To: Mayor and City Council
From: Karen Ginsberg, Director, Community and Cultural Services
Subject: Response to SAMOSHEL complaints

Introduction

This Information Item is presented in response to concerns voiced by members of the public and questions raised by Councilmembers at the January 22, 2019 Council meeting regarding the operation of the SAMOSHEL shelter, and the review of grievance procedures in place for program participants.

Background

SAMOSHEL is an emergency homeless shelter located at 505 Olympic Blvd., owned by the City and leased to The People Concern (TPC, formerly known as OPCC). SAMOSHEL was constructed following the adoption of an emergency ordinance on April 26, 1994, which identified the City-owned property at 505 Olympic as available for this use and exempted most development and permit requirements to quickly provide shelter for 75-100 people sleeping in open spaces in the interest of public health, safety and welfare.

The City constructed the shelter using a “sprung structure”, which consists of a tension membrane stretched over a tent-like frame and insulation. The facility, while designed
to be temporary, is fully equipped with internal dividing walls, a complete HVAC system, restrooms, showers, a commercial kitchen, dining room and dormitories. The current structure was not intended to remain in place for 25 years. As set forth in the Annual report on Homelessness scheduled for the March 26, 2019 City Council meeting, staff seeks direction to reimagine SAMOSHEL as rebuilt with a permanent brick-and-mortar facility and integrated into an affordable or supportive housing development.

The facility was operated by the Salvation Army from 1994 – 2005. The People Concern has been operating the facility since 2005, with a bed capacity to house 70 individuals at any given time. The City leases the facility to TPC for $14,715.23 per month. The current lease agreement is effective July 2008 through June 30, 2022, with one additional five-year option to renew available. The City also provides annual operating funds to TPC through the Human Services Grants Program. The FY2018-19 grant is $919,748 to support both SAMOSHEL and Turning Point (a 55 bed shelter located on 16th Street). Approximately $525,000 of this grant directly supports SAMOSHEL operations, representing approximately 40% of SAMOSHEL’s $1.3 mil annual operating budget. In addition to City funding, SAMOSHEL is supported by private gifts/foundations (35%), the Los Angeles County Department of Mental Health (18%) and federal funds (7%).

SAMOSHEL is a 24-hour interim housing facility that provides shelter for extremely vulnerable people experiencing homelessness. SAMOSHEL supports program participants to secure appropriate long-term housing through case management and wellness workshops available on-site. Within SAMOSHEL, the Respite program is comprised of 12 specialized beds overseen by on-site nursing staff providing a safe place for individuals recovering from health-related incidents referred from local hospitals and Venice Family Clinic.

SAMOSHEL served 113 individuals in FY2017-18, 49 (43%) of whom were identified as Santa Monica program participants, indicating that they met one or more of the qualifying criteria approved by Council for eligibility for City-funded homeless services.
These criteria include: documented five-years or more of homelessness in Santa Monica; last permanently housed in Santa Monica; high users of first responder services; or employed by a local business. Of the 113 individuals served:

- 104 (92%) reported having a disabling physical or behavioral health condition
  - 82 (73%) reported having two or more disabling conditions
- 69 (61%) of these clients have exited the program
  - 14 (20%) of whom exited to temporary or institutional destination
  - 26 (38%) of whom exited directly to permanent housing
  - 27 (39%) of whom exited to unknown destinations, or the streets
  - 2 (3%) passed away while in the program
- The average length of stay of those who exited the program was 234 days.

For context, the Los Angeles Homeless Services Authority’s Coordinated Entry System (CES) Adult System Dashboard shows that from 7/1/16 – 10/31/18, LAHSA-funded CES programs (all program types – outreach, interim housing and rapid re-housing) reported serving 50,312 adults.

- Of those, 31,754 (63%) exited programs.
  - 3,480 (11%) exited to a temporary or institutional destination
  - 9,239 (29%) exited to permanent housing
  - 18,872 (59%) exited to unknown destinations, or the streets
  - 163 (1%) passed away while in the program

**Discussion**

On January 22, 2019, Council directed staff to review grievance procedures for Human Services Grants Program agencies and provide recommendations for a possible complaint process that did not involve the agency in order to allay fears of retaliation.

In order to inform discussions about the complaint process, this Information Item provides a description of grievance procedures for HSGP-funded homeless programs, including The People Concern (TPC), a summary of the specific complaints about TPC and the resolutions, the City’s approach to programmatic and fiscal monitoring of
HSGP programs, and an overview of important steps recently taken by the LA County Board of Supervisors to create a Department of Public Health, Environment Health Interim Housing Program, which will establish a new public health permit and licensing requirement, conduct facility inspections three times per year, investigate complaints, and provide training and assistance to ensure facilities achieve compliance.

1. **Grievance Procedures**

The City’s grant agreement for the Human Services Grants Program requires each grantee to maintain a written grievance procedure. Specifically, the grant agreement states:

“Contractor shall maintain written grievance procedures specifying the steps Program participants may take to file and resolve a grievance against the organization and/or Program. Grievance procedures shall be made available to all Program participants at the point of intake or services and by posting written procedures in a clearly visible and accessible location. Contractor shall maintain a centralized record of all grievances made by Program participants and shall document the final resolution of the grievance.”

In compliance with this requirement, HSGP-funded homeless programs (Upward Bound House, Step Up on Second, St. Joseph Center and The People Concern) post their grievance procedures at each facility and provide copies to Program participants at the time of program enrollment, and the Program participants sign and acknowledge receipt of such procedures (Attachment A). Program participants are invited to voice their concerns informally with their case managers, or they can submit a formal grievance following the stated procedures. Each agency’s policy includes escalated appeals for unresolved issues. In the case of TPC, the program participant may request third-party mediation through the LA City Attorney’s Office’s Dispute Resolution Program. This no cost program is offered by the LA City Attorney’s Office to homeless service agencies County-wide. Separately, if a Program participant feels the agency has not followed its own grievance process appropriately, the participant may file an appeal with the Los Angeles Homeless Services Authority to address such process
concerns. All of these options are clearly stated in each agency’s policy.

Current agency grievance procedures have been effective at resolving most complaints internally with the agency. For example, across TPC’s Westside Interim Housing Programs, out of the 349 unduplicated participants served, 46 grievances were submitted last year by 27 individuals. The majority of these (23) were complaints about conflicts with other program participants. Of the 46 grievances:

- 39 were resolved to the satisfaction of the participant;
- 0 complaints advanced to mediation;
- 20 of the 46 were submitted by the same participant;
  - 15 of these 20 were satisfactorily resolved
  - 5 of the 7 unsatisfied complaints were from this same participant

When receiving a complaint directly from a Program participant, City staff redirect the Program participant to the agency’s grievance process, empowering the Program participant and the agency to first attempt to resolve the complaint. This procedure also supports therapeutic care management by avoiding “splitting” behavior, which is a common coping mechanism for people with behavioral health issues. Addressing splitting requires consistency and predictability in response, defining limits and firmly setting boundaries to avoid creating “good guys” and “bad guys” amongst care staff. Circumventing established procedures to demonstrate empathy or to make someone happy in the short term can have damaging impacts on a person’s long-term therapeutic recovery.

Currently, certain complaints regarding conditions of the facility can remain anonymous, as Public Health and state community care licensing do not reveal the source of complaints when investigating facilities. Additionally, the City’s Santa Monica Works portal allows for users to submit anonymous comments/complaints. However, other complaints regarding alleged mis-treatment or discrimination by staff by their nature require the identity of an aggrieved participant in order to investigate the specifics of the case and properly resolve the issue. No process could guarantee that
agency staff could not deduce the identity of the complainant based on the specifics of the allegations made and the follow-up documentation (case notes, incident reports) of the investigation that the City would require in reviewing such complaints. Accordingly, the promise of anonymity for complaints may set up a false expectation for complainants.

2. **Complaints: Investigation and Response.**

For the past two years, a small group of former and current TPC program participants have generated a number of complaints about SAMOSHEL and The People Concern, focusing on cleanliness of the facility, violations of health standards, and perceived discrimination by staff. City staff take each and every complaint seriously. Staff from Finance, Community and Cultural Services, Planning, Fire, Public Works, Housing and Economic Development, City Manager’s Office, and the City Attorney’s Office have been actively involved in investigating and responding to complaints from the small group of former and current TPC program participants. Items which are actionable have been addressed with the agency and resolved. In addition, the City has reviewed inspection reports and monitoring results by various County agencies, including the Los Angeles Homeless Services Authority, Los Angeles County Department of Mental Health and Department of Public Health. These entities report no unresolved findings or outstanding issues with TPC. A summary of the complaints are as follows:

A. **Business License Requirements.** In February 2017, Community and Cultural Services staff began receiving emails from a former participant with questions about shelters in Santa Monica. During this exchange, it was discovered that TPC was operating multiple sites under a single business license, and CCS worked with Finance to clarify the business license requirement for programs with multiple facilities and to assess compliance across all Human Services Grants Program agencies. Upon being notified by the City that business licenses were required for each site, TPC promptly completed the required applications and submitted payment to bring themselves into compliance with local laws.
B. Exemption from Community Care Licensing Requirements. Concurrently, the California Department of Social Services received a complaint alleging that TPC was operating “unlicensed facilities” under state community care licensing laws. The Finance Department, City Attorney’s Office and Community and Cultural Services staff clarified with the state that homeless shelters are exempt from community care licensing requirements (Attachment B, page 7).

C. Response to Concerned Citizens. In May 2017, current and former TPC program participants collectively identifying themselves as Concerned Citizens submitted a written complaint to the City Attorney’s Office Consumer Protection Division alleging numerous violations by TPC, including operating without a business license, toxic fumes at SAMOSHEL, fire code violations, sub-standard conditions in the shelter, and misconduct by staff (Attachment C). CAO issued a detailed formal response in October 2017 addressing each of the items of the complaint (Attachment D). The CAO’s response made clear that there was no evidence proving TPC failed to comply with Grant Agreement requirements. The response further recommended that any future grievances adhere to the procedures and complete each step of the written grievance procedures of TPC and noted that the complainant had the ability to file a Due Process Appeal with LAHSA given that SAMOSHEL receives funding from LAHSA.

D. Staff Meetings with Concerned Citizens. Staff from Community and Cultural Services met with the Concerned Citizens on two occasions to hear their complaints, ask clarifying questions, provide context and information about the City’s role, and seek reasonable resolutions to their concerns. However, after the second meeting, the Concerned Citizens indicated that further meetings with City staff would be unproductive.

E. Additional Communications and Public Records Requests. City staff have received hundreds of communications, including dozens of public record requests, from the small group of former and current TPC program participants, over the past
two years alleging “human rights violations” and “abuse” of program participants by TPC. The allegations have included:

- **Restroom Conditions.** Allegations of feces and mold in restrooms and showers at SAMOSHEL: The Department of Public Health conducted an unannounced inspection on August 15, 2018 responded to 16 separate issues similar to those noted in recently circulated complaints (Attachment E). The report issued indicated that: “The restrooms were observed to be clean and in good repair. Visible evidence of mold, feces, urine was not observed.” In addition, “The facility was observed to be clean at the time of the investigation.”

- **Coroner’s Report.** Allegations that staff neglected to report a death at SAMOSHEL: Advocates have been citing a coroner’s report that the body was in a state of “early decomp”. However, close inspection of the report indicates that the coroner identified the state of the body at the time of the report, which is dated the day after the reported death.

- **Fiscal Allegations.** Allegations of fiscal malfeasance based on a single fiscal audit report by the Los Angeles Homeless Services Authority (LAHSA) are not an accurate representation of the agency’s fiscal management. LAHSA has no unresolved adverse findings against TPC and TPC is considered by LAHSA to be a “low risk” grantee.

