

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** August 11, 2016
Date of Exit Meeting: October 28, 2016

- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Steve Blum

- III. **Name of Program:** United Family Care, LLC
dba Family Courtyard
2840 Salesian Avenue
Richmond, CA 94804

- IV. **Program Description.** The County contracts with United Family Care, LLC (“Family Courtyard”), a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services (CCBHS) is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above program. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this program in order to review past and current efforts, and plan for the future.

VI. Summary of Findings.

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.
3. Provide the services for which funding was allocated.	Yes	Individual Augmentation agreements supporting contract need to support services that are provided.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Family Courtyard has been serving residents placed there.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services identified through monthly assessments are being performed.
7. Quality Assurance	Partially met	Appropriate policies and procedures are in place. Further, new measures have been identified for assessing quality programming.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	Yes	Level and quality of staff supports program's identified service level.
10. Annual independent fiscal audit	N/A	This facility does not meet the federal funding threshold to require annual audits.

11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program.
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.
13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand role of contract manager to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHPA General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer, family member, and service provider interviews.

Discussion. As part of the site visit four residents were interviewed individually, and additional input was obtained by 24 consumers who completed a written survey prior to the site visits. We also spoke to several different staff members, including three staff from the management team and nine line staff.

Survey Results:

Questions	Responses: n=24				
	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know
Please indicate how strongly you agree or disagree with the following statements regarding persons who work with you:	4	3	2	1	0
1. Help me improve my health and wellness.	Average score: 3.00 (n=24)				
2. Allow me to decide what my own strengths and needs	Average score: 3.05 (n=24)				

3. Work with me to determine the services that are most helpful	Average score: 3.13 (n=23)			
4. Provide services that are sensitive to my cultural background.	Average score: 2.84 (n=24)			
5. Provide services that are in my preferred language	Average score: 3.26 (n=23)			
6. Help me in getting needed health, employment, education and other benefits and services.	Average score: 3.44 (n=23)			
7. Are open to my opinions as to how services should be provided	Average score: 3.22 (n=23)			
8. What does this program do well?	<ul style="list-style-type: none"> • Provide a clean home for me • Give appointments, send you to right doctor and also, give right medicine 			
9. What does this program need to improve upon?	<ul style="list-style-type: none"> • Safety • Slow down when tripping and get all information right so you can be called a good hospital and decent staff • Food 			
10. What needed services and supports are missing?	<ul style="list-style-type: none"> • Mental Health Services • Case Management • Clothing 			
11. How important is this program in helping you improve your health and wellness, live a self-directed life, and reach your full potential?	Very Important	Important	Somewhat Important	Not Important
	4	3	2	1
Average score: 3.15 (n=20)				
12. Any additional comments?	<ul style="list-style-type: none"> • I really think nothing is missing or lost. I think your job is hard enough to do as is but your coping well and doing your best job possible. • It (the program) is not important to me because they haven't done for me to help me. 			

Consumer Interviews:

Each of the residents interviewed indicated that they were appreciative of the facility, staff, and daily activities they had the opportunity to participate in. The residents have been at the facility ranging from several months, to several years. The residents also reported that they perceived their medication to be handled well by the facility and their needs met. Some of the specific things the residents

indicated they liked in particular were: feeling safe, independence (freedom to be able to go out), social aspect of the facility, activities. However, they did express the desire to have more “community around food” (i.e., input on their meals, etc.). Certain residents also expressed the desire to have more involvement from their County case managers. Moving forward, it is recommended that facility staff engage the residents more in the planning of their daily program. It is also recommended that the facility staff communicate promptly with the County’s housing liaison if a resident needs more case management support.

Staff Interviews:

Staff interviewed ranged in job titles and duties. There was staff from the night shift, day caregivers, activity director, facilities, and kitchen. The staff indicated there was a regular weekly and daily activity calendar that was created every month, however, there is flexibility in the schedule to accommodate resident desires. The staff also engaged in money management activities for many of the residents. Many residents also left to go to programs offered during the day, such as the Wellness City by Recovery Innovations, or a day program through Guardian. Residents are usually driven by a staff escort to their medical and other health care appointments. Staff may occasionally take residents on shopping errands if there are no appointments. Meal plans are often created with the help of a dietician for residents with particular needs. Finally, the facility offers a “barbershop” service for the residents to help in their grooming.

The staff we spoke to gave the impression of being in tune with the medical and daily needs of the residents. While there seemed to be an increase in staff trainings on bigger medical issues, a desire was expressed for more training for all staff on day-to-day care, such as assisting residents in grooming and hygiene. **Results.** Family Courtyard staff appear to implement services according to the values of the Mental Health Service Act.

- 2. Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness or children or youth with a serious emotional disturbance. Does the program serve the agreed upon target population (such as age group, underserved community). **Method.** Compare the program description, service work plan, and individual services agreements with the current client census. **Discussion.** As a matter of regular practice Family Courtyard staff verify with County staff that all residents funded under the MHSA met medical necessity and experienced serious mental illness. This referral and billing practice was

matched by verifying observation of residents participating in the consumer group meeting.

Results. The program serves the agreed upon target population.

- 3. Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that have been agreed upon. However, the residential facility Service Work Plan does not reflect the services that were clearly evident at the site visit. There is a clear level of augmented services, particularly around medical and medication support, and basic living tasks that may be better delineated in the service work plan to reflect the degree of service provided.

Results. Appropriate augmented Board and Care services are provided by Family Courtyard with appropriate intensive mental health specialty services for the residents. However, the individual augmentation agreement language in the contract should more specifically identify the services that are provided.

- 4. Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Family Courtyard is meeting their needs.

Results. Family Courtyard appears to be meeting the needs of the population for which it was designed.

- 5. Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that there are 61 possible beds open to the County, which are close to being fully utilized. The service work plan, however, does not capture the services that augment the board and care service in a manner that enable quantifying the services provided, and enabling program impact on residents to be determined and reported to the County.

Results. The program serves the number of individuals that have been placed in their facility by Contra Costa County.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. There are a variety of daily group activities scheduled that the residents can participate in, many of which promote well-being and self-reliance. One thing of note was that the property had an expansive back yard type of space. While this seemed to be utilized mostly as a smoking area, there is an opportunity for the facility to create some space for outdoor activities for the residents, such as gardening, games, or other outdoor recreation as desired.

Results. Family Courtyard appears to be providing the services outlined in the monthly assessments of needs conducted on each resident, with additional supported services to promote wellness, recovery, and self-reliance. It recommended that the facility engage its residents to determine what sort of outdoor activities and recreation could best utilize the space available, according to resident interest.

7. **Quality Assurance.** How does the program assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 5 complaints investigated by the Department of Social Services Community Care Licensing service in the past 4 years. This has resulted in several findings by the licensing agency and 7 unannounced visits between October 2015 and April 2016. The last comprehensive inspection report with significant findings was dated 01/29/16. These findings included deficiencies around the lack of posted information on Residents' Rights and complaint/grievance information, lack of planned activities, insufficient bedding in rooms, and insufficient medical training for a few new staff members. The absence of a Resident Council Poster resulted in a fine being assessed on the facility. Previous findings included maintenance of grounds and food service/menu planning. There have been two subsequent unannounced visits by a licensing evaluator to follow-up on complaints and citations, who indicated that proof of corrections had been submitted for all findings.

These complaints and visits were brought up during our interview with management staff. They indicated that they had taken several steps towards resolving the previous issues including more staff training, a dedicated activities coordinator, additional programs, extra supply of bed linens, setting up a technical support meeting with Community Care Licensing to help with compliance, addressing a few residents with significant behavioral issues, and adjusting the smoking areas to help manage residents from spending excess time hanging out in front of the facility and parking lot of a nearby school, which was causing problems with perception in the local community.

