



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

July 21, 2015

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From: *Cynthia McCoy Miller for*
Philip L. Browning
Director

DREAM HOME CARE, INC. GROUP HOME FISCAL ASSESSMENT AND CONTRACT COMPLIANCE REVIEW

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a review of Dream Home Care, Inc. (the Group Home) in May 2014 and July 2014. The Group Home has three sites located in the Fourth Supervisorial District and provides services to County of Los Angeles DCFS foster children, as well as placements from various counties. According to the Group Home’s program statement, its purpose is “to serve court dependent abused, neglected and emotionally disturbed children.”

The Group Home has three, 6-bed sites and is licensed to serve a capacity of 18 boys, ages 13 through 18. At the time of review, the Group Home served 18 DCFS placed children. The placed children’s overall average length of placement was 8 months and their average age was 16.

SUMMARY

CAD conducted a Fiscal Compliance Assessment, which included an on-site review of the Group Home’s financial records, such as financial statements, bank statements, check register, and personnel files to determine the Group Home’s compliance with the terms, conditions, and requirements of the Group Home Contracts, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines.

The Group Home was in full compliance with 3 of 5 areas of the Fiscal Compliance Assessment: Financial Overview; Loans, Advances and Investments; and Payroll and Personnel.

CAD noted deficiencies in the following areas: Board of Directors and Business Influence, related to the Board of Directors not meeting quarterly; and Cash/Expenditures, related to the Chief

“To Enrich Lives Through Effective and Caring Service”

Financial Officer signing checks made out to himself, a check made payable to "cash" and check expenditures not having adequate supporting documentation.

During CAD's Contract Compliance review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment, and being treated with dignity and respect.

The Group Home was in full compliance with 4 of 10 areas of our Contract Compliance Review: Facility and Environment, Psychotropic Medications, Personal Needs/Survival and Economic Well-Being, and Discharged Children.

CAD noted deficiencies in the areas of: Licensure/Contract Requirements, related to vehicles in which placed children are transported not being well maintained, disaster drills not conducted at least every six months and a Community Care Licensing (CCL) citation; Maintenance of Required Documentation and Service Delivery, related to the Group Home not obtaining the County Children's Social Worker's authorization to implement Needs and Services Plans (NSPs); Education and Workforce Readiness, related to one child's academic performance and attendance not having increased; Health and Medical Needs, related to untimely initial medical exams and follow-up dental exams; Personal Rights and Social/Emotional Well-Being, related to one child not being informed of his right to receive or reject voluntary medical, dental and psychiatric care; and Personnel Records, related to an employee being hired without the required clearances on file, complete health screenings not being conducted prior to date of hire, six employees having expired driver licenses on file and two employees not receiving all of the required annual training.

Attached are the details of our review.

REVIEW OF REPORT

On June 18, 2014, Sherry L. Rolls, DCFS CAD Children's Services Administrator I (CSA I), held an Exit Conference with Dream Home Care representatives: Cora Manalang, Executive Director and Avel Manalang, Chief Financial Officer. DCFS staff included: Diana Flaggs, Contract Compliance Section Manager; Amy Kim, CSA II; Kristine Ovsepyan, Administrative Services Manager II; Omnaya Zaklama and Luis Moreno, Financial Specialist IVs; Rhonda David-Shirley, Out-of-Home Care Management Division (OHCMD), Quality Assurance Section Manager; and OHCMD Monitors: Mary Espinoza, Kirk Barrow and Adelina Arutyunyan, CSA Is. The Group Home representatives were in agreement with the review findings and recommendations, were receptive to implementing systematic changes to improve their compliance with regulatory standards, and agreed to address the noted deficiencies in Corrective Action Plans (CAPs).

A copy of this report has been sent to the Auditor-Controller and CCL.

The Group Home provided the attached approved Fiscal and Contract Compliance CAPs addressing the recommendations noted in this report.

CAD conducted a follow-up visit to the Group Home in July 2014 and verified that the Fiscal CAP had been implemented. In March 2015, CAD conducted another follow-up visit to the Group Home and verified that the Compliance CAP was implemented. OCHMD provided technical assistance to the Group Home in June 2014, to assist the Group Home with implementing their CAPs.

Each Supervisor
July 21, 2015
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If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager at (213) 351-5530.

PLB:EM:LTI
DF

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
John Naimo, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Cora Manalang, Executive Director, Dream Home Care, Inc.
Lajuannah Hills, Regional Manager, Community Care Licensing Division
Lenora Scott, Regional Manager, Community Care Licensing Division

DREAM HOME CARE, INC.
FISCAL ASSESSMENT REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The Fiscal Assessment included the review of Dream Home Care, Inc.'s (the Group Home) financial records such as, financial statements, bank statements, check register, and personnel files to determine the Group Home's compliance with the terms, conditions, and requirements of the Group Home Contract, the Auditor-Controller Contract Accounting and Administration Handbook (A-C Handbook) and other applicable federal, State, and County regulations and guidelines for the review period of January 2012 through June 30, 2014.

The on-site Fiscal Assessment review focused on five key areas of internal controls:

- Financial Overview
- Loans, Advances and Investments
- Board of Directors and Business Influence
- Cash/Expenditures
- Payroll and Personnel

The Group Home was in full compliance with 3 of 5 areas of the Fiscal Assessment: Financial Overview; Loans, Advances and Investments; and Payroll and Personnel.

During the review, CAD noted that the Group Home's Audited Financial Statements for its Fiscal Year ending December 31, 2012, shows an operational loss of \$129,167. A review of the Group Home's Audited Financial Statement for its Fiscal Year ending December 31, 2013 shows that the Group Home returned to an operational surplus of \$88,959. The Group Home maintains operational/unrestricted assets and reserves to augment programs temporarily running in deficit to preserve programs that are providing valuable services, and to grow the organization.

FISCAL COMPLIANCE

CAD found the following areas out of compliance:

Board of Directors and Business Influence

- The Board of Director's met on August 30, 2013, December 20, 2013 (four months apart) and March 23, 2014.

The meeting dates were not conducted on a quarterly basis as required.

