County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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October 25, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
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Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

FLEMING AND BARNES, INCORPORATED d.b.a. DIMONDALE ADOLESCENT CARE 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, Incorporated, d.b.a. Dimondale Adolescent Care Group Home (the Group Home) in March 2013. The Group Home has four sites: one site located in the Second Supervisorial District; two sites located in the Fourth Supervisorial District; and one site located in the Fifth Supervisorial District. The Group Home provides services to County of Los Angeles DCFS foster children and Probation Department youth. According to the Group Home's program statement, its purpose 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."

The Group Home has four 6-bed sites each licensed to serve a capacity of 6 girls, ages 12 through 17. At the time of review, the Group Home served 7 placed DCFS children and 17 Probation youth. The placed children's overall average length of placement was 3 months, and their average age was 17.

SUMMARY

During OHCMD's 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 treated with respect and dignity.

The Group Home was in full compliance with 7 of 10 areas of our Contract compliance review: Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharged Children.

Deficiencies were noted in the areas of Licensure/Contract Requirements, related to citations by Community Care Licensing (CCL) on three occasions; Maintenance of Required Documentation and Services Delivery; related to the Children's Social Worker (CSW) or Deputy Probation Officer's (DPO) authorization to implement NSPs was not obtained, or documented, and monthly CSW/DPO was not conducted or appropriately documented in the case files, and initial and updated Needs and Services (NSPs) were non-comprehensive; and Personnel Records, related to one staff not having completed a timely health screening and tuberculosis clearance. The OHCMD instructed the Group Home supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On July 3, 2013, the DCFS OHCMD Monitor, Sonya Noil, held an Exit Conference with the Group Home representatives, Ken Fleming, Director and Lyn Ayers, Administrator. The representatives: agreed with the review findings and recommendations; were receptive to implementing systemic changes to improve their compliance with regulatory standards; and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this report. OHCMD will assess for implementation of recommendations during our next monitoring review.

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

PLB:EM:KR
RDS: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, Fleming and Barnes Group Home
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

FLEMING AND BARNES, INCORPORATED d.b.a. DIMONDALE ADOLESCENT CARE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2012-2013

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit and addresses findings noted during the March 2013 monitoring review. The purpose of this review was to assess the Fleming and Barnes, Incorporated d.b.a. Dimondale Adolescent Care Group Home's (the Group Home) compliance with Contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative 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 Medication,
- 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, seven placed children were selected for the sample. The Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their 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, three children were prescribed psychotropic medication. The children's case files were reviewed to assess timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed three staff files for compliance with Title 22 Regulations and County contract requirements, and site visits were conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following four areas out of compliance.

Licensure/Contract Requirements

Community Care Licensing (CCL) cited the Group Home as a result of substantiated findings noted during three separate investigations.

- On January 19, 2012, during an annual random evaluation of the Carson Group Home site, CCL cited the Group Home. One employee did not have the required health screening, and a physical plant deficiency was also noted, as paint was peeling from the walls. The CCL Licensing Program Analyst (LPA) informed OHCMD that the deficiency regarding the peeling

paint was corrected; the walls were repainted. CCL did not request further documentation from the Group Home regarding the employee who did not have the required health screening, as the employee was no longer employed by the Group Home.

- On February 24, 2012, during an unannounced case management visit, CCL cited the Long Beach Group Home site as a result of a staff not having a criminal record clearance. A Civil Penalty of $500.00 was also imposed. Per the CCL LPA, a Plan of Correction (POC) has been requested. The Group Home submitted the POC to CCL on August 9, 2013. To date, CCL has not cleared the deficiency.

- On August 3, 2012, CCL cited the Long Beach Group Home site for a food services violation. During an unannounced site visit on July 24, 2012, the CCL LPA found one container of expired milk in the refrigerator. Although the milk was discarded, the Group Home was required to submit a POC to ensure the Group Home dates and rotates food to ensure that food is consumed prior to the expiration date. The POC was approved by CCL.

Recommendation

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

<u>Maintenance of Required Documentation and Service Delivery</u>

- The Group Home failed to obtain or document efforts to obtain the Department of Children and Family Services (DCFS) Children's Social Worker's (CSW) or Deputy Probation Officer's (DPO) authorization to implement the Needs and Services Plans (NSPs). During the Exit Conference, the Group Home Director stated that he will ensure that each NSP includes the DCFS CSW's/DPO's authorization to implement the NSP, or efforts to obtain authorization will be documented.