When asked about the grievance process, both the residents and the staff felt they had clear direction of who to report concerns to, including escalating things through the management of the facility, and also who they could contact through the County, or state.

Results. Family Courtyard is participating positively with State and County agencies as well as the local community to identify and address current and potential issues. The program has implemented new policies and procedures for staff and programming for residents. It is recommended that Family Courtyard continue to review its practices and programming to keep residents engaged and active.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's Privacy Policy.

Discussion. Family Courtyard staff demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment. When touring the facility, however, it was noted that while all resident records are organized and stored in individual binders that are on a shelf in a locked office, the names of the residents were clearly labeled on the spine, facing outward and visible from the window where the public can check in. While, according to the County Quality Improvement Coordinator, this is not necessarily considered a HIPAA violation, it is recommended that the facility configure the binders so that the names are not visible to the public entering the facility, to ensure greater privacy of the residents.

Results. Family Courtyard appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. Family Courtyard staff that were interviewed represented management, caregiving, facilities, food and laundry services, and administrative support functions of the facility. Additionally, during a tour of the facility we were introduced to many other staff in a variety of functions and delivering specific services. Staff reported experience and educational backgrounds and daily work activities that matched duty descriptions requirements. All 23 positions (full and part-time) were reported as filled, and the staffing pattern enables a multi-disciplinary team approach on a 24/7 basis. However, several staff indicated they felt that due to the type of care required by many of the residents being served, they were stretched to serve everyone appropriately. The staff further indicated that this may be alleviated with stronger case management support from the County case managers, and possibly more training in how to effectively

encourage and work with residents to engage in better grooming and hygiene habits.

Results. There appears to be sufficient qualified staff to carry out the functions specified in the program. Family Courtyard is encouraged to strengthen their communication with County case workers and to seek and provide opportunities for staff to increase their capacity to support residents living with mental health issues.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Family Courtyard has sufficient size, diversity of funding resources and adequate cash flow to support their staff deliver and sustain services. They have been in contract with the County at a set monthly augmentation rate of \$620 per resident since 2008. Family Courtyard has recently requested an increase in their rate. This rate increase request is currently under review.

Results. Fiscal resources are sufficient to deliver and sustain services.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Family Courtyard's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Property, vehicle, liability insurance policies were reviewed. All were current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Family Courtyard staff. This includes Adult Services management negotiating daily rates and contract limits, analysts to generate and process Family Courtyard's contracts and sign and forward submitted invoices, conservators and case managers to interact with Family Courtyard staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations.

Despite all of these interactions with County representatives, facility staff and management have all expressed a strong desire to strengthen the role of County in the care and management of the residents. Whether this be in the form of more Public Health Nurse visits, case manager visits, etc., the desire is for helping to eliminate the challenges currently for Family Courtyard staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Family Courtyard with the objective of strengthening the County’s contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Family Courtyard provides appropriate augmented board and care services to adults challenged with serious mental illness. It is a larger residential facility, with up to 61 approved beds available to Contra Costa County for adults who need daily assistance. Housing has been identified as a high priority critical issue for the County, and Family Courtyard provides a stable, supportive living environment. The issues that have been identified for attention pertain primarily to the contract structure and content, and communication with the County.

IX. Findings for Further Attention.

- The service work plan language in Family Courtyard’s contract needs to spell out the augmented services that are provided to the individual residents.
- The facility should empower and encourage the Resident Council to solicit and offer more feedback on programmatic activities, particularly around outdoor recreation and communal dining.
- The County should strengthen the County’s contract manager role in order to act as the County’s central program and fiscal coordinator to the facility, as well as provide assistance and oversight for connectivity and transition to the County’s adult system of care.

X. Next Review Date. August 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Monthly assessments for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Tax Returns

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

United Family Care, LLC (Family Courtyard)

Point of Contact: Juliana Taburaza.

Contact Information: 2840 Salesian Avenue, Richmond CA, 94804.

1. Program: Augmented Board and Care Housing Services - CSS

The County contracts with United Family Care, LLC , a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 271,560.
- d. Number served: For FY 14/15: 48 beds available.
- e. Outcomes: To be determined.

APPENDIX B


Service Work Plan


SERVICE PLAN

Number 24-681-84(13)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at its residential facility located at 2840 Salesian Avenue, Richmond, CA 94804 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that its staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed and in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in its license or its facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

Initials: _____


Contractor


County Dept.

APPENDIX C

Employee Roster

FAMILY COURTYARD

Facility No. 075600757

STAFF SCHEDULE

NAME	SAT	SUN	MON	TUES	WED	THURS	FRI	Remarks
CAREGIVING DEPT								
Albaran, Neil (Med Staff)	OFF	OFF	3PM-12Midn	3PM-12	3PM-12	3PM-12	OFF	
Bilan, Grace (Med Staff)	3PM-12Midn	3PM-12Midn	OFF	OFF	7 4	7 4	7 4	
Bulan, Rudolfo	3PM-12Midn	3PM-12Midn	OFF	OFF	7 4	7 4	7 4	
Fudolig, Teodula	OFF	OFF	3PM-12Midn	3PM-12Midn	3PM-12Midn	3PM-12Midn	3PM-12Midn	
Guiam, Jiena (Med Staff)	OFF	7AM-4PM/MD	7AM-4PM/MD	7AM-4PM/MD	7AM-4PM/MD	OFF	7AM-4PM/MD	
Inumerable, Susan	OFF	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	OFF	
Fernandez, Lawrence	7AM-4PM	7AM-4PM	7AM-4PM	OFF	OFF	OFF	OFF	
Romero, Federico (Med)	7AM-4PM	7AM-4PM	OFF	OFF	OFF	OFF	OFF	Reliever
Boyd Dejour	7AM-4PM	OFF	7:30AM-4:30PM	12MidN-7AM	12MidN-7AM	OFF	7:30AM-4:30PM	
GRAVEYARD								
Aguinaldo, Rey	12MidN-7AM	12MidN-7AM	12MidN-7AM	OFF	OFF	12MidN-7AM	12MidN-7AM	
Boyd, Dejour				12MidN-7AM	12MidN-7AM	OFF		
MAINTENANCE								
Talavera, Ariel	7AM-4PM	OFF	OFF	7AM-4PM	7AM-4PM	7AM-4PM	7AM-4PM	
KITCHEN/DINING								
Jingle Ucol	OFF	OFF	7AM-1:30PM	7AM-1:30PM	7AM-1:30PM	7AM-4PM	7AM-4PM	
Patague, Godofredo	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	OFF	OFF	7:30AM-4:30PM	
Rodriguez, Maria	7:30AM-4:30PM	OFF	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	7:30AM-4:30PM	OFF	
Alegre, James	8AM-5PM	8AM-5PM	OFF	OFF	OFF	OFF	OFF	RELIEVER
ACTIVITY								
Mai, Luyen	7:00AM-4:00PM	OFF	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	
Bulan, Rudolfo	3PM-12Midn	3PM-12Midn	OFF	OFF	7:00AM-4:00PM	7:00AM-4:00PM	7:00AM-4:00PM	
ADMIN.								
Tejero, Norma	OFF	OFF	9AM-6PM	9AM-6PM	9AM-6PM	9AM-6PM	9AM-6PM	
Castro, Lodelyn (Med)	7:30AM-4:30PM	OFF	8AM-5PM	8AM-5PM	OFF	7:30AM-4:30PM	3PM-12Midn	
De Ocampo, Vincent	OFF	OFF	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	8AM-5PM	
Taburaza, Joseph	ADM	ADM	ADM	ADM	ADM	ADM	ADM	FLEX TIME
Taburaza, Juliana	ADM	ADM	ADM	ADM	ADM	ADM	ADM	FLEX TIME

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** September 2, 2016
Date of Exit Meeting: November 17, 2016

- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Steve Blum,
Lauren Rettagliata

- III. **Name of Program:** Oak Hills
141 Greenmeadow Circle
Pittsburg, CA 94565

- IV. **Program Description.** The County contracts with Oak Hills, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- V. **Purpose of Review.** Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above board and care facility. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this board and care facility in order to review past and current efforts, and to plan for the future.

- VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Oak Hills provides quality supportive housing that is integrated into the larger community.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Oak Hills has been serving residents placed there as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Yes	The augmented services as outlined in the individual County Augmented Board and Care Services Agreement are being performed.
7. Quality Assurance	Partially Met	Continue to work with CCL to ensure proper procedures are being followed.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	No	Level and quality of staff are not quite sufficient to support program's identified service level.
10. Annual independent fiscal audit	N/A	This facility is not large enough to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.

13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand liaison role to facility to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer and service provider interviews.

Discussion. As part of the site visit, five residents who receive augmented services were interviewed. We also spoke to the owner and one staff person.

Consumer Interviews:

We met and talked to five of the six residents who receive augmented services for severe or persistent mental illness. The residents, for the most part, seemed happy with the facility and staff. The residents have all been there for some time, ranging from 6-16 years. The residents we spoke with seemed to be appreciative of the facility, staff, and daily activities in which they had the opportunity to participate. All the residents we spoke to also reported that they perceived their medication to be handled well by the facility and their needs met. Some of the specific things the residents indicated they liked in particular were: feeling safe, independence (freedom to be able to go out), the peaceful feel of the home, and the social aspect of the facility. Some of the residents did express a desire for more activities around the house. One of them specified they would love to engage in more musical activities.

Certain residents also expressed the desire to have more involvement from their County case managers. One reported that he no longer had a case manager, and requested to have another assigned. Moving forward, it is recommended that the facility staff communicate promptly with the County’s housing liaison if a resident needs more case management support.

Staff Interviews:

We spoke individually to the facility administrator, and one daytime caregiver. The administrator indicated that several of the residents take responsibility for scheduling their own medical and care appointments, as well as their own transportation to and from the appointments. She assists the residents who are less able to manage transportation to their appointments. She also communicates with the doctors regarding managing and adjusting dosages for the residents' medications. The money seems to be managed in a joint effort by the case managers, the administrator, and the daytime caregiver. The administrator did advise that the daytime caregiver is responsible for both morning and evening medications every day of the week, as the caregiver lives full-time at the house.

The daytime caregiver detailed that she prepares the morning and evening meals for the residents, and sometimes makes sandwiches for lunch, if the residents are at home during the day. She menu plans several days in advance. Morning medication is often given with breakfast. Evening medication is given after dinner.

The administrator indicated that her son stays overnight to help out, but he was not present at the time of the site visit.

Results. Oak Hills staff appear to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. The current and past several months of monthly rosters of program participants was compared against the list of clients in the CCBHS claims system to identify program participants that have an active case in the adult CCBHS system. MHS only pays for program participants who are adults with an open case in the CCBHS system and include housing with augmented care services as part of their service plan.

Results. Oak Hills serves the agreed upon target population, as current residents were verified as open, eligible clients in the CCBHS system.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that are appropriate for the observed acuity level of the clients.

Results. Appropriate augmented board and care services are provided by Oak Hills.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Oak Hills is meeting their needs.

Results. Oak Hills appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that Oak Hills is licensed for 6 possible beds. Currently, all 6 are being utilized by residents who fit the MHSA criteria.

Results. The program serves the number of individuals that have been placed in their facility by CCBHS.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. Oak Hills is meeting the prescribed outcomes in the service agreement; namely, providing board and care with augmented services for County-referred individuals in the number mutually agreed upon. The staff perform a variety of augmented services, including medication assistance, laundry, cleaning, and assistance with grooming/hygiene. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. One thing of note was that the property had a moderate back yard space. While this seemed to be utilized mostly as a smoking area, there is an opportunity for the facility to create some space for outdoor activities for the residents, such as gardening, games, or other outdoor recreation as desired.

Results. Oak Hills appears to be providing the services outlined in the County *Augmented Board and Care Services Agreement* and annual assessments. It recommended that the facility engage its residents to determine what sort of outdoor activities and recreation could best utilize the space available, according to resident interest.

7. **Quality Assurance.** How does the program element assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There has been 1 complaint investigated by the Department of Social Services Community Care Licensing service in the past 4 years and 4 site visits. The reports available from the most recent visit in the past year show findings, such as disrepair of flooring, and other elements of the house, medications not being properly secured, medications and/or dosages not

matching doctor's orders, potentially dangerous items being accessible to residents with dementia (e.g., knives, matches, firearms, tools, etc.), and insufficient bonding for money management.

As noted by the Community Care Licensing (CCL) evaluator, most of these issues were resolved quickly. When the MHSA review team was given a tour, a quick visual inspection also confirmed that many of these items had been resolved. The team also followed up with a discussion with the administrator and staff on how these problems were being addressed. The administrator stated she had increased her bond for money management and submitted that to the CCL. She showed us how medications were stored and secured. She also talked with us about how she works with the residents to ensure that their medications are up to date when they go to their quarterly doctor visits.

When asked about the grievance process, residents felt they had clear direction of who to report concerns to, including escalating things through the county or state. Information posters with grievance processes were posted very visibly in the common area, available for anyone in the household to consult, if needed. However, for the staff, the grievance policies did not seem to be very well documented. While a hand-written policy was submitted as part of this review, it is recommended that the administrator put together a policy to be able to make available to any current and potential new staff.

Results. Oak Hills is participating positively with state and county agencies to identify and address current and potential issues. It is recommended that Oak Hills continue to review its practices to keep up with adequate safety matters.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's privacy policies.

Discussion. The Oak Hills administrator demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Oak Hills appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. A review of the staffing pattern indicates there does not appear to be sufficient staff for the program services provided. Although the facility is small, and has a family feel to it, there is only one daytime caregiver who is working 12-hour (or longer) shifts per day, 5 days per week. The evening care giver has a similar 12-hour shift, 5 days per week. The administrator indicated that she and her husband (co-owners of the facility) usually take the weekend shifts to relieve the weekday caregivers. However, the administrator indicated, and the daytime caregiver confirmed, that the day caregiver also often was responsible for overseeing medication assistance on the weekend. It is recommended that the facility explore adding additional staff to help relieve these shifts, as the facility may be out of compliance with state and federal labor laws.

CPR and First Aid certification cards were provided for three of the four listed on the personnel roster. It is recommended that the fourth member (one of the co-owners) also obtain the CPR certification to keep on record.

Results. There does not appear to be sufficient dedicated staff to deliver services and be provided with appropriate administrative support, according to the employee roster. Recommendations are as noted above.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Oak Hills is funded through the monthly rent paid for each resident, plus an additional monthly augmented service fee paid by MHSA. They have been in contract with the County since 2000, with augmentation contracts starting in 2000. These rates have remained the same for the past several years. Oak Hills has asked for a rate increase, and the county has approved a 3% increase for their monthly augmentation rates.

Results. Fiscal resources are sufficient to deliver and sustain services.

