

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **12/24/2019** and conducted by Evaluator Karen McGee

PUBLIC**COMPLAINT CONTROL NUMBER: 32-CR-20191224115912**

FACILITY NAME: BETHANY CHRISTIAN SERVICES	FACILITY NUMBER: 197804205
ADMINISTRATOR: JEFF CARLSON	FACILITY TYPE: 400
ADDRESS: 16700 VALLEY VIEW AVE. #210	TELEPHONE: (714) 994-0500
CITY: LA MIRADA	STATE: CA
CAPACITY: 0	CENSUS: 0
	ANNOUNCED
MET WITH: Dr. Kay Ramsey	DATE: 11/09/2020
	TIME VISIT BEGAN: 02:00 PM
	TIME COMPLETED: 02:40 PM

ALLEGATION(S):

- 1 The agency failed to follow adoption agency procedures.
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

INVESTIGATION FINDINGS:

- 1 On November 9, 2020 at 2 p.m., Licensing Program Analyst (LPA), Karen McGee, met with adoption agency
 - 2 Executive Director, Kay Ramsey, Ph.D. in the Community Care Licensing (CCL) Regional Office (RO) and
 - 3 provided Dr. Ramsey the findings of the complaint investigation.
 - 4
 - 5 On December 24, 2018, the RO received a complaint regarding the allegation mentioned above. The
 - 6 investigation included confidential interviews that consisted of, but were not limited to: four (4) staff (see
 - 7 Confidential Names, LIC 811 Ref. #1, 2, 3 and 4) at the adoption agency. The LPA reviewed two (2) adoptive
 - 8 family files, Ref. #5 and 6; and two (2) relinquishing parent files, Ref. #7 and 8.
 - 9
 - 10 The investigation revealed that Ref. #7, who was 17 years old at the time and whose son was relinquished
 - 11 in 2006, has a 67A in the file that indicates that Ref. #7 was being treated by a therapist for mental health
 - 12 issues, due to sexual abuse. The mental health professional reported the sexual abuse to Child Protective
 - 13 Services (CPS). There is no record of it in the court report. There is no record that Bethany Christian Services
- (BCS) referred Ref. #7 to a licensed physician or clinical psychologist for an evaluation to determine Ref. #7's ability to understand the content, nature and effect of signing the relinquishment. (cont'd)

Substantiated**Estimated Days of Completion:****SUPERVISOR'S NAME:** Deborah A Santos**TELEPHONE:** (323) 981-3403**LICENSING EVALUATOR NAME:** Karen McGee**TELEPHONE:** 323/981-3331**LICENSING EVALUATOR SIGNATURE:**

DATE: 11/09/2020

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 11/09/2020

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BETHANY CHRISTIAN SERVICES

FACILITY NUMBER: 197804205

VISIT DATE: 11/09/2020

NARRATIVE

1 The agency Adoption Specialist admitted to the LPA that Ref. #7 was receiving counseling, but did not refer
2 Ref. #7 for an evaluation by a licensed physician or licensed clinical psychologist. The Adoption Specialist
3 admitted to not being licensed to provide counseling.
4

5 The investigation revealed that the Adoption Specialist or the Specialist's supervisor, who is no longer with
6 the agency, did not bring this information to the attention of the Executive Director, Jeffrey Carlson, at the
7 time. Mr. Carlson is a Licensed Clinical Social Worker.
8

9 The investigation revealed that Ref. #8, who was 17 years old at the time and [REDACTED] were relinquished
10 in 1991, was being treated by a psychologist and had been prescribed medication, due to mental health
11 issues because of the murder of Ref. #8's mother. Ref. #8 was placed on SSDI due to psychiatric doctor's
12 referral effective 01/01/1990 and it started on 09/03/1990. The LPA was informed that Ref. #8 disclosed this
13 information to the agency. There is no record of this information, nor is there an AD512 and AD67/67A in the
14 file. It is not recorded on the court report. There is no record that Bethany Christian Services (BCS) referred
15 Ref. #8 to a licensed physician or clinical psychologist for an evaluation to determine Ref. #8's ability to
16 understand the content, nature and effect of signing the relinquishment. The investigation revealed that no
17 current staff were working at the agency in 1991.
18

19 Based upon the above, it is determined that the complaint is substantiated. The complaint is valid because
20 the standard of a preponderance of evidence has been met.
21

22 The facility is being cited for violation of Title 22 Regulations, Section 35135(a)(5)(A)(1)(a)(b). That the parent
23 has the ability to understand the content, nature and effect of signing the relinquishment. If the agency
24 representative's observation or knowledge of the parent's history or current condition indicates that the parent
25 may not have the ability to understand the content, nature, and effect of signing the relinquishment, the
26 agency representative shall refer the parent to a licensed physician or to a licensed clinical psychologist for an
27 evaluation of the parent's ability to understand prior to accepting the parent's signature on the relinquishment.
28 An evaluation shall be required in at least the following circumstances: The parent is receiving SSI/SSP for
29 mental illness or developmental disability; The parent has received psychiatric treatment and/or medication for
30 mental illness or disease within the past two years (see LIC 9099-D).
31

32 A copy of this report was given to Dr. Ramsey and the appeal rights were explained during the exit interview.

SUPERVISOR'S NAME: Deborah A Santos

TELEPHONE: (323) 981-3403

LICENSING EVALUATOR NAME: Karen McGee

TELEPHONE: 323/981-3331

LICENSING EVALUATOR SIGNATURE:



DATE: 11/09/2020

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/09/2020

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: BETHANY CHRISTIAN SERVICES
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 197804205
VISIT DATE: 11/09/2020

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 11/25/2020 Section Cited CCR 35135(A)(5)(a)(1)	<p>1 DETERMINATIONS BEFORE ACCEPTING A 2 RELINQUISHMENT. That the parent has the 3 ability to understand the content, nature and 4 effect of signing the relinquishment. If the 5 agency representative's observation or 6 knowledge of the parent's history or current 7 condition indicates that the parent may not 8 have the ability to understand the content, 9 nature, and effect of signing the 10 relinquishment, the agency representative shall 11 refer the parent to a licensed physician or to a 12 licensed clinical psychologist for an evaluation 13 of the parent's ability to understand prior to 14 accepting the parent's signature on the relinquishment. An evaluation shall be required in at least the following circumstances: The parent is receiving SSI/SSP for mental illness or developmental disability; The parent has received psychiatric treatment and/or medication for mental illness or disease within the past two years.</p> <p>8 This requirement is not met as evidenced by: 9 10 There is no record that Bethany Christian 11 Services (BCS) referred Ref. #7 and #8 to a 12 licensed physician or clinical psychologist for 13 an evaluation to determine Ref. #7 and 8's 14 ability to understand the content, nature and effect of signing the relinquishment</p>	<p>1. The agency will audit postplacement files. 2. The agency will ensure that the Adoption Specialist will discuss relinquishment cases in clinical supervision. 3. The relinquishing parent will receive three references for mental health providers. 4. Once mental health professional is chosen BCS will obtain a release to speak with the mental health provider.</p>

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

SUPERVISOR'S NAME: Deborah A Santos

TELEPHONE: (323) 981-3403

LICENSING EVALUATOR NAME: Karen McGee

TELEPHONE: 323/981-3331

LICENSING EVALUATOR SIGNATURE:

DATE: 11/09/2020

Kan C McH

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

FACILITY REPRESENTATIVE SIGNATURE:

Dr. Kay R...

DATE: 11/09/2020