**Programmatic and Fiscal Monitoring**

The Human Services Grants Program includes several forms of programmatic and fiscal monitoring.

- Program and fiscal reports are submitted twice a year by grantee agencies for each program. Staff review program outcomes and expenditure of grant funds.
- Informal site visits and technical assistance occur multiple times throughout the year. Staff attend meetings at various program sites, walk the facilities, and meet with staff to review outcomes and/or discuss participant or programmatic issues.
A minimum of three formal site visits occur during the funding cycle to monitor contract compliance and performance: one agency-wide that focuses on agency procedures and practices; one programmatic that focuses on program-specific procedures and includes a review of client files to verify outcomes and documentation as well as a review of the grievance files; and one fiscal conducted by City staff and a contracted Certified Public Accountant who specializes in non-profit accounting that reviews fiscal policies and procedures and internal controls. Programs that are under-performing or have significant programmatic changes during the funding cycle may be subject to additional monitoring. During the extension of the grant cycle, additional programmatic monitoring will be conducted for each program.

LA County Enhanced Oversight
After a six-month collaborative process, LA County proposed a three-pronged enhancement of oversight for homeless interim housing programs that includes establishing universal standards for facilities, developing uniform services standards across publicly-funded programs, and implementing a standard grievance and complaint process. On November 27, 2018, the LA County Board of Supervisors approved an ordinance that creates the Department of Public Health, Environment Health Interim Housing Program, which will establish a new public health permit and licensing requirement, conduct facility inspections three times per year, investigate complaints, and provide training and assistance to ensure facilities achieve compliance. Concurrently, LAHSA drafted a Countywide Interim Housing Minimum Practice Standards for public comment in December 2018. Once finalized, the Standards will be presented to the LAHSA Commission for approval, followed by implementation. While pending the development of a standard county-wide grievance process, LAHSA has launched a Consumer Support Center (https://www.lahsa.org/support/), which includes step by step guidance for submitting grievances. Currently, LAHSA is only offering support related to LAHSA-funded
agencies, which includes St. Joseph Center, Step Up on Second, TPC and Upward Bound House.

**Next Steps**

In order to create consistency across local and regional programs, and to simplify the grievance process for all program participants by having one standard process regardless of funding stream or geographic location, the City will support the County’s efforts to standardize facility, services and complaint protocols. Once finalized, compliance with these standards and practices will be included as a condition of funding for all homeless services facilities supported by the Human Services Grants Program and posted to the City’s website for reference. In addition, City staff will develop an information sheet with guidance for program participants wishing to file a grievance about their experience in a City-funded social service program. This information sheet will be made available to the public on-line and at the City Hall information desk.

**Summary**

SAMOSHEL has a long history of operations that has benefitted highly vulnerable people experiencing homelessness. Consistent with HSGP contract requirements, TPC maintains a robust grievance procedure that includes 1) an option of appeal to LAHSA and 2) voluntary third-party mediation using no-cost services from the LA City Attorney’s Office. Step Up on Second, St. Joseph Center and Upward Bound House also maintain written and posted grievance procedures that include multiple, graduated steps for resolution. In addition, options exist with the current County and City public complaint processes that allows for anonymity. City staff are participating in and supporting the County’s efforts to implement uniform standards and protocols for the operation of interim housing programs, which will be integrated into all applicable HSGP program contracts.

**Prepared By:** Setareh Yavari, MSW, Human Services Manager
Attachments:

A. Grievance Policies
B. State Policy Guidance – Community Care Licensing
C. Consumer Complaint – May 2017
D. City Attorney’s Office Response to Consumer Complaint – October 2017
E. LA County Public Health Report – August 2018
GRIEVANCE PROCEDURE FOR CLIENTS

It is the goal of The People Concern to treat all clients in a fair and respectful manner. This procedure has been established to enable a client to request a review of their termination/suspension of services or grievance with a program that he/she may feel is a deviation from this goal. Upon entry into The People Concern programs, clients are provided with documentation of the program requirements and, consequently, violations that cause suspension or termination from services. The People Concern takes suspension/termination of services and grievances seriously. This grievance procedure serves as a client’s recourse to programmatic decisions and must be filed in a timely manner.

If/when a client receives notice that he or she will be suspended/terminated from services, written detail of the precipitating factors involved with the decision and notice of The People Concern’s intent to terminate will be provided to the client. If he or she wishes to file a grievance requesting a reconsideration of his or her termination or experience in a The People Concern program, the following procedures will be followed.

Please refer to the table on pages 3-4 for direct contact names:

a. The grievance should first be taken to the Assistant Project Director or Program Manager in the project/department involved, who will listen to the concerns and decide on the course of action that will be summarized on the grievance form.

A summary of the grievance and its resolution will be written by the Assistant Project Director or Program Manager and signed by the client to indicate that it was received. The Assistant Project Director or Program Manager will present the resolution to the relevant Project Director of the unit or department involved and The People Concern’s Director of Crisis Intervention Services. If the grievance has reached conclusion at this point, the final written decision of The People Concern will be provided to the client.

If the grievance involves the Assistant Project Director or Program Manager, the grievant may go directly to the relevant Project Director.

b. If not satisfied with the resolution in step a (above), the client may request a meeting with the Project Director of the relevant unit or department. The client must first meet with the Assistant Project Director or Program Manager before meeting with the Project Director. The Project Director will meet with the client and listen to his or her concerns, will get information about all that has happened with respect to the issues (including all written materials), and will discuss a potential resolution with the client. If the grievance has reached its conclusion at this point, the written final decision of The People Concern will be provided to the client by the Project Director of the relevant unit or department.

c. If not satisfied with the resolution at step b (above), the client may take the grievance to the Director of Crisis Intervention Services for review and consideration. The Director of Crisis Intervention Services will be the agency point person with experience in mediation. A client must first meet with the Assistant Project Director or Program Manager and the Project Director before meeting with the Director of Crisis Intervention Services. (The Director of Crisis Intervention...
Services will not meet with any client who has not had a meeting with the Project Director. A discussion will be held with the client as well as with the project staff to get background on the occurrence. If the grievance has reached its conclusion at this point, the written final decision of The People Concern will be provided to the client by the Director of Crisis Intervention Services.

d. If the grievance has not been resolved following the meeting with the Director of Crisis Intervention Services, the client may request that the grievance be reviewed by The People Concern’s Director of Programs. The Director of Programs will not meet with any client who has not yet met with 1) the Assistant Director or Program Manager of the relevant unit/department, and 2) the Project Director of the relevant unit/department, and 3) the Director of Crisis Intervention Services. If the grievance has reached its conclusion at this point, the written final decision of The People Concern will be provided to the client.

e. Every effort will be made to resolve grievances regarding termination from a The People Concern residential program within two (2) working days; and from a non-residential program within five (5) working days. Grievances that do not involve suspension or termination from a program will be seen to conclusion within 72 hours of the initial filing of the complaint.

f. When a client grieves a program termination or actions, the following questions will be asked by all involved in the process:
   • Was the client given and explained the rules governing the program?
   • Were the program rules violated? In what way?
   • Was the client handled with consistency?
   • Were the expectations of client behavior made clear and were they reasonable?
   • Were there warnings given to the client to allow a chance to alter his/her behavior?

At any point throughout the hearing of grievances, The People Concern staff will engage face-to-face with the client (if appropriate) in a confidential area. In most cases, this space will be the site’s conference room, which can accommodate multiple parties, if necessary.

If the grievant requests that his/her grievance be referred to mediation/dispute resolution, The People Concern will make such referral, schedule a mutually acceptable date and time for all parties to meet, and will fully participate in the mediation/dispute resolution process. Grievant may elect to use the following “cost free” resolution service:

Dispute Resolution Program
Office of the City Attorney
200 N. Spring Street, 14th Floor
Los Angeles, CA 90012
(213) 978-1880

LAHSA Due Process Appeal
If the grievant believes that The People Concern has not followed their established Grievance Policies and Procedures in hearing and attempting to resolve the grievance, grievant may choose to file a due process appeal with LAHSA. The purpose of the LAHSA appeal will be for LAHSA to determine whether The People Concern has provided due process by following the procedures within its own grievance policy.

If the grievant chooses to file a due process appeal with LAHSA, The People Concern must assist the grievant in completing the LAHSA Grievance Resolution Appeal Form. The People Concern shall then
process the appeal form within 48 hours of giving grievant the written decision in response to the grievance. The People Concern shall process the appeal form in one of the following manners of grievant’s choosing:

a. The People Concern may supply grievant with a stamped envelope addressed to LAHSA at the address listed in paragraph c., below, or,

b. The People Concern may fax the form directly to LAHSA using the fax number indicated in paragraph c., below. The People Concern shall provide grievant the printed confirmation sheet indicating that the fax was successful.

c. All completed LAHSA Grievance Resolution Appeal Forms must be submitted to the following contact person:

Grievance Coordinator
Los Angeles Homeless Services Authority (LAHSA)
811 Wilshire Blvd., Suite 600
Los Angeles, California 90017
Grievance Direct Line: (213) 225-8454
LAHSA Fax Number: (213) 892-0093
Grievance Email: grievances@lahsa.org

PLEASE NOTE: Any participant may be terminated from any The People Concern program or project for violence or threat of violence without warnings being given.

My signature below indicates that I have read and understand The People Concern Grievance Procedure.

Signature: __________________________________________ Date: _____________________

The People Concern Grievance Contact List

**Director of Crisis Intervention Services:** Stuart Robinson (213) 488-9559, ext. 142
**Director of Programs:** (310) 264-6646

<table>
<thead>
<tr>
<th>Project</th>
<th>Assistant Director / Program Manager</th>
<th>Project Director</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access Center</strong></td>
<td>Attara Enerva, Chanel London, Courtney Reed, Kevin Goins, Nick Wortman, Kennethia McNabb</td>
<td>Cherry Castillo</td>
</tr>
<tr>
<td>503 Olympic Blvd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Monica, CA 90401</td>
<td>(310) 450-4050</td>
<td></td>
</tr>
<tr>
<td><strong>Cloverfield</strong></td>
<td>Sara Veilleux</td>
<td>Isabelle Huguet-Lee</td>
</tr>
<tr>
<td>1751 Cloverfield Blvd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Santa Monica, CA 90404</td>
<td>(310) 883-1222</td>
<td></td>
</tr>
<tr>
<td><strong>HAUS</strong></td>
<td>Patrick Taylor</td>
<td>LaTonya Smith</td>
</tr>
<tr>
<td>1920 W 3rd St</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Los Angeles, CA 90057</td>
<td>(213) 488-9559</td>
<td></td>
</tr>
</tbody>
</table>
| **Housing Department** | 1751 Cloverfield Blvd  
Santa Monica, CA 90404  
(310) 883-1222  
222 S Hill St, 7th Floor  
Los Angeles, CA 90012  
(310) 935-8707 | Naomi Levi, LCSW | Julie DeRose, LMFT |
|------------------------|-------------------------------------------------|-----------------|-----------------|
| **IMHT/FCCS** | 1450 20th St  
Santa Monica, CA 90404  
(310) 309-6001 | Jessica Beale, PsyD | Susan Osborne, LMFT |
| **SAMOSHEL** | 505 Olympic Blvd  
Santa Monica, CA 90401  
(310) 581-9825 | Christina Dias | Dana Rowland-Walker |
| **SOLAR** | 4200 E Compton Blvd  
Compton, CA 90221  
(424) 338-3032 | | Mayerly Vanegas |
| **Turning Point** | 1447 16th St  
Santa Monica, CA 90404  
(310) 828-6717 | Lori Hood | Luther Richert |
| **The Village** | 527 Crocker St  
Los Angeles, CA 90013  
(210) 488-9559 | Steven Mitchell | LaTonya Smith |
| **Wellness/FCCS** | 619 E 5th St  
Los Angeles, CA 90013  
(213) 537-0822 | Adam Haynes, LCSW | Susan Osborne, LMFT |
Grievance Resolution Procedures:

Any client who feels they have a grievance must first attempt to resolve the situation directly with your case manager. Clients are encouraged to schedule a special meeting to discuss the issues(s) and to make every attempt to come to a resolution at the time.

