County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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May 30, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

FLEMING AND BARNES d.b.a. DIMONDALE ADOLESCENT CARE FACILITY GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Fleming and Barnes d.b.a. Dimondale Adolescent Care Facility Group Home (Dimondale) in July 2011, at which time they had four six-bed sites and eight placed DCFS children.

Dimondale has four sites, two located in the Second Supervisorial District, one located in the Fourth Supervisorial District, and one in the Fifth Supervisorial District. Dimondale provides services to Los Angeles County DCFS and Probation foster youth. According to Dimondale's program statement, its stated goal is "to provide a safe environment for all children in our care where they can achieve a feeling of self worth, an appreciation of community, and a respect for culture, family and each other." Dimondale is licensed to serve a capacity of 24 children, ages 12 through 17.

For purposes of this review, six placed children were interviewed and their files were reviewed (three DCFS and three probation). The placed children's overall average length of placement was one month, and the average age was 15. Two discharged children's case files were reviewed to determine if they were meeting their Needs and Services Plan (NSP) goals and discharged per their permanency plan. Three staff files were reviewed for compliance with Title 22 Regulations and County contract requirements.

One child was prescribed psychotropic medication. We reviewed her case file to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation was maintained for psychiatric monitoring as required.

SCOPE OF REVIEW

The purpose of this review was to assess Dimondale's compliance with the contract and State regulations. The visit included a review of Dimondale's program statement, administrative internal policies and procedures, six placed children's case files, and a random sampling of personnel files. A visit was made to each group home site to assess the quality of care and supervision provided to children and we conducted interviews with children to assess the care and services they were receiving.

A copy of this report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

SUMMARY

Generally, Dimondale was providing good quality care to DCFS and Probation placed children, and the services were provided as outlined in the Agency's program statement. The children interviewed stated that they liked residing in the homes and that they felt safe. The children also reported that they were treated with respect and dignity.

At the time of the review, Dimondale needed to maintain appropriate and comprehensive allowance logs. The Agency needed to develop comprehensive Needs and Services Plans (NSPs) and needed to ensure that DCFS Children's Social Workers (CSWs) were contacted monthly by Dimondale staff and that the contacts were appropriately documented. Dimondale also needed to ensure that all dental examinations were timely.

Dimondale's Administrators were receptive to implementing systemic changes to improve its compliance with regulations and the contract. Further, the Director stated that all of the findings that were brought to his attention would be corrected immediately.

NOTABLE FINDINGS

- Allowance logs were not appropriately maintained. This was immediately brought to the attention of the Director and the Administrator, and the problem was corrected.

- Of the six initial NSPs and three updated NSPs reviewed, none were comprehensive as required in accordance with the NSP template. Dimondale's Director and the Administrator reported that they appreciated the feed back given at the exit conference and that they will continue to work with OHCMD to improve in this area. Dimondale representatives attended the NSP training conducted by OHCMD in January 2012.

- DCFS CSW's were not contacted monthly by Dimondale staff. The Agency was receptive to a monthly CSW log and reported that they will utilize the log. The Agency reported that they will begin contacting the CSWs monthly and appropriately documenting effective immediately.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held November 23, 2011.

In attendance:

Ken Fleming, Director; Lyn Ayers, Facility Administrator Supervisor; Lashawn Huggins, Facility Administrator; Lakeisha Horsley, Facility Administrator; Jasmine Collins, Facility Administrator, Dimondale Group Home, and Sonya Noil, Monitor, DCFS OHCMD.

Highlights:

The Director was in agreement with our findings and recommendations. The Director agreed that the NSPs goals were not attainable. He also stated that the information given was very helpful. The Director agreed that the Agency would improve in every aspect in order to be in complete compliance.

Dimondale provided an approved Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of the recommendations during our next review.

If you have any questions, please call me or your staff may contact Aldo Marin, Board Relations Manager, at (213) 351-5530.

