County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 30, 2010

To: Supervisor Gloria Molina, Chair
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From: Patricia S. Ploehn, LCSW
Director

LUVLEE'S RESIDENTIAL CARE D.B.A. NEW DAWN GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

In accordance with your Board's April 14, 2009 motion, we are informing your Board of the results of a group home compliance review.

Luvlee's Residential Care Incorporated has two sites, the Walnut Facility and the Chino Facility. The Walnut Facility is located in the Fifth District. The Chino Facility is located in San Bernardino County. Luvlee's Residential Care provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth. According to Luvlee's Residential Care's program statement, their stated goal 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 Walnut Facility is licensed to serve a capacity of six children, ages 14 through 17. The Chino Facility is licensed to serve a capacity of six children, ages 10 through 17.

The Out-of-Home Care Management Division (OHCMD) conducted a review of Luvlee's Residential Care in October 2009 at which time they had two six-bed sites and 11 placed DCFS children. All 11 children were males. For the purpose of this review, eight currently placed children were interviewed and their case files were reviewed. The other three children were placed less than 30 days and therefore their files were not reviewed, nor were they interviewed. For the sampled children, their overall average length of placement was 15 months and the average age of placed children was 16. Eight staff files were reviewed for compliance with Title 22 regulations and contract requirements.

There were three children on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm the medication logs documented correct dosages were being administered as prescribed.

SCOPE OF REVIEW

The purpose of this review was to assess Luvlee's Residential Care's compliance with the Contract and State regulations. The visit included a review of Luvlee's Residential Care's program statement, administrative internal policies and procedures, eight placed children case files, and a random sampling of personnel files. A visit was made to both facilities to assess the quality of care and supervision provided to children, and we conducted interviews with children to assess the care and services they are receiving.

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

SUMMARY

Generally, Luvlee's Residential Care was providing good quality care to DCFS placed children, and the services were provided as outlined in their program statement. The children interviewed stated that they wanted to continue residing at the placement and that the staff is genuinely concerned about them.

The direct care staff stated that they were pleased with the support that they receive from the administrative staff. In fact, the facility manager reported that the Group Home administrative staff was attentive to the needs of the children and were open to listening to the direct care staff's suggestions for improvement.

At the time of the review, the Group Home needed to address a few minor physical plant deficiencies, none of which posed a safety hazard to any placed children. The Group Home also needed to develop comprehensive Needs and Services Plans (NSPs) and maintain documentation to demonstrate that the logs for children taking psychotropic medications are completely and accurately documented.

Luvlee's Residential Care was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement. Further, the Executive Director stated that he welcomed the findings in the review so that their current operating systems can be improved.

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 26 initial and updated NSPs reviewed for the eight children's case files, none were comprehensive in that they did not complete all the required elements in accordance with the NSP template. The NSPs did not include specific and

measureable treatment goals as they related to permanency, life skills and visitation. Additionally, there was no documentation regarding progress toward the permanency plans. The A-C's prior review also noted that Luvlee's Residential Care did not always ensure that NSP/Quarterly Reports were comprehensive. Subsequent to this review, DCFS provided Group Home Contractors with a refresher Needs and Services Plan training on January 12, 2009.

- Although the Facility Manager indicated that the Group Home maintains monthly contact with the DCFS CSWs, none of the eight case files reviewed reflect adequate documentation to confirm the contacts.

- Two of the three children taking psychotropic medications had current psychotropic medication authorization forms. Of the two children who had current forms, only one had correct documentation on his medication logs. The missing information on the other child's medication log was whether or not he had taken his psychotropic medication, Adderall on August 13 and 14, 2009. The third child's psychotropic medication authorization form for Abilify was not current. The authorization form dated August 26, 2009 had been approved for only 30 days pending the child's laboratory test results. At the time of the review, the child was still being administered the medication even though the authorization form had expired. There was no confirmation that Luvlee's had conducted follow up to obtain a renewed authorization form for the Abilify. This was brought to the provider's attention and the provider stated that, in the future, all court-approved authorizations for the administration of psychotropic medication will be current and on file. Luvlee's Residential Care has appropriately addressed this finding in the attached CAP.

- At the Chino Facility, there were no counseling progress notes found for the four sampled children who receive individual and group counseling.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held October 28, 2009:

In attendance:

Sean Hardge, Executive Director, Luvlee's Residential Care; and Jui Ling Ho, Monitor, Out-of-Home Care Management Division, DCFS

Highlights:

The Executive Director was in agreement with our findings and recommendations. He stated that obtaining a copy of the review instrument was very helpful because he had information on the scope of what was being reviewed.