If a resolution cannot be reached, clients will be asked to put their grievance in writing and forward it to the Program Manager. You will be contacted by the Program Manager within 3 business days of receipt of the grievance. The Program Manager will schedule a meeting between the client, the Program Manager and Director. If a decision is not reached at the time then a secondary grievance will be filed in writing and the Director will contact you within 3 business days of receipt of the grievance and a secondary meeting will be held with the Director and Vice President of Programs.

If necessary, an outside mediator may be employed in situations where no other resolution is possible. Referrals to this outside mediator shall be made within 48 hours following the client’s request. The name and address of the outside mediator is available upon request.

In the event of a grievance that is filed due to a termination from SJC, the termination will be in effect until all procedures have been followed and a final resolution has been made. We will provide the client with a referral to other programs if requested at the time services are terminated. SJC wants to resolve any and all problems concerning client’s participation in SJC’s programs in a fair, prompt, and efficient manner.

St. Joseph Center will provide a confidential area where grievances may be heard. These areas may include the conference room at a St. Joseph Center location.

This grievance procedure shall be given to all new clients at intake.

I have been informed of this procedure.

Signature of Client: __________________________ Date: ______________

Signature of Staff: __________________________ Date: ______________

☐ Client received a copy on (date):_________________________

☐ Client refused a copy
Upward Bound House

Client Grievance Procedures

It is Upward Bound House policy to provide its clients with a means to lodge complaints, or make appeals, when the client considers decisions concerning them, or services provided to them, to be unsatisfactory. The client grievance policy is incorporated into the client consent form at the initial intake.

PROCEDURES

If a client is dissatisfied with decisions made or services provided, the staff member receiving the complaint will inform the client of their right to file a grievance.

1. The staff member shall give a copy of the Grievance Procedure to the client during the initial intake.
2. The client provides written documentation of activities/events that have lead to the grievance.
3. The staff member receiving the complaint notifies his or her Program Manager.
4. The Program Manager is required to contact the client within seventy-two hours and attempt to resolve the complaint.

All grievance hearings will be held on site in a private office to ensure confidentiality. If it is necessary to hear the complaint at any of our other facilities, the client will be provided transportation via the agency van, taxi vouchers or bus tokens at the agency's expense. If the complaint is resolved to the client’s satisfaction, a copy of the resolution will be placed in the client file and a copy will be made available to the client. Upward Bound House will maintain a central file of client grievances and resolutions at each applicable site.

RESOLUTION

If the problem is not resolved, the client must put the complaint in writing; the Program Director may assist the client with this, if necessary. Within seventy-two (72) hours of receiving the written complaint, the Program Director must meet with the client and present the proposed solutions(s). If the client accepts the proposed solution(s) to the grievance, then the written note concerning the process is placed in the case record, and a copy is made available to the client.

Should there still be no solution(s) to the complaint, the Executive Director or his/her designee is notified within seventy-two hours. The Executive Director or designee contracts the client within seventy-two hours and again attempts to reach a solution(s) to the complaint. The documentation process, as described above, is followed.

As noted, the Executive Director or his/her designee formally notifies the client in writing of the resolution to the grievance. Client interaction is required at each step of this process. The Program Director will keep documentation on file. In the event that there is no resolution to the grievance after it is referred to the Executive Director or designee,
the grievance is referred to the outside resolution program listed below within 48 hours of the meeting between the complainant and the staff person responsible for the resolution of grievance.

Office of the City Attorney  
Dispute Resolution Program  
222 South Hill Street, 6th Floor  
Los Angeles, CA 90012  
Telephone: (213) 485-8324

The decision by the Executive Director and the Dispute Resolution Program is final and binding. All documentation relating to complaints is filed in a centralized secure location as well as in the client file. This and all information relating to the contract is fully accessible to funding agency upon request.

**TERMINATION PROCEDURES**

Clients may be terminated from the program in the event that they violate program rules agreed upon program entry. It is Upward Bound House policy to work with clients and provide opportunities to address the program violations before a termination decision is reached. However, there are instance such as arson, violent behavior that threatens the safety of other clients and staff that warrant immediate termination. Upward Bound House policy does not bar clients terminated from the program from receiving further assistance at a later date.

The termination procedures include:

a) A written notice to the program participant containing a clear statement of the reasons for termination.

b) The review of the decision must give the program participant the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the decision.

c) Prompt written notice of the final decision to the program participant.

**Contacts:**

1. Chris Oliver  
Program Manager  
(310) 461-5148  
coliver@upwardboundhouse.org

2. Tara Brown  
Program Director  
(310) 420-5820  
tbrown@upwardboundhouse.org

3. Christine Mirasy-Glasco  
Executive Director  
(310) 458-7779 ext: 202  
cglasco@upwardboundhouse.org

_____________________________  __________________________________  
Client Signature/Date    Authorized UBH Representative/Date
I/We ______________________ acknowledge receipt of Upward Bound House grievance procedures. Upon my intake I was given a copy of the full procedures as well as made aware of the information being posted on the information board in the program lobby. I/We acknowledge that a copy of this form will be placed in my client file as evidence of receipt.

________________________________________  ______________________
Client Signature                          Date

________________________________________  ______________________
Case Manager Signature                    Date
Step Up strongly encourages members to voice grievances and concerns if you feel your rights have been violated. Step Up has a formal problem resolution and grievance procedure to protect your rights. Your concerns will be taken seriously, listened to carefully, investigated fully, and responded to quickly. *We anticipate that most issues can be resolved informally by program staff on the same day the incident occurs.*

**The first step** is to discuss your grievance with the individual with whom the action occurred, any staff member, or the Team Leader of the department as soon as possible. **If this informal discussion does not resolve the problem, then you may:**

A. Submit your grievance in writing to the Program Manager. **Please include contact information to ensure a timely response.** Please ask any staff or other member should you need any assistance. We will provide paper and pen. Your concern will be reviewed and investigated fully. You will be informed of the results of your grievance in writing and/or in-person within 72 hours business hours of receiving the written grievance.

B. If you are not satisfied with the above response, you may request a confidential hearing with the Chief Operating Officer, the Director of Supportive Services, and the President of the Member Advisory Committee. You may bring others for support if you choose.

C. All parties’ confidentiality will be protected and no one will be subject to discrimination or any other penalty for filing a grievance (informal verbal expression of dissatisfaction) or grievance (formal written grievance).

D. If you remain unsatisfied, Step Up on Second will refer you to the following outside resources:

   - Los Angeles County Beneficiary Services Program  
     (213) 738-4949
   - OR
   - Patients’ Rights Advocates  
     Los Angeles County Department of Mental Health  
     550 South Vermont Avenue, 6th Floor  
     Los Angeles, CA 90020  
     (800) 700-9996
# Problem Resolution Procedures

## For Step Up Members

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Name:</td>
<td></td>
</tr>
<tr>
<td>Address or Mailing Address</td>
<td>City</td>
</tr>
<tr>
<td></td>
<td>Zip</td>
</tr>
<tr>
<td>Phone Number</td>
<td>( )</td>
</tr>
</tbody>
</table>

You will not be subject to discrimination or any other penalty for filing a grievance or appeal. Your confidentiality will be protected at all times in accordance with State and Federal law. Use additional sheets if necessary.

**Description of Grievance or Appeal**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Received by:</td>
</tr>
<tr>
<td>Received by:</td>
</tr>
</tbody>
</table>
REGULATION INTERPRETATIONS

AND

PROCEDURES

FOR

SOCIAL REHABILITATION FACILITIES
TABLE OF CONTENTS

ARTICLE 1. GENERAL DEFINITIONS

General ...................................................................................................................................81000
Definitions..............................................................................................................................81001

ARTICLE 2. LICENSE

Operation without a License ..................................................................................................81006
Exemption from Licensure ....................................................................................................81007
Licensing of Integral Facilities ..............................................................................................81008
Limitations on Capacity and Ambulatory Status .................................................................81010

ARTICLE 3. APPLICATION PROCEDURE

Application for License ..........................................................................................................81018
Criminal Record Clearance ....................................................................................................81019
Criminal Record Exemption ..................................................................................................81019.1
Fire Clearance ........................................................................................................................81020
Water Supply Clearance ........................................................................................................81021
Plan of Operation ...................................................................................................................81022
Disaster and Mass Casualty Plan ...........................................................................................81023
Waivers and Exceptions .........................................................................................................81024
Bonding ..................................................................................................................................81025
Safeguards for Cash Resources, Personal Property, and Valuables ......................................81026
Initial Application Review .....................................................................................................81027
Capacity Determination .........................................................................................................81028
Withdrawal of Application ....................................................................................................81029
Provisional License ................................................................................................................81030
Issuance of License ................................................................................................................81031
Submission of New Application .............................................................................................81034
Conditions for Forfeiture of a Community Care Facility License .........................................81035
Licensing Fees .......................................................................................................................81036

ARTICLE 4. ADMINISTRATIVE ACTIONS

Denial of Initial License .........................................................................................................81040
Revocation or Suspension of License ....................................................................................81042
License/Applicant Complaints (RESERVED) ..........................................................................81043
Inspection Authority of the Department or Licensing Agency ................................................81044
Evaluation Inspections ...........................................................................................................81045
SOCIAL REHABILITATION FACILITIES

TABLE OF CONTENTS (Continued)

ARTICLE 5. ENFORCEMENT PROVISIONS
Deficiencies in Compliance ................................................................................................... 81052
Follow-up Inspections to Determine Compliance ................................................................. 81053
Penalties ................................................................................................................................. 81054
Administrative Review .......................................................................................................... 81055

ARTICLE 6. CONTINUING REQUIREMENTS
Reporting Requirements ........................................................................................................ 81061
Administrator-Qualifications and Duties............................................................................... 81064
Personnel Requirements....................................................................................................... 81065
Personnel Records.................................................................................................................. 81066
Admission Agreements.......................................................................................................... 81068
Client Medical Assessments .................................................................................................. 81069
Client Records ....................................................................................................................... 81070
Register of Clients .................................................................................................................. 81071
Personal Rights ...................................................................................................................... 81072
Telephones ............................................................................................................................. 81073
Transportation ......................................................................................................................... 81074
Health-Related Services ........................................................................................................ 81075
Food Service .......................................................................................................................... 81076
Care for Clients with Incontinence .......................................................................................... 81077.4

ARTICLE 7. PHYSICAL ENVIRONMENT
Alterations to Existing Buildings or New Facilities .............................................................. 81086
Buildings and Grounds .......................................................................................................... 81087
Furniture, Fixtures, Equipment and Supplies ......................................................................... 81088

ARTICLE 8. INCIDENTAL MEDICAL SERVICES
Health and Safety Services ..................................................................................................... 81090
Restricted Health Conditions ................................................................................................ 81092
Indwelling Urinary Catheter/Catheter Procedure .................................................................... 81092.6
Insulin-Dependent Diabetes ................................................................................................ 81092.8
Article 1. GENERAL DEFINITIONS

81000 GENERAL

POLICY

The Chapter 2 Social Rehabilitation Facility regulations apply only to Social Rehabilitation Facilities. To ensure that regulations are properly enforced, corresponding sections in the facility-specific regulations should be reviewed.

