 2/21/20-5/21/20) on file.

Action Taken

Missing NSP's were immediately updated, filed and sent to CAD Auditor for verification. A training with Social Worker has been conducted with Administrator on 10/1/20 to clarify that the existing quarterly based Needs and Service Plan document will be used to complete the expected monthly cadence of service plans for STRTP clients.

Findings #16.5 The CSW / DPO signed the NSPs.

No- C4 NSPs dated 6/30/20, 5/30/20 had CSW name typed in signature lines with typed date of 7/20/20 and CAD is unable to verify reason for predated signature pages. C5, NSP dated 6/16/20 had CSW name typed in signature line with typed date of 7/20/20 and unable to verify reason for predated signature page.

Action Taken

Therapist and Case Manager have been informed by Administrator to not pre-date NSP's. Also not add type CSW / DPO name in signature line, to ensure that CAD is able to verify signature and dates. Head of Services will review NSPs upon completion to ensure all signatures and dates are handwritten and not typed. A copy of the email communication to the Therapist and Case Manager is attached for your Review.

V. PERMANENCY & TRANSITION SERVICES

Finding #24 Aftercare support services and linkage were provided to the child & family post- discharge by STRTP

No- C1, C2, C3, no documentation in the children's discharge summary reports on file that after care services and linkages were provided to the child & family post discharge by the S.T.R.T.P.

Action Taken

The Administrator will review the youth file and NSP with the Case Manager to assure that after care and linkage services are a goal within NSP on a monthly basis. The Administrator and STRTP Team (Case Manager and Facility Managers) will work in collaboration with the CFT Team, and Community partners to provide linkage and after care services to the youth and family prior to transition and termination. Documentation and copies of the linkage resources will be kept in the youth file.

Finding #25 The STRTP provided post permanency support services.

No- C1, C2, C3, no documentation in the residents' discharge summary reports on file that the STRTP provided post permanency support services.

Action Taken

The Administrator will conduct a refresher training for the STRTP which includes Head of Service, Case Managers, and Therapist on 10/30/2020 to review and discuss the appropriate way to complete the discharge summary, especially covering Post Permanency Support Services.

VI. EDUCATION AND INDEPENDENT LIVING PROGRAM SERVICES

Finding #28 Efforts to maintain children at school of origin are documented.

No- C1 thru C5, no documented efforts on file to maintain children at school of origin.

Action taken

Fred Jefferson Memorial Home for Boys STRTP intake documentation will be updated by Case Managers to clearly identify decisions and reasons regarding retaining school of origin for all clients placed within the STRTP program. Additional documentation will be placed in the CFT report and NSP as needed.

VII. HEALTH AND MEDICAL NEEDS

Finding #35 Required follow-up medical examinations are conducted timely.

No- C2, medical follow-up for fasting blood tests (from 12/11/19 medical appt) not conducted timely. The agency administrator notified CAD via email on 8/6/20 that C2 will have a follow up after agency finds a place to take C2 for the blood tests. The doctor is sending a list of referrals to the agency. N/A, C1, C4, did not need follow up medical exams during the review period. N/A, C5 (NMD) signed medical treatment waiver forms on file.

Action Taken

STRTP Administrator will be included for each youth medical documentation and information to be reviewed for Initial and follow-up appointments during the Weekly Management Meeting. Also, all follow up appointment dates will be posted in the manager's office at each home to ensure and alert Direct Care Staff and managers to pending medical appointments.

IX. PERSONAL NEEDS/ SURVIVAL AND ECONOMIC-BEING

Finding #64 Children report they are encouraged and supported by providers in keeping a life book.

No- C1, C2, C3, C4, C5 reported not having a life book. CAD asked the agency administrator about residents' life books at the time of the virtual site visit walkthroughs and was informed that the children keeping a life book has not been implemented yet.

Action Taken

Residents life books will be implemented starting Oct 22nd, 2020. Fred Jefferson Memorial Home for Boys has purchased a camera, so clients can take pictures of their daily life and during off-site activities. All pictures will be developed and placed in life books. Direct Care Staff will be responsible for having pictures developed, placed in life books and maintaining life books monthly. Client will be given projects such as completing job applications to use as a reference for the future. A copy of birth certificates, letters to self (in the future 5 years self/ 10 years self) to also be kept in Life books. A copy of High School Diplomas and transcripts if applicable will also be given to client for safe keeping in life books. Staff will be trained by Administrator during next staff meeting on how to maintain life books. A copy of the sign in sheet will be sent immediately after completion of the training 11/3/2020 to CAD.

X. PERSONNEL FILES

Finding #84.1 Personnel has received current emergency intervention training.

S#1 (hire date 4/1/15), S#3 (hire date 6/1/18) have not received current emergency intervention training.

Action Taken

Pro-Act training was conducted on **10/2/2020 and 10/3/2020**, both S1 and S2 were present and trained in Pro-Act by Administrator. A sign-in Sheet will be submitted with current CAP. Going forward Administrator will conduct Pro-Act training for staff with-in 30 days of hire.

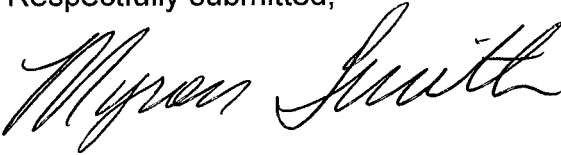
Finding #84.2 Personnel has current emergency intervention training on file with provider.

No- S1, S3 do not have current emergency intervention training. N/A S2 & S4 current emergency intervention training not yet due.

Action Taken

Pro-Act training was conducted on 10/2/2020 and 10/3/2020, both S1 and S2 were present and trained in Pro-Act by Administrator. A sign-in Sheet will be submitted with current CAP. Going forward Administrator will conduct Pro-Act training for staff with-in 30 days of hire and Human resources will make sure a copy is placed in personnel file upon completion of each training.

Respectfully submitted,

A handwritten signature in cursive script that reads "Myron Smith". The signature is written in black ink and is positioned below the text "Respectfully submitted,".

Myron Smith, MBA
STRTP Administrator
Fred Jefferson memorial Home for Boys