



BRANDON T. NICHOLS
Director

County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 7, 2023

To: Supervisor Janice Hahn, Chair
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Supervisor Kathryn Barger

From: 
Brandon T. Nichols
Director

STAR VIEW CHILDREN AND FAMILY SERVICES COMMUNITY TREATMENT FACILITY 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 Star View Children and Family Services Community Treatment Facility (CTF) (the Contractor) in June 2022. The Contractor has one office located in the Fourth Supervisorial District. The office 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 1
PRIORITY 2 8
PRIORITY 3 2

CAD conducted a virtual Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: Licensure/Contract Requirements; Facility and Environment; Maintenance of Required Documentation and Service Delivery; Education

"To Enrich Lives Through Effective and Caring Service"

and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Files.

The Contractor was in full compliance with 5 of 10 applicable areas of CAD's Contract Compliance Review: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Discharged Children; and Personnel Files.

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

CAD reviewed five staff files for compliance with Title 22 Regulations and County contracting requirements. CAD also conducted telephonic interviews with staff. To assess the quality of care and supervision provided to the placed children, DCFS also conducted virtual site visits at the Contractor's location.

CAD noted findings in the areas of:

Priority 1

- Personal Rights and Social/ Emotional Well-Being (1 finding)
 - One youth reported not feeling safe in the CTF.

Priority 2

- Licensure/Contract Requirements (4 findings)
 - Vehicles used to transport children were not properly maintained and in good repair.
 - Weekly allowance logs were not accurately maintained.
 - Monthly clothing allowance logs were not accurately maintained.
 - Special Incident Reports documentation was not submitted timely in the I-Track system.
- Facility and Environment (1 finding)
 - Children's bedrooms were not well maintained.
- Personal Needs/Survival and Economic Well-Being (3 findings)
 - Children do not have enough clothes to wear.

- Children did not get enough food to eat.
- Children with special diets were not provided with accommodations by the staff.

Priority 3

- Maintenance of Required Documentation and Service Delivery (1 finding)
 - Updated Needs and Services Plans were not signed timely.
- Personal Needs/Survival and Economic Well-Being (1 finding)
 - Children were not provided with youth development services.

On August 24, 2022, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor representatives.

The Contractor 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) 371-6052.

BTN:KDR
LTI:nw

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Vera Rosa, Interim Chief Probation Officer
Public Information Office
Audit Committee
Kent Dunlap, MPH, President and Chief Executive Officer, Stars Behavioral Health Group
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



Star View Adolescent Center

starsinc.com/adolescent-center

Torrance

4025 W. 226th St.
Torrance, CA 90505
Phone: (310) 373-4556

November 11, 2022

ATTN: Nicole Whaley, LCSW, LPCC, Children Services Administrator I,
Department of Children and Family Services Contracts Administration
Division, Contract Compliance Section

Dear Ms. Whaley,

This letter is in response to your **REQUEST FOR A CAP** as a result of the Community Treatment Facility Monitoring Review Exit Summary conducted on August 24th, 2022.

Star View Adolescent Center will be implementing the following **Corrective Action Plan** to address the items outlined in your Exit Summary.

I. Licensure/Contract Requirements

- **Item 2: Vehicles used to transport children are maintained in good repair.**

- In regard to Item 2, during the course of the review, it was ascertained that vehicle #3 had maintenance conducted on 6/29/21.
- Following the exit review, on 9/23/22, the Administrative Services Manager provided an inservice training to the Transportation Manager regarding the requirements for ensuring that vehicles used to transport children are maintained in good repair.
- See signed inservice
- All vehicles that are used to transport children will be serviced at regularly scheduled intervals moving forward.
- The Transportation Manager will be responsible for ensuring that this part of the Corrective Action Plan is adhered too.

- **Item 6: Weekly allowance logs are accurately maintained.**

- In regard to Item 6, during the course of the review, it was ascertained that Child #2 didn't receive the correct amount of allowance. Additionally, child stated during virtual interview that he has had to use his allowance to purchase hygiene products because the group home would not purchase these products where he prefers them to be purchased from.
- Following the exit review, SVCFS CTF has put the following plan in place in order to ensure that the weekly allowance logs are accurately maintained. Allowance Logs will be kept by both the Director of Group Services and the Business office, and these logs will be checked against each other weekly to ensure that the monetary amounts are accurate.
- It is the current practice of SVCFS CTF that when a client requests supplemental hygiene products, SVCFS CTF will honor the request and purchase this item for the child or will connect with the child's