12. Oversight sufficient to comply with generally accepted accounting

principles. Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. Documentation sufficient to support invoices. Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Oak Hills's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. Insurance policies sufficient to comply with contract. Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Liability insurance certificates were reviewed, and are current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. Effective communication between contract manager and contractor. Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Oak Hills staff. This includes Adult Services management negotiating monthly rates and contract limits, analysts to generate and process Oak Hills contracts and sign and forward submitted invoices, conservators to interact with Oak Hills staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has the potential for creating challenges for Oak Hills staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Oak Hills with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Oak Hills provides appropriate augmented board and care services to adults challenged with serious mental illness. It is an independent home, licensed to house up to 6 adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Oak Hills provides a stable, supportive living environment.

IX. Findings for Further Attention.

- The facility staff should communicate promptly with the County's housing liaison if a resident needs more case management support. Moreover, it is recommended that the County Housing Services Coordinator follow-up with the residents who have indicated they wish to have a case manager.
- It is recommended that the facility engage the residents to determine and develop outdoor activities and recreation that could best utilize the space available.
- The administrator should put together a policy manual to make available to any current and potential new staff.
- It is recommended that Oak Hills continue to review its practices to keep up with adequate safety matters in the proper secured storage of medication.

- It is recommended that the facility explore adding additional staff to help relieve the current caregiver shifts, and update the staff records and training to ensure that all listed staff have the proper certifications.
- The County should strengthen the County's contract manager role in order to act as the County's central program and fiscal coordinator to Oak Hills, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. September 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Individual Service Agreements for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Oak Hills Residential Facility

Point of Contact: Rebecca Lapasa.

Contact Information: 141 Green Meadow Circle, Pittsburg, CA 94565.

1. Program: Augmented Board and Cares – MHSA Housing Services - CSS

The County contracts with Oak Hills Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Adults aged 18 years and older who live in Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Annual MHSA Payment Limit: \$ 21,120
- d. Number served: For FY 14/15: 6 beds.
- e. Outcomes: To be determined.

APPENDIX B

Service Work Plan

SERVICE PLAN

Number 24-681-48(18)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at her residential facility located at **141 Green Meadow Circle, Pittsburg, California 94565** ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that her staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in her license or her facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

Initials:

Contractor

County Dept.

APPENDIX C

Employee Roster

PERSONNEL REPORT / Staff

INSTRUCTIONS: This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensees if administrator/director. Show licensee/certificate number if applicable for specialized staff (e.g., Social Worker and other consultants). Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY: **DAK HILLS RES, FACILITY** FACILITY TYPE: **ARF** FACILITY NUMBER: **# 075600407**

PREPARED BY: **Rebecca Lapasa** DATE: **JAN 2016**

A. STAFF SUBJECT TO FINGERPRINT REQUIREMENTS: The following staff members are subject to a criminal record clearance pursuant to Section 1522, 1569.17 and 1586.671 of the Health and Safety Code. Completed BID-7 Fingerprint Cards and the Child Abuse Index Check (LIC 1989) shall be submitted within 4 calendar days following employment or initial presence in the facility. Completed BID-7 Fingerprint Cards for Residential Care Facilities for the Elderly staff required to be fingerprinted, shall be submitted within 20 days following employment or initial presence in the facility.

LICENSEE/ADMINISTRATOR	NAME	DATE EMPLOYED	JOB TITLE	SPECIALTY		SPECIALTY		SPECIALTY	
				DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	DAYS AND HOURS ON DUTY	
	Rebecca Lapasa	7/2000	Administrator / Staff Licensee	M-F	7:am - 11:am	SAT/SUN	9:am - 1:PM		(on call)
	Edmundo Lapasa	07/2000	Licenses / Staff Naidprawa			SUN	9:am		(on call)
	Adelina Daniels	05/2010	Caregiver - (live in)	M-F	9:am - 9:PM				(on call)
	Brent Lapasa	8/6/12	Caregiver / Staff	M-F	9:am - 9:am				

Mental Health Services Act (MHSA)

Program and Fiscal Review – Augmented Board & Care

- I. **Date of On-site Review:** September 2, 2016
Date of Exit Meeting: December 13, 2016
- II. **Review Team:** Stephanie Chenard, Joseph Ortega, Windy Murphy
- III. **Name of Program:** Woodhaven
3319 Woodhaven Lane
Concord, CA 94519
- IV. **Program Description.** The County contracts with Woodhaven, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.
- V. **Purpose of Review.** Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review was conducted of the above board and care facility. The results of this review are contained herein, and will assist in a) improving the services and supports that are provided, b) more efficiently support the County’s MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policy. In the spirit of continually working toward better services we most appreciate this opportunity to collaborate together with the staff and clients participating in this board and care facility in order to review past and current efforts, and to plan for the future.
- VI. **Summary of Findings.**

Topic	Met Standard	Notes
1. Deliver services according to the values of the MHSA	Yes	Services promote recovery, wellness and resiliency.
2. Serve the agreed upon target population.	Yes	Residents meet target population.

3. Provide the services for which funding was allocated.	Yes	Woodhaven provides quality supportive housing that is integrated into the larger community.
4. Meet the needs of the community and/or population.	Yes	Residents verify services meet their needs.
5. Serve the number of individuals that have been agreed upon.	Yes	Woodhaven has been serving residents placed there as needed by the County.
6. Achieve the outcomes that have been agreed upon.	Partially met	The augmented services as outlined in the individual County Augmented Board and Care Services Agreement are being performed, but closer attention should be paid to dietary needs.
7. Quality Assurance	Partially Met	Continue to work with CCL to ensure proper procedures are being followed.
8. Ensure protection of confidentiality of protected health information.	Yes	The program is HIPAA compliant.
9. Staffing sufficient for the program	No	Level and quality of staff are not quite sufficient to support program's identified service level.
10. Annual independent fiscal audit	N/A	This facility is not large enough to require annual audits.
11. Fiscal resources sufficient to deliver and sustain the services	Yes	Organization capable of financially sustaining the program
12. Oversight sufficient to comply with generally accepted accounting principles	Yes	Organization subscribes to generally accepted accounting principles.

13. Documentation sufficient to support invoices	Yes	Fiscal system is sound.
14. Insurance policies sufficient to comply with contract	Yes	Policies sufficient and current
15. Effective communication between contract manager and contractor	Partially Met	County needs to expand liaison role to facility to enable regular, coordinated program and contract communication.

VII. Review Results. The review covered the following areas:

1. **Deliver services according to the values of the Mental Health Services Act** (California Code of Regulations Section 3320 – MHSa General Standards).

Does the program collaborate with the community, provide an integrated service experience, promote wellness, recovery and resilience, be culturally competent, and be client and family driven.

Method. Consumer and service provider interviews.

Discussion. As part of the site visit, two of the three residents who receive augmented services were interviewed. We also spoke to the owner/administrator.

Consumer Interviews:

We met and talked to two of the three residents who receive augmented services for severe or persistent mental illness. The resident we were not able to speak to left as the team arrived, in order to take the bus and BART to a school for the deaf in Fremont. The two residents, for the most part, seemed quite happy with the facility and staff. They have all been there for some time, ranging from 5 to 6 years. The residents we spoke with seemed to be appreciative of the facility, staff, and daily activities in which they had the opportunity to participate. The residents we spoke to also reported that they perceived their medication to be handled satisfactorily by the facility and their needs met. (Further discussion of medication handling will be discussed below.) Some of the specific things the residents indicated they liked in particular were: feeling safe, the peaceful feel of the home, and they feel comfortable. Some of the residents did express that they felt one of the bathrooms needed more repairs. One resident also expressed the desire to have more involvement from their County case managers.

Moving forward, it is recommended that the staff continue to work on upkeep of the facility. It is also recommended that facility staff communicates promptly with the County's housing liaison if a resident needs more case management support.

Staff Interviews:

We spoke individually to the facility administrator. The administrator's brother, who is listed on the personnel roster as a weekend caregiver, left for another job before we had a chance to speak with him, so the only staff we met with was the administrator.

