



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

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January 12, 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

 for

**GARCES RESIDENTIAL CARE SERVICES
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 Garces Residential Care Services Short-Term Residential Therapeutic Program (STRTP) (the Contractor) in August 2020. The Contractor has one licensed site located in the First Supervisorial District. The site provides services to the County of Los Angeles DCFS placed children, children placed by other counties and Non-Minor Dependents.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 1
PRIORITY 3 0

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 & 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 7 of 10 applicable areas of CAD's Contract Compliance Review: Facility & Environment; Engagement & Teamwork; Needs & Services Plans; Permanency & Transition Services; Education & Independent Living Program Services; Health & Medical Needs; and Personal Needs/Survival & Economic Well-Being.

For the purpose of this review, four DCFS placed children were selected for the sample. CAD reviewed the files of the four selected children and virtually interviewed all four children to assess the level of care and services they received. An additional two 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 virtual site visits

CAD noted findings in the areas of:

Priority 1

- General Contract Requirements
 - Special Incident Reports were not cross-reported timely.
- Personal Rights and Social/Emotional Well-Being
 - Children were not informed about their right to have contraceptives and a container to lock them in.
- Personnel Files
 - Personnel did not have the required medical clearance prior to working with children; and
 - Personnel did not receive the Commercially Sexually Exploited Children, Reproductive and Sexual Health, or developmentally Disabled Children required trainings within the first 90 days of hire.

Priority 2

- Personnel Files
 - Personnel did not receive criminal clearance from Community Care Licensing Division prior to being hired.

On October 7, 2020, the DCFS CAD Children Services Administrator I and II 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.

Each Supervisor
January 12, 2021
Page 3

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:bm

Attachments

c: Fesia Davenport, Acting Chief Executive Officer
Arlene Barrera, Auditor-Controller
Raymond Leyva, Interim Chief Probation Officer
Brandon Nichols, Chief Deputy Probation Officer
Public Information Office
Audit Committee
Carlos Garces, Executive Director, Garces Residential Care STRTP
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



Garces Residential Care Services

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November 9, 2020

Re: Corrective Action Plan (CAP) Amended

Garces Residential Care Services (GRCS) is providing Contracts Administration Division (CAD) with a Corrective Action Plan (CAP) as requested regarding the findings revealed during the monitoring of our facility.

I. General Contract Requirements

5) Special Incident Reports are properly Documented

Regarding Deficiency: Nine out of the 11 SIR were not cross reported within 24 hours.

Bright Horizon/GRCS

CAP: Bright Horizon STRTP will complete the following to ensure they are in full compliance with this standard.

- As of 10/07/2020 all Special Incident Report will be cross reported within 24 hours.
- The reporting staff will notify the on-duty manager of reportable incidents
- The on-duty manager will begin to open a reporting ticket in the ITRACK System with preliminary details as to the incident within four hours.
- The Administrator will be notified as to the ITRACK SIR Ticket

Quality Assurance Plan: The on-duty manager will complete the ITACK Report and review it with Administrator. The administrator will review the ITRACK report to ensure all fields are completed properly. The administrator will ensure that the submission will be within 24 hours of the reported incident



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VIII. Personal Right and Social/Emotional Wellbeing

60) Children were informed about their right to have contraceptives and a container to lock them in.

Regarding Deficiency: C1 through C4 were not informed about their right to have contraceptives.

Bright Horizon/GRCS CAP: Facility will be informed by 11/16/2020 children and non-minor dependents of their right to have secured contraceptives.

- Case Manager will inform all residents of their rights and answer questions or refer a health professional for additional education and training
- The facility will ensure that lock boxes are provided to each resident to ensure privacy in regard to contraceptives and health concerns
- By 10/16/2020 lock boxes will be provided to each resident.

Quality Assurance Plan: All new placement will be provided information on their rights to have contraceptive and a lock box to secure such items for privacy. The facility manager will have each new placement sign a confirmation sheet for the lock box assigned. The case manager will inform the new placement of their right and provide further contraceptive education by a health care professional. The administrator will follow up with each new placement to ensure they have been informed of their right and that they have received a lock box to secure their contraceptives.

X. Personnel Files

80.2) Personnel received criminal clearance from CCLD prior to hire date

Regarding Deficiency: The criminal clearance for S3 was not on file at the time of the review.

Bright Horizon/GRCS CAP: The facility will complete the following to ensure they are in full compliance.



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- All newly hired staff will not have contact with residents of the facility until a proof criminal clearance is received from the Department of Justice or Community Care Licensing Office.
- A live scan will be submitted prior to employment for all new hires. A transfer clearance request will be submitted to CCLD for new hires transferring from other agencies

Quality Assurance Plan: The human resources specialist will ensure that all new applicants are sent to submit as live scan. The administrator will ensure that the criminal record clearance is received before the new hires can supervise residents. The human resource specialist will submit all transfer request to CCLD with all the required documents needed for a proof of clearance. The Administrator will ensure the proof of clarence is on file before transferring new hires can supervise children.

81) Personnel received medical clearance prior to working with children

Regarding Deficiency: The medical health screening report for S3 found on file at the time of the review was signed by employee on 9/1/17 but was not completed/signed by a physician.

Bright Horizon/GRCS CAP: The facility will complete the following to ensure they are in full compliance.

- All newly hired personnel will submit a proof of health screening that is not more than one year old or within seven days 7 days of hire.
- All newly hired personnel that do not or have an health screening that does not meet this requirement will be scheduled to complete a health screening prior to direct contact with residents.

Quality Assurance Plan: Then human resource specialist will confirm or not schedule all newly hired personnel for a health screening prior to direct contact with clients. The administrator will ensure that all required documentations is on file before authorizing, newly hires personnel to have direct contact with clients.

83.4, 83.6, 83.7) Personnel received Initial Training and Orientation



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Regarding Deficiency: S1, S2, S3 did not have CSEC, Developmentally Disabled Children, and eight hours of reproductive/sexual health training on file. training on file.

Bright Horizon/GRCS CAP: The facility will complete the following to ensure they are in full compliance.

- All newly hired personnel will complete initial training and orientation to include CSEC, Developmental Disabilities, Reproductive and Sexual Health within the first 90 days of hire.

Quality Assurance Plan: The Facility Manager will ensure all required trainings will be completed within the first 90 days of hire. The administrator will ensure that all required documentations is on file to confirm all training requirements have been met.

Respectfully,

Carlos A. Garces
Executive Director