81001 DEFINITIONS

(b)(1) Basic rate

POLICY

The admission agreement shall specify the services to be provided and the rate for such services.

For Supplementary Security Income/State Supplementary Payment recipients, licensees shall provide all basic services at the government prescribed rate. In addition to funds paid by Supplementary Security Income/State Supplementary Payment, residents of community care facilities may also have $20 per month of income which is exempt for purposes of allowance computation. Thus, a resident may have personal and incidental monies plus $20 exempt income. The exempt income may be used to pay an additional charge for basic services provided. The additional charge for basic services provided is indicated in an admission agreement. Pursuant to the Welfare and Institutions Code Section 11006.9, it is grounds for revocation of a licensee to obtain as an additional cost for care, aid allocated to a recipient for his/her personal and incidental needs.

For private pay residents (residents who do not receive Supplementary Security Income/State Supplementary Payment), the rate should be negotiated at the time of admission, and documented in writing in an admission agreement. However, a facility may charge whatever rate it chooses for services provided to each individual private pay client. All services to be provided and the total cost for providing those services are specified in an admission agreement. Furthermore, the rate charged must be for provision of all services required by the client. In many cases, an individual will not require a number of the elements of care and supervision specified in California Code of Regulations, Title 22, Section 81001(c)(3). In these cases the rate for care established by the client may reflect only the cost of services to be provided.

If this rate does not cover all the basic services a community care facility is required to provide, or all the services offered by the specific facility, but not currently required by the client, then there should be a clear explanation in the admission agreement as to what changes or increases in the rate will occur if these services become required or desired by the client. A care provider is not prohibited from raising his/her rate for any services to private pay clients at any time, as long as the 30-day notice is given as required by California Code of Regulations, Title 22, Section 81068(c)(4), (e), (f) and (g). In no event shall a care provider charge a higher rate than agreed to in advance by a client.
81001 DEFINITIONS (Continued)

(b)(1) Basic rate

PROCEDURE

Refer to Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81026(f), 81068, and 81001(b)(1).

(c)(3) Care and supervision

POLICY

Facilities which provide care and supervision are required to be licensed. These care and supervision activities include all basic services which must be provided in order to obtain and maintain a license.

(e)(7) Exception

PROCEDURE

See Reference Material, Office Functions, Section 2-5000 and Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81024.

(e)(8) Exemption

POLICY

Exemptions can be obtained on an individual basis under certain circumstances. However, the law does not allow transferring of exemptions between statutory acts.

PROCEDURE

Refer to Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81019.

(g)(1) Guardian

POLICY

A guardian is also identified as a person who is exempt from licensure.

(i)(1) Inhalation-assistive device

POLICY

Inhalation-assistive devices do not include metered-dose aerosols and dry-powder inhalers. Due to public comment, metered-dose aerosols and dry-powder inhalers were removed from this definition during the October 1998 regulation package (ORD# 0696-27). Refer to California Code of Regulations, Title 22, Section 81075 regarding facility staff assisting clients with metered-dose inhalers and dry powder inhalers.

(n)(2) Nonambulatory person

POLICY

A deaf person who could respond to a visual signal may be ambulatory. However, when coupled with other factors such as dependence upon a mechanical aid, the person would be considered nonambulatory.

In summary, a nonambulatory person is defined as one who is unable to leave a building unassisted under emergency conditions. This would include:

1. Any person who is unable, or likely to be unable, to physically respond or mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger.
(n)(2) Nonambulatory person

2. Any person who depends upon a mechanical aid such as crutches, walkers, and wheelchairs.

Policy regarding total care need and bedridden clients is as follows:

A total care need client is one who is totally dependent on others to perform for them all activities of daily living including feeding, dressing, diapering etc.

A bedridden person is defined in Uniform Building Code Section 403 as “a person confined to a bed, requiring assistance in turning or unable to independently transfer to and from bed, and unable to leave a building unassisted during emergency conditions.”

Total care need and bedridden clients shall be allowed in community care facilities so long as the client does not require more than incidental medical care and the following conditions are met:

1. The licensee has obtained the appropriate bedridden or non-ambulatory fire clearance.

2. The licensee has a needs and services plan or Individual Program Plan, which specifies the services to be provided to ensure appropriate care for the client’s bedridden or total care condition.

(See Regulation Interpretations and Procedures for Social Rehabilitation Facilities Sections 81010 and 81020.)

PROCEDURE

See Regulation Interpretations and Procedures for Social Rehabilitation Facilities Sections 81010 and 81020.

(s)(7) Substantial compliance

PROCEDURE

See Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81051.

(u)(3) Urgent need

PROCEDURE

Refer to Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81030.

(w)(1) Waiver

PROCEDURE

Refer to Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81024 and Reference Material, Office Functions, Sections 2-5000 through 2-5700.
ARTICLE 2. LICENSE

81006 OPERATION WITHOUT A LICENSE 81006

(a) POLICY

When an unlicensed facility is in operation, the facility may file an application. However, continued operation pending licensure is a violation of the law.

PROCEDURE

For further clarification, refer to Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81006(b) and (c).

(b) POLICY

If information is received regarding the operation of an unlicensed facility, it shall be treated and given priority as a complaint. For more information on complaint investigations and unlicensed facilities, refer to Reference Material, Enforcement Actions, Sections 1-0600 through 1-0650 and Reference Material, Complaints, Sections 3-2010, 3-2110 and 3-2240.

An inspection shall be conducted to determine if the facility needs to be licensed.

The Licensing Program Analyst should contact his/her Licensing Program Manager if (1) reasonable attempts have been made to gain access, and (2) there is a basis to support the belief that care and supervision are being provided (e.g., interviews with neighbors support belief). If the evaluator cannot gain entry into the facility in order to conduct this inspection, contact the Regional Investigation Section.

In order to determine if a license is necessary, the review tool may be used during the site inspection to assess what the operator has agreed to provide in the living arrangement. There may be instances where sufficient evidence exists to substantiate an unlicensed operation complaint against the operator without the use of this review tool or with partial completion of the review tool. Information used to determine the scores used in the review tool can come from several sources including, but not limited to:

1. Observations and interviews with individuals residing at the location;
2. Interviews with the operator;
3. Information received from other sources such as hospice agency, home health agency, discharge planner, placement agency, social worker or the local ombudsman office.

The Regional Office consulting enforcement attorney should be assisting every step of the way with these fact intensive decisions, and in all situations, the Regional Manager and/or Licensing Program Manager must be consulted before making a decision.
Upon final review of the data collected, if it is determined that care and supervision is provided and meets administrative or evidentiary standard, the issuance of a citation for “unlicensed operation” followed by issuance of a Notice of Operation in Violation of Law (LIC 195) will occur.

**PROCEDURE**

If care and supervision are not being provided and it does not appear that any is needed, notify the operator using the Complaint Investigation Report (LIC 9099) and notify the complainant(s), if applicable, using the Complaint Response (LIC 856) by phone or in person. A copy of the Complaint Response (LIC 856) notice shall be placed in the facility confidential files.

If care and supervision are not being provided, yet it appears that individual(s) need such, notify the same individuals specified above plus any known responsible parties, including relatives, guardians or placement agencies, as applicable.

When notifying responsible persons or agencies, mail notices no later than one working day after the inspection has been conducted.

If there are any immediate health and safety risks (e.g., abuse, neglect, or exploitation, serious physical plant deficiencies, etc.) telephone Adult Protective Services and/or the Long-Term Care Ombudsman so that immediate action to investigate and take necessary protective action, including necessary relocation of clients, can be initiated. Follow up such notification in writing. For more information regarding facility closures, see Reference Material, Enforcement Actions, Sections 1-0010 and 1-1190.

Discuss with your supervisor the need to refer any cases to the Investigations Branch.

In-home supportive services arrangements often appear to fall under the jurisdiction of the Community Care Licensing Division, particularly congregate living arrangements for the elderly and/or persons with disabilities wherein the provider – who sometimes lives in the home – provides in-home supportive services entailing care and supervision. Not all congregate living arrangements require licensure, however. If all residents receiving care and supervision in a living arrangement receive care through the In-Home Supportive Services Program either through the same or different providers, licensure is not required. All other living arrangements where care and supervision is provided will need to be assessed on a case-by-case basis. This includes living arrangements where some residents receive care and supervision through the In-Home Supportive Services Program and some residents receive care and supervision through another provider relationship.

The Notice of Operation in Violation of Law (LIC 195) shall be issued when a facility is discovered operating without a license.

The Notice of Operation in Violation of Law (LIC 195) shall be issued omitting the last paragraph, when a facility is discovered operating under the following circumstances:
81006  OPERATION WITHOUT A LICENSE  (Continued)  81006

(c)  POLICY  (Continued)

1. When an application has been filed, but a license has not yet been approved.

2. When an initial application for a new license has been denied (regardless of whether or not such denial is appealed by the applicant).

When the Regional Office has been previously informed that a facility is operating without a license, take the Notice of Operation in Violation of Law (LIC 195) signed by the Regional Manager to the inspection. If it is determined during the inspection that the facility is providing care and supervision and is operating unlicensed, issue the Notice of Operation in Violation of Law (LIC 195). If the Regional Office has not been previously informed, the notice shall be mailed (certified mail return requested) or hand-delivered to the operator by not later than the following workday. If you are not returning to your office the day of the inspection, call your office and make arrangements for the notice to be mailed within the specified time frame.

If the operator has taken no immediate action and an application has not been filed, make a follow-up inspection within 30 days of the initial inspection. The purpose of this inspection is to determine whether the facility is continuing to provide care and supervision. If such is the case, consult with your supervisor to consider referral to the Investigations Branch for appropriate enforcement action. For more information on the Investigations Branch, refer to Reference Material, Enforcement Actions, Sections 1-0600 through 1-0650.

81007  EXEMPTION FROM LICENSURE  81007

(a)  See Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81018(d)(5) regarding eating disorders clinics.

(a)(3)  POLICY

Facilities determined by the Community Care Licensing Division to be providing nonmedical care and supervision are not exempt from licensure under Health and Safety Code Section 1505(f). These facilities shall be subject to licensure as a community care facility. This statute does exempt church conducted facilities that adhere to a dependence on prayer or spiritual means for healing. However, this exemption is limited to those facilities that substitute prayer for medical/nursing services which would otherwise be provided for or required by residents in a health facility such as a nursing home or hospital as defined in Sections 1200 or 1250 of the Health and Safety Code.

For cases in which a facility is claiming an exemption from licensure the Community Care Licensing Division will determine if granting the exemption is valid. In order to make this determination, the staff of the Community Care Licensing Division Regional Office will:

1. Inspect the facility to evaluate the type and extent of care and supervision being provided to persons residing in the facility in question.
2. Contact the appropriate Department of Public Health licensing agency when it appears that medical care is required (though not provided) and ask them to determine if the facility is exempt from licensure as a health facility as defined by the Health and Safety Code. In cooperation with Department of Public Health, the Community Care Licensing Division staff may arrange joint inspection with Department of Public Health licensing staff to evaluate the facility.

3. Advise the facility operator(s)/administrator(s) that they are required to have a license as a community care facility when it is determined that care and supervision is needed and being provided and/or medical care is not needed and not being provided. Give the operator(s) and/or administrator(s) an opportunity to file an application.

