County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

PHILIP L. BROWNING
Director

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Chief Deputy Director

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July 5, 2013

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Gloria Molina
Supervisor Zev Yaroslavsky
Supervisor Don Knabe
Supervisor Michael D. Antonovich

From: Philip L. Browning
Director

LUVLEE'S RESIDENTIAL CARE, INC., d.b.a. NEW DAWN 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 Luvlee's Residential Care, Inc., d.b.a. New Dawn Group Home (The Group Home) in February 2013. The Group Home has two sites; the Walnut site located in the Fifth Supervisorial District and the Chino site located in San Bernardino County. The Group Home provides services to DCFS foster youth. According to the Group Home's program statement, its purpose is "to stabilize the child within the group home setting and to establish trust and security of knowing that they are cared for unconditionally."

The Group Home has two six-bed sites and is licensed to serve a capacity of 12 male youth, ages 10 through 17. At the time of the review, the Group Home served 11 placed DCFS children and one youth under the dual supervision of DCFS and the County of Los Angeles Probation Department. The placed children's overall average length of placement was 12 months, and their average age was 17.

SUMMARY

During the OHCMD 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 seven of 10 areas of our Contract compliance review: Licensure/Contract Requirements; Facility and Environment; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; and Personnel Records.

OHCMD noted deficiencies in the areas of Maintenance of Required Documentation and Service Delivery, related to initial and updated Needs and Services Plan (NSP) not being comprehensive; Personal Rights and Social/Emotional Well-Being, related to children not being given opportunities to participate in age-appropriate extra-curricular activities in which they have an interest in; and Discharged Children, related to children not making progress toward their NSP goal. The DCFS OHCMD Monitor instructed the Group Home's 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 March 8, 2013, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with Group Home representative Sean Hardge, Executive Director. The representative agreed with all but one of the findings and recommendations, as he stated that all placed children had been afforded the opportunity to participate in extra-curricular activities. However, he was receptive to implementing systemic changes to improve 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 Community Care Licensing.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report.

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

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

PLB:EM:KR:
RDS:PBG:kb

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
Tiffany Baker, President, Board of Directors, Luvlee's Residential Care, Inc.
Sean Hardge, Executive Director, Luvlee's Residential Care, Inc.
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

LUVLEE'S RESIDENTIAL CARE, INC., d.b.a. NEW DAWN 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. This compliance report addresses findings noted during the February 2013 review. The purpose of this review was to assess Luvlee's Residential Care's (The Group Home) compliance with its County 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, five placed children, four Department of Children and Family Services (DCFS) foster children and one child under the dual supervision of DCFS and the County of Los Angeles Probation Department, were selected for the sample. The Out-of-Home Care Management Division (OHCMD) Monitor 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, two sampled children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five group home 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 three areas out of compliance.

Maintenance of Required Documentation and Service Delivery

- The updated Needs and Service Plan (NSP) for two of five children did not include documentation of the children's progress made towards achieving their NSPs' educational goals. The Executive Director provided training to the Group Home Social Workers and facility managers on establishing measurable goals that can

be accomplished, and he will ensure the children's progress toward achieving their NSP goals is clearly documented in their NSPs.

- One of five initial NSPs reviewed was not comprehensive and did not meet all the required elements in accordance with the NSP template. The initial NSP did not identify the Group Home staff responsible for assisting the youth in meeting his NSP case plan goals.

- Four of 13 updated NSPs reviewed were not comprehensive. The updated NSPs case plan goals were vague and needed more detailed information. Also, the NSPs did not address the method to be used to assist the children to achieve their case plan goals.

Although not all NSPs reviewed were comprehensive, all NSPs were timely. It was further noted that 12 of 18 NSPs reviewed were developed after the OHCMD NSP training, which the Group Home's representatives attended in January 2012.

On March 14, 2013, the Group Home's Administration provided additional NSP training to the Group Home Social Workers and Facility Managers. The training was geared toward assisting the staff in writing comprehensive initial and updated NSPs and ensuring that information is clear and detailed. The training also addressed ensuring that NSPs include the progress children are making towards achieving their NSP case plan goal; as well as identification of methods used to achieve these goals. The Group Home provided verification of the NSP training to OHCMD.