- CSW, SCSW or ARA to receive supplemental funding to purchase the requested hygiene products.
 - SVCFS CTF will be creating a log to track client hygiene requests in order to show that SVCFS CTF is fulfilling the hygiene request and needs of the clients.
 - The clients have been informed of the Hygiene Product Request process.
 - **ADDENDUM**
 - **Child #1 is owed balance of patient trust account. SVAC CTF has reached out to SBHG Business Office to send final check to child's CSW. (See attached email documentation regarding reach out to child county worker and SBHG Business Office)**
 - **Child #2 is owed \$70. This amount of money has been requested from the business office and the client will receive clothing shopping to make up for the discrepancy. (See attached email documentation regarding reach out SBHG Business Office)**
 - The Director of Group Services, SBHG Business Office and SVCFS Primary Therapists will be responsible for ensuring that this part of the Corrective Action Plan is adhered to.
- **Item 7: Monthly clothing allowance logs are accurately maintained.**
 - In regard to Item 7, during the course of the review, it was ascertained that during the virtual interview of Child 1-4 the following was stated.
 - Child 1 is owed the balance of their shopping money and clothing inventory shows a deficiency.
 - Child 2 is owed the balance of their shopping money and the clothing inventory shows a deficiency.
 - Child 3 is owed the balance of their shopping money and no clothing inventory was provided to analyst for review.
 - Child 4 is owed the balance of their shopping money.
 - Following the exit review, SVCFS CTF has implemented the following plan to ensure that the clothing logs are accurately maintained. Currently, the Director of Group Services has assigned a staff member to perform the task of clothing shopping for the clients. Additionally, the Director of Group Services will be doing validity checks at random times to ensure that the clothing allowance logs are being completed accurately on a monthly basis.
 - **ADDENDUM**
 - **Child #1**
 - **Please see attached clothing shopping log that shows completed clothing shopping**
 - **Child #2**
 - **Please see attached clothing shopping log that shows completed clothing shopping**
 - **Child #3**

- **Please see attached clothing shopping log that shows completed clothing shopping**
- **Child #4**
 - **Please see attached clothing shopping log that shows completed clothing shopping**
- The Director of Group Services will be responsible for ensuring that this part of the Corrective Action Plan is adhered too.
- **Item 8: SIRs documented in the NSPs and case files are being properly reported via the I-Track system.**
 - In regard to Item 8, during the course of the review, it was ascertained that there were numerous SIRs that were submitted untimely.
 - Following the exit review, on 9/29/22, the Director of QA with assistance from the Administrative Services Manager began providing a training to the Program Managers, Facility Managers and the House Managers on the process of ensuring that the SIRs are submitted timely via the I-Track system. This training will remain ongoing in order to continue training new staff/managers on the process in the hopes of becoming proficient in the process.
 - The Director of QA with assistance from the Program Managers, Facility Managers and House Managers will be responsible for ensuring that this part of the Corrective Action Plan is adhered too.

II. Facility and Environment

- **Item 11: Children's Bedroom are well maintained**
 - Due to the COVID-19 pandemic, social-distancing and stay-at-home orders, CAD reviewed pictures and or conducted FaceTime interviews and walkthroughs, therefore these requirements were partially or unable to fully verify. In regard to Item 11, during the course of the review, it was ascertained that the child stated during her virtual interview that her mattress was lumpy and uncomfortable to sleep on.
 - Following the exit review, the Administrative Services Manager and CTF Program Manager checked the child's mattress and spoke with the child at length. The mattress is intact and without issues. The child states that she has no issue with the mattress and doesn't find anything wrong with it.
 - SVCFS CTF housekeeping department will check and disinfect the clients' mattresses every morning when cleaning the clients' rooms. If the mattress is compromised in any fashion, the housekeepers will notify the maintenance department who will remove the mattress and replace it with a new mattress.
 - The Administrative Services Manager with assistance from the housekeeping and maintenance department will be responsible for ensuring that this part of the Corrective Action Plan is adhered too

III. Maintenance of Required Documentation and Service Delivery

- **Item 15: The updated NSPs were completed accurately and on time.**
 - Due to the COVID-19 pandemic, social-distancing and stay-at-home orders, CAD reviewed pictures and or conducted FaceTime interviews and walkthroughs, therefore these requirements were partially or unable to fully verify. In regard to Item 15, it was ascertained that the NSPs for Child 1, 2 and 4 were completed but not signed timely or at all.
 - Following the exit review, on 9/8/22, the Mental Health Program Director provided a training to the SVCFS CTF Primary Therapists informing them of the approved process SVCFS CTF will be using until the PMIS system is active for our clients. The process is for the SVCFS CTF Primary Therapist to reach out to CSW via email for first attempt and then the second email attempt to the Regional Office Designee for signature.
 - See signed inservice
 - The Mental Health Program Director with assistance from the Primary Therapists will be responsible for ensuring that this part of the Corrective Action Plan is adhered too.