4. For those facilities subject to licensure, the following guidelines will be used in granting waivers/exceptions for those licensing requirements which conflict with the beliefs and practices of the particular religion:

   a. If the facility is maintained by and for the followers of a church or religious denomination who relies upon prayer or spiritual means for healing, the licensing agency shall not require medical assessments, examinations, tests, health histories or medical supervision of the employees or residents in the facility, provided employment and admission for care is limited to those individuals.

   b. An exception for medical assessments, examinations, tests, health histories, or medical supervision may be granted to a facility that admits adults who rely solely upon prayer or other spiritual means for healing. Individuals, however, must present satisfactory evidence that they do not have a communicable disease. Satisfactory evidence shall be a physician’s written statement.

5. If a facility is maintained by and for the followers of a particular faith or religion, such preference may be stated on the license.

(a)(4) POLICY

A homeless shelter is exempt from licensure as a community care facility. To qualify for exemption, the facility is prohibited from providing care and supervision, administering or dispensing prescription medications to homeless persons, or allowing a homeless person to reside permanently in the shelter.

Homeless shelters may provide certain acceptable services. These include temporary shelter, food/meals, clothing, transportation, personal grooming supplies, bathing facilities, laundry facilities, housing search assistance, job search assistance, advocacy, and counseling. These permitted services may appear to cross over with care and supervision requiring licensure; however, a homeless shelter that provides these services shall not be construed as providing elements of care and supervision and is exempt from licensure.
Due to the nature of the program, individuals who come to a homeless shelter may need care and supervision. If an evaluation by shelter staff indicates that a client is in need of care and supervision, the client will be referred for appropriate placement.

PROCEDURE

If a Licensing Program Analyst receives a complaint regarding a homeless shelter operating as an unlicensed facility, the Licensing Program Analyst must immediately discuss the complaint with his/her Licensing Program Manager to assess whether an unlicensed operation of a facility is occurring. In addition, the Licensing Program Analyst and Licensing Program Manager should consult with the enforcement attorney if necessary to obtain assistance interpreting requested documents provided by the operator. This determination will be made on a case-by-case basis. As part of the unlicensed operations complaint investigation, consideration should be made to the documentation provided by the operator demonstrating the status as a homeless shelter. This documentation may include, but not be limited to, a business license or other required permits, if required by local ordinances to operate as a homeless shelter, or contracts with local governments to operate a homeless shelter. Local ordinances may have set requirements that must be met in order to operate a homeless shelter (e.g., permits, zoning requirements, maximum number of beds, and business licenses). Senate Bill 2 (Statutes of 2007) required local governments to identify a zone that can accommodate at least one year-round emergency shelter and sets parameters regarding local requirements such as permits and zoning requirements. Emergency shelters would be an example of a homeless shelter that would be exempt from licensure from the Department of Social Services. The Licensing Program Analyst must obtain the Licensing Program Manager’s approval prior to issuing findings that a homeless shelter is operating as an unlicensed facility.

POLICY

1. Facilities on federal property or on Indian Reservations:

   Facilities on federal government property or on Indian Reservations are exempt from licensing.

PROCEDURE

1. Process a licensing application, if the land manager (e.g., military base commander or the Indian Tribal Council) agrees to cooperate with all licensing procedures. Use the appropriate following standard form to record the agreement:

   Agreement for licensure of community care facility/child day care facility on Federal Property [LIC 996]

   Agreement for Licensure of Community Care Facility/Child Day Care Facility on an Indian Reservation [LIC 996A]
In addition, the licensing agency should obtain a written agreement from the applicant to ensure that all parties understand the licensing conditions. Use the appropriate following standard form to record the agreement with the applicant:

- Agreement by Licensee/Applicant on Federal Property (LIC 997)
- Agreement by Licensee/Applicant on an Indian Reservation (LIC 997A)

A licensing agency manager should sign the agreement used.

If an agreement is with an Indian Tribal Council, the licensing agency must notify the Bureau of Indian Affairs. Send a copy of the completed agreement to the following address:

U.S. Department of Interior
Sacramento Area
Bureau of Indian Affairs
2800 Cottage Way
Sacramento, CA 95825
Attention: Area Director

“Single site” means at one location, or on the same premises. In other words, a facility may be comprised of multiple buildings, and may be under one license, as long as the buildings are physically located on the same premises (adjoining lots); are managed by the same licensee; are components of a single program; and have a common address. (For purposes of determining if the facility is a single site, consult the county tax records at the county assessor’s office to ascertain if the property on which the buildings are located is under a single parcel number or on adjoining lots.)
ARTICLE 3. APPLICATION PROCEDURE

81019  CRIMINAL RECORD CLEARANCE  81019

(a)

Registered nurses, licensed vocational nurses, podiatrists, physical and occupational therapists, and other medical professionals who inspect facilities and only provide services within their scope of practice do not need background checks. However, if the medical professional is a licensee or employee of a community care facility, or provides assistance to clients with dressing, grooming, bathing, or personal hygiene or provides care and supervision of clients, then background checks must be completed for that individual.

(b)

A nurse assistant or home health aide who has been certified or recertified by the State Department of Public Health on or after July 1, 1998, is deemed to meet the criminal background clearance requirements for community care licensing, as long as the home health aide or nurse assistant is not employed, retained, or contracted by the licensee. When the nurse assistant or home health aide is providing care as an employee of a home health agency, they must provide the facility with a copy of their current Department of Public Health certification card and the licensee shall keep a copy of the card in file for review by the Department. If a home health agency sends a person without a Department of Public Health certification to the facility to work, that person must meet the community care licensing fingerprint requirements.

A certified nurse assistant or home health aide is only qualified by that certificate to work for a facility licensed by the Department of Public Health, such as a hospital, skilled nursing facility or home health agency. If this person is contracted for, employed, or retained by a community care facility licensee, while working for the community care facility licensee they are not considered to be a nurse assistant or home health aide, and must meet community care licensing fingerprint requirements.
(a)(2) **POLICY**

Sanitation clearance inspections are requested only as required by this regulation or if sanitation conditions exist which could adversely affect the clients’ health and safety. For example, if a facility is located in an area where chemical contamination is a concern, an analysis may be requested based on Health and Safety Code Section 1501(b)(5).

**PROCEDURE**

Discuss the need for a sanitation inspection with your supervisor, as this requires payment of a fee by the applicant/licensee. Coordinate inspections with the local sanitation department.

(b)(5) **PROCEDURE**

Refer to Regulation Interpretations and Procedures for Social Rehabilitation Facilities Sections 81064 and 81065.

(b)(8) **POLICY**

Licensees shall not be required to submit blueprints or plans drawn to scale.

**PROCEDURE**

Review plans to ensure compliance with Regulation Interpretations and Procedures for Social Rehabilitation Facilities Sections 81010 and 81087.

(b)(14)

The Admission Agreement Guide for Residential Facilities (LIC 604) has a section for the facility’s visiting policy. For licensed facilities, the Plan of Operation should be updated at the time of renewal or in response to a complaint about the facility's visiting policy.

(i)

Upon receipt of the Plan of Operation, review applicable regulations to ensure that each part of the plan is in compliance. For example, to determine if an applicant’s admission agreement is adequate, review Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81068.
81023  DISASTER AND MASS CASUALTY PLAN

(b)(2)  POLICY

It is recommended that the plan also include utility shut off locations, the location of first aid supplies and be posted by the telephone in the facility.

NOTE: The Emergency Disaster Plan for Adult Day Programs, Adult Residential Facilities, Residential Care Facilities for the Chronically Ill, and Social Rehabilitation Facilities (LIC 610D) meets this regulation.

PROCEDURE

Review the facility plan to ensure that it is complete, accurate and updated as necessary to reflect any changes in the facility or community.

(d)  POLICY

Disaster drills should ensure that clients know exit routes. It is recommended that a diagram of the facility clearly indicating exit routes be posted on all floors of the facility.

In conducting disaster drills, exiting the building according to a plan is necessary, but relocation of clients would only occur in an actual disaster.

81024  WAIVERS AND EXCEPTIONS

(b)(3)  POLICY

A waiver may be granted when an applicant/licensee requests a variance to a specific regulation that relates to the overall operation of the facility.

An exception may be granted when an applicant/licensee requests a variance to a specific regulation on behalf of an individual(s) (e.g., a client or employee).

An approval shall describe the alternate plan and specify the condition(s) under which the request is granted, including its duration. The duration of waivers/exceptions shall be for the term of the license or for a shorter period at the request of the applicant/licensee or as deemed necessary by the licensing agency to ensure adequate and safe provision of service.

The basis for denial shall be fully explained.

PROCEDURE

For more information on waivers and exceptions, see Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81001(e)(7), (e)(8) and (w)(1) and Reference Material, Office Functions, Sections 2-5000 through 2-5700.
An application which has been withdrawn shall not be considered a denial.

PROCEDURE

See Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81029.

(c)

The two-year “cease review” requirement does not apply if an individual, who was previously a member of a corporation whose Community Care Licensing Division license was revoked, files a new application. However, if it can be proven that the individual was party to the reasons the corporation’s license was revoked, there may be basis for denial of the application.

PROCEDURE

Refer to Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81018(d)(10).

(c)(1)

The licensing agency must evaluate each situation and make a capacity determination considering, in part, the presence of other members of the household who reside at the facility.

If it appears that other household members require a significant amount of care and supervision, this may reduce the ability of the licensee to provide care to the requested number or maximum number of community care clients. Similarly, the presence of other appropriately qualified household members may enhance the ability of the licensee to provide care and supervision if these members assist in the provision of care.

The decision to reduce licensed capacity (from the requested or maximum number allowed) is based on the care needs of other household members. These needs are reflected by their mental and physical level of functioning, relative to other persons of the same age, and their dependence on the licensee for care and supervision.

Licensing agencies shall enforce the appropriate physical plant regulations established for the specific category, to ensure adequate accommodations exist for all people who will reside in the facility. If adequate accommodations exist for all household members and no household member has special or unusual care needs, they have no impact on the capacity determination.
If other members of the household have unusual or special needs, then a capacity reduction should be considered. As a general rule, the capacity should be reduced by one for every household member whose special needs require care in an amount similar to that required by other community care residents with similar special needs. For example, a developmentally disabled individual may reduce the licensed capacity by one.

**PROCEDURE**

Obtain information about the other household members who reside at the facility. This information shall be broken down by:

1. Age, relationship to licensee.
2. Physical and mental level of functioning, if these individuals have special needs.
3. Based on “2” above, a brief description of any special or unusual care needs.

For existing licensees, this information shall be obtained or updated at time of renewal. For applicants, this information shall be obtained at time of application and updated at time of renewal.

All decisions to reduce licensed capacity for existing licensees shall be approved by the Regional Office Manager and shall be properly documented and supported in the facility’s files. This decision should also be shared with any placement agencies involved.

Inform the licensee, in writing, of the reasons why a reduced capacity was determined to be necessary. For existing licensees, a reasonable time period shall be provided if relocation of clients is necessary.

If an applicant or licensee does not voluntarily reduce their license capacity, deny their application. If an application is denied and the licensee appeals this action, request a Temporary Suspension Order if the licensee’s failure to reduce the capacity is significant enough to jeopardize the clients’ health and safety (e.g., a requested capacity reduction of one may not jeopardize the clients’ health or safety). For more information, refer to California Code of Regulations, Title 22, Section 81042.

**POLICY**

When restricted to specific clients, the names of those clients are confidential and shall not be printed on the license. The license shall indicate “Restricted to specified clients”.

**PROCEDURE**

Complete Confidential Names (LIC 811). Inform licensee, in writing, of the reason(s) for the restriction, referring to the client(s) by number and enclose a copy of Confidential Names (LIC 811). Instruct clerk to file the letter in the public section of the facility file and Confidential Names (LIC 811) in the confidential section.
(a)(1) POLICY

The applicant has the right to withdraw an application any time prior to the issuance of a license. The withdrawal of an application shall not be considered a denial. However, the withdrawal of an application shall not deprive the department of its authority to institute or continue a proceeding to deny an application, unless the department has consented to the withdrawal in writing.