As agreed, Luvlee's Residential Care provided a timely written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

As noted in the monitoring protocol, a follow up visit will be conducted to address the provider's approved CAP and assess for full implementation of recommendations.

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

PSP:LP:MG
EAH:BB:jh

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, Auditor-Controller
Donald H. Blevins, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Tiffany Baker, President, Board of Directors, Luvlee's Residential Care
Sean Hardge, Executive Director, Luvlee's Residential Care
Jean Chen, Regional Manager, Community Care Licensing
Lenora Copeland, Regional Manager, Community Care Licensing

LUVLEE'S RESIDENTIAL CARE PROGRAM
CONTRACT COMPLIANCE MONITORING REVIEW - SUMMARY

SITE LOCATIONS

Walnut Facility
20273 Walnut Valley Drive
Walnut, California 91789
Phone: (909) 595-1177
License Number: 191593081
Rate Classification Level: 11

Chino Facility
4340 Wilson Street
Chino, California 91740
Phone: (909) 594-2762
License Number: 360908565
Rate Classification Level: 11

	Contract Compliance Monitoring Review	September 2009
I	**Licensure/Contract Requirements** (9 Elements)	
	1. Timely Notification for Child's Relocation	1. Full Compliance
	2. Stabilization to Prevent Removal of Child	2. Full Compliance
	3. Transportation	3. Full Compliance
	4. SIRs	4. Full Compliance
	5. Compliance with Licensed Capacity	5. Full Compliance
	6. Disaster Drills Conducted	6. Full Compliance
	7. Disaster Drill Logs Maintenance	7. Full Compliance
	8. Runaway Procedures	8. Full Compliance
	9. Allowance Logs	9. Improvement Needed
II	**Program Services** (7 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Improvement Needed
	3. Children's Participation in the Development of NSPs	3. Full Compliance
	4. NSPs Implemented and Discussed with Staff	4. Full Compliance
	5. Therapeutic Services Received	5. Improvement Needed
	6. Recommended Assessments/Evaluations Implemented	6. Improvement Needed
	7. DCFS CSWs Monthly Contacts Documented	7. Improvement Needed
III	**Facility and Environment** (6 elements)	
	1. Exterior Well Maintained	1. Improvement Needed
	2. Common Areas Maintained	2. Full Compliance
	3. Children's Bedrooms/Interior Maintained	3. Improvement Needed
	4. Sufficient Recreational Equipment	4. Full Compliance
	5. Sufficient Educational Resources	5. Improvement Needed
	6. Adequate Perishable and Non Perishable Food	6. Full Compliance
IV	**Educational and Emancipation Services** (4 Elements)	Full Compliance (ALL)
	1 .Emancipation/Vocational Programs Provided	
	2. ILP and Emancipation Planning	

	3. Current IEPs Maintained 4. Current Report Cards Maintained	
V	**Recreation and Activities** (3 Elements) 1. Participation in Recreational Activity Planning 2. Participation in Recreational Activities 3. Participation in Extra-Curricular, Enrichment, and Social Activities.	 1. Full Compliance 2. Full Compliance 3. Improvement Needed
VI	**Children's Health-Related Services (including Psychotropic Medications)** (9 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation/Review 3. Medication Logs 4. Initial Medical Exams Conducted 5. Initial Medical Exams Timely 6. Follow-Up Medical Exams Timely 7. Initial Dental Exams 8. Initial Dental Exams Timely 9. Follow Up Dental Exams Timely	 1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance
VII	**Personal Rights** (11 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. Children Free to Receive or Reject Voluntary Medical, Dental, and Psychiatric Care 7. Children Allowed Private Visits, Calls, and Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed about Psychotropic Medication 11. Children Aware of Right to Refuse Psychotropic Medication	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Improvement Needed
VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance	 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

	8. Encouragement and Assistance with Life Book	8. Improvement Needed
IX	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (12 Elements) 1. Education /Experience Requirement 2. Criminal Fingerprint Cards Timely Submitted 3. CAIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Employee Health Screening Timely 6. Valid Driver's Licenses 7. Signed Copies of GH Policies and Procedures 8. Initial Training Documentation 9. CPR Training Documentation 10. First Aid Training Documentation 11. On Going Training Documentation 12. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Improvement Needed 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Improvement Needed

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The following report is based on a "point in time" at the time of the monitoring visit. This compliance report addresses findings noted during the September 2009 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of eight children's files and eight staff files, Luvlee's Residential Care was in full compliance with one out of nine sections of our Contract Compliance review: Educational and Emancipation Services. The following report details the results of our review:

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of eight children's case files and/or documentation from the provider, Luvlee's Residential Care fully complied with eight out of nine elements reviewed in the areas of Licensure/Contract Requirements.