Recommendation:

The Group Home's Board of Directors shall ensure:

1. The Board of Directors meets at least every three months.

Cash/Expenditures

- The Chief Financial Officer signs all disbursement checks (e.g., payroll, reimbursement, rent), including payroll checks made payable to himself. The Group Home issued a check payable to “cash” in the amount of \$5,032.38. The Group Home also did not have supporting documentation for \$3.50 in allowance distributions to the placed children.

Recommendation:

The Group Home management shall ensure that:

2. A second signature is required for all checks made payable to a check signer; checks are not payable to “cash”; and supporting documentation is required and available for all expenditures.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.

NEXT FISCAL ASSESSMENT

The next Fiscal Compliance Assessment of the Group Home will be conducted in County Fiscal Year 2015-2016.

DREAM HOME CARE, INC.
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Gaviota Facility
 3590 Gaviota Avenue
 Long Beach, California 90807
 License No: 197800400
 Rate Classification Level 11

Gardenia Facility
 3720 Gardenia Avenue
 Long Beach, California 90807
 License No: 197803967
 Rate Classification Level 11

Allington Facility
 3621 Allington Avenue
 Long Beach, California 90805
 License No: 197804914
 Rate Classification Level 11

	Contract Compliance Monitoring Review	Finding: May 2014
I.	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained in Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Needs Improvement 4. Full Compliance 5. Needs Improvement 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Needs Improvement
II.	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Exterior Well Maintained 2. Common Areas Well Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Food 	Full Compliance (All)
III.	<p><u>Maintenance of Required Documentation/Service Delivery</u> (10 Elements)</p> <ol style="list-style-type: none"> 1. Child Population Consistent with Capacity and Program Statement 2. County Children's Social Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 	<ol style="list-style-type: none"> 1. Full Compliance 2. Needs Improvement 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance

	Contract Compliance Monitoring Review	Finding: May 2014
	10. Development of Timely, Comprehensive Updated NSPs with Child's Participation	10. Full Compliance
IV.	<p><u>Education and Workforce Readiness</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards/Progress Reports Maintained 4. Children's Academic Performance and/or Attendance Increased 5. GH Encouraged Children's Participation in YDS/or Equivalent Services and Vocational Programs 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Needs Improvement 5. Full Compliance
V.	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely 	<ol style="list-style-type: none"> 1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Needs Improvement
VI.	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	Full Compliance (All)
VII.	<p><u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements)</p> <ol style="list-style-type: none"> 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Needs Improvement

	Contract Compliance Monitoring Review	Finding: May 2014
	<ul style="list-style-type: none"> 12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 	<ul style="list-style-type: none"> 12. Full Compliance 13. Full Compliance
VIII.	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ul style="list-style-type: none"> 1. \$50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowance 6. Management of Allowance/Earnings 7. Encouragement /Assistance with Life Book/Photo Album 	<p>Full Compliance (All)</p>
IX.	<p><u>Discharged Children</u> (3 Elements)</p> <ul style="list-style-type: none"> 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement 	<p>Full Compliance (All)</p>
X.	<p><u>Personnel Records</u> (7 Elements)</p> <ul style="list-style-type: none"> 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement are Timely 3. Education/Experience Requirements 4. Employee Health Screening/TB Clearances are Timely 5. Valid Driver's Licenses 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training 	<ul style="list-style-type: none"> 1. Needs Improvement 2. Full Compliance 3. Full Compliance 4. Needs Improvement 5. Needs Improvement 6. Full Compliance 7. Needs Improvement

**DREAM HOME CARE, INC.
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014**

SCOPE OF REVIEW

The following report is based on a “point in time” monitoring visit. This compliance report addresses findings noted during the May 2014 monitoring review. The purpose of this review was to assess Dream Home Care, Inc.’s (the Group Home’s) compliance with the County Contract and State regulations, and included a review of the Group Home’s program statement, as well as administrative internal policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medications,
- Personal Rights and Social/Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, five placed children were selected for the sample. The Contracts Administration Division (CAD) interviewed four of the five children as one child did not consent to the interview. CAD reviewed all five case files to assess the care and services they received. Additionally, three discharged children’s files were reviewed to assess the Group Home’s compliance with permanency efforts. At the time of the review, two of the five sampled children were prescribed psychotropic medication. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorization and to confirm the required documentation of psychiatric monitoring.

CAD reviewed 37 personnel files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

CAD found the following areas to be out of compliance.

Licensure/Contract Requirements

- Vehicles were not maintained in good repair.

Two of the Group Home’s vehicles in which placed children are transported were in need of repair. Van number one at the Gaviota site needed two tires replaced. Van number two at the Gardenia site needed a rear window repaired, as the window latch was broken. CAD immediately notified the Group Home representative that the van tires and the broken window latch needed to be

replaced. On May 22, 2014, CAD visually confirmed the van tires had been replaced and the rear window was repaired.

- Disaster drills were not conducted and logs were not maintained.

The Gaviota site did not conduct disaster drills every six months as required. Disaster drills were conducted nine months apart.

- Community Care Licensing (CCL) cited the Group Home as a result of deficiencies and findings.

On November 18, 2013, CCL cited the Group Home as a result of deficiencies and findings. According to the report, CCL substantiated a transportation deficiency, due to a staff person driving residents while her driver's license was suspended. The staff person was involved in an auto accident while transporting residents. A referral was generated and investigated by a Department of Children and Family Services (DCFS) Emergency Response Children's Social Worker (ER CSW) and the allegation of General Neglect was deemed substantiated. In the same Complaint Investigation Report, CCL noted a food service deficiency for the Group Home for not following the food menu.

CCL requested a Plan of Correction (POC), which included providing documentation that the Group Home signed up for the Department of Motor Vehicles (DMV) Employer Pull Notice (EPN) Program. This program will enable the Group Home to verify the driver's license status of its employees on a monthly basis. The Group Home also provided documentation confirming the employee who drove with a suspended license is on leave from work and will not drive for the Group Home. In addition, the Group Home was required to provide a menu to CCL. CCL cleared this citation on November 19, 2013.