Recommendations

The Group Home's management shall ensure that:

1. The children are progressing toward meeting their NSP goals.

2. Staff receive NSP training to ensure comprehensive initial NSPs, which include all required elements in accordance with the NSP template are developed; and that all NSPs are reviewed by the Group Home Administration.

3. Staff receive NSP training to ensure comprehensive updated NSPs, which include all required elements in accordance with the NSP template are developed; and that all NSPs are reviewed by the Group Home Administration.

PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

- One child reported that he was not given opportunities to participate in age-appropriate, extra-curricular, enrichment, and social activities in which he had an interest. The Executive Director disagreed with this finding, as he stated that all placed children are given opportunities to participate in activities. He presented the Monitor with documentation to show that the child had participated in the planning of monthly activities and that the Group Home had purchased art

supplies for the youth. The youth made no mention of participating in an art class, and he maintained that he never participated in extra-curricular activities in which he had an interest.

Recommendation

The Group Home's management shall ensure that:

4. Children participate in age-appropriate, extra-curricular, enrichment and social activities in which they have an interest.

DISCHARGED CHILDREN

- One discharged child, who was placed in the Group Home for at least 30 days, had made no progress toward decreasing behavior problems, which was one of his NSP goals. The child's Discharge Summary documented that the child exhibited increasing behavior problems and had become more defiant and confrontational with staff.

  The Group Home's Executive Director explained that staff had made several attempts to work with the child. Although a seven-day notice had been submitted to the DCFS Children's Social Worker (CSW) requesting the child's removal, the Group Home later decided to give the youth a second chance, and allowed him to remain at the group home if his behavior improved.

  The Executive Director shared that a Team Decision Making Conference (TDM) was held; the child's mother, the CSW and Supervising CSW, a DCFS facilitator, and the Group Home therapist participated in the TDM. A plan was developed to help the child improve his behavior and to facilitate the child's reunification with his mother; however, the child's acting-out behavior continued to escalate. Ultimately, the Group Home was not successful in implementing an effective plan to meet the child's mental health needs. As a result, a second TDM was held a month later to address the child's behavior. Unfortunately, the child's behavior continued to escalate, and the Group Home determined that they were not able to meet the child's needs. The child was replaced in a residential treatment facility, a higher level of care, where he is receiving more appropriate services and treatment. The child's CSW reported that his behavior has improved considerably.

  The Group Home Executive Director stated that the Group Home will continue to make all efforts to help children make progress toward achieving their NSP goals.

Recommendation

The Group Home's management shall ensure that:

5. Documentation of progress toward meeting NSP goals is maintained in NSPs for children placed at least 30 days.

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

The OHCMD's last compliance report, dated June 13, 2012, identified seven recommendations.

Results

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

- The exterior and physical plant are well maintained and in good repair,
- The children are progressing toward meeting their NSP case goals,
- Initial NSPs are developed timely,
- Comprehensive initial and updated NSPs are developed,
- Children are assisted in maintaining important relationships,
- Documentation of progress toward meeting NSP goals is maintained in NSPs for children placed at least 30 days, and
- Full implementation of the outstanding recommendations from the prior monitoring report.

The Group Home did not implement the recommendations regarding children progressing toward meeting their NSP goals; developing comprehensive initial and updated NSPs; ensuring documentation of progress toward meeting NSP goals is included in NSPs for children placed at least 30 days; and ensuring full implementation of the outstanding recommendations from the prior monitoring report.

Recommendation

The Group Home's management shall ensure that:

6. The outstanding recommendations from the June 13, 2012 monitoring report, which are noted in this report as Recommendations 1, 2, 3, 5, and 6, are fully implemented.

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 $204 in disallowed expenditures and $1,928 in unsupported/inadequately supported expenditures. The DCFS Fiscal Monitoring Section reported that the Group Home has paid DCFS in full for the disallowed and unsupported/inadequately supported expenditures.