Based on our review of the two licensed contracted facilities, both were in compliance with licensed capacity. Both conducted disaster drills at least every six months and maintained runaway procedures in accordance with the contract. The Group Home was also using all available resources to attempt to stabilize the placement prior to requesting the removal of the child. However, the weekly allowance logs for the Chino Facility were not fully completed in that they did not include a staff member's signature.

Recommendation:

Luvlee's Residential Care management shall ensure that:

1. Comprehensive weekly allowance logs are fully maintained.

PROGRAM SERVICES

Based on our review of eight children's case files, Luvlee's Residential Care fully complied with three out of seven elements reviewed in the area of Program Services.

We noted that placed children met the Group Home's population criteria as outlined in their program statement, and they were assessed for needed services within thirty days of placement.

Based on our review, we found that the treatment team develops and implements the Needs and Services Plans (NSPs) with input from the child. The NSPs are current. However, none of the twenty-six required initial and updated NSPs were comprehensive. The NSPs did not include specific and measureable treatment goals as they relate to permanency, life skills and visitation. Additionally, there was no documentation of specific information regarding visits, such as: the dates of visits, who the child visited, how the visit went, and the transportation arrangement. Also, three out of the twenty-six required NSPs were not approved by the DCFS CSWs for implementation. The provider stated that they have re-trained the Group Home social workers so that any NSP/Quarterly Report issues can be resolved. Additionally, the Administrator stated that the Facility Manager will assure that all NSPs are faxed to the CSWs to obtain signatures in a timely manner. Confirmation of the faxes will be placed in the case files. The Auditor-Controller's (A-C) prior year review also noted that Luvlee's Residential Care did not always ensure that NSPs were comprehensive.

Although the Executive Director indicated that the Group Home maintains monthly contact with the DCFS CSWs, none of the eight case files under review reflected adequate documentation to confirm the contacts. The provider stated that a CSW folder will be implemented to show documentation of CSW contacts being recorded.

One out of eight children did not receive counseling services based on his NSP treatment goals. This child's NSPs indicated that he should receive weekly individual counseling, however since his placement on July 8, 2009, he had only received one individual counseling session. Additionally no counseling progress notes were on file for the sampled children placed at the Chino facility. The provider additionally stated that all residents are currently receiving therapeutic services at Serenity Outreach or with the Therapist Gwen Washington on a weekly basis. Each resident also meets with the facility social worker once weekly and all residents attend weekly group sessions. Verification of Mental Health Services will be completed after all therapeutic services are rendered and the documentation will be kept in each child's mental health binder. In the event a resident is unable to attend therapy due to a conflict in scheduling, an alternative schedule will be provided by the group home social worker to ensure all residents receive therapy at least once a week.

Recommendations:

Luvlee's Residential Care management shall ensure that:

2. NSPs are comprehensive and include all required elements.

3. Documentation is maintained as verification that DCFS CSWs approve the implementation of the NSPs.

4. Monthly contacts with DCFS CSWs are adequately documented.

5. Counseling progress notes are adequately documented and on file.

6. NSP treatment goals are implemented to meet the children's needs.

SITE VISITS INCLUDING CHILD INTERVIEWS

FACILITY AND ENVIRONMENT

Based on our review of Luvlee's Residential Care and interviews with eight children, Luvlee's Residential Care fully complied with three out of six elements in the areas of Facility and Environment.

The Group Home maintains age-appropriate and accessible recreational equipment and on site educational resources.

The Group Home maintains a sufficient supply of perishable and non-perishable foods.

Generally, the exterior of the Group Home was well-maintained. The front yards were clean and adequately landscaped. However, they had some minor deficiencies, none of which posed any safety risks to placed children. Specifically, two fascia boards, adjacent to the garage door were rotten at the Walnut Facility and needed to be replaced. The damage appeared to be caused by termites. At the Chino facility, the soil beneath the lawn in the backyard was uneven and could pose a potential injury to children playing in that area. The area needs to be leveled and maintained in accordance with Title 22 regulations. The Executive Director has submitted a Corrective Action Plan addendum which fully addressed this matter.

The interior of the Group Home was well maintained. The Group Home provided a home-like environment. All rooms were adequately furnished with drawers and storage spaces. All bedrooms were orderly and currently occupied by two children in each room. The mattresses were in good repair and the beds all have a full complement of linens. Window coverings and window screens were also in good repair, and the fireplace was properly screened. All hazardous items were properly secured. The medications were locked and stored in the game room. However, only two out of eight reviewed children's bedroom had age-appropriate personalized decorations.