If the licensing agency gives consent to a withdrawal, administrative action cannot be taken. Therefore, written consent should not be given in situations where application denial is intended or pending. Additionally, the withdrawal of an application is not appropriate in situations where the application has already been acted upon (denied or approved).

PROCEDURE

If the licensing agency is notified that an applicant is no longer interested in obtaining a license and wishes to withdraw his/her application, confirm in writing the applicant’s intent to withdraw the application and give consent to the withdrawal, unless the licensing agency is in the process of denying the application. If the licensing agency is in the process of denying the application, continue the denial procedure and do not consent to the withdrawal of the application.

1. If a denial action is pending, send the following notification:

“We acknowledge receipt of your request to withdraw your community care license application. This acknowledgment is not a consent to the withdrawal of your license application and does not deprive the department of its authority to take action to deny your application.”

2. If denial action is not pending, send the following:

“We have received your request to withdraw your community care license application and do hereby consent to the withdrawal. If you wish to obtain a community care license in the future, you must reapply for a license.”

Document in the facility case file the reason for consenting or not consenting to the withdrawal.
Issuing a provisional license is a discretionary option available to the licensing agency during urgency conditions when denying the application for initial license would be inappropriate. Thus, provisional licenses are not issued “upon request” of the applicant. Nor is there an application process for issuance of provisional licenses, or an appeal procedure if an applicant requests a provisional license and is not given one. The applicant does have appeal recourse to the denial of the application for the initial licensure.

Provisional licenses are not for the purpose of “expediting” the licensing process and are not to be used as “probationary licenses.” An applicant must comply with the criminal record and fire clearance requirements in order to meet the substantial compliance criteria. To the extent that waiting for these clearances “holds up” the licensing approval process, a provisional license cannot be used to remedy this situation.

PROCEDURE

When an application for a provisional license is approved, route it to the clerk with an LIS Input Sheet (LIC 9104) for typing and logging. Prepare a cover letter that describes the conditions of the provisional license and states deficiencies to be corrected before a regular license can be granted. The cover letter should conclude with the statement that unless all conditions are fulfilled, a regular license will not be granted. Supervisory review of the provisional license and cover letter is required before being mailed.

If, during the term of a provisional license, health and safety risks arise:

1. Issue a Notification of Initial Application Denial (LIC 192) and specify in that letter the date by which the facility must cease operations, taking into consideration any client relocation which may be necessary. See Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81040.

2. After the effective date in the Notification of Initial Application Denial (LIC 192), if the facility continues operation, issue a Notice of Operation in Violation of Law (LIC 195). See Regulation Interpretations and Procedures for Social Rehabilitation Facilities Section 81006.

Before the termination of a provisional license, the licensing agency shall (1) conduct a review to determine whether all licensing requirements are met and (2) deny or approve the application for a license.
(a) 

POLICY

A facility’s failure to comply with a local ordinance or deed restriction shall not constitute grounds for denial of an application, denial of renewal or revocation of a license unless the reasons for noncompliance are also violations of licensing laws and regulations.

PROCEDURE

1. If a city, county, landlord, etc., notifies a licensing agency that an applicant/licensee is failing to meet the terms of a local ordinance, or deed restriction, advise such person(s) that if the facility meets the requirements of California Code of Regulations Title 22, and the Community Care Facility Act, the applicant/licensee will be issued a license to operate a community care facility.

   They should further be advised that any administrative/legal action or recourse as it pertains to nonconformance with local ordinances or deed restrictions would have to be initiated and carried out by the city, county, landlord, etc., in question.

2. If such noncompliance is determined to be in violation of licensing laws and regulations, advise the applicant/licensee of the violation and take appropriate legal/administrative action, i.e., denial, issuance of civil penalties, etc. See Regulation Interpretations and Procedures for Social Rehabilitation Facilities Sections 81040 through 81042.

3. If it is discovered that a city, county, landlord, etc., has adopted or imposed a local ordinance or deed restriction which is in violation of Health and Safety Code Sections 1566.2 or 1566.3, the licensing agency shall not take legal or administrative action against the city, county, landlord, etc., on an applicant’s/licensee’s behalf. In such cases, the applicant/licensee shall be advised that if they meet all of the provisions of California Code of Regulations Title 22, and conform with State laws, they shall receive a license.

(b) 

PROCEDURE

Determine, as the result of the site inspection, that the facility and licensee meet licensing requirements. Review the entire folder and make final decision on the application. Forward the folder to the clerk with a Transmittal for Processing (LIC 907), recommending licensure and detailing limitations and the applicant’s preferences. The clerk prepares the Application for a Community Care Facility or Residential Care Facility for the Elderly License (LIC 200) and forwards the folder to the supervisor for review. If recommendation for licensure is approved, the supervisor signs off the above forms and forwards to the clerk for recording and mailing.

If recommendation for licensure is not approved, the supervisor will discuss the case with you and action to be taken. It is important not to advise the applicant of a licensure decision prior to supervisory approval.
(a)(2)(C) POLICY

If there has been no change in the ownership of the corporation, a new application is not required solely because there is a change in the Chief Executive Officer of a corporation, even if the Chief Executive Officer signed the application. However, the Administrative Organization (LIC 309), Request for Live Scan Service – Community Care Licensing Division (LIC 9163), Criminal Record Statement (LIC 508) and any other licensing forms or documents which require updating due to the change must be submitted.

PROCEDURE

See California Code of Regulations, Title 22, Section 81026(m).

(a)(5) POLICY

A permanent change in any client from ambulatory to nonambulatory status does not require a new application if there is a nonambulatory fire-cleared room available in the facility.

Although this requirement for submitting a new application is linked to a “permanent” change in a client’s ambulatory status, this does not permit “temporarily” nonambulatory clients to use rooms or areas restricted to ambulatory clients.

PROCEDURE

Refer to California Code of Regulations, Title 22, Sections 81001(n)(2) and 81010.
Consumer Complaint

This complaint is brought by concerned citizens against John Maceri, Executive Director of OPCC/The People Concern and any other liable representative of OPCC/The People Concern for failing to obtain business licenses for OPCC facilities and programs for years or decades, in violation of Santa Monica Municipal Code.

In particular, the following facilities or programs have been operating in the City of Santa Monica without the required business licenses:

1. Annenberg Access Center
2. SaMoShel
3. Turning Point Housing
4. Daybreak
5. Safe Haven
6. Sojourn
7. Campion Counseling Center
8. IMHT Headquarters

The pertinent sections of the Santa Monica Municipal Code are as follows:

6.04.020 License Required
6.04.060 Separate License for Each Place of Business
6.04.070 Separate License for Each Type of Business Activity
6.04.210 Effect of Prosecution

John Maceri and OPCC/The People Concern solicit public funding and tax exempt private donations for a variety of services to be provided to vulnerable citizens experiencing
homelessness.

In reality, most of the services provided by OPCC/The People Concern are below the reasonable standard of care, delivered by untrained and undertrained, often unfit and abusive staff, without appropriate local or state licensing (CDHCS or DSS). Accordingly, there is a reckless, gratuitous disregard for fair housing laws, disability rights laws or the clients’ civil rights.

The widespread culture of intimidation of clients by staff often culminates in blatant slander and retaliation. This routine misconduct, willful misrepresentation, and rampant unprofessionalism engaged in by staff, has led to clients’ physical as well as mental harm. Too often it has been unconscionably severe. This harm has lead directly to more homelessness, relapse of drug use and chronic illness, trips to the emergency room, less time tending to clients’ actual needs, and has frustrated the already complicated daunting housing searches. These are occurrences transitional housing is supposed to end, not exacerbate. It is also a tremendous amount of donor and taxpayer money going down the drain.

The written internal grievance procedure is not followed by the staff or John Maceri himself. Mr. Maceri is well known for ignoring client communication, even though the policy states he is to be directly involved in the internal OPCC grievance procedure. As a result, the clients have no recourse, especially since there is no effective external oversight of OPCC despite published claims to the contrary.

It is surprising that Mr. Maceri, who has a widely publicized business background, has elected to run multiple unlicensed OPCC facilities or programs for years in violation of the Santa Monica Municipal Code and state law. Mr. Maceri has served on the Board of the Santa Monica Chamber of Commerce, and he was President of Valley Business Alliance. He also allegedly has helped the California Department of Social Services develop guidelines for licensing standards for facilities for the chronically ill. Mr. Maceri’s business background combined with the well-documented fact that he repeatedly chooses to ignore client grievances give the appearance that he has little or no concern for the conditions clients live in. It is in the public interest that clients receive an adequate quality of services, especially since OPCC runs on governmental funding and private donations.

Examples of mismanagement that we are collectively aware of include:

- Mr. Luther Richert, Director of OPCC Westside Interim Housing, does not follow eviction laws: California Civil Code Section 1940 or the Transitional Housing Participant Misconduct Act. Staff is allowed to terminate clients from OPCC programs without cause, often in retaliation. Mr.
Richert appears to be unaware that the facilities he oversees (with the exception of Safe Haven) all meet the California Code definition of transitional housing.

- Since at least October of 2016 Mr. Richert has failed to arrange to obtain a PPM reading for the sewer gas at SaMoShel despite many complaints from clients (and a few on-site staff), some of whom were experiencing neurological, cognitive, gastrointestinal, and flu-like symptoms, all directly caused by excessive gas exposure.

- Daybreak staff put up cots for the night as "emergency beds" in a pass-through room that serves a different purpose during the day. This arrangement likely constitutes a safety hazard as it is likely to interfere with evacuation in case of an emergency.

- Even though according to Turning Point Director Dana Rowland-Walker's statement to the Los Angeles County Department of Business and Consumer Affairs, Turning Point is unable to accept donations due to potential bed bug problems, it employs a "Donations Coordinator", who collects a salary, and takes up a desk and a computer at Turning Point. At the same time clients, who are supposed to engage in a housing search do not have access to a single computer.

- Clients have no access to electricity in the Turning Point dorm, which prevents them from charging their phones. A charging station is only available a few hours a day in the dining hall. That fact, combined with no computer access or wifi access (which is available to staff), puts severe limitations on the ability to perform a meaningful housing search, as well as set-up and attend medical and other critically important appointments; which in turn translates into longer homelessness and dependence on the largely publicly funded program. Turning Point appears to be warehousing or turning over clients where they should not be, rather than maximizing their chances of rapidly and most efficiently finding housing.

- The vast majority of OPCC/The People Concern staff is not trained in effective conflict resolution, crisis de-escalation or trauma informed care. We believe the public would be utterly shocked by this. New resident arrivals seeking safe refuge are certainly bewildered by it.

- Most staff do not model proper behavior. Turning Point staff incites and escalates conflict by either yelling and threats, or completely ignoring reported client-on-client violence, due to favoritism, which in turn pits one client against another. Frustratingly and reluctantly, the client victims are left feeling that the only justice at OPCC facilities is street justice.

- Neither Turning Point nor SaMoShel staff appear familiar with the legal definition of assault, harassment, coercion, and disability discrimination. Nor are they minimally adept at resolving

* THE FIRE DEPARTMENT WAS CALLED INITIALLY TO INVESTIGATE THE PROBLEM HOWEVER, AFTER SAMOSHEL STAFF SPOKE TO THE HEAD OFFICER, HE TOLD THE HOMELESS CITIZENS BREATHING THE GAS TO GO SOMEWHERE ELSE. SAMOSHEL IS ATTEMPTING WITH NO WINDOWS, NO REAR EXIT AND NO PROPER VENTILATION.
Many clients have witnessed Turning Point staff routinely stealing donations and client property. No staffer has ever had a shred of accountability for this.