The administrator indicated that she assists the residents with transportation to their appointments. Some of the residents do well with public transportation, but she indicated that she is usually the one who takes them to the places they need to go. Each resident receives their own individual spending allowance checks in the mail, so she does not need to engage in money management. The administrator advised that she or her sister are responsible for both morning and evening medications every day of the week.

The administrator also said that she prepares the morning and evening meals for the residents, and sometimes a casual lunch, if the residents are at home during the day. She menu plans several days in advance. Morning medication is often given with breakfast, but the timeframe on this seemed to be fluid. Evening medication is given after dinner, but again, this timeframe seems to be variable.

The administrator indicated that her two brothers and her sister help out to provide 24 hour coverage. Because her brothers aren't adequately fluent in English, she makes sure either she or her sister is present at all times to ensure someone can communicate to provide adequate care. Further discussion on this follows below in Section 7.

Results. Woodhaven staff appears to implement services according to the values of the Mental Health Service Act.

2. **Serve the agreed upon target population.** For Augmented Board and Care facilities, does the program serve adults with a serious mental illness. Does the program serve the agreed upon target population (such as age group, underserved community).

Method. Compare the program description, service work plan, and individual services agreements with the current client census.

Discussion. The current and past several months of monthly rosters of program participants was compared against the list of clients in the CCBHS claims system to identify program participants that have an active case in the adult CCBHS system. MHSA only pays for program participants who are adults with an open case in the CCBHS system and include housing with augmented care services as part of their service plan.

Results. Woodhaven serves the agreed upon target population, as current residents were verified as open, eligible clients in the CCBHS system.

3. **Provide the services for which funding was allocated.** Does the program provide the number and type of services that have been agreed upon.

Method. Compare the service work plan or program service goals with individual services agreements with the current client census.

Discussion. The program appears to provide the number and type of services that are appropriate for the observed acuity level of the clients.

Results. Appropriate augmented board and care services are provided by Woodhaven.

4. **Meet the needs of the community and/or population.** Is the program meeting the needs of the population/community for which it was designed. Has the program been authorized by the Board of Supervisors as a result of a community program planning process. Is the program consistent with the MHSA Three Year Program and Expenditure Plan.

Method. Research the authorization and inception of the program for adherence to the Community Program Planning Process. Match the service work plan or program description with the Three Year Plan. Compare with consumer/family member and service provider interviews.

Discussion. These residential services have been authorized by the Board of Supervisors after a community program planning process identifying housing services as a priority need, and augmented board and care facilities as a strategy to meet this priority need. Consumer interviews indicate that Woodhaven is meeting their needs.

Results. Woodhaven appears to be meeting the needs of the population for which it was designed.

5. **Serve the number of individuals that have been agreed upon.** Has the program been serving the number of individuals specified in the program description/service work plan, and how has the number served been trending the last three years.

Method. Match program description/service work plan with supporting documentation, such as contracts indicating number of beds approved, monthly census reports, and Individual Service Agreements.

Discussion. Supporting documentation indicates that Woodhaven is licensed for 6 possible beds. Currently, 3 are being utilized by residents who fit the MHSA criteria. The other two are filled by privately placed residents, and one resident pays extra for a private room.

Results. The program serves the number of individuals that have been placed in their facility by CCBHS.

6. **Achieve the outcomes that have been agreed upon.** Is the program meeting the agreed upon outcome goals, and how has the outcomes been trending.

Method. Match outcomes reported for the last three years with outcomes projected in the program description/service work plan, and verify validity of outcome with supporting documentation, such as monthly census reports, and Individual Service Agreements. Outcome domains include, full utilization of the facility, and consumer satisfaction/quality of life, recovery process towards independent living.

Discussion. Woodhaven is meeting the prescribed outcomes in the service agreement; namely, providing board and care with augmented services for County-referred individuals in the number mutually agreed upon. The staff perform a variety of augmented services, including medication assistance, laundry, cleaning, and assistance with diet and weight maintenance. The residents are evaluated on an annual basis in an Appraisal/Needs and Services Plan that specifies particular outcomes for each identified need for each individual consumer under conservatorship, as required by Department of Social Services Community Care Licensing. The objectives are clearly laid out for each resident in this document, and there are systems in place to assist with the evaluation of these plans. The residents have daily contact and interaction with facility staff. One thing of note was that one of the residents required nutritional supplements several times daily. When asked about how these supplements were handled, the administrator noted that she gave the resident one “occasionally”. It is recommended that these nutritional supplements be offered regularly and possibly charted, much like the daily medications are, to ensure compliance with this medical direction.

Results. Woodhaven appears to be providing the majority of the services outlined in the *County Augmented Board and Care Services Agreement* and annual assessments. However, it recommended that the facility manage dietary needs, like nutritional supplements, regularly and possibly chart them to ensure compliance with medical direction.

7. **Quality Assurance.** How does the program element assure quality of service provision.

Method. Review and report on results of Department of Social Services Community Licensing service incidence reporting, and other appropriate means of quality of service review. Also, review facility's grievance process. Compare with staff and consumer interviews.

Discussion. There have been 0 complaints investigated by the Department of Social Services Community Care Licensing service in the past 2 years and 7 site visits. However, the reports available from the past five visits in the past year and a half show findings such as:

- medications not being properly stored or secured
- medications and/or dosages not matching doctor's orders
- potentially dangerous items being accessible to residents (i.e., disinfectants, cleaning solutions, poisons, and other items)
- some grounds/facilities issues (related to pigeon cages in the backyard),
- missing staff certifications and requirements (i.e., First Aid and CPR certificates, TB test, physician's report, application, resume, etc.),
- incomplete or missing annual needs assessment, and
- Lack of staffing competent in care procedures and sufficient language and communication skills. .

As noted by the Community Care Licensing (CCL) evaluator, several of these issues were resolved quickly, such as the removal of the pigeon cages and cleaning the facility daily. When the MHSA review team was given a tour, a quick visual inspection also confirmed that many of these items had been resolved. However, it was noted that the cabinet with the cleaning supplies had an unlocked padlock hanging in place.

The administrator was also able to provide First Aid cards upon request for the four people listed on her personnel report, as well as for her husband, who performs maintenance and repairs at the property. A review of the records onsite also showed that the annual needs assessment had been completed in partnership with the County and were current on all residents.

There were a few notable issues, however, that have come up several times with the CCL – namely, the medication handling, staff certifications/requirements, and “competent staff.” Much of the medication handling and competent staff findings stem from the employment of the administrator's two brothers, neither of whom are fluent enough in English to be able to competently communicate with medical

personnel, emergency personnel, or dispense and handle medication appropriately. The CCL has noted this as an issue towards ability to provide quality care on three separate visits. The report from the last CCL visit in September noted that the primary purpose of the visit was in response to several non-compliance issues in the past few years and to conduct an overview interview with the administrator in order to assess her knowledge. The CCL Licensing Program Analyst found the administrator to be deficient in demonstrating knowledge in several areas and have recommended scheduling a non-compliance conference in the CCL East Bay Office at a later date.

The team followed up with a discussion on how these problems were being addressed. The administrator showed us how medications were stored and secured. She indicated that she handled the medications for the residents – ensuring that their prescriptions were current, that her daily logs were up to date, and that expired meds were disposed of properly. However, the team did note that there was a box of liquid asthma medication, and when asked about the nebulizer equipment to dispense the medication, the administrator indicated that the resident no longer needed the nebulizer as part of his treatment. It is recommended that the administrator continue to review all medication records and inventory to ensure that all medications in the house match the residents' current prescriptions, and that all necessary equipment to dispense the medications appropriately is on hand and available.