PLB:RS:KR
EAH:PBG:sn

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Ken Fleming, Director, Dimondale Group Home
Jean Chen, Regional Manager, Community Care Licensing
Lenora Scott, Regional Manager, Community Care Licensing

FLEMING AND BARNES dba DIMONDALE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW-SUMMARY

1632 E. Dimondale Drive
Carson, CA. 90746
License Number: 198283822
Rate Classification Level: 12

2509 W. 115th Street
Hawthorne, CA. 90250
License Number: 198204472
Rate Classification Level: 12

44116 63rd St. West
Lancaster, CA. 93536
License Number: 197605011
Rate Classification Level: 12

1461 N. Anaheim Place
Long Beach, CA. 90804
License Number: 197804638
Rate Classification Number 12

	Contract Compliance Monitoring Review	Findings: July 2011
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. SIRs 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance 9. Full Compliance
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms/Interior Maintained 4. Sufficient Recreational Equipment 5. Sufficient Educational Resources 6. Adequate Perishable and Non Perishable Food	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs 8. Therapeutic Services Received	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 8. Full Compliance

	9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationship 12. Development of Timely Updated NSPs 13. Development of Comprehensive Updated NSPs	9. Full Compliance 10. Improvement Needed 11. Full Compliance 12. Full Compliance 13. Full Compliance
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates in Meeting Child's Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourages Children's Participation in YDS	Full Compliance (ALL)
V	**Health And Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-Up Dental Exams Timely	1. Full Compliance 2. Full Compliance 3. Not Applicable 4. Full Compliance 5. Improvement Needed 6. Not Applicable
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights And Social/Emotional Well-Being** (15 Elements) 1. Children Informed of Home's Policies and Procedures 2. Children Feel Safe 3. Satisfaction with Meals and Snacks 4. Staff Treatment of Children with Respect and Dignity 5. Appropriate Rewards and Discipline System 6. Fair Consequences 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores	Full Compliance (ALL)

	10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival And Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training 11. CPR Training Documentation 12. First-Aid Training Documentation 13. Ongoing Training Documentation 14. Emergency Intervention Training Documentation	Full Compliance (ALL)

FLEMING AND BARNES dba DIMONDALE ADOLESCENT CARE FACILITY
GROUP HOME PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW

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The following report is based on a "point in time" monitoring visit and addresses findings noted during the July 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Fleming and Barnes dba Dimondale Adolescent Care Facility (Dimondale) was in full compliance with seven of ten sections of our contract compliance review: Facility and Environment; Education and Workforce Readiness; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children and Personnel Records. The following report details the results of our review.

LICENSURE/CONTRACT REQUIREMENTS:

Based on our review of six children's case files and/or documentation from the provider, Dimondale fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

We noted that the Agency was not maintaining appropriate and comprehensive allowance logs. One resident did not receive a clothing allowance within 30 days of her initial placement. The Director reported that all residents will receive their clothing allowance within 30 days of their initial placement. He went on to say that the facility managers will ensure that corporate office is aware of the placement date of each resident and will ensure a clothing allowance is issued on or within the thirty day time frame.

Recommendation:

Dimondale's management shall ensure:

1. Appropriate and comprehensive allowance logs which document that all children are receiving their required allowances are maintained.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of six children's case files and/or documentation from the provider, Dimondale fully complied with 11 of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

We noted that the treatment team did not develop comprehensive initial NSPs with the child. The Agency had not contacted the DCFS CSWs monthly and contacts were not appropriately documented.

The Director stated that Dimondale Administrator and Licensed Clinical Social Workers (LCSWs) will ensure that all NSPs/Quarterly reports are comprehensive. Dimondale has retrained all the Administrators and LCSWs.

The Director also stated that Dimondale has implemented the use of a new form, the "Placement Agency Contact Log". All contact that is made with the placement agency will be recorded on this form.

The Director and the Administrator reported that they appreciated the feed back given at the exit conference and that they will continue to work with OHCMD to improve in this area. Dimondale representatives attended the NSP training conducted by OHCMD in January 2012.

Recommendations:

Dimondale's management shall ensure:

2. The treatment team develops comprehensive initial and updated NSPs with the child.

3. The DCFS CSWs are contacted monthly by Dimondale staff and that the contacts are appropriately documented.

HEALTH AND MEDICAL NEEDS

Based on our review of six children's case files and/or documentation from the provider, Dimondale fully complied with five of six elements reviewed in the area of Health and Medical Needs.

We found that one initial dental exam was not conducted timely. One resident had a Medi-Cal issue which caused her initial dental examination to be three days late. Dimondale staff will ensure that if there is an issue with Medi-Cal, any concerns will be documented in the child's file.

Recommendation:

Dimondale's management shall:

4. All children receive timely dental examinations.

FOLLOW-UP FROM THE OHCMD'S PRIOR MONITORING REPORT

Objective

Determine the status of the recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from the last monitoring review were implemented. The report was issued July 10, 2011.