The A-C's prior year review also noted that Luvlee's Residential Care did not always ensure that the Group Home's facilities were maintained in accordance with CDSS Title 22 regulations.

Recommendation:

Luvlee's Residential Care management shall ensure that:

7. The Group Home site is maintained and in good repair in accordance with Title 22 regulations.

EDUCATIONAL AND EMANCIPATION SERVICES

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with all four elements reviewed in the areas of Educational and Emancipation Services.

Recommendation:

None

RECREATION AND ACTIVITIES

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with two out of three elements in the areas of Recreation and Activities.

The Group Home provides children with recreational activities. The Group Home also provides transportation to and from activities. Additionally, all eight reviewed children are provided with opportunities to participate in planning activities. However, three children indicated that they like to participate in extra-curricular, enrichment and social activities in which they have an interest; however, the Group Home has not made efforts for them to do so or there are no resources available at this time. The Executive Director stated that they are located in the Walnut and Chino areas and not many resources are available. Luvlee's Residential Care has further addressed this finding in the attached CAP.

Recommendation:

Luvlee's Residential Care management shall ensure that:

8. Group Home staff seek available community resources and that all children are given the opportunity to participate in age-appropriate extra-curricular, enrichment, and social activities in which they have an interest.

CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with six out of nine elements in the areas of Children's Health Related-Services, including Psychotropic Medication.

The Group Home has ensured that all children's initial and follow-up physical examinations were conducted in a timely manner and were well documented in their case files. There was also a current psychiatric evaluation/review for each child on psychotropic medication. However, two of the children's initial dental examinations were late. One initial dental exam was 33 days late and the other was 8 days late. The Group Home did not provide any explanation to indicate why the required dental services were delayed.

Two of the three children taking psychotropic medications had current psychotropic medication authorization forms. Of the two children who had current authorization forms, only one had correct documentation on his medication logs. The missing information on the other child's medication log was whether or not he had taken his psychotropic medication, Adderall, on August 13 and 14, 2009. The third child's psychotropic medication authorization form was not current. His psychotropic medication, Abilify, was approved on August 26, 2009, for only 30 days pending additional medical information that required laboratory test results. At the time of the review, this child's authorization form for Abilify had expired. The provider stated that, in the future, all court-approved authorizations for the administration of psychotropic medication will be current and on file. Luvlee's Residential Care has appropriately addressed this finding in the attached CAP.

Recommendations:

Luvlee's Residential Care management shall ensure that:

9. All children's dental examinations are done in a timely manner.

10. All children who take psychotropic medications have current Court authorization forms.

11. All of the medication distribution logs are correctly maintained and documented.

PERSONAL RIGHTS

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with five out of 11 elements in the area of Personal Rights.

All eight reviewed children reported that they are assigned chores that are reasonable and not too demanding. The eight reviewed children reported satisfaction with meals and snacks. All eight reviewed children also reported that they receive requested medical, dental and psychiatric care. The children also reported that they are given information about the Group Home's policies and procedures regarding discipline, child personal rights, house rules, and children's complaint grievance procedures. All eight reviewed children also reported that they felt safe in the Group Home and are provided with appropriate staff supervision. Seven reviewed children expressed satisfaction with the quality of their interactions with staff and report that most of the staff members treat them with respect and dignity. However, one child indicated that he was not treated well by the Administrator and the Facility Manager. He stated that responses to his needs and requests were all based on the staff's mood. The provider stated that all children are allowed to file a grievance with the Administrator, without fear of retaliation, if residents believe they are not being treated with respect or dignity by staff. On November 16, 2009, the Executive Director, Sean Hardge again met with all residents and provided them with a copy of the grievance procedures and a grievance form.

Five reviewed children reported that they are allowed to make and receive telephone calls, send and receive unopened mail, and have private visitors; however three children indicated that their phone calls are not private. They reported that they have to sit inside the staff office to make and receive phone calls. The Administrator stated that all residents have been informed that immediately, they will be allowed to use the phone privately. In the event that a child's telephone calls from a particular individual need to be monitored, written confirmation from the child's CSW must be in his case file.

Seven out of eight reviewed children also reported that they attend religious services of their choice; however, one child indicated that attending the Serenity counseling program for self-growth and drug awareness makes him uncomfortable as it is based on religion. The provider stated that residents have the right to refuse to attend any program that is against their beliefs and staff will assist the residents in finding alternative therapy.