The team further spoke with the administrator about the issues pertaining to the employment of her brothers and their language proficiency. The administrator mentioned that one of her brothers only helps out one day per weekend. She stated that either she, or her sister, are present at the house at all times to ensure that someone who is proficient at communicating in English with the residents or any emergency/support workers that may come. The administrator also mentioned that her other brother was on an extended vacation. The team asked how the two brothers were working on improving their English, as they are still listed on the personnel roster. She indicated that the brothers were not inclined to take additional classes to help develop this skill.

Additionally, when asked about the plan to address the findings by the CCL for failure to demonstrate adequate knowledge in several areas, the administrator showed how she was studying various Title 22 conditions to deepen her knowledge of all areas indicated in the 9/14/16 CCL Facility Evaluation Report. She also indicated that the non-compliance conference had not yet been set by CCL. It is recommended that the administrator continue to study the specific

areas of deficiency, and that the County Mental Health Housing Services Coordinator follow-up with CCL and the facility on these issues.

When asked about the grievance process, residents felt they had clear direction of who to report concerns to, including escalating things through the county or state. Information posters with grievance processes were posted in the common area, available for anyone in the household to consult, if needed.

Results. Woodhaven has experienced deficiencies in their practices, as noted by the CCL. However, the facility appears to be participating positively with state and county agencies to identify and address current and potential issues. As noted above, it is recommended that Woodhaven continue to review its practices, make the necessary changes as noted, and keep current with safety requirements.

8. **Ensure protection of confidentiality of protected health information.** What protocols are in place to comply with the Health Insurance Portability and Accountability Assurance (HIPAA) Act as a HIPAA Business Associate, and how well does staff comply with the protocol.

Method. Match the HIPAA Business Associate service contract attachment with the observed implementation of the program's implementation of a protocol for safeguarding protected patient health information. Review facility's privacy policies.

Discussion. The Woodhaven administrator demonstrated their protocol as well as provided their written policy for protection of patient health information. All were in accordance with the HIPAA Business Associate service contract attachment.

Results. Woodhaven appears to be in compliance with HIPAA requirements.

9. **Staffing sufficient for the program.** Is there sufficient dedicated staff to deliver the services, evaluate the program for sufficiency of outcomes and continuous quality improvement, and provide sufficient administrative support.

Method. Match history of program response with staff list, staff interviews and duty statements.

Discussion. A review of the staffing pattern indicates there does not appear to be sufficient staff for the program services provided. The facility is small, and has a family feel to it, however, there is currently only one daytime caregiver, the administrator, who is working 12-hour (or longer) shifts per day, 6-7 days per week. The evening care giver, her sister, has a similar 12-hour shift, 6-7 days per week. Although the administrator indicated that her brothers are around to

help out, they cannot be left in the facility alone, as demonstrated by the language deficiencies described above. It is recommended that the facility explore adding additional qualified staff time, as the facility may be out of compliance with state and federal labor laws.

Results. There does not appear to be sufficient dedicated staff to deliver services and be provided with appropriate administrative support, according to the employee roster. Recommendations are as noted above.

10. **Annual independent fiscal audit.** Did the organization have an annual independent fiscal audit performed and did the independent auditors issue any findings. **(Only applicable to facilities that receive federal funding of \$500,000 or more per year.)**

Method. Obtain and review audited financial statements. If applicable, discuss any findings or concerns identified by auditors with fiscal manager.

Discussion. Not applicable.

Results. This section is not applicable to this location at the time of this review.

11. **Fiscal resources sufficient to deliver and sustain the services.** Does organization have diversified revenue sources, adequate cash flow, sufficient coverage of liabilities, and qualified fiscal management to sustain program or plan element.

Method. Review sampled invoices and supporting documentation. Interview fiscal manager of program or facility operator.

Discussion. Woodhaven is funded through the monthly rent paid for each resident, plus an additional monthly augmented service fee paid by MHSA. They have been in contract with the County since 2008, with augmentation contracts starting the same year. These rates have remained the same for the past several years. Woodhaven has asked for a rate increase, and the county has been approved a 3% increase for their monthly augmentation rates.

Results. Fiscal resources appear to be sufficient to deliver and sustain services, given their current staffing pattern.

12. **Oversight sufficient to comply with generally accepted accounting principles.** Does organization have appropriate qualified staff and internal controls to assure compliance with generally accepted accounting principles.

Method. Interview with fiscal manager of program or facility operator.

Discussion. Interviews, documents reviewed and fiscal system procedures and controls support compliance with generally accepted accounting principles.

Results. Sufficient oversight exists to enable compliance with generally accepted accounting principles.

13. **Documentation sufficient to support invoices.** Do the organization's financial reports support monthly invoices charged to the program or plan element and ensure no duplicate billing.

Method. Reconcile financial system with monthly invoices. Interview fiscal manager of program or facility operator.

Discussion. Invoices and supporting census documentation for three selected months over the last three years were reviewed. Woodhaven's financial reports support the monthly invoices, and no duplicate billing was indicated.

Results. Financial documentation appears sufficient to support the invoicing.

14. **Insurance policies sufficient to comply with contract.** Does the organization have insurance policies in effect that are consistent with the requirements of the contract.

Method. Review insurance policies.

Discussion. Liability insurance certificates were reviewed, and are current with appropriate limits.

Results. Current insurance policies in effect are sufficient to comply with the contract.

15. **Effective communication between contract manager and contractor.** Do both the contract manager and contractor staff communicate routinely and clearly regarding program activities, and any program or fiscal issues as they arise.

Method. Interview contract manager, contractor staff, Adult Services Program Chief, and Housing.

Discussion. The County has multiple staff interacting with Woodhaven staff. This includes Adult Services management negotiating monthly rates and contract limits, analysts to generate and process Woodhaven contracts and sign and forward submitted invoices, conservators to interact with Woodhaven staff regarding residents, County Housing Coordinators to attend to facility compliance issues, and MHSA staff performing program and fiscal reviews and issuing a report with findings and recommendations. This has the potential for creating challenges for Woodhaven staff when issues arise needing a timely, coordinated response with follow-up toward resolution.

Results. It is recommended that the County re-visit how it communicates with Woodhaven with the objective of strengthening the County's contract manager role as a central program and fiscal point of contact.

VIII. Summary of Results.

Woodhaven provides appropriate augmented board and care services to adults challenged with serious mental illness. It is an independent home, licensed to house up to 6 adults who need daily assistance. Housing has been identified as a high priority critical issue for the county, and Woodhaven provides a stable, supportive living environment.

IX. Findings for Further Attention.

- It is recommended that the facility staff communicates promptly with the County's housing liaison if a resident needs more case management support.
- It is recommended that the facility make timely repairs and work on upkeep of the facility.
- It is recommended that the facility follow the medical directions regarding nutritional supplements (and all medications) and regularly chart to ensure compliance.
- It is recommended that Woodhaven continue to review its practices to keep up with adequate safety matters in the proper secured storage of medication.
- It is recommended that the facility explore adding additional qualified staff time to help relieve the current caregiver shifts.
- It is recommended that the administrator continue to study the specific areas of deficiency and that the County Mental Health Housing Services Coordinator follow-up with CCL and the facility in order to assist and monitor in addressing the above issues.
- The County should strengthen the County's Housing Coordinator's role in order to act as the County's central program coordinator to Woodhaven, as well as provide assistance and oversight for connectivity and transition to the County's adult system of care.

