



County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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February 14, 2025

To: Supervisor Kathryn Barger, Chair
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From: Brandon T. Nichols
Director

VISTA DEL MAR CHILD AND FAMILY SERVICES SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM CONTRACT COMPLIANCE REVIEW

REVIEW OF REPORT

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted a Contract Compliance Review of Vista Del Mar Child and Family Services Short-Term Residential Therapeutic Program (the Contractor) in June 2024. The Contractor has one office located in the Third Supervisorial District. The office provides services to the County of Los Angeles DCFS placed children, Probation foster youth and Non-Minor Dependents (NMDs), and children and NMDs placed by other counties.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 5
PRIORITY 3 0

"To Enrich Lives Through Effective and Caring Service"

The CCD 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 Plan Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 7 of 10 applicable areas of CCD's Contract Compliance Review: General Contract Requirements; Engagement and Teamwork; Permanency and Transition Services; Education and Independent Living Plan Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; and Personnel Files.

For the purpose of this review, five DCFS placed children were selected for the sample. The CCD reviewed the files of the five children and interviewed five children in person to assess the level of care and services they received. The five children were observed to be clean and well groomed. An additional two discharged children files were also reviewed to assess the Contractor's compliance with permanency efforts.

The CCD reviewed five staff files for compliance with Title 22 Regulations and County contracting requirements. CCD also conducted interviews with staff to assess the quality of care and supervision provided to the placed children and foster youth, DCFS also conducted a site visit.

CCD noted findings in the areas of:

Priority 1

- Facility and Environment (1 Finding)
 - Disinfectants, cleaning solutions, poisons, and other dangerous items were not secured and were accessible to children.

Priority 2

- Facility and Environment (1 Finding)
 - Food storage did not meet USDA guidelines.
- Needs and Services Plans (NSPs) (1 Finding)
 - The NSPs for one child were not completed accurately or on time.

- Personal Needs/Survival and Economic Well-Being (3 Findings)
 - One child reported not being provided with a sufficient supply of personal hygiene items.
 - Two children reported not being provided with enough clothing that fits.

On September 5, 2024, the Children Services Administrator teams from the DCFS CCD and the Out-of-Home Care Management Division 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 the compliance report. The follow up is scheduled for February 2025.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:CMM
RW:DF:nw

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Viera Rosa, Chief Probation Officer
Public Information Office
Audit Committee
Lena Wilson, J.D., President, Vista Del Mar Child and Family Services
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division
Kellee Coleman, Assist Program Administrator, LA Region CCLD
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division
Celeste M. Fitchett, MSW, Bureau Chief Fiscal and Performance Audits



LOS ANGELES COUNTY
VISTA DEL MAR CHILD AND FAMILY SERVICES (STRTP)

Corrective Action Plan

2024

FACILITY AND ENVIRONMENT

9. Common areas are safe and well maintained.

9.11 Disinfectants, cleaning solutions, poisons, and other dangerous items are not accessible to children [ILS, §87087(f) & (g); Title 22, §§80087(g) & 84067][ILS, §87087(f) & (g); Title 22, §§80087(g) & 84067]

Facility

Site 1469

1. Explain the Cause.

Staff forgot to lock cabinets after using alcohol and cleaning solution.

2. Corrective Action Taken.

Met with team on 10/17/24 to review cottage inspections and revised Living Area/Daily Inspection Sheet to reflect importance of locking up cabinets that may include cleaning solutions, first aid items, etc.). Please see attached training sign-in sheet and copy of Living Area/Daily Inspection Sheet

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Living Area/Daily Inspection Sheet will be completed by assigned YDC Staff twice daily.

13. Adequate supply of nutritious perishable and non-perishable foods are maintained.

13.4 Food storage meets USDA guidelines [Master Contract, Exhibit A, SOW, Part C, §15.3.10.9; ILS, §87076(c)(2-4); Title 22, §§80076(a)(1) & 84076(c)(2-4)] [Master Contract, Exhibit A, SOW, Part C, §15.3.10.9; ILS, §87076(c)(2-4); Title 22, §§80076(a)(1) & 84076(c)(2-4)]

Facility

Site 1469

1. Explain the Cause.

Seasonings and other food products were delivered to the unit from the main kitchen without double checking on expiration dates. Unit staff lacked to double check the food items that were expired and throw them away.