Five out of eight reviewed children reported that the discipline policies are consistently enforced and that there are fair and appropriate consequences for inappropriate behavior; however three out of eight children felt that their points were deducted unfairly and their levels were lowered unfairly. The three children said, as an example, that if they talked back to the staff in the morning; their points would be taken for the entire day, even if they offered to do extra chores or followed the rules for the remainder of that day. These children felt that this policy does not motivate them to correct their mistakes. The provider stated that the Administrator met with all staff members on November 14, 2009 to address the children's concerns regarding the Luvlee's Residential Care's point system. A decision was made that the residents will be allowed to make up points for daily infractions.

One out of three children taking psychotropic medications was not aware of his right to refuse medication. All four reviewed children placed at the Chino Facility also reported that if they refused their medications, their daily points were deducted. The provider stated that all staff has been informed it is the right of the residents to refuse medication and they will not be penalized if they choose to do so. If there are any concerns or complaints about the medication, the Administrator will ensure that the placed child is offered the opportunity to discuss the matter with staff and doctors.

All four reviewed children at the Chino Facility reported that there is no appropriate reward system in place. The same four children also reported that the reward for good behavior is a $15.00 weekly allowance, rather than the basic amount of $7.00, and more community passes. None of the four children felt that the current system is an incentive for improving their behavior. The provider stated that Luvlee's Residential Care will implement a system in which the residents will receive a double allowance if they remain on program for three consecutive weeks.

Recommendations:

Luvlee's Residential Care management shall ensure that:

12. All children's personal rights are honored by treating them with respect and dignity.

13. All children are allowed to make and receive private phone calls.

14. The children's therapeutic services agency will not impose their religious belief on the children.

15. The point system is executed accurately and fairly by regularly training staff on appropriate and acceptable discipline measures.

16. An appropriate rewards and discipline system is in place in accordance with Title 22 Regulations and Luvlee's Residential Care's Program Statement.

17. All children are aware of their rights to refuse medication and will not be disciplined for their refusal and if there are any concerns and complaints about the medication, ensure that the placed child is offered the opportunity to discuss with staff and prescribing physician.

CLOTHING AND ALLOWANCE

Based on our review of eight children's case files, and interviews with the eight children, Luvlee's Residential Care fully complied with six out of eight elements in the areas of Clothing and Allowance.

Based on our review, while four children at the Chino Facility reported they received $100-150 every two to three months, the remaining four children at the Walnut Facility reported they received the required $50 per month for clothing. Therefore, basically all children received an average of $50 per month for clothing. Children are provided with opportunities to select their own clothes. Clothing provided to children is of good quality and of sufficient quantity. The clothing allowance logs and inventories confirmed that the requirements were being met; however children in the Chino Facility reported that the staff only allowed them to shop in certain stores for their clothes and shoes. The provider stated that each resident is encouraged make best use of their funds while shopping for clothing. Residents are allowed to shop at stores of their choice and select their own clothing, providing that the attire meets the requirements of Luvlee's Residential Care's dress code.

All eight reviewed children reported that the Group Home provides them with the required minimum weekly allowance and all children reported that they spend their allowances as they choose.

The Group Home provided children with adequate personal care items. However, seven out of eight reviewed children were not encouraged and assisted in creating and

maintaining their photo albums/life books. The provider stated that the creating of photo albums and life books will be implemented during activity time.

Recommendations:

Luvlee's Residential Care management shall ensure that:

18. All children are allowed to shop at a variety of stores to make their own selection of appropriate clothing.

19. All children are encouraged and assisted in creating and maintaining photo albums/life books.

PERSONNEL RECORDS

Based on our review of eight staff personnel files, Luvlee's Residential Care fully complied with nine out of 12 elements in the area of Personnel Records.

All eight reviewed staff met the educational/experience requirements, submitted timely criminal fingerprint cards, Child Abuse Index Clearance (CAI) and signed a criminal background statement in a timely manner. They also received timely initial health-screenings, signed copies of the Group Home policies and procedures, had a valid driver's license, and completed CPR, First-Aid as required per the Group Home's program statement. However, two staff members did not complete their initial and on-going training as required per Title 22 and Luvlee's Residential Care's program statement. These two staff members were both missing nine hours of the 40 required on-going training hours. Additionally, seven staff did not complete emergency intervention training as required in Luvlee's Residential Care's Program Statement. The provider stated that the two above-mentioned staff members were at their initial training sessions; however, they failed to convert their training hour information to the new training log. The agency will ensure that all training records are accurately documented and staff members are receiving the required training in accordance with Title 22 regulations and the Group Home program statement. Staff members are removed from their shifts if they do not complete their training. A-Pro-Act training was held on November 21 and 22, 2009 for all staff members.