During the Exit Conference, the Group Home representatives agreed to ensure all Group Home vehicles are regularly inspected for maintenance issues. On March 13, 2015, CAD Compliance confirmed disaster drills are being conducted and logs maintained.

Recommendation:

The Group Home's management shall ensure that:

1. Vehicles are maintained in good repair.
2. Disaster drills are conducted as required and logs maintained.
3. The Group Home is in compliance with Title 22 Regulations and free of CCL citations.

Maintenance of Required Documentation and Service Delivery

- County Children's Social Worker's authorization to implement Needs and Services Plans (NSPs) was not obtained.

For one child, the Group Home did not obtain the County Children's Social Worker's (CSW's) authorization to implement the NSP. The Group Home also did not document their attempts to obtain the authorization.

The Group Home representatives acknowledged this deficiency and stated they will ensure documentation of attempts to contact the County CSWs is in all client files.

Recommendation:

The Group Home's management shall ensure that:

4. It obtains or document efforts to obtain the CSW's authorization to implement the NSPs.

Education and Workforce Readiness

- A child's academic performance and attendance did not increase.

One child's academic performance and attendance did not increase. Although the child's NSP was updated to include attending school more frequently, the child was failing four of six classes and demonstrated a pattern of truancy from school, which was noted on the child's Period Student Attendance Profile provided to the Group Home weekly.

The Group Home representative acknowledged this finding and upon re-review of the child's file noted the lack of increase in the child's academic performance. The Group Home representative stated the Group Home will have regular contact with the school and tutor and will review daily progress notes.

Recommendation:

The Group Home's management shall ensure that:

5. Children's academic performance and/or attendance increases.

Health and Medical Needs

- An initial medical exam was not conducted timely.

In one child's file, there was no documentation to verify if the child had received an initial medical examination.

The Group Home representatives acknowledged that the initial medical appointment document was not properly filed in the child's files. On June 23, 2014, the Group Home submitted verification that the initial medical exam was completed even though it was completed late.

- A follow-up dental exam was not conducted timely.

Another child did not receive a timely follow-up dental exam. The exam was due in March 2014 and was not completed until June 13, 2014.

Recommendation:

The Group Home's management shall ensure that:

6. Initial medical exams are conducted timely.
7. Follow-up dental exams are conducted timely.

Personal Rights and Social/Emotional Well-Being

- A child was not aware of being free to receive or reject voluntary medical, dental, and psychiatric care.

During the Exit Conference, the Group Home representatives stated that on July 11, 2014, a meeting was conducted with all placed children to ensure that all age-appropriate children are aware of their rights to refuse medical treatment. In addition, the Group Home has incorporated an acknowledgement form in their intake packet and included this element in quarterly surveys. On March 13, 2015, CAD confirmed that the recommendations were implemented.

Recommendation:

The Group Home's management shall ensure that:

8. Children are aware of their right to receive or reject voluntary medical, dental and psychiatric care.

Personnel Records

- A DOJ, FBI, CACI clearance was not submitted timely.

One Group Home staff did not have the proper DOJ, FBI, CACI criminal clearances in her personnel file.

- Employee health screenings and Tuberculosis (TB) tests were not conducted timely.

One Group Home staff did not have a timely health screening report; it was completed approximately nine months after the hire date. Another employee had an incomplete health screening as the TB test was not completed at the time of hire or within seven days of the hire date.

- Valid California Driver Licenses (CDL) were not on file.

The personnel files for four Group Home staff that drove residents as a part of their regular job duties contained expired drivers licenses.

- All required trainings were not completed.

Two Group Home staff did not have verification that they completed the required annual training in their personnel files.

The Group Home representatives provided all valid driver's licenses and DOJ, FBI, CACIs criminal clearances on June 25, 2014, and the completed health screening report on July 2, 2014.

Recommendation:

The Group Home's management shall ensure that:

9. All DOJ, FBI, and CACIs clearances are submitted timely.
10. Employee health screenings/TB Clearances are timely.
11. Valid Driver's Licenses are on file for all Group Home staff.
12. All required training is completed.

Prior Year Follow-Up from DCFS Out of Home Care Management Division (OHCMD) Group Home Contract Compliance Monitoring Review

The OHCMD's last compliance report, dated March 18, 2014, identified four recommendations for improvement.

Results:

Based on CAD's follow-up, the Group Home implemented two of the four recommendations, which they were to ensure that:

- The exterior of the Group Home sites are maintained and free from potential safety hazards.
- Children's bedrooms are well maintained and smoke detectors are working properly.

Based on the results of the current review, two recommendations were not implemented.

- The Group Home is in compliance with Title 22 Regulations and County contract requirements.
- Personnel files include all required forms and documents.

Recommendation:

13. The outstanding recommendations from the monitoring report dated March 18, 2014, which are noted in this report as Recommendations numbers 9, 10, 11, 12, are fully implemented.

At the Exit Conference, the Group Home representatives expressed their desire to remain in compliance with all Title 22 Regulations and contract requirements. Cora Manalang, Executive

Director, stated that the Group Home will implement procedures to strive towards greater compliance.

A follow up visit was conducted March 13, 2015 by CAD and the Group Home had implemented 10 of 12 recommendations. The Group Home has not fully implemented documentation of their effort to obtain the CSW's authorization to implement the NSPs nor implemented the use of the Group Home's Personnel File Checklist to ensure all personnel files include the proper documentation. The Group Home was advised to fully implement their documentation procedures. The Group Home will consult with OHCMD for additional support and technical assistance, and CAD will continue to assess implementation of the recommendations during the next monitoring review.



DREAM HOME CARE INC.

A Non Profit Corporation
4150 Locust Avenue, Long Beach, CA 90807
P (562) 595-9021 F (562) 428-4804

July 11, 2014

**Re: Group Home Monitoring Review
Fiscal Compliance Unit
Corrective Action Plan**

**Mr. Luis Moreno
Contract Administration Division
Fiscal Compliance Unit
Department of Children and Family Services
3530 Wilshire Boulevard, 4th Floor
Los Angeles, Ca 90010**

Dear Mr. Moreno,

The following Corrective Action Plan (CAP) is being submitted in reference to the Fiscal Compliance Review during the audit review dates commencing on May 6, 2014 to May 12, 2014. This FCAP is implemented effective immediately.