Even though Turning Point offers mandatory nutrition and healthy cooking classes, the 55-bed facility had no cook for seven months and the case managers had to throw together dinners for the clients using mostly canned goods. Too often there is not even an attempt to prepare a well-rounded or nutritionally sound meal.

All parking spots available to the OPCC/The People Concern facilities are used by the staff while none are allocated to the clients. A car is often the last significant piece of property for homeless clients. They are more likely to lose their vehicle when they have to rely on the scarce and strictly enforced street parking in Santa Monica, especially if they are disabled, which is often the case.

The above are merely a few examples of mismanagement by John Maceri. OPCC/The People Concern engage in the collection of public funding and private donations for unlicensed facilities.

The facilities do offer certain meaningful benefits and various amenities. Clients are known to routinely express gratitude for the hard work done on their behalf – often gladly pitching in to help staff. Some, who have not been wrongfully evicted, maltreated or traumatized by staff, will return on occasion as alumni, for a meal or a class. However, the substandard quality of services in so many critical areas, and the prison-like, reactionary, punitive, even at times juvenilistic culture fostered by staff, contributes to the number of homeless people who prefer to remain on the streets of Santa Monica. Simply, they would rather stay outside on the streets – with the well-known risks – than be demeaned, demoralized, abused, and further traumatized by the unqualified staff of OPCC/The People Concern.

The residents of Los Angeles County recently voted to raise taxes in order to fund organizations offering homeless services like OPCC/The People Concern. For those funds to be used appropriately and efficiently, and for the most positive and restorative impact, it requires oversight and accountability. Obtaining the required business and regulatory licenses for those facilities is a bare minimum. Reasonable and concerned citizens (stakeholders?) of Santa Monica and LA County would certainly agree, that it would be a step in the right direction.

As a group of concerned citizens, we request that in accordance with the Santa Monica Municipal Code, John Maceri and any other relevant representatives of OPCC/The People
Concern be charged with (a) misdemeanor(s) for running multiple facilities or programs without the required business licenses, and to implement proper remedies. The applicable Ordinance has been in place for the past twenty-seven years and the facilities have been in operation for years or decades. OPCC/The People Concern is a 501(c)(3) organization whose tax-exempt status is contingent upon following local, state and federal laws.

cc: Sue Himmelrich, Santa Monica City Councilmember

1. Shannon Yoshikawa
   1507 - 7th St #548, Santa Monica, CA 90401
   ShannonYoshikawa285@gmail.com

2. Michael Slobotzky
   (818) 294-5322
   504 South Rampart Blvd #8, Los Angeles, CA 90057
   Michael.MF@gmail.com

3. Olga Zurawaska
   (310) 874-2271
   P.O. Box 1824, Santa Monica, CA 90406
   Zurawaska@yahoo.com

4. Norm Williams
   (310) 450-4105
   P.O. Box 446121
   Los Angeles, CA 90046

5. Andrea McFerson
   (213) 864-3418
   2102 Delaware Ave #A, Santa Monica, CA 90404
October 26, 2017

Shannon Yoshikawa
1507 7th Street, Unit 598
Santa Monica, CA 90401

Andria McFerson
2102 Delaware Avenue, Unit 4
Santa Monica, CA 90404

Norris Williams
P. O. Box 46121
Los Angeles, CA 90046

Olga Zurawska
P. O. Box 1824
Santa Monica, CA 90406

Michael Slobotzky
504 South Rampart, #8
Los Angeles, CA 90057

Re: Review of Your Complaints Against OPCC

Dear Ms. Yoshikawa, Ms. McFerson, Ms. Zurawska, Mr. Slobotzky, and Mr. Williams:

We have completed a lengthy review of your Complaint and Addendum (collectively "Complaint") dated May 18th and August 31th, 2017, regarding OPCC/The People Concern ("OPCC"), as well as the supporting documentation.

We primarily reviewed the question of whether OPCC has complied with the requirements of its Grant Agreement with the City of Santa Monica ("City"). This agreement, among other things, requires OPCC to maintain grievance procedures for participants. Thus, the City's role here is to ensure that OPCC maintains those procedures and documents the resolutions of grievances. We are not in a position to investigate every factual claim in the Complaint, just as we do not review individual grievances. Nevertheless, in order to best address your stated concerns, when appropriate we have conducted additional legal research and review with City departments in some cases.

The Complaint makes the following allegations (in this order):

(1) OPCC facilities operated without local business licenses; and the City should not have issued business licenses.

(2) OPCC staff is not properly trained to provide effective conflict resolution, crisis de-escalation or trauma-informed care.

(3) OPCC operates without the required state licenses.
(4) OPCC does not follow its internal grievance procedures.

(5) OPCC is not properly managed.

(6) OPCC does not follow the eviction laws.

(7) OPCC failed to respond to health concerns regarding the sewer and gas at SAMOSHEL.

(8) OPCC's placement of emergency beds at Daybreak constitute a safety hazard.

(9) OPCC's Daybreak facility has bed bugs.

(10) OPCC clients do not have access to computers.

(11) OPCC's Turning Point facility does not provide its clients access to electricity.

(12) Staff at OPCC's Turning Point facility routinely steal donations and client property.

(13) OPCC's Turning Point facility is required to offer healthy cooking classes but the facility did not have a cook for seven months.

(14) OPCC's facilities do not comply with parking requirements.

(15) OPCC does not provide sufficient oversight of its staff members and does not hold them accountable when they engage in inappropriate conduct.

(16) OPCC's employee Frieda Ross is not a certified substance abuse counselor.

(17) Ross has a criminal record.

We will address each of your claims in the above order.

**Item 1**

Since the filing of your Complaint, as you know, OPCC has applied for and the City has issued the required business licenses to operate its Santa Monica locations. You filed an appeal from that issuance, which was denied on jurisdictional grounds. In any event, we are told that the issuance of the business licenses was not contingent upon OPCC's compliance with parking requirements. (See also response to Item 13, below.)
Item 2

This item is beyond the scope of the terms of the grant terms between OPCC and the City. OPCC provided documentation to the City of training that it provides to its staff, including conflict resolution, crisis de-escalation and trauma informed care training. The terms of OPCC's grant do not require or permit the City to substitute its judgment for OPCC's with respect to the specifics of this training, as long as OPCC is complying with the requirements of its Grant Agreement.

Item 3

The State, not the City, bears responsibility for ensuring compliance with State regulations and license requirements. However, after review of various records and laws, the City has concluded that OPCC is exempt from state licensure and, thus, is operating in compliance with State regulations. As part of its review of OPCCs' business license applications, the City reviewed the Regulation Interpretations and Procedures for Social Rehabilitation Facilities, which states that homeless shelters are exempt from licensure as a community care facility.

Also, OPCC submitted documentation that it has 46 staff members who are state-licensed social workers, in addition to licensed professional consultants; OPCC's facilities are annually inspected by the Los Angeles Department of Public Health; the Los Angeles Homeless Services Authority ("LAHSA") and the City's Human Services Division periodically monitor OPCC's services to ensure that it complies with its grant conditions which include maintenance of all required permits, licenses and certificates. Finally, the State of California's Department of Social Services ("Department") investigated a July 26, 2016 complaint which alleged that OPCC's Turning Point facility is not exempt from state licensure. The Department's investigation results were inconclusive. Absent a Department determination that Turning Point, or other OPCC facilities, require state licensure, the City will not change its position that OPCC complies with state regulations.

Item 4

In response to an October 25, 2016 Grievance Review Notice from LAHSA, in which a grievant alleged that OPCC did not comply with its grievance procedures, LAHSA determined that OPCC completed the required actions. In response to this Complaint, OPCC submitted evidence that it maintains written grievance procedures, follows them, maintains records of grievances, and documents the final resolution of grievances. The grievance procedures do not require John Maceri, Executive Director of OPCC, to be directly involved in all client grievances.
October 26, 2017
Page 4

Item 5

As stated above, our office's review was limited to the question of whether OPCC complies with the requirements of its Grant Agreement. The City's role is not to run or to second-guess OPCC's day-to-day operations, provided that OPCC is complying with the terms of its Grant Agreement.

Item 6

Consistent with the Transitional Housing Participant Misconduct Act and eviction laws applicable to transitional housing, OPCC requires that participants sign "case management agreements" at the time of intake. OPCC can terminate a client from the program who violates these agreements, such as when a client's behavior is egregious or threatens the safety of others. However, OPCC stated that most often, clients who violate their agreements are placed on "written guest contracts" to remedy the situation; or are transferred to other services within the agency. In other instances, OPCC states that it may ask a client to leave the program if the client refuses to participate in services or provide required information.

Item 7

In February 2016, the Santa Monica Fire Department investigated complaints of odors at SAMOSHEL and did not find hazardous gases. In March 2017, the City's Fire and Building and Safety staff responded to a complaint of sewer odors at 505 Olympic. The environmental analyst from the Fire Department was unable to identify any notable sewage smell. As a precaution, the Public Works Department followed up to jet the sewer lines connected to the site. Industrial waste monitoring staff also visited the site and checked the plumbing lines for possible leaks and found none. OPCC had the interceptors cleaned, which is normally done twice a year, to eliminate any possible odors. In addition, a report from the Los Angeles County Department of Public Health from a June 2017 inspection of SAMOSHEL states that no evidence of sewage or odor was present at the time of inspection.

Item 8

With respect to the placement of emergency beds, on May 22, 2017, the City's Assistant Fire Marshal visited Daybreak and verified that staff are no longer setting up cots in the exit halls. In his email to Olga Zurawska on May 22, 2017, the Assistant Fire Marshal stated that Daybreak may "set cots up at night in the rec room without blocking any path of travel, which is acceptable."

Item 9

OPCC submitted for our review a copy of their bed bug protocol and its August 10, 2016 response to a client grievance that was filed with LAHSA regarding bedbug concerns, which included documentation of its treatment for bedbugs. Moreover, Turning Point was awarded a
October 26, 2017
Page 5

capital improvement grant that funded a major renovation of the sleeping areas, kitchen and common areas to replace wooden furniture with more bed-bug resistant materials. The renovations were completed in 2015.

A review of the Client Satisfaction Survey Summary Reports for Fiscal Years 2016-17 and 2015-2016 that were generated by the Los Angeles County Department of Mental Health suggests that there is a high satisfaction rate of the living environment of OPCC sites, including the sleeping areas and kitchen, which clients deem to be clean and free of bugs and pests.

**Items 10 & 11**

OPCC responded that clients have access to onsite computers at the various locations, including Turning Point, with the assistance of their case managers or housing coordinators. The computers are available for clients to use in their housing search and to access information as part of their care plan. Also, there are 22 electrical outlets in the dormitory at Turning Point for clients to charge their phones.

**Item 12**

As stated above, our office’s review was limited to the question of whether OPCC complies with the conditions of its Grant Agreement. Our role is not to conduct an investigation of alleged stolen personal property. A grievant alleging that OPCC’s staff stole personal property can file a report with the Police Department or file a grievance with OPCC.

In response to your complaint, OPCC provided a copy of their new written donation policy. OPCC states that it will implement the new policy to be more transparent with regard to donations. OPCC has agreed to implement a system to inventory all donations and keep records of resident needs. OPCC Assistant Director Lori Hood is responsible overseeing compliance with the new policy.

**Item 13**

Under the Grant Agreement, OPCC is not required to provide specific types of food services.