Recommendations:

Luvlee's Residential Care management shall ensure that:

20. All training hours are documented accurately.

21. All the staff are receiving the required training per Title 22 regulations and the Group Home's program statement.

PRIOR YEAR FOLLOW-UP FROM THE AUDITOR-CONTROLLER'S REPORT

Objective

Determine the status of the recommendations reported in the A-C's prior monitoring review.

Verification

We verified whether the outstanding recommendations from the last monitoring review were implemented. The last report was issued on February 20, 2007.

Results

The A-C's prior monitoring report contained two outstanding recommendations. Specifically, Luvlee's Residential Care was to ensure that they develop comprehensive Needs and Services Plans which included measurable and attainable goals, and that the Group Home is maintained in good repair in accordance with Title 22 regulations. Based on our follow up of these recommendations, the A-C's recommendation that the facility be maintained in good repair in accordance with Title 22 regulations and development of comprehensive Needs and Services Plans which included measurable and attainable goals were partially implemented. As we noted, two recommendations were not fully implemented; corrective action was requested of Luvlee's Residential Care to further address these findings.

Recommendation:

Luvlee's Residential Care management shall ensure that:

22. They fully implement the two outstanding recommendations from the the A-C's February 20, 2007 monitoring report, which are noted in this report as Recommendations 2, 3, 6 as to the NSPs and 7 as to the physical plant issues.

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	Contract Compliance Monitoring Review	**Findings: October 2009**
1	Licensure/Contract Requirements 9 Elements	Eight Elements Full Compliance; Weekly Allowance Logs Need Improvement (1)
2	Program Services 8 Elements	Three Elements Full Compliance; NSPs need improvement (2); Therapeutic services needed (1); Monthly contacts not documented (1); Recommended assessments not implemented (1)
3	Facility and Environment 6 Elements	Three Elements Full Compliance; GH Site to be maintained in good repair (2); Educational resources and supplies needed(1)
4	Educational and Emancipation Services 4 Elements	Full Compliance
5	Recreation and Activities 3 Elements	Two Elements Full Compliance; Extra-curricular and social activities needed (1)
6	Children's Health-Related Services (including Psychotropic Medications) 9 Elements	Six Elements Full Compliance; Authorization for psychotropic medication needed (1); Medical Logs not maintained (1); No timely initial dental examination (1)
7	Personal Rights 11 Elements	Five Elements Full Compliance; Need to treat children with respect (1); Appropriate rewards and discipline system needed(1); Free to receive and reject health related services (1); Allowed private visits/ phone calls/unopened mail (1); Free to attend religious services (1); Be aware the right to refuse medications (1)
8	Children's Clothing and Allowance 8 Elements	Six Elements Full Compliance; Free to select their clothing (1); Creating a life book (1)
9	Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training) 12 Elements	Nine Elements Full Compliance; Emergency intervention training (1) and Required training per Title 22 (2)

Luvlee's Residential Care, Inc.

NEW DAWN

Established 1988

P.O. Box 2232 - Walnut, CA 91788-2232 / phone: (909) 594-2762 fax: (909) 594-2922

Barbara Butler
9230 Telstar Avenue
El Monte, CA 91731

December 21, 2009

RE: CORRECTIVE ACTION PLAN (ADDENDUM)

GROUP HOME CONTRACT COMPLIANCE REVIEW FILED EXIT SUMMARY

Luvlee's Residential Care, Inc.

III. PROGRAM SERVICES

Reference # 20:

All residents are currently receiving therapeutic services through Serenity Outreach or with Gwen Washington LCSW once a week. Each resident also meets with New Dawn's on grounds social worker, Pearlean White or Tania Patrizio, once a week and all residents meet for weekly group. A Verification of Mental Health Services form will be completed after all therapeutic services are rendered, stored in a binder labeled mental health, and separated by the residents' name. Staff will ensure all off grounds services (e.g., substance abuse, anger management, etc.) are documented and placed in the appropriate binder. In the event a resident is unable to attend therapy due to a conflict in scheduling, an alternative schedule will be provided by the on grounds social worker to ensure all residents receive therapy at least once a week.

V.RECREATION AND ACTIVITIES

Reference #29

Effective October 22, 2009 residents are given the opportunity to participate in age appropriate extracurricular, enrichment and social activities of their interest. A monthly activity meeting is held with all residents prior to discuss and plan the upcoming month's activities. A monthly activity form is completed by each resident to ensure all residents input are implemented in the

following month's activities. The on grounds social worker will review the form with the residents during group. A copy of the current month's planning is attached for review.