**DCFS Fiscal Corrective Action Plan (FCAP)
Dream Home Care, Inc.
Review Date: 5-6-14 to 5-12-14**

- **Audited Financial Statements as of December 31, 2012, agency incurred a loss from operations.** Attached please find the unaudited Financial Statement for Dream Home Care. The year to date Profit and Loss Statement as of March 31, 2014 reflect a surplus for \$32,561.73, in addition the Balance Sheet Statement present unrestricted net assets of \$293,712.02. The Board Directors/CEO/CFO will continue to make all the necessary adjustment to balance the budget to not incur any additional losses. The implementations consist of:
 1. Maintaining adequate placement
 2. Reduce cost (payroll) if low placement is anticipated.

- **Board of Directors did not meet at least every three months.**

The boards of directors of Dream Home Care, Inc. were informed of the concern reported by DCFS Fiscal Unit regarding quarterly meetings non compliance. The board agreed to conduct board meetings every three months. All board directors understood the importance of meeting at least every three months.



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Board Resolutions will continue to be adopted at any time in between board meetings by written consent in the event of the occurrence of any pertinent urgent matter. The CEO and COO must ensure that these meetings are set in advance. CEO/COO must remind /call regularly the Board Directors of the set date. Please see faxed copies of the Board Resolution to this effect.

- **Agency issued a check payable to "cash".** Dream Home management will ensure that no check will be issued payable to cash. All disbursement check will be payable to a recipient. Group home COO/CFO will not deal with any agency that requires "cashier's check" (cash) and refusing to accept Dream Home check for payment.
- **Checks were payable to the authorized check signer without second signature.**
Effective immediately Dream Home Care CFO will ensure that any check, where the payee is one of the signators of Dream Home Care bank account, will have a second signature as a requirement. The CEO and the Chief Financial Officer are signators of all Dream Home Care, Inc. bank accounts. The COO will be the third signatory on file as needed.
- **One of three non-payroll checks sampled did not have supporting documents for all associated expenditures.** Dream Home will ensure that all program expenditures are supported with original invoices or receipts. The CFO will review all expenditures prior to submission for approval to the Executive Director. The Executive Director will not process any program expenditures without proper original documentation and verify that is related to the program. The implementation to address this particular concern is as follows:
 1. Quality Control Manager in coordination with the COO will collect all original receipts, tallied and accounted for on a monthly/weekly basis.
 2. COO will print and classify all the expenditures in a standard form. He will then add the invoices/receipts/expenditures for reimbursement. He then submit all the documents to the CFO.
 3. CFO will receive the documents, review and double-check the records for accuracy and completeness including the addition of the total amount to be reimbursed.



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- **Fixed Assets list does not include inventory serial number, dates of purchase, acquisition cost and funding**

All fixed assets with an acquisition cost of \$5,000 or more per unit will be capitalized. A permanent property log or database will be maintained for all fixed assets purchased by Dream Home Care, Inc. The log should now contain the following information: date of purchase, description of item purchased, inventory serial numbers, acquisition cost and funding source. The CFO and the COO will ensure that the developed Log Form is completed accurately and on a timely manner. (Please see faxed copy of the log form.)

Hoping that the above Corrective Action Plan meets your approval and kind consideration, I remain.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'Cora Manalang', written over a circular stamp or seal.

Cora Manalang
CEO

(electronically signed)

Dream Home Care, Inc.
Statement of Financial Position
As of March 31, 2014

ASSETS

Current Assets

Petty cash	\$ 498.29
Cash in bank-01923-04740	150,095.95
Grants receivable	<u>143,262.00</u>
Total Current Assets	\$ <u>293,856.24</u>

NonCurrent Assets

Property & equipment	90,358.28
Less: Accumulated Depreciation	<u>(30,889.52)</u>
Total NonCurrent Assets	\$ <u>59,468.76</u>

Other Assets

TOTAL ASSETS	\$ <u>353,325.00</u>
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LIABILITIES AND NET ASSETS

Current Liabilities

Accrued payroll & benefits	\$ 44,690.33
Federal payroll taxes	4,847.38
State payroll taxes	10,035.27
Employee garnishments	<u>40.00</u>
Total Current Liabilities	\$ <u>59,612.98</u>

Total Liabilities	\$ <u>59,612.98</u>
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Net Assets

Unrestricted	<u>\$ 293,712.02</u>
Total Net Assets	<u>293,712.02</u>

TOTAL LIABILITIES AND NET ASSETS	\$ <u>353,325.00</u>
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Dream Home Care, Inc.
DETAIL REVENUE AND EXPENSE STATEMENT
For the Year Ended March 31, 2014

REVENUES AND SUPPORT

DCSS - LA County	\$ 411,192.00
Clothing allowance	512.00
Donations	2,500.00
Food program	<u>11,363.57</u>
Total Revenues and Support	<u>425,567.57</u>

OPERATING EXPENSES

Payroll - childcare work	127,816.88
Fica payroll tax expense-ccw	9,777.99
State payroll tax expense-ccw	6,693.39
Workers compensation Ins.-ccw	24,072.04
Other employee benefits-ccw	4,109.43
Payroll - social work	16,600.00
Fica payroll tax expense-sw	1,269.93
State payroll tax expense-sw	662.50
Food	14,980.43
Shelter rent	23,400.00
Maintenance	2,689.25
Expendable equipment	394.83
Utilities	3,627.02
Auto operation	6,001.90
Personal & incidental	6,077.23
Clothing	2,775.67
Other child related	6,161.46
Accounting	4,050.00
Program consultant	3,960.00
In service training	387.20
Telephone	2,283.96
Postage & Shipping	170.20
Office supplies	1,131.13
Membership & subscription	628.00
General insurance	10,097.00
Office Rent / Storage	1,715.00
Payroll - executive director	25,900.00
Fica payroll tax expense - ex. dir.	1,981.35
State payroll tax expense - ex. dir.	371.00
Payroll - assistant executive dir.	21,000.00