X. Next Review Date. September 2019

XI. Appendices.

Appendix A – Program Profile

Appendix B – Service Work Plan

Appendix C – Employee Roster

Appendix D – Community Care Licensing Facility Evaluation Report

XII. Working Documents that Support Findings.

Consumer Listing

Consumer, Family Member, Provider Interviews

County MHSA Monthly Financial Report

Individual Service Agreements for current consumers

Staff Listing, Required Licenses

Monthly Invoices with Supporting Documentation

Insurance Policies

Grievance Policy

Privacy Policy

MHSA Three Year Plan and Update(s)

APPENDIX A

Program Profile

Woodhaven

Point of Contact: Milagros Quezon.

Contact Information: 3319 Woodhaven Lane, Concord, CA 94519.

1. **Program: Augmented Board and Care - Housing Services - CSS**

The County contracts with Woodhaven, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services.
- b. Target Population: Consumers eligible for MHSA services.
- c. Annual MHSA Payment Limit: \$ 13,500
- d. Number served: For FY 14/15: 5 beds available.
- e. Outcomes: To be determined.

APPENDIX B

Service Work Plan

SERVICE PLAN

Number 24-681-87(7)

1. **Service Specifications.** Contractor shall provide augmented residential services, including, but not limited to, room and board, and twenty-four (24) hour emergency residential care and supervision, as specified in the State regulations under which Contractor's facility is licensed, for eligible Clients who are specifically referred to Contractor for services hereunder by County's Behavioral Health Program staff (hereinafter, "Client"). Contractor will provide these services at her residential facility located at 3319 Woodhaven Lane, Concord, CA 94518 ("Residential Facility") subject to space limitations. Contractor:
 - a. Hereby assures and certifies that she and her staff are specially trained, experienced, competent, and licensed to perform services as an adult residential facility, in accordance with California Code of Regulations, Title 22, Division 6, Sections 80065, 85065, and other applicable legal and regulatory requirements. Contractor's facility is licensed and in good standing, and for the duration of the Contract shall maintain such license in good standing, with the Community Care Licensing Division of the California Department of Social Services;
 - b. Shall provide augmented services to eligible Clients who require constant one-to-one supervision;
 - c. Shall orally notify County's Behavioral Health Program Administration in advance of the date of any Client discharge initiated by Contractor;
 - d. Shall orally inform County's Behavioral Health Program Administration whenever a Client begins or ends care in the Residential Facility under this Contract;
 - e. Shall notify, in writing, County's Behavioral Health Program Staff of any change in her or her facility's license status within three (3) days of such change;
 - f. Shall submit to County a monthly invoice for each calendar month showing which Clients were receiving residential care under this Contract, and the last day of actual care for any Client who left the facility, or who ceased to be eligible for services under this Contract. County will pro-rate payment to Contractor for any Client in the event the Client does not reside at Contractor's facility the entire month;
 - g. Shall provide the services of additional personnel as needed to assist the Client in residing in a community setting; and
 - h. Shall orally inform County's Behavioral Health Program Administration whenever a Client's condition changes sufficiently to require a change in staffing level at Contractor's facility.
2. **Third-Party Payment Liability.** Contractor is solely responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract, including, but not limited to, any payments that Contractor may owe to contractors or other suppliers for goods and services received by Contractor. In no event shall County be responsible for any payments due from Contractor to third parties or for any liabilities, obligations, or commitments of Contractor arising from Contractor's performance of this Contract.
3. **HIPAA Requirements.** Contractor must comply with the applicable requirements and procedures established by the Health Insurance Portability and Accountability Act of 1996, and any modifications thereof, including, but not limited to, the attached HIPAA Business Associate Attachment, which is incorporated herein by reference.

APPENDIX C

Employee Roster

PERSONNEL REPORT

INSTRUCTIONS: This form is intended for keeping a current roster of all the facility personnel, other adults and licensees residing in the facility, including backup persons, volunteers and licensee if administrator/director. Show license/certificate number if applicable for specialized staff [e.g., Social Worker and other consultant(s)]. Show coverage for twenty-four hour supervision in residential facilities. Report any changes in personnel to the licensing agency as required by regulations. Send original to Licensing Agency and retain copy in facility file.

NAME OF FACILITY WOODHAVEN HOME	FACILITY TYPE HOM/FOR THE MENTALLY ILL	FACILITY NUMBER 079200181
PREPARED BY MILAGROS N. QUEZON / LICENSEE/ADMINISTRATOR	DATE SEPTEMBER 1, 2016	

A. **STAFF SUBJECT TO CRIMINAL BACKGROUND CHECK REQUIREMENTS:** The following staff members are subject to a criminal background check pursuant to Sections 1522, 1568.09, 1569.17 and 1596.871 of the Health and Safety Code. A California background clearance or a criminal record exemption shall be obtained prior to employment, residence or initial presence in the facility.

NAME	DATE EMPL'D	JOB TITLE	SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY		SPECIFY DAYS AND HOURS ON DUTY	
			DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO	DAYS	FROM TO
Licensee/Administrator MILAGROS N. QUEZON		LICENSEE/ADMINISTRATOR	M-FRI	8AM 5PM 5PM 7AM						
MA. CONCEPCION NAVARRO	08-2011	DIRECT CARE PROVIDER	Th/Fr	5PM 7AM						
DIONISIO NAVARRO	03-2011	"LIVE-IN FOR THE WEEKEND DIRECT CARE PROVIDER	Sat/Su	7AM 7PM 7PM 6AM						
DOMINGO R. AQUINO	04-2016	"LIVE-IN FOR THE WEEKEND DIRECT CARE PROVIDER	Sa/Su	7AM 7PM 7PM AM						
			M-FRI	7AM 7PM						

APPENDIX D

Department of Social Services Community Care Licensing

Facility Evaluation Report

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200181

Report Date: 09/14/2016

Date Signed 09/14/2016 11:59:02 AM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME	FACILITY NUMBER: 079200181
ADMINISTRATOR: MILAGROS N. QUEZON	FACILITY TYPE: 735
ADDRESS: 3319 WOODHAVEN LANE	TELEPHONE: (925) 408-7573
CITY: CONCORD	ZIP CODE: 94519
CAPACITY: 6	DATE: 09/14/2016
TYPE OF VISIT: Office	UNANNOUNCED TIME BEGAN: 10:00 AM
MET WITH: Milagros Quezon	TIME COMPLETED: 12:00 PM

NARRATIVE

1 Licensing Program Analyst (LPA) Sandra Covington met with Milagros Quezon the
 2 licensee/administrator for a Component II interview. The administrator did not demonstrator the
 3 knowledge of several areas of the facility program or the regulations. The purpose of the overview was
 4 to determine whether the administrator is qualified to run the facility. There has been several non-
 5 compliance issues in the past few years at the facility. Based upon today's visit, LPA is recommending
 6 that a non-compliance conference is schedule in the East Bay office. LPA will send a letter outlining the
 7 details of this meeting at a later date:
 8

9 The licensee/administrator failed to demonstrate knowledge in the following areas:
 10

- 11 • Describing the kind of services the facility offer
- 12 • Medical emergency procedures
- 13 • Procedure for handling medication - including PRN and destruction procedures
- 14 • What to do when a resident goes AWOL
- 15 • After determining whether a resident is appropriate, what records are required in file
- 16 • Eviction procedure
- 17 • How she pre-screen a potential client
- 18 • What type of abuse they are mandated to report and to whom
- 19 • How she will insure that staff follows licensing regulations and resident needs and service plans
- 20 • What are the requirements for an Administrators
- 21 • The required documents in resident and staff files
- 22 • What are Prohibited Health Conditions
- 23 • What are Restricted Health Condition
- 24
- 25

SUPERVISOR'S NAME: Rajind Basi
LICENSING EVALUATOR NAME: Sandra Covington
LICENSING EVALUATOR SIGNATURE:

TELEPHONE: (510) 622-2621
TELEPHONE: (510) 873-6410

DATE: 09/14/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/14/2016

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC809 (FAS) - (06/04)

Page: 1 of 1

Department of
SOCIAL SERVICES

Community Care Licensing

FACILITY EVALUATION REPORT

Facility Number: 079200181

Report Date: 07/08/2016

Date Signed 07/08/2016 12:32:06 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
FACILITY EVALUATION REPORT	

FACILITY NAME: WOODHAVEN HOME	FACILITY NUMBER: 079200181
ADMINISTRATOR: MILAGROS N. QUEZON	FACILITY TYPE: 735
ADDRESS: 3319 WOODHAVEN LANE	TELEPHONE: (925) 408-7573
CITY: CONCORD	STATE: CA
CAPACITY: 6	ZIP CODE: 94519
TYPE OF VISIT: Case Management - Deficiencies	CENSUS: 5
MET WITH: Dionisio Navarro	DATE: 07/08/2016
	UNANNOUNCED TIME BEGAN: 09:10 AM
	TIME COMPLETED: 12:40 PM

NARRATIVE	
1	Licensing Program Analyst (LPA) Sandra Covington arrived to the facility unannounced to conduct a
2	case management visit. LPA met with Dionisio Navarro the caregiver. Shortly after the visit, Milagros
3	Quezon the licensee and Ma Navarro another caregiver arrived. The purpose of today's visit is to
4	discuss with the licensee the problem of her employing staff who does not speak or understand
5	English. During today's visit, LPA interviewed the licensee, staff, caregivers, residents, reviewed R1 file
6	and medications. R1 need constant medical supervision in treating his COPD, asthma and HTN. This
7	resident has a prescription for Spiriva with instructions for him to inhale a capsule into lungs every day.
8	However, the caregivers and licensee stated they have not given the resident the medication since
9	6/24/16. There is no documentation in the facility states this medication was discontinued. The
10	licensee reported she changed medical physicians for this resident but didn't notify the new physician
11	about the Spiriva.
12	
13	Sometime in April 2016, R1 had an asthma attack in the home and the caregiver Dionisio had to
14	contact his sister to communicate with the paramedics.
15	
16	Milagros is the primary person who transport residents to/from appointments and have dialogue with
17	medical staff. However, she does not demonstrate the ability to understand simple requirements such
18	as when medication is to be administered, if a residents' medication has been discontinued and when to
19	notify physicians about current medications being administered.
20	
21	LPA called the facility 6/20/16 and spoke to Domingo Aquino another caregiver who did not understand
22	or speak English well. Because the licensee has continued to employ incompetent staff and put
23	residents health and safety at risk, a citation is incurred. See attached LIC 809D report. A civil penalty
24	in the amount of \$150.00 is assessed for a repeat violation within 12-months.
25	

SUPERVISOR'S NAME: Rajind Basi	TELEPHONE: (510) 622-2621
LICENSING EVALUATOR NAME: Sandra Covington	TELEPHONE: (510) 873-6410
LICENSING EVALUATOR SIGNATURE:	DATE: 07/08/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and

received.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">FACILITY REPRESENTATIVE SIGNATURE:</td> <td style="width: 40%; border: none; text-align: right;">DATE: 07/08/2016</td> </tr> </table>	FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016	

This report must be available at Child Care and Group Home facilities for public review for 3 years.
 LIC809 (FAS) - (06/04) Page: 1 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME **FACILITY NUMBER:** 079200181
DEFICIENCY INFORMATION FOR THIS PAGE: **VISIT DATE:** 07/08/2016

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type B 07/15/2016 Section Cited 80064(a)	1 2 3 4 5 6 7	Administrator - Qualifications and Duties: The current administrator does not appear to have the knowledge and ability to comply with the Title 22 regulations. Milagros Quezon does not have the ability to recruit, employ, train, and evaluate qualified staff. She lack the understanding of medication, when to alert treating physicians	1 2 3 4 5 6 7	The licensee will contact LPA Covington to schedule a date for Component II overview. Contact will be made by due date.
13	8 9 10 11 12 13 14	about medications and when medications are discontinued.	8 9 10 11 12 13 14	13
Type B	1 2 3 4 5 6 7		1 2 3 4 5 6 7	12
12	1 2 3 4 5 6 7		1 2 3 4 5 6 7	13

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Rajind Basi	TELEPHONE: (510) 622-2621
LICENSING EVALUATOR NAME: Sandra Covington	TELEPHONE: (510) 873-6410
LICENSING EVALUATOR SIGNATURE:	DATE: 07/08/2016

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016
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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME

FACILITY NUMBER: 079200181

DEFICIENCY INFORMATION FOR THIS PAGE:

VISIT DATE: 07/08/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/08/2016 Section Cited 80065(a)	Personnel Requirements: 1 2 Facility personnel shall be competent to 3 provide the services necessary to meet 4 individual client needs and shall, at all 5 times, be employed in numbers necessary 6 to meet such needs. Caregivers Dionisio 7 Navarro and Domingo Aquino has been working in the facility but does not	The licensee will resubmit an accurate LIC 1 500 specifying competent staff working in 2 the facility at all times. The report 3 submitted 2/18/16 did not reflect true staff 4 working in the facility. 5 6 7
	8 speak or understand English well to 9 provide the necessary care. The 10 caregivers are unable to communicate to 11 emergency crew, assist residents with 12 medications and speak to licensing staff. 13 This is a repeat violation within 12-months. 14 The first citation was issued 2/17/16. A civil penalty in the amount of \$150.00 is issued in association with this citation.	
Type A 07/09/2016 Section Cited 80075(b)(5)(B)	Health Related Services: 1 2 Medications shall be given according to 3 physician's directions. R1 is prescribed 4 Spiriva with instructions to inhale a 5 capsule into lungs every day. The 6 caregivers and licensee ceased from 7 giving the resident the medication 6/24/16 without a discontinued order	The licensee will submit either a 1 discontinued order or statement from 2 treating physician stating the resident is to 3 remain on the medication. 4 5 Documentation will be sent by due date. 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

SUPERVISOR'S NAME: Rajind Basi LICENSING EVALUATOR NAME: Sandra Covington LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 622-2621 TELEPHONE: (510) 873-6410 DATE: 07/08/2016
I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.	
FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY FACILITY EVALUATION REPORT (Cont)	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 1515 CLAY STREET, STE. 310 OAKLAND, CA 94612
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FACILITY NAME: WOODHAVEN HOME

FACILITY NUMBER: 079200181

VISIT DATE: 07/08/2016

NARRATIVE	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>LPA is requesting the following documents from R1 file be faxed or mailed to the CCL office by 7/14/16:</p> <ul style="list-style-type: none"> -Physician's report dated 6/7/10 -Replacement appraisal -Centrally stored medication log -Medication Administrator Record for June and July 2016 -Emergency Medical Record Form <p>LPA conducted exit interview with Milagros Quezon and Ma Navarro while obtaining plan of corrections. LPA also discussed preventive measures on repeat violations and how to keep the facility in compliance.</p> <p><u>The following deficiencies were observed in violation of the California Code of Regulations Title 22 Division 6.</u></p> <p><u>Appeal Rights Given</u> <u>LIC 421 Given</u> <u>LIC 9098 Given</u></p>

SUPERVISOR'S NAME: Rajind Basi LICENSING EVALUATOR NAME: Sandra Covington LICENSING EVALUATOR SIGNATURE:	TELEPHONE: (510) 622-2621 TELEPHONE: (510) 873-6410 DATE: 07/08/2016
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I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:	DATE: 07/08/2016
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