- CSWs and/or DPOs were not contacted monthly, and the contacts with the CSWs and/or DPOs were not appropriately documented in the case files.

- Seven initial NSPs were reviewed; none were comprehensive, as they did not meet all the required elements in accordance with the NSP template. Permanency planning goals, Physical/Health goals, Psychological goals and Independent Living goals were not specific. The concurrent case plan was not found in one child's NSP.
- Three updated NSPs were reviewed; none were comprehensive. The NSPs lacked details of the children's progress on identified case plan goals, and the children's progress toward meeting NSP goals could not be determined.

Although the initial and updated NSPs reviewed were not comprehensive, all were timely. It is noted that the Group Home representatives attended the OHCMD NSP training for providers in January 2012. During the Exit Conference, the Group Home representatives acknowledged being aware of the NSP requirements. The Group Home Director stated that he will ensure staff utilizes

the Specific, Measurable, Attainable, Realistic and Timely chart to ensure NSPs are comprehensive.

Recommendations

The Group Home's management shall ensure that:

2. The Group Home staff obtains or documents efforts to secure the CSW's/DPO's authorization to implement the NSPs.

3. The Group Home staff contacts the CSWs/DPOs monthly and the contacts are appropriately documented in the case files.

4. Comprehensive initial NSPs are developed and include all required elements in accordance with the NSP template.

5. Comprehensive updated NSPs are developed and include all required elements in accordance with the NSP template.

Personnel Records

- One employee's file did not include a copy of a timely health screening and Tuberculosis (TB) clearance. The staff member was hired September 9, 2009. The health screening was dated March 3, 2010, and the date of the T.B. test is September 30, 2006. Upon this being brought to the Group Home's attention, the employee provided documentation of a more recent health screening and TB clearance, dated March 4, 2011 and January 26, 2012, respectively. The Group Home Director will ensure that all staff receives a timely health screening prior to their hire date, or no later than seven days after their date of hire, in order to remain in compliance with Contract requirements and Title 22 Regulations.

Recommendations

The Group Home's management shall ensure that:

6. All staff receive a timely health screening and TB clearance.

PRIOR YEAR FOLLOW-UP FROM DCFS OHCMD's GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The OHCMD's last compliance report, dated May 30, 2012, identified five recommendations.

Results

Based on our follow-up, the Group Home fully implemented 2 of 5 recommendations for which they were to ensure:

- Appropriate and comprehensive allowance logs, and

- All children receive timely dental examinations.

The Group Home did not implement three prior recommendations for which they were to ensure:

- CSWs are contacted monthly and that the contacts are appropriately documented,
- Development of comprehensive initial NSPs, and
- Full implementation of the outstanding recommendations from the prior monitoring report, as NSPs were not comprehensive.

The Group Home's management shall ensure that:

7. It fully implements the outstanding recommendations from the May 30, 2012 monitoring report, which are noted in this report as Recommendations 3, 4, and 5.

The Group Home representatives expressed their desire to remain compliant with all Title 22 Regulations and Contract requirements. They will ensure all required signatures are obtained and that all information is properly documented. The Group Home Administrators and Licensed Clinical Social Worker who prepare the NSPs have received additional training to ensure comprehensive NSPs. It was also noted that the Group Home representatives attended the OHCMD NSP training in January, 2012, as well as the OHCMD NSP refresher training in August, 2013. To further assist the Group Home in ensuring comprehensive NSPs, OHCMD reviewed the NSP template with the Group Home representatives during the Exit Conference.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the Group Home was posted by the Auditor-Controller (A-C) on July 1, 2011. The A-C identified $100 in unallowable costs and $3,263 in unsupported/inadequately supported costs. On June 26, 2013 the DCFS Fiscal Monitoring and Special Payments Section informed OHCMD that the Group Home has reimbursed the County for the unallowable costs and unsupported/inadequately supported costs.