Dream Home Care, Inc.
DETAIL REVENUE AND EXPENSE STATEMENT
For the Year Ended March 31, 2014

Fica payroll tax expense - asst. ex. dir.	1,606.50
State payroll tax expense - asst. ex. dir.	371.00
Payroll - administrator	31,150.00
Fica payroll tax expense - admin.	2,382.98
State payroll tax expense - admin.	1,113.00
Payroll - all other administration	22,958.35
Fica payroll tax expense - other admin.	1,756.31
State payroll tax expense - other admin	<u>882.91</u>
Total Operating Expenses	<u><u>393,005.84</u></u>
Excess (Deficit) of Revenues over Expenses	<u><u>\$ 32,561.73</u></u>



A NON-PROFIT CORPORATION
4150 Locust Avenue
Long Beach, CA 90807
P (562) 595-9021 F (562) 426-4804

BOARD RESOLUTION
Adopted by Unanimous Written Consent
06-18-14

WHEREAS, pursuant to the California Corporation Laws for Non Profit Corporation and by the By Laws of Dream Home Care, Inc., it is deemed desirable and in the best interest of this corporation that the following actions be taken by the Board of Directors of this corporation adopted by this unanimous Written Consent.

NOW, THEREFORE BE IT RESOLVED, that the undersigned Directors of Dream Home Care, Inc. hereby consent to approve and adopt the following:

RESOLVED, that the Board of Directors hereby approved purchase of one group home (Gaviota site) vehicle as a replacement due to the accident/collision. The insurance company has sent the check as a full payment of the vehicle which was totally damaged by another driver while our vehicle was parked. Girls shelter vehicle was recently involved in an accident and may be replaced. Group home is waiting for the insurance carrier's full payment check.

RESOLVED, that the Board of Directors hereby were informed of the DCFS Fiscal Audit Unit concern regarding quarterly meetings non compliance. The Board agreed that meetings need to be conducted every three months. The Board understood the importance of meeting at least every three months.

DATE: June 18.2014

EMILIA ALICANTE - DIRECTOR

GAIL LAXAMANA - DIRECTOR

RAYMOND TORRES - DIRECTOR



DREAM HOME CARE INC.

A Non Profit Corporation
4150 Locust Avenue, Long Beach, CA 90807
P (562) 595-9021 F (562) 426-4804

1 of 3

July 11, 2014

**Re: Group Home Monitoring Review
Contract Compliance Unit
Corrective Action Plan**

**Ms. Amy Kim , CSA II
Contract Administration Division
Contract Compliance Unit
Department of Children and Family Services
3530 Wilshire Boulevard, 5th Floor
Los Angeles, Ca 90010**

Dear Ms Kim,

The following Corrective Action Plan (CAP) is being submitted in reference to the Contract Compliance Monitoring Review during the audit visit dates commencing on May 6, 2014 to May 12, 2014. This CAP has been implemented effective immediately.

I. Licensure/Contract Requirement

3. Group home vehicles use to transport the clients are not in good repair

**CAP a. Two front tires for the Gaviota vehicle were replaced by 5/22/14.
b. Window by the passenger most rear part of the Gardenia vehicle was replaced by 5/22/14.
Ms Sherry Rolls, DCFS CSA I, came 5/22/14 and personally observed and verified the replaced vehicles parts with the invoices as proof of repairs.**

c. The facility manager and the administrator of each site must ensure that the vehicle is in good repair before each day of use. Each driver assigned must inspect the vehicle , complete and sign the maintenance checklist before driving. (see attached daily maintenance log form developed). If the vehicle is not up to par driver must inform the facility manager and the administrator for immediate repair.

5. Disaster drills (Gaviota site) are not conducted and completed at least every 6 months.

CAP a. The group home will continue to conduct disaster /fire drill every three months which is our group home policy. The facility manager and administrator will ensure that disaster drills are conducted regularly. The administrator will also double checked if the disaster form is fully completed and signed . (please see the enclosed forms developed).

b. The administrator will now make a separate one binder for all the disaster /fire logs conducted. The documents will no longer be filed together with all other documents in the Miscellaneous binder. The binder is labeled specifically "Disaster/Fire Drills Log". This will eliminate discrepancies in accessibility of the records or files.



DREAM HOME CARE INC.

A Non Profit Corporation
4150 Locust Avenue, Long Beach, CA 90807
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Page 2 of 3

9. The group home has a substantiated allegation (Gaviota site)

- CAP a.** A memo was sent to remind all staff about the mandatory requirement to immediately inform the management if the driver's license is revoked or suspended for any reason. Failure to do so will result in termination or suspension
- b.** The Group home is now enrolled on the Employer Pull Notice (EPN) Program with the Department of Motor Vehicle. This program ensures on a regular basis that the group home staff driver's license are updated and their current driving records are in good standing. (attached copy of the EPN Program Contract).
- c.** The Human Resource Manager (HRM) and the administrator of each site must ensure that Driver's License of every staff on file is up dated . The HRM with COO will review the EPN submitted by DMV once received. The HRM and COO will also review the personnel file checklist, as well, at least once a month.

III. Maintenance of Required Documentation and Service Delivery

16. The group home did not obtain or document efforts to obtain the county worker's authorization to implement the Needs and Service Plan

- CAP a.** The fax confirmation or proof copies/ follow-up notes must be kept on file, dated correctly and signed by the assigned staff. The staff/group home social worker's emails to the county workers must be printed as well and to be filed as proof of receipt. Group home social worker who routinely emails the NSP will now include in the email the statement that " if group home did not hear from the DCFS CSW in 10 days, it would mean "agreement and implementation " of the Needs and Service Plan or an invitation letter to send to the DCFS CSW (see enclosed invitation letter) .
- b.** The social worker and the administrator of each group home site must ensure that all signature pages of the NSP are signed by the county workers. If unsuccessful in obtaining the signatures, all efforts done stated above must be documented , dated and signed.