**Item 14**

To ensure that OPCC complies with parking requirements, the City’s Code Enforcement Division has opened a case to review compliance and if necessary, enforce all parking requirements including Americans with Disabilities Act rules.
October 26, 2017
Page 6

**Item 15**

OPCC submitted documents evidencing that it has investigated such grievances, issued written responses to the complaints, and implemented remedial measures. As far as additional training for staff, OPCC informed the City that in February 2017, its management began meeting one-on-one with Interim Housing Program staff who provide direct client services at Turning Point; and conducted similar training at SAMOSHEL and at monthly staff Interim-Housing meetings.

Additionally, to ensure proper staff oversight, under the OPCC’s current written grievance procedures, a grievant may file a Due Process Appeal with LAHSA, if the OPCC facility at issue receives funding from LAHSA. Such appeal may be filed if a grievant believes that OPCC has not followed their established grievance policies and procedures.

**Item 16**

OPCC responded that Ms. Ross does not require this certification to perform the duties of her job position, which includes being the facilitator for the group Processing Change (formerly We Do Recover). Ms. Ross does not provide individual alcohol or drug counseling in her role as a case manager.

**Item 17**

As far as the allegation that Ms. Ross has a criminal record, the City is not in a position to address that allegation. Due to federal and state employment laws, OPCC cannot share with the City anything related to Ms. Ross personnel records. OPCC responded that all of its employees are required to go through proper background checks prior to employment. They also stated that Ms. Ross passed her background checks as part of the Los Angeles County Department of Mental Health’s funding requirement.

**Conclusion**

We did not find evidence that OPCC failed to comply with the Grant Agreement requirements. We recommend that any future grievances adhere to the procedures and complete each step of the grievance process. Where LAHSA funds a program, such as SAMOSHEL, a grievant not satisfied with the outcome of a grievance may file a Due Process Appeal with LAHSA.
Thank you for notifying us of your Complaint, which will remain in our files and may prove useful as the City continues to monitor OPCC's compliance with the Grant Agreement.

Sincerely,

[Signature]
ISABEL BIRRUTA
Deputy City Attorney
Consumer Protection Division

IB/df
Facility Name: SAMOSHEL  
Facility/Permittee: OCEAN PARK, COMMUNITY CENTER  
Facility Address: 505 OLYMPIC BLVD  
City/Zip: SANTA MONICA, CA 90401-331  
Owner/Permittee: JOCELYN HUYNH  
Phone #: (626) 430-5156  
EHS: JOCELYN HUYNH  
Program Identifier: N/A  
FA: FA0149776  
PR: N/A  
SR: N/A  
CO: COG15GO1A  
PE: 2480  
Re-inspection Date: 9/5/2018  
Inspection Date: 8/15/2018  
Time In: 02:00 PM  
Time Out: 03:28 PM  
Service: COMPLAINT INVESTIGATION  
Result: CORRECTIVE ACTION / FOLLOW UP REQUIRED  
Action: REINSPECTION REQUIRED

### Appliances

**Violation:** Appliances - Premises  
**Violation Text:** Appliances/Furnishings (i.e. supplied bedding, furniture, counters, cabinets, vanities, shelvings, etc.) shall be maintained in good condition or repair. 11.20.160; 11.20.170; 11.20.340  
**Corrective Action:** The facility has three (3) washers and three (3) dryers. One out of three washing machines was observed out of service at the time of the investigation. According to the operator a service request has been placed to have the washer repaired.

### OVERALL INSPECTION COMMENTS

Complaint investigation was conducted to address allegations regarding the following:

1. Unsanitary restrooms, used needles in restrooms;  
2. Incontinent patients, urine odor, soiled linens;  
3. Excessive temperature, inefficient air conditioning, dirty ducts;  
4. Industrial strength lighting and noise in the dorm make it impossible to sleep or recuperate;  
5. Safety hazard: lack of lighting in the hallway and unfinished wet floors;  
6. Lack of fresh and nutritious food;  
7. Lack of sufficient laundry machines, often out of order for weeks;  
8. Staff does not enforce that patients/clients maintain personal hygiene by showering and doing the laundry, which is a violation of the facility's rules;  
9. Staff takes away patient's medication, including narcotics, for central storing despite the facility not possessing a state license to do so;  
10. ADA violations;  
11. Nurse in charge does not provide care to patients;  
12. Concerns about other patients, deaths of patients;  
13. Elder neglect and abuse: unsafe conditions, uncurtailed violence by other clients and threats by staff;  
14. Front entry door lock broken for over four months, which causes security issues;  
15. Nonfunctioning grievance procedures;  
16. No oversight, no recourse for the clients from City, County or State agencies;

Complaint investigation revealed the following:

1. Unsanitary restrooms, used needles in restrooms:

The facility has two restrooms: one designated for men and one designated for women. The men's restroom has five (5) showers and four (4) toilet stalls. The women's restroom has three (3) showers and three (3) toilet stalls. The restrooms were observed to be clean and in good repair. Visible evidence of mold, feces, urine was not observed. Review of the restroom cleaning log provided by the operator indicated that restrooms are routinely cleaned twice a day and more frequently when needed.
Used needles were not observed in the restroom or in any other location throughout the facility. According to the operator, when used needles are found at the facility, staff dispose them in the sharps container. The sharps container was observed in a locked cabinet in the office at the time of the investigation.

2. Incontinent patients, urine odor, soiled linens:

The facility was observed to be clean at the time of the investigation. According to the operator, clients are provided clean linens once a week and may choose to wash their linens using the on-site washer and dryer units. Requested that the operator provide invoices from the linen service company.

3. Excessive temperature, inefficient air conditioning, dirty ducts:

The facility has a central heating and air conditioning unit. The ambient temperature of facility was measured at 80 °F at the time of the investigation. The thermostat for air conditioning unit, located in the office, was set at 73 °F.

According to operator, the air ducts are cleaned once a year. Requested that the operator provide the invoice for the last service.

4. Industrial strength lighting and noise in the dorm make it impossible to sleep or recuperate:

Not under the purview of the Department of Public Health.

The lighting fixtures throughout the facility were on at the time of the investigation. According to the operator, the lights are turned off at 9:00 p.m. and turned back on at 6:00 a.m.

The facility has a seventy (70) bed capacity. Approximately 20 clients were in the facility at the time of inspection.

5. Safety hazard: lack of lighting in the hallway and unfinished wet floors

Lighting fixtures throughout the facility were working and in good repair. Observed three (3) light fixtures on the ceiling in hallway/dining area providing adequate illumination.

Observed cement floors throughout the facility in good repair. The floors were dry at the time of the investigation.

6. Lack of fresh and nutritious food:

Food preparation or food service was not observed at the time of the investigation. Food items at the facility were maintained at approved temperatures and stored properly. According to the operator, clients are provided three (3) meals a day. Breakfast is prepared on site while lunch and dinner are prepared at the LAMP Village central kitchen located at 527 Crocker St, Los Angeles, CA 90013. Review of records revealed that the LAMP Village has an active public health operating permit (PR0189532) and was inspected by the Los Angeles County Department of Public Health on March 1, 2018.

According to the operator, meals for clients with special dietary needs are not provided by the facility.

7. Lack of sufficient laundry machines, often out of order for weeks:

The facility has three (3) washers and three (3) dryers. One out of three washing machines was observed out of service at the time of...
the investigation. According to the operator a service request has been placed to have the washer repaired.

8. Staff does not enforce that patients/clients maintain personal hygiene by showering and doing the laundry, which is a violation of the facility's rules:

Not within the purview of the Los Angeles County Department of Public Health.

9. Staff takes away patient's medication, including narcotics, for central storing despite the facility not possessing a state license to do so:

Not within the purview of the Los Angeles County Department of Public Health.

Observed client medications secured in a locked cabinet and locked refrigerator.

10. ADA violations:

Not within the purview of the Los Angeles County Department of Public Health.

Observed notification regarding ADA Compliance posted at the facility at the time of the investigation. The facility has one (1) toilet stall and one (1) shower stall with ADA modification in both the men's and women's restroom.

11. Nurse in charge does not provide care to patients:

Not within the purview of the Los Angeles County Department of Public Health.

12. Concerns about other patients, deaths of patients:

Not within the purview of the Los Angeles County Department of Public Health.

13. Elder neglect and abuse: unsafe conditions, uncurtailed violence by other clients and threats by staff:

Not within the purview of the Los Angeles County Department of Public Health.

Elder neglect and abuse was not observed at the time of the investigation.

14. Front entry door lock broken for over four months, which causes security issues:

Not within the purview of the Los Angeles County Department of Public Health.

Observed manual locking mechanism on the front entrance door in good repair. According to the operator, the front entrance door is currently left unlocked because the buzzer system of the door is not working. A service order has been placed to repair the unit.

15. Nonfunctioning grievance procedures:

Not within the purview of the Los Angeles County Department of Public Health.

Observed information on the grievance process posted on the notification board of the facility.
16. No oversight, no recourse for the clients from City, County or State agencies

Review of records revealed that the facility has two public health permits issued by the Department of Public Health in 2014. The last routine inspection to verify compliance with health and safety requirements was conducted on 7/24/2018.

This complaint was referred to the Los Angeles County Department of Mental Health (funding agency for the facility) on August 14, 2018.

It is improper and illegal for any County officer, employee or inspector to solicit bribes, gifts or gratuities in connection with performing their official duties. Improper solicitations include requests for anything of value such as cash, free services, paid travel or entertainment, or tangible items such as food or beverages. Any attempt by a County employee to solicit bribes, gifts or gratuities for any reason should be reported immediately to either the County manager responsible for supervising the employee or the Fraud Hotline at (800) 544-6881 or www.lacountyfraud.org. YOU MAY REMAIN ANONYMOUS.

Failure to correct the violations by the compliance date may result in additional fees.

Your signature on this form does not constitute agreement with its contents. You may discuss this content of this report by contacting the supervisor at the phone number of the Environmental Health office indicated on front page of this report. Until such time as a decision is rendered by this department, the content of this report shall remain in effect.

By signing below the Person in Charge/Owner understands the above noted violations and statements.

### ADVISORIES / WARNINGS

**CALIFORNIA STATE FRANCHISE TAX BOARD WARNING**

Section 17274 and 24436.5 of the State Revenue and Taxation code provide, in part, that a taxpayer, who derives rental income from housing determined by the local regulatory agency to be substandard by reason of violation of State or local codes dealing with health, safety, or building, cannot deduct from State personal income tax and bank and corporation income tax, deductions for interest, depreciation or taxes attributable to such substandard structure where the substandard conditions are not corrected within six (6) months after notice of violation by the regulatory agency. THE DATE OF THIS NOTICE MARKS THE BEGINNING OF THAT SIX-MONTH PERIOD. The Department is required by law to notify the Franchise Tax Board of failure to comply with these code sections.

Please be advised that the above WARNING is for purpose of compliance with the State Revenue and Taxation Code only. Compliance with Health Laws as noted on the attached Inspection Report or Notice of Violation must be made within the time specified on the report or notice.

**LEAD CORRECTION ADVISORY**

WARNING: You are hereby advised that corrections ordered by this report/official notice may disturb surfaces that may contain lead-based paint. Lead-based paint can be commonly found in housing built prior to 1978.

Prior to making any corrections ordered and in conjunction with repairs or rehabilitation, you must determine if lead is present in the dwelling unit/apartment/room. All corrective actions must be conducted in a manner that will protect occupants, workers, and other from exposure to contamination.

For further information on lead hazards call 1(800) LA-4-LEAD.

**OTHER INDOOR ENVIRONMENTAL HAZARDS**

Exposure to internal environmental elements, such as asbestos, molds, and mildew, dust mites, droppings from cockroaches and rodents, carbon monoxide, formaldehyde, pesticides, and radon also contribute to unhealthy housing environments. All corrective actions must be conducted in a manner that will protect occupants, workers, and others from exposure to these elements.