LUVLEE'S RESIDENTIAL CARE, INC d.b.a. NEW DAWN GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

20273 Walnut Valley Drive
Walnut, CA 917892376
License # 191593081
Rate Classification Level: 11

4340 Wilson Street
Chino, CA 91740
License # 360908565
Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: February 2013**
I	**Licensure/Contract Requirements** (9 Elements) 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	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	Full Compliance (ALL)
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County 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 Workers 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	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 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 Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ 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 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 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	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. Full Compliance 12. Full Compliance

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	13. Improvement Needed
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 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 Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book	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	1. Full Compliance 2. Improvement Needed 3. Full Compliance
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	Full Compliance (ALL)

Luvlee's Residential Care, Inc.
New Dawn
Established 1988
P.O. Box 2232 - Phone: (909) 594-2762 Fax: (909) 594-2922

April 12, 2013

Patricia Bolanos-Gonzales, CSA II
Out of Home Care Management Division
9230 Telstar Ave.
El Monte, CA 91731

RE: CORRECTIVE ACTION PLAN ADDENDUM

Dear Patricia Bolanos-Gonzales,

Luvlee's Residential Care, Inc. is submitting the following Corrective Action Plan (CAP) Addendum based on the first CAP submitted on March 27, 2013. People responsible for ensuring the continued compliance of Luvlee's Residential Care, Inc. are the Administrator, Facility Manager, On-Grounds Social Worker and Administrative Assistant.

Identified Recommendations:

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

18. Are the sampled children progressing towards meeting the Needs and Services Plans case goals?

23. Did the treatment team develop timely, comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child?

24. Did the treatment team develop timely, comprehensive, updated Needs and Service Plans (NSP) with the participation of the developmentally age-appropriate child?

Corrective Action Plan:

18. On 03/14/2013, Luvlee's Residential Care, Inc. Administrator conducted a Needs and Service Plan meeting with the On-Grounds Social Worker, Facility Manager and Administrative Assistant. We used the DCFS Presentation as our guide towards making measurable/comprehensive goals. Facility Manager, On-Grounds Social Workers and Administrator meets once a month for our team treatment meeting to go over the resident's goals, progress, needs and services that are being provided. During the meeting we will incorporate the proper metric measurements needed for establishing comprehensive goals. All effort made by the Group Home will be documented.

23. On 03/14/2013, Luvlee's Residential Care, Inc. Administrator conducted a Needs and Service Plan meeting with the On-Grounds Social Worker, Facility Manager and Administrative Assistant. We used the DCFS Presentation as our guide towards making measurable/comprehensive goals. Administrator will ensure that all initial NSP's are comprehensive by meeting with the On-Grounds Social Workers and reviewing the initial NSP's prior to submission to the County Social Workers.

24. On 03/14/2013, Luvlee's Residential Care, Inc. Administrator conducted a Needs and Service Plan meeting with the On-Grounds Social Worker, Facility Manager and Administrative Assistant. We used the DCFS Presentation as our guide towards making measurable/comprehensive goals. Administrator will ensure that all updated NSP's are comprehensive by meeting with the On-Grounds Social Workers and reviewing the updated NSP's prior to submission to the County Social Workers.

VII. PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

48. Are children given opportunities to participate in age-appropriate, extra-curricular, enrichment, and social activities in which they have an interest, at school, in the community or at the group home?

Corrective Action Plan:

48. Each month the residents meet as a group with staff and are provided the opportunity to pick age-appropriate activities of their choice for the month. The group meeting is done while all the residents are present. Staff is responsible for ensuring that the activities are reasonable and age-appropriate. The activities are then written by staff on the *Monthly Activity Calendar*. Staff is train on how to encourage the residents when they do not want to participate in the group activity. Continue refusal to participate in choosing an activity will be noted in the behavior log at the end of staff shift.

IX. DISCHARGE CHILDREN

57. For children placed at least 30 days, did the child make progress towards meeting their NSP goals?

Corrective Action Plan:

57. On 03/14/2013, Luvlee's Residential Care, Inc. Administrator conducted a Needs and Service Plan meeting with the On-Grounds Social Worker, Facility Manager and Administrative Assistant. During the meeting we discussed ways that we can ensure that children placed at least 30 days make progress towards their goals. Within the first 30 days of the child's placement the Administrator, Facility Manager and On-Grounds Social Workers will review the child's case plan and establish attainable goals by using the metric measurement system. Information on the efforts made by the Group Home (i.e. TDM meetings, referrals, and outside services providers) will be documented in the NSP. This information will be provided in the Discharge Summary and verified by the Administrator prior to discharge.

Sincerely,

Sean Hardge, Administrator
Luvlee's Residential Care, Inc.
(909) 595-1177