IV. Education and Workforce Readiness

28. The child's academic and school attendance and performance did not increase based on the services provided by the facility

- CAP.** The staff, facility manager and the administrator of each site will continue to help the minor improve his academic performance by implementing the following:
- Tutoring program in placed 2 times/wk (see enclosed Tutor's log in sheet)
 - Regular contact with school counselors/officials to discuss client's school performance, issues and behaviors and resolution.
 - Assistance by the group home staff with their homework/ projects on a daily basis (see enclosed Daily Homework Log)
 - Daily checking of school progress notes of the client signed by each class teacher
 - Attendance of staff/group home social worker/administrator to regular meetings and IEP
 - Transporting the minor to and from school
 - Client's School Attendance profile checked by staff once /week
 - Incentives/Rewards given to client for achieving the educational goals as stated in the NSP (Target Behavior Bonus Form)
 - Providing the material tools needed and a nurturing environment .



DREAM HOME CARE INC.

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3 of 3

V. Health and Medical Need

30. The initial medical examinations are not conducted timely

- CAP a.** The facility manager and the administrator of each site must ensure that the initial medical examination of clients must be done within 30 days upon admission.
- b.** A "Due Date Form" was generated to include each client's Medical and Dental Exam due dates. This form is posted on the board as a reminder for the staff, facility manager, administrator and social worker. (Please see enclosed form developed)

Comment The initial medical exam record was found and provided to Ms Sherry Rolls, DCFS CSA, within the 5 day grace period given.

33. The required follow-up dental examination was not conducted timely.

- CAP a.** The facility manager and the administrator must ensure that the client's required follow-up dental examination must be done on a timely manner which is normally every six months.
- b.** A "Due Dates Form" was developed to include each client's medical and dental exams due dates. The form is posted on the board as a reminder for the staff, facility managers, administrator and social worker.

Comment The follow-up dental exam record was found and submitted to Ms Sherry Rolls, DCFS CSA, within the 5 day grace period given.

VII. Personal Rights and Social /Emotional Well-being

46. Children are not aware of their rights to receive/reject medical, dental and psychiatric care.

- CAP a.** Each site conducted a group meeting with all the residents to remind and address the clients' personal rights with specific emphasis of their right to receive and refuse medical, dental and psychiatric care. Clients signed the form acknowledging this right. A survey form/questionnaire form was developed for each client to complete. (please see enclosed forms)
- b.** The administrator and the Group home social worker must ensure that the clients understood their rights and signed the form for acknowledgement. The survey form (questionnaires) will be given to each client for completion every 3 months and reviewed by the administrator and group home social worker to assess client's understanding of this specific right.

Hoping that the above Corrective Action Plan meets your approval and kind consideration, I remain.

Respectfully yours,

Cora Manalang
CEO Electronically signed

CAP
I#5



A NON-PROFIT CORPORATION
4150 Locust Avenue
Long Beach, CA 90807
(562) 595-9021

FIRE DRILL RECORD

A FIRE DRILL WAS HELD ON: _____ (DAY) _____ (MONTH) _____ (YEAR)

AT: _____ AM/PM SITE: _____

THE FOLLOWING PARTICIPATED IN THE DRILL:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

THE HOUSE WAS EVACUATED IN: _____ MINUTES OR SECONDS _____

THE DRILL WAS CONDUCTED BY: _____ (STAFF)

INSTRUCTIONS: _____

THE SMOKE DETECTORS WERE TESTED ON: _____ (DAY) _____ (MONTH) _____ (YEAR)

CONCERNS: _____

THE FIRE EXTINGUISHERS WERE CHECKED ON: _____ (DAY) _____ (MONTH) _____ (YEAR)

CONCERNS: _____ EXPIRED _____

REPORT COMPLETED BY: _____ DATE: _____

CONCERNS: _____

DEPARTMENT OF MOTOR VEHICLES

Information Services Branch
 Employer-Pull Notice Unit MS H265
 P. O. BOX 944231
 SACRAMENTO, CA 94244



April 7, 2014

Requester Code #
 # CL837

DREAM HOME CARE INC.
 CORA MANALANG
 4150 LOCUST AVE.
 LONG BEACH, CA 90807

Your application for an Employer Pull Notice (EPN) Account has been processed, and is effective on the date of this letter.

Enclosed is your copy of the EPN contract reflecting your confidential requester code number; *CL837* retain it along with this letter in a secure manner for future reference. This requester code is used to identify your EPN account when communicating with our EPN unit, and must be kept confidential. Please allow approximately ten days to receive your enrolled driver(s) pull notice printout(s).

Refer to The Department of Motor Vehicles (DMV) web site: www.dmv.ca.gov and the EPN Program Customer Guide to learn more about your responsibilities as an EPN account holder. Employees that have direct or incidental access to account information must be made aware of the security requirements and confidentiality of DMV records.

A separate billing statement will be sent to all Commercial account holders from our Automated Billing Information Services (ABIS) Unit. Billing information can also be found on the DMV web site and in the EPN Program Customer Guide. Non-payment of your EPN account may result in termination.

You may contact the Employer Pull Notice Unit by accessing our email address: EPN@dmv.ca.gov or by calling (916) 657-6346.

R. VOGEL
 Employer Pull Notice
 Information Services Branch

1 2 0 APR 09 2014 66



A Public Service Agency

PULL NOTICE CONTRACT

Requester # CL 837

CAP
I # 9

THIS AGREEMENT is made and entered into this 11th day of March 20 14, between the STATE OF CALIFORNIA, acting by and through the DEPARTMENT OF MOTOR VEHICLES, herein called SELLER, and Dream Home Care, Inc., herein called BUYER.

BUYER desires to purchase information from SELLER'S record under the terms and conditions and at the rates set forth in the "Employer Pull Notice Program, Information For Enrollment," attached hereto and hereby incorporated and made a part of this contract. SELLER will furnish information in accordance with the terms specified below:

1. SELLER will furnish said information as soon as possible after receipt of request, and will furnish a subsequent report each time a record is updated under the following conditions while the BUYER'S notification request remains valid and uncanceled: abstracts of conviction, failure to appear notices, failure to pay notices, accidents, suspensions, revocations or any other actions taken against the driving privilege or certificate.
2. BUYER will not use any information or portions of information acquired under the provisions of this contract for any purpose other than administering company policies in regard to the driving record requirements of employees. BUYER will not sell, assign or otherwise transfer any of the information or portions of information acquired under the provisions of this contract. For breach of this condition, or if the buyer fails to pay money owed the seller within 45 days of billing, the SELLER may elect to cancel this contract immediately upon notice to the BUYER.
3. All sensitive data, documentation, or other information, which is designated confidential by SELLER and is inadvertently made available to BUYER will be protected by BUYER from unauthorized use and disclosure.
4. BUYER agrees to defend, indemnify and hold harmless SELLER and its officers, agents and employees from any and all claims, actions, damages and losses which may be brought or alleged against SELLER, its officers, agents or employees by reason of the negligent, intentional, improper or unauthorized use or dissemination by BUYER, or its officers, agents or employees of accurate information furnished to BUYER by SELLER under this Agreement.
5. No alteration or variation of the terms of this Agreement shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto.
6. This Agreement is not assignable by BUYER either in whole or in part.
7. BUYER and its agents or employees shall act in an independent capacity and not as officers, employees or agents of SELLER.
8. This Agreement is subject to any restrictions, limitations or conditions enacted by the Legislature which may affect the provisions or terms of this Agreement in any manner.
9. Except for the election of SELLER to cease furnishing information or to cancel this contract upon notice as above provided, this contract shall continue until canceled by either party upon at least thirty (30) days written notice to the other.

120 APR 09 2014 66

Dream Home Care, Inc.
COMPANY NAME (PLEASE PRINT)
4150 Locust Avenue
MAILING ADDRESS
Long Beach CA 90807
CITY STATE ZIP

SIGNATURE OF AUTHORIZED DMV REPRESENTATIVE

SIGNATURE OF AUTHORIZED REPRESENTATIVE
Cora Monalony, CEO
PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

CAP
III #16



DREAM HOME CARE INC.
A Non Profit Corporation
4150 Locust Avenue, Long Beach, CA 90807
P (562) 595-9021 F (562) 426-4804

INVITATION

RESIDENT

DOB

CASE WORKER

DATE

___ Three months will have elapsed since the APPRAISAL/NEEDS AND SERVICE PLAN/QUARTERLY EVALUATION was last developed or revised.

___ Even though the current plan was recently developed, there have been significant changes in the resident's adjustment status requiring a revision in his APPRAISAL/NEEDS AND SERVICE PLAN.

The facility professional staff will therefore meet to revise the APPRAISAL/NEEDS AND SERVICE PLAN for the above resident on _____ at _____ AM/PM.

Your input and involvement is important to us. Therefore, if the scheduled date is inconvenient for you, please inform us as soon as possible so that we may re schedule the meeting. Please call _____ at () _____ - _____ to confirm or re schedule. If we do not receive a response and you are not in attendance, a copy of the revised APPRAISAL/NEEDS AND SERVICE PLAN will be forwarded to you and the updated NSP is implemented effective immediately.

GROUP HOME SOCIAL WORKER

CAP IV #26

Dream Home Care

CLIENT'S NAME _____

Daily Homework Log

DATE	Homework Y/N	Staff assisted w/ homework Y/N	Completed/ Checked Homework Y/N	Staff's Signature
1	Y/N	Y/N	Y/N	
2	Y/N	Y/N	Y/N	
3	Y/N	Y/N	Y/N	
4	Y/N	Y/N	Y/N	
5	Y/N	Y/N	Y/N	
6	Y/N	Y/N	Y/N	
7	Y/N	Y/N	Y/N	
8	Y/N	Y/N	Y/N	
9	Y/N	Y/N	Y/N	
10	Y/N	Y/N	Y/N	
11	Y/N	Y/N	Y/N	
12	Y/N	Y/N	Y/N	
13	Y/N	Y/N	Y/N	
14	Y/N	Y/N	Y/N	
15	Y/N	Y/N	Y/N	
16	Y/N	Y/N	Y/N	
17	Y/N	Y/N	Y/N	
18	Y/N	Y/N	Y/N	
19	Y/N	Y/N	Y/N	
20	Y/N	Y/N	Y/N	
21	Y/N	Y/N	Y/N	
22	Y/N	Y/N	Y/N	
23	Y/N	Y/N	Y/N	
24	Y/N	Y/N	Y/N	
25	Y/N	Y/N	Y/N	
26	Y/N	Y/N	Y/N	
27	Y/N	Y/N	Y/N	
28	Y/N	Y/N	Y/N	
29	Y/N	Y/N	Y/N	
30	Y/N	Y/N	Y/N	
31	Y/N	Y/N	Y/N	
MONTH:				YEAR

CAP
IV #28

Dream Home Care, Inc
Monthly Reward Target Behavior Chart

Resident:
Month:

Goal #1: Reward: \$1.00

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total: _____
Bonus: _____
Grand Total: _____

Goal #2: Reward: \$0.50

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total: _____
Bonus: _____
Grand Total: _____

Goal #3: Reward \$0.50

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Total: _____
Bonus: _____
Grand Total: _____

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Dream Home Care Inc

Needs and Services Plan/quarterly reports/30 day report/MEDICAL

Name DOB DOA	January	February	March	April	May	June	July	August	September	October	November	December
DOA			3/28 Due Date NSP			6/28 Due Date Physical Dental	7/28/10 30 Day NSP		9/28 Due Date NSP			12/28 Due Date NSP DENTAL
DOA			3/27 Due Date NSP DENTAL			6/27 Due Date NSP	7-4 30day 2013		9/27 Due Date Physical Dental	10/27 30-day NSP		12/27 Due Date NSP
DOA			3/4 Due Date NSP			6/4 Due Date NSP	7-4 30day 2013		9/4 Due Date			12/4 Due Date
DOA	NSP 1/23 Due Date Physical Dental	2/23		4/23 Due Date NSP			7/23 Due Date NSP			10/23 Due Date NSP		
DOA:	1/23 Due Date Physical Dental	2/23 30-Day NSP		4/23 Due Date NSP			7/23 Due Date NSP Dental			10/23 Due Date NSP		
DOA			3/14 Due Date NSP Dental			6/14 Due Date NSP			9/14 Due Date NSP Physical Dental	10/14/12 30 Day NSP		12/14 Due Date NSP

CAF #30

CAP
VII #46



DREAM HOME CARE INC.