VII. Personal Rights and Social/Emotional Well-Being

- **Item 32: Children feel safe in the Community Treatment Facility.**
 - Due to the COVID-19 pandemic, social-distancing and stay-at-home orders, CAD reviewed pictures and or conducted FaceTime interviews and walkthroughs, therefore these requirements were partially or unable to fully verify. In regard to Item 32, it was ascertained that during the virtual interview Child 4 stated to the licensing analyst that she didn't feel safe on her dorm as other residents had attacked her physically on several occasions, her clothes were stolen when she was in the hospital.
 - When a child reports feeling unsafe, a multi-disciplinary team determines safety action(s) to be put into place. The safety action(s) can be a relational repair/problem solving meeting, room change, dorm change, boundaries, or special treatment team.
 - For this particular client we performed a dorm change to create separation and performed a problem solving with the client. She had monthly treatment team where she has and continues to have the opportunity to speak about her issues and get her needs met.
 - The Mental Health Program Director with assistance from the Primary Therapists will be responsible for ensuring that this part of the Corrective Action Plan is adhered too.

VIII. Personal Needs/Survival and Economic Well-Being

- **Item 49: Children are provided with youth development or daily living skills services**
 - In regard to Item 49, it was ascertained that during the virtual interview Child 1 stated she wished to be enrolled in college and wanted to get her CA ID card.
 - On 9/27/22, the Mental Health Program Director provided a training to the SVCFS Primary Therapists and Discharge Coordinator regarding when a client requests their CA ID, it is our process to request this document from the CSW and if we receive a lack of response or an inability to obtain the document from the CSW then we will activate the SCSW.
 - On 9/28/22, the Mental Health Program Director provided a training to the SVCFS Primary Therapists and Discharge Coordinator regarding realistic college options when preparing for discharge.
 - **ADDENDUM**
 - **SVAC CTF made several attempts to provide the client with the CA ID that she was requesting. SVAC CTF Discharge Coordinator reached out to the Client Social Worker who informed us that they didn't have the documentation or the documentation required to obtain the CA ID. The client CSW suggested reaching out to the client's father to obtain the documents required to obtain the CA ID. The SVAC Parent Partner reached out and had verbal communication with the client's father. Client obtained a Social Security Card prior to discharge and made an appointment to speak with a SSI representative regarding SSI benefits. (See attached proof of communications to client's CSW.) (See attached proof of appointment for SSI benefits.)**
 - The Mental Health Program Director with assistance from the Primary Therapists will be responsible for ensuring that this part of the Corrective Action Plan is adhered to.
- **Item 51 and Item 52: Children get enough food to eat and children with special diet needs are provided with accommodations by the staff.**
 - In regard to Item 51 and 52, it was ascertained that during the virtual interview Child 4 stated to the licensing analyst that she didn't like the food (bread and cheese) and that the kitchen serves too much meat. Child reports not informing staff of her concerns as "nothing ever changes"
 - Upon being made aware of a dietary concern, it is the process of SVCFS CTF to do the following. The lead cook will speak with the client to assess the dietary request. This request will be discussed with the lead cook who will speak with the licensed dietitian and or the Medical Doctor for an assessment.
 - **ADDENDUM**
 - **Please see attached documentation for proof of new menus and food options.**

- The Lead Cook with assistance from the Licensed Dietician and Medical Doctor will be responsible for ensuring that this part of the Corrective Action Plan is adhered to.
- **Item 57: Children have enough clothes to wear.**
 - In regard to Item 57, please see Item 7 for description and POC.
 - **ADDENDUM**
 - **Child #1**
 - **Please see attached clothing shopping log that shows completed clothing shopping**
 - **Child #2**
 - **Please see attached clothing shopping log that shows completed clothing shopping**
 - **Child #3**
 - **Please see attached clothing shopping log that shows completed clothing shopping**
 - **Child #4**
 - **Please see attached clothing shopping log that shows completed clothing shopping**
 - Additionally, due to the COVID-19 pandemic, social-distancing and stay-at-home orders, CAD reviewed pictures and or conducted FaceTime interviews and walkthroughs, therefore these requirements were partially or unable to fully verify.

If you have any questions or need further information, please contact me.

Sincerely,



Kelly McMahon, LVN

Senior Program Administrator