VI. CHILDREN'S HEALTH RELATED SERVICES

Reference #30:

All court-approved authorizations for the administration of psychotropic medication will be current and on file for review. The facility manager will be responsible to ensure all residents are scheduled for a reassessment appointment with the psychiatrist, Dr. Nadia De Saca Colomer, one week prior to the expiration of the current court authorization. Dr. Colomer will send the authorization to the courts prior to the expiration date and provide the Facility Manager with a copy. Once the court authorization is approved, the Facility Manager will place a copy in the resident's file. Quality Assurance will follow up with the Facility Manager to ensure all authorizations are current and properly filed.

VII. PERSONAL RIGHTS

Reference # 42:

All children are allowed to file a grievance with the Administrator without fear of retaliation, if residents believe they are not being treated with respect or dignity by staff. On November 16, 2009 Administrator, Sean Hardge met with all residents and provided them with a copy of the grievance procedures and a grievance form. Upon entry to New Dawn all residents are provided with a copy of the grievance procedures.

Reference #45:

On November 16, 2009 all residents were reassured by the administrator, they are allowed to use the phone privately. Due to some resident's requiring monitored phone calls the resident must first identify who they wish to call. A cordless phone will be provided for the resident's use. The residents are allowed to talk in private in their bedrooms, in the staff office, or on the patio.

Reference #46:

All residents are provided with the opportunity to attend religious services of their choice. Religious activities are scheduled during the monthly activity planning and are implemented on the activities schedule. The on grounds social worker will provide residents with a list of religious services upon request. Staff will provide transportation to and from religious activities of the residents' choice.

VIII. CLOTHING AND ALLOWANCE

Reference#53:

Each resident is encouraged to shop to make best use of their funds. Residents are allowed to shop at a store of their choice and select their own clothing, provided the attire meets the requirements of New Dawn's dress code and all required clothing items are met. It is the policy of New Dawn to provide each resident with $50 per month for clothing, however at the Chino facility the resident's requested to receive their clothing allowance every quarter. Residents' will now be encouraged to use their clothing allowance monthly, in the event the resident refuses a form will be signed by the resident stating they would like to save their funds until the following month. The funds will then be logged, placed in a secure location, and made available if needed.

Sean Hardge

Administrator

GROUP HOME CONTRACT COMPLIANCE REVIEW FILED EXIT SUMMARY
Luvlee's Residential Care

Barbara Butler
9230 Telstar Avenue
El Monte, CA 91731

RE: Corrective Action Plan

Identified Deficiencies:

I. LICENSURE/CONTRACT REQUIREMENTS

9. Comprehensive allowance logs were not fully completed at Chino site. Minor [redacted] did not receive his weekly allowance while he was visiting his brother in July 2009.

II. FACILITY AND ENVIRONMENT

10. Two fascia boards (wood trim) are rotten at Walnut site. It appears to be termite damage. Chino site's back yard grounds are uneven.
12. All bedrooms need to have more age-appropriate personalized decorations.
14. Walnut site's computer was stolen. The administrator has contacted Title I Education Program through Los Angeles County Office of Education to replace three computers for placed children.

III. PROGRAM SERVICES

Reference # 17, 20, 21, 22

Note: Child #2 – No CSW's signature for 2-09 & 5-09 NSPs. Child #5 – Although 7-09 NSP was faxed to CSW for approval, there was no return confirmation. Child #7 – Initial NSP was faxed to CSW 50 days late. Implemented NSPs were discussed with staff during the regular staff meeting. Child #8 – Should receive weekly individual ✓ counseling; however, he has only received one session since July 09. Although staff indicated that they always contact CSWs, no documentation of contacts were recorded.

V. RECREATIONAL ACTIVITIES

Reference # 29

29. Child 5, 6, & 8 indicated that they were not given opportunities to participate in age-appropriate extra-curricular activities in which they have an interest. (Acting, boxing, visiting library, etc.

VI. CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Reference # 30, 32, 37

Child #8 – Psychotropic medication, Abilify, was approved for 30 days to allow time for resubmission with additional information. The current Court approved authorization for Abilify for [redacted] could not be located. Although children 1 to 4 are not on psychotropic medication, they do take some medications as needed. There were no medication logs found for them. Child #5 – There was no information indicating whether Adderall was taken or not on August 13 & August 14, 2009. Child 5 & 8 – Not due for the follow-up medication. Child #2 – received his dental exam on 1-22-08 which is more than 30 day time frame requirement. Child #3 does not need a dental exam because he had a dental exam within one year prior to the placement. Child #4 refused to go for his dental appointment. CSW is aware of this. Child #7 received his dental exam on 3-25-09 which is more than 30 day time frame requirement. Child #3, 6, 7 – Not due for the follow-up dental examination.