2. Corrective Action Taken.

On August 9, 2024, Director of Food Services discarded all expired foods and condiments in the kitchen etc. Items were discarded prior to being informed to take pictures. On August 9, 2024, YDC Supervisors were instructed to discard all expired foods and condiments in the kitchen. Items were discarded prior to being informed to take pictures. As of August 19, 2024, new labels were sent to the units to tag all unlabeled items. YDC Supervisors were informed about the requirement for all items that were removed from package to be labeled. To avoid future occurrences the following will take place: • Kitchen Staff will send Supply Delivery Checklist to the Units every Friday with supplies. Expiration Date of products will be indicated on the Checklist. See attached Checklist. • All open goods clearly labeled with a use by date. • Units will conduct a weekly spot check on refrigerated goods • A monthly check on rotation of dried goods in the unit pantries. • A monthly check and rotation on dried goods in the main kitchen. The YDC Staff will also be completing the Living Area/Daily Inspection Sheet twice daily. See attached copy of form. Employee received a final warning - see attached documentation related to this employee. CAP Revisions: The Residential Training Specialist attended the food handling certification course on 11/11/24 and a certification of completion was awarded to the Residential Training Specialist on the same day (Attached please find the Food Handling Certification). The Residential Training Specialist will instruct the direct care staff who handle food in the content of the course attended. This training is being scheduled now CAP Revisions 2: The Residential Training Specialist will train all staff that have access to the children's food in the food handling, food safety and food preparation training. This includes the kitchen director, kitchen staff, supervisors and as well as youth development counselors. In addition to monthly checks, the main kitchen orders fresh produce and it's delivered every 3 days to the units to avoid delivering spoiled produce.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Kitchen Staff will submit copy of completed checklists to the Director of Quality Management on a monthly basis to ensure compliance and for the Director of Quality Management to report information to the Health and Safety Committee.

NEEDS AND SERVICES PLANS

17. The NSPs are completed accurately and on time.

17.5 The required STRTP staff signed the NSPs [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7] [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7]

Facility

Site 1469

1. Explain the Cause.

Due to confusion by clinician regarding NSP date and PMIS NSP due date, the NSP was completed late.

2. Corrective Action Taken.

QA Staff to remind clinicians via email, five days before due date and then to follow up one day before due date to ensure that it has been completed and submitted on time. Clinician to respond to reminder email and confirm that the NSP has been completed and signed, pending for CSW to sign and approve. Corrective action plan to be administered as indicated by Unit Director for NSPs submitted past due dates.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

QA Staff to remind clinicians via email, five days before due date and then to follow up one day before due date to ensure that it has been completed and submitted on time. Clinician to respond to reminder email and confirm that the NSP has been completed and signed, pending for CSW to sign and approve. QA Staff to notify Unit Director as soon as they find out of any NSP's that are out of compliance.

PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

62. Children report being provided with a sufficient supply of their own personal hygiene items that meet their needs [Master Contract, Exhibit A, SOW, Part C, §17.6.2; ILS, §§87072(c)(6)(B) & 87088(c)(3); Title 22, §§84072(d)(6)(B), 84088(c)(3)].

Facility

Site 1469

1. Explain the Cause.

Lack of communication between nurses and staff to schedule a visit with the doctor regarding sensitive skin.

2. Corrective Action Taken.

Child #4 was seen by Dr. Roland on 9/12/24 for skin sensitivity and recommendations were given to child to use skin moisturizer. Client has been using the skin moisturizer. Per nurse, a follow up visit is not necessary at this time, however she can return to clinic with any questions or concerns on an as needed basis. See attached physician progress note. During Client admission, Admission Coordinator will ask Placement Worker if client has any special needs related to products (i.e. for hair, skin or hygiene). The information will be obtained from worker and will be passed on to the treatment team. Unit Staff responsible for purchasing items will be completing the form called Hair and Hygiene Products Details (See attached form) and attaching receipts to this form. Supervisors will also review and approve this form prior to being submitted to the Quality Assurance Department. CAP Revisions: Youth are consulted regarding their hygiene needs upon admission day by their primary direct care staff and then regularly thereafter. This topic is also part of the daily living group note and is reflected in the documentation (please see attached Daily Living Group Note). Youth to verbally request from their primary staff specific hygiene item needed. The hair and hygiene product form was created for the purpose of identifying specific products for hair and hygiene that our clients may need. The admission coordinator shall ask the client and worker upon admission, if any specific products are needed for hair/hygiene or skin. If any are needed, then the admissions coordinator will communicate this information to the unit supervisors via email. When a specific product is purchased for hair, hygiene or skin, this form shall be submitted by Youth Development Counselor Supervisor and forward along with the receipt to QA on a monthly basis. See attached Personal Hygiene Policy and Protocols. CAP Revisions 2: See attached revised Personal Hygiene Policy and Protocols dated 11/13/24.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Quality Assurance will collect the Hair and Hygiene Products Details form with receipts from the Units on a monthly basis to ensure compliance. Quality Assurance will scan documents to have ready for audits.

69. Children report being provided with enough clothing that fits [Master Contract, Exhibit A, SOW, Part C, §§17.4.2 & 17.4.5; ILS, §87072(c)(6)(A); WIC, §16001.9(a)(3)].

Facility

Site 1469

Site 1469

1. Explain the Cause.

The Staff that entered the information in the system got the client names and forms mixed up.

2. Corrective Action Taken.

YDC Supervisor to review completed clothing inventory once received from staff and will follow up immediately with direct care staff to take the youth shopping for missing items. Inventory to be updated to reflect new items within 24 hours. To avoid future issues, only hand written Clothing Inventories will be given auditors since it also includes client signature, which means client is confirming that they do have the required clothing. CAP Revisions: Unit staff completed the clothing inventory forms for each month and YDC Supervisors reviewed the inventories to make sure both Child #1 and Child #4 have the clothing that is required (See the clothing inventory forms attached for Child #1 and Child #4)

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

QA will monitor and review the clothing inventory on a monthly basis to make sure that we are in compliance.