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

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

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

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

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

	Contract Compliance Monitoring Review	**Findings: March 2013**
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Provided Children's Transportation Needs	2. Full Compliance
	3. Vehicle Maintained In Good Repair	3. Full Compliance
	4. Timely, Cross-Reported SIRs	4. Full Compliance
	5. Disaster Drills Conducted & Logs Maintained	5. Full Compliance
	6. Runaway Procedures	6. Full Compliance
	7. Comprehensive Monetary and Clothing Allowance Logs Maintained	7. Full Compliance
	8. Detailed Sign In/Out Logs for Placed Children	8. Full Compliance
	9. CCL Complaints on Safety/Plant Deficiencies	9. Improvement Needed
II	**Facility and Environment** (5 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Well Maintained	
	3. Children's Bedrooms Well Maintained	
	4. Sufficient Recreational Equipment/Educational Resources	
	5. Adequate Perishable and Non-Perishable Foods	
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements)	
	1. Child Population Consistent with Capacity and Program Statement	1. Full Compliance
	2. County Children's Social Worker's Authorization to Implement NSPs	2. Improvement Needed
	3. NSPs Implemented and Discussed with Staff	3. Full Compliance
	4. Children Progressing Toward Meeting NSP Case Goals	4. Full Compliance
	5. Therapeutic Services Received	5. Full Compliance
	6. Recommended Assessment/Evaluations Implemented	6. Full Compliance

	7. County Children's Social Worker's Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	7. Improvement Needed 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 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 or Attendance Increased 5. GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 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	Full Compliance (ALL)
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** (13 Elements) 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 Nutritious 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	Full Compliance (ALL)

	9. Children's Chores Reasonable 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. 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 Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

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

August 12, 2013

Dear Ms. Sonia Noil

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

Licensure/Contract Requirements: Is the group home free of any substantiated Community Care Licensing complaints on safety and/or physical plant deficiencies since the last review?

Recommendation: On August 3, 2012, spoiled milk was found in the refrigerator (Long Beach).

Implementation: The overnight shift is responsible for checking all of the dates on the food and ensuring that they are not expired. The overnight shift has been re-trained on the importance of checking expiration dates daily. The Facility Supervisor will follow up each morning during his or her walkthrough to ensure that all food stuffs in the facility are properly dated and not expired.
(Implemented)

Recommendation: On Feb 24, 2012, a citation was issued for a criminal record clearance (Long Beach)

Implementation: Dimondale will ensure that that all employees have criminal background clearances prior to employment. Fleming and Barnes have revised the hiring procedure. When a prospective employee is initially interviewed they are required to fill out a criminal background statement prior to the interview. Once the interview is completed, the receptionist either phones Community Care Licensing and checks to ensure that the prospective employee's prints are cleared and active or emails them a live scan form. If the employee's fingerprints are cleared and active, Fleming & Barnes management hand carries the transfer of clearance form to Community Care Licensing in Culver City, where it is dated and time stamped. A copy is then put in the employee file. Fleming & Barnes receptionist will ensure that all the required pre-employment paperwork is in the employee file prior to the employee beginning a shift. The Administrator of each facility will ensure that the criminal record clearance or the

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transfer of clearance is in the file. The employee in question was discharged from Dimondale's employ on February 20, 2013.
(Implemented)

Facility and Environment: No issues noted

Maintenance of Required Documentation and Service Delivery: Needs Improvement

Recommendation: Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services plan? Are county workers contacted monthly by the GH and are the contacts appropriately documented in the case file? Did the treatment team develop timely, comprehensive, updated Needs and Services Plans with the participation of the developmentally age-appropriate child?

Implementation Dimondale will ensure that all NSPS/Quarterly's are faxed, mailed, or otherwise transmitted to the CSW and/or the DPO of record prior to the due date. Dimondale will utilize the fax confirmation/return receipt to ensure that they were sent in a timely manner. Dimondale will further ensure that the CSW and the DPO's sign and put the appropriate date on the reports. 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, specific and realistic 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 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 and the date of contact will then be transferred to the NSP/Quarterly. All of the residents will participate in the treatment team meeting witch is held on a monthly basis. Administrators will review the NSP's and the Case Manager will ensure that all of the above corrections are implemented.
(Implemented)

Education and Workforce Readiness: No issues noted

Health and Medical Needs: No issues noted

Psychotropic Medication: No issues noted

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

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Discharge Children: No issues noted

Personnel Records: Have employees received timely health screenings/TB clearance

Recommendation: On February 24, 2012, one employee did not have the required Health Screen (Carson).

Implementation: Fleming and Barnes have revised the hiring procedure. At the time of the initial training they are given the initial health screening forms and informed that they have seven days from their date of hire to obtain the employment physical and TB test. The receptionist at the corporate office will hold the employee file until the health screening is turned in. The employee will not work in the facilities or be around the residents until Dimondale receives the health screening form. Fleming & Barnes receptionist will ensure that all the required pre-employment paperwork is in the employee file prior to the employee beginning a shift. The Administrator of each facility will follow up to ensure that all of the pre-employment paperwork is in the file. **(Implemented)**

Respectfully,

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