



**County of Los Angeles  
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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August 18, 2020

To: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn

From: *Cynthia McCoy Miller for*  
Bobby D. Cagle  
Director

**DREAM HOME CARE  
SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM  
CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contracts Administration Division (CAD) conducted a Contract Compliance Review of the Dream Home Care Short-Term Residential Therapeutic Program (the Contractor) in February 2020. The Contractor has three licensed sites located in the Fourth Supervisorial District. The sites provide services to the County of Los Angeles DCFS placed children, Probation foster youth, children placed by other counties, and Non-Minor Dependents.

**Key Outcomes**

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 4
PRIORITY 2 3
PRIORITY 3 4

CAD conducted an on-site Contract Compliance Assessment review of the Contractor's compliance within the following applicable areas: General Contract Requirements; Facility and Environment; Engagement and Teamwork; Needs and Services Plans; Permanency and

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Transition Services; Education and Independent Living Program Services; Health and Medical Needs; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Personnel Files.

The Contractor was in full compliance with 4 of 10 applicable areas of CAD's Contract Compliance Review: General Contract Requirements; Engagement and Teamwork; Permanency and Transition Services; Personal Needs/Survival and Economic Well-Being.

For the purpose of this review, five DCFS placed children were selected for the sample. CAD reviewed the five children's files and interviewed three children to assess the level of care and services they received. Additionally, three discharged children's files were reviewed to assess the Contractor's compliance with permanency efforts.

CAD reviewed five staff files for compliance with Title 22 Regulations and County contract requirements. To assess the quality of care and supervision provided to the placed children, DCFS conducted site visits at the Contractor's location.

CAD noted deficiencies in the areas of:

Priority 1

- Education and Independent Living Program Services
  - Children were not enrolled in school immediately upon placement;
  - Efforts to maintain children at school of origin were not documented;
  - Collaborative efforts with educational rights holder to enroll the child in appropriate classes were not documented; and
  - Collaborative efforts with educational rights holder and the school district to provide the child with educational needs and support services were not documented.

Priority 2

- Health and Medical Needs
  - Initial dental examinations were not conducted timely; and
  - Sexual/Reproductive healthcare services were not documented.
- Needs and Services Plans (NSPs)
  - NSPs were not completed accurately and on time.

Priority 3

- Personnel Files
  - Training records were not documented.
- Personal Rights and Social/Emotional Well-Being
  - Children reported they were not informed about their right to obtain information for safe sex and reproductive health care; and

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- Children were not informed about their right to have contraceptives and a container to lock them in.
- Facility and Environment
  - Vehicles used to transport children were not maintained and in good repair.

On March 18, 2020, DCFS CAD Children Services Administrator I and II, and Out-of-Home Care Management Division Quality Assurance Specialist and Quality Assurance Manager with the Bureau of Clinical Resources and Services held an exit conference with the Contractor's representatives.

The Contractor's representatives agreed with the review findings and recommendations, and were receptive to implementing systemic changes to improve the Contractor's compliance with regulatory standards.

The Contractor provided the attached approved Corrective Action Plan addressing the noted deficiencies in this compliance report.

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

BDC:KR  
LTI:tc

#### Attachments

c: Sachi A. Hamai, Chief Executive Officer  
Arlene Barrera, Auditor-Controller  
Ray Leyva, Chief Probation Officer  
Brandon Nichols, Chief Deputy Probation Officer  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Cora Manalang, Executive Director, Dream Home Care  
Kellee Coleman, Regional