VII. PERSONAL RIGHTS

Reference # 42, 43, 44, 45, 46, 49

Child #8 indicated that requests all depends on staff's mood. Child #5, 6, & 8 indicated that some rules are unfair. For example: If you do one thing wrong, your points will be zero for the whole day; Even if you did extra chores or follow the rest of the program on that day. All children in the Chino site indicated that they did not really have a reward system; only extra chores extra points for weekly allowance from $7 to $15. All children in the Chino site indicated if they rejected medical, dental and psychiatric care, they will lose their points. Child #4, 5, & 8 indicated that they can have private visits but not phone call. Child #8 indicated that Serenity program (for self growth and drug awareness counseling) is too religious.

VIII. CLOTHING AND ALLOWANCE

Reference #52, 57

Children in Chino Site indicated that they got $100 clothing allowance for two months or $150 for three months; however they prefer to receive clothing allowance monthly. Only one child indicated that he was encouraged by the staff to create his life book and photo album.

IX. PERSONNEL RECORDS

Reference #64, 68, 69

Staff 6 & 7 did not complete initial training per Title 22 regulation and Program Statement. Staff 6 & 7 did not complete on-going training per title 22 regulation and Program Statement. Staff 1 & 2 are new staff. They are not due for their annual training. Staff 1 only completed 16 hours basic PRO-ACT training. Staff 3 to 8 complete partially PRO-ACT refresher training.

Corrective Action Required:

I. LICENSURE/CONTACT REQUIREMENTS

9. [redacted] was on vacation for a month and was not given allowance. In the future all residents will receive allowance regardless of there current status. Facility Manager will assure they are fully completed.

II. FACILITY AND ENVIRONMENT

10. Two fascia boards were replaced and the backyard will be maintained. Pictures will be included in the CAP.
11. Personalized decorations were placed in the bedrooms. Pictures will be included in the CAP.
12. The computers are on back order per LACOE and we should be receiving them shortly.

III. PROGRAM SERVICES

Reference #17, 20, 21, 22

The Office Manager will assure that all NSP's are faxed to the CSW and a returned signed in a timely matter. Confirmation of the faxes will be placed in the files. A CSW folder was implemented to show documentation of CSW contacts being recorded.

V. RECREATIONAL ACTIVITIES

Reference #29

A monthly activity planning form was implemented to allow residents to participate in age-appropriate extra-curricular activities. The forms will be sent with the CAP.

VI. CHILDREN'S HEALTH RELATED-SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Reference # 30, 32, 37

On 11-4-09 a staff meeting was conducted to enforce the importance of medication. An over the counter medication chart was implemented and sent with the CAP. Also facility manager will review the medication log book each day to assure medication is given and signed for. Dental exams will be timely and all forms properly completed and CSW made aware of the residents who refuse there appointments.

VII. PERSONAL RIGHTS

Reference # 42, 43. 44, 45, 46, 49

The Administrator met with all staff on November 14, 2009 to address the children's concerns in regards to the New Dawn point system. Residents cannot be zeroed out for the day. Residents can only be zeroed out if they are not following program rule. For example, if a resident refuses to clean their room they can zeroed out for their room only. New Dawn will be implementing a system where the residents will receive a double allowance if they remain on program for three consecutive weeks. All staff has been informed it is the right of the residents to refuse medication. Residents have the right to refuse attending any program that is against their beliefs and staff will assist the resident's with finding alternative therapy.

VIII. CLOTHING AND ALLOWANCE

Reference # 53, 57

New Dawn program statement requires residents to go clothing shopping every three months. Residents will be given the opportunity to go shopping each month. Life books will be implemented during study time. Some residents feel the information is too sad to create there life book.

IX. PERSONNEL RECORDS

Reference # 64, 68, 69

All staff will complete initial training per Title 22 regulations. Staff are removed from there shifts if they do not complete there training. A Pro-Act training was held on November 21, 22, 2009 for all staff.

OVER THE COUNTER MEDICATION CHART

Please be sure the medication being given is approved on the doctor's approval form. CHECK FIRST!

Resident Name:_____

Allergies to Meds:_____

DATE	SYMPTOM	MED GIVE (quantity & dose)	TIME GIVEN	STAFF SIGNATURE
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