Results

The DCFS prior monitoring report contained 14 outstanding recommendations. Specifically, Dimondale was to make sure that common areas are maintained and there was sufficient recreational equipment. Dimondale was to also ensure that each site maintained adequate perishable and non-perishable foods. Dimondale needed to ensure that DCFS CSWs authorized the implementation of NSPs Dimondale was to ensure that the Group Homes developed comprehensive NSPs. Dimondale was to also ensure that children participated in the development of NSPs and that NSPs were implemented and discussed with staff. The Agency was also to ensure that dental exams are conducted and timely. Dimondale needed to encourage children to create and update a life book/photo album. Dimondale needed to ensure that all staff members signed a criminal background statement, had timely health screenings, and a signed policy and procedure form in their files.

Based on our follow-up of these recommendations, Dimondale fully implemented 12 of the 14 recommendations. Dimondale did not ensure timeliness of the dental exams and NSPS were not comprehensive. Corrective action was requested of Dimondale to further address the recommendations that were not implemented.

Recommendation:

Dimondale's management shall ensure:

5. It fully implements the outstanding recommendations from the prior monitoring report, which are noted in this report as Recommendations 2 and 4 in this compliance report.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The A-C conducted fiscal review of Fleming and Barnes for the period January 1 through December 31, 2009. The fiscal report dated July 1, 2011 identified $100 in allowable costs, and $3,263 in unsupported/inadequately supported costs. Fleming and Barnes has paid its fiscal responsibility in full.

Dimondale Adolescent Care Facilities

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Sonia Noil
County of Los Angeles Department of Children and Family Services
Out of Home Care Management Division
9320 Telstar Ave. Suite 206
El Monte, Ca 91731

December 13, 2011

Dear Ms. Sonia Noil

Plan of Correction: Fleming and Barnes dba Dimondale Adolescent Care Facilities /Performance Evaluation CAP

Licensure/Contract Requirements: Are appropriate and comprehensive allowance logs maintained.

Recommendation: One of the residents did not receive a clothing allowance within 30 days of her initial placement.

Implementation: Dimondale will ensure that all residents receive their clothing allowance within thirty days of their initial placement. The managers will ensure that the corporate office is aware of the placement date of each resident and will ensure that the clothing allowance is issued on or within the thirty day time frame. The Facility Administrators will follow up to ensure that it's completed.
(Implemented)

Facility and Environment: No issues noted

Maintenance of Required Documentation and Service Delivery: Needs Improvement

Recommendation: Did the treatment team develop comprehensive initial Needs and Services Plans (NSP) with the child? Are DCFS CSW's contacted monthly by the GH and are the contacts appropriately documented?

Implementation Dimondale will ensure that all NSPS/Quarterly's are comprehensive. Dimondale has retrained all the Administrators and LCSW's to include the progress that the resident has made with their individual treatment goals. All of the resident's goals will be attainable goals. Dimondale will ensure that the medical, physical, dental and psychological sections will contain a detailed synopsis of the appointment. The Administrators and LCSW's have been re-trained on the importance of ensuring that all of the NSP's and Quarterly's are detailed and contain all of the pertinent information that applies to each resident. The Administrators and or Managers will provide written

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documentation when the CSW or the DPO of record was contacted regarding the resident. Dimondale has implemented a new form entitled "Placement Agency Contact Log". All contact that is made with the placement agencies will be recorded on this form. The information will be transferred to the NSP/Quarterly. Administrators will review the NSP's and the Quality Assurance Program Administrator will ensure that all of the above corrections are implemented.
(Implemented)

Education and Workforce Readiness: No issues noted

Recommendation: Health and Medical Needs: Are initial dental examinations conducted and are initial dental examinations timely?

Implementation: One of the residents had a medi-cal issue which caused her initial dental examination to be three days after the thirty day grace period. She was placed on April 8, 2011 and her initial exam was on May 11, 2011. Three days late. Dimondale staff will ensure that if there is an issue with medi-cal, the child will be taken to the dentist within the thirty day period and we will have the required documentation from the dentist's office to prove that the medi-cal is not currently working. Dimondale staff will write an incident report regarding the issue. Facility Managers will follow-up on all residents to ensure that the initial doctor's visit and dentist visit are completed within the thirty day period.
(Implemented)

Psychotropic Medication: No issues noted

Personal Rights and Social/Emotional Well-being: No issues noted

Discharge Children: No issues noted

Personnel Records: No issues noted

Respectfully,

Ken Fleming
Director
Fleming & Barnes, Inc. dba Dimondale Adolescent Care Facilities