A Non Profit Corporation
4150 Locust Avenue, Long Beach, CA 90807
P (562) 595-9021 F (562) 426-4804

REFUSAL

I, _____, have been informed of my right to refuse medical, dental and psychiatric care. I have been informed that I will be strongly encouraged to participate in medical, psychiatric and dental services for my own health, safety and well-being. I may receive incentive for participation in particularly difficult appointments (blood draws, tooth extraction, etc) but that I will never receive program consequences for refusing these services.

I do understand that some health related consequences may arise from my refusal and I agree to take responsibility for those natural consequences.

Client _____

Date _____

GHSCW _____

Date _____

Witness _____

Date _____

CAP
VII
46



DREAM HOME CARE INC.
A Non Profit Corporation
4150 Locust Avenue, Long Beach, CA 90807
P (562) 595-9021 F (562) 426-4804

CLIENT SURVEY

Dream Home Care, Inc. is committed to provide and sustain the highest level of service to our clients as defined by our corporate mission statement. To ensure our unwavering desire for continuous improvement and excellent service, we are asking you, our client, to participate in putting feedback mechanism in place by answering the following questions with your honest opinion.

1. Do you think Dream Home Care ensures that your rights are respected including the right to refuse medical, dental and psychiatric care? Yes No Don't Know
2. Are you given restriction or consequences if you refuse to take meds? Yes No Don't Know
3. Do you receive the adequate attention you need? Yes No Don't Know
4. Are you provided with proper nutrition/food? Yes No Don't Know
5. Are your clothing needs met? Do you get to choose your clothes? Yes No Don't Know
6. Do you get proper medical, dental and psychological care? Yes No Don't Know
7. Do you get to go on weekends for outdoor activities? Yes No Don't Know
8. Do you get weekly allowances regularly? Yes No Don't Know
9. Do you get bonus/rewards for good behavior? Yes No Don't Know
10. Do you comply with the group home's rules? Yes No Don't Know
11. Do you like to stay with Dream Home Care? Yes No Don't Know
12. Have you adequately learned positive decisions/choices at DHC? Yes No Don't Know
13. How many favorite staff do you have? 1 2 3 4 5 6 7 8 9 10
14. Do you like the bedroom where you sleep now? Yes No Don't Know
15. How do you rate Dream Home Care as a group home in general? Bad Good Better Best

Client's Signature _____

Date _____



DREAM HOME CARE INC

A Non Profit Corporation
4150 Locust Avenue, Long Beach, CA 90807
P (562) 595-9021 F (562) 426-4804

Page 1 of 2

August 14, 2014

**Re: Group Home Monitoring Review
Contract Compliance Unit
Corrective Action Plan Addendum**

**Ms. Amy Kim , CSA
Contract Administration Division II
Contract Compliance Unit
Department of Children and Family Services
3530 Wilshire Boulevard, 5th Floor
Los Angeles, Ca 90010**

Dear Ms Kim,

The following Corrective Action Plan (CAP) addendum is being submitted in reference to the Contract Compliance Monitoring Review during the audit visit dates commencing on May 6, 2014 to May 12, 2014. This CAP has been implemented immediately.

Personnel Required Documentation:

1. Ensuring that each employee has a valid driver's license in their personnel files.

- CAP a.** A memo was sent to remind all staff about the mandatory requirement to immediately inform the management if the driver's license is revoked or suspended for any reason. Failure to do so will result in termination or suspension
- b.** The Group home is now enrolled on the Employer Pull Notice (EPN) Program with the Department of Motor Vehicle. This program ensures on a regular basis that each group home staff driver's license is updated and the current driving records are in good standing. (attached copy of the EPN Program Contract).
- c.** The Human Resource Manager and COO must ensure that Driver's License of every staff on file is updated. The personnel file checklist (which includes Driver's License expiration date) must be reviewed on regular basis.
- Comment:** Ms Sherry Rolls, DCFS CSA, was provided, as requested, the three staffs' Driver's licenses within the 5 days grace period given, with the exceptions of those employees who were on workmens comp/disability for quite sometime now.

2. Ensuring that each applicable employee has initial/ongoing training requirements and that such documentation is maintained in the files for training.

- CAP a.** A one year schedule for monthly in service training conducted by Dr. Finklestein will continue to be posted on each site's Bulletin Board.
- b.** The COO will remind each site administrator by text a week before the date/time of the training for staff to attend the mandatory training per schedule.



DREAM HOME CARE INC.

A Non Profit Corporation
4150 Locust Avenue, Long Beach, CA 90807
P (562) 595-9021 F (562) 426-4804

Page 2 of 2

- c. If the in service training is missed by any staff, alternative other places and dates are available for staff to attend provided by Dr. Finklestein. All staff has been aware about this policy for the last several year.
- d. A separate binder labeled "In service Training" is made to contain all the sites' employees documentations of monthly "in service training".

Comment: Ms Sherry Rolls, DCFS CSA, was provided the information that the staff who did not have the in service training are no longer involved with child care work and will not be required to attend in service training.

3. Ensuring that each prospective employee has been seen by health care professional (includes Health Screening and TB Skin test) before being employed.

- CAP
- a. Any prospective employee must submit cleared Health Screening with a negative TB Skin test before employment. This will include a cleared Chest X'ray if the TB skin test is positive.
 - b. The administrator and the HR Manager must ensure that the above medical requirements are in the personnel file before any employment begins.
 - c. The HR Manager/COO must ensure that the personnel file checklist which is on the front page of each personnel binder is reviewed on a regular basis for completeness and accuracy.

I do hope that the above Corrective Action Plan Addendum will meet your standard and approval.

Respectfully,


Cora Manalang
CEO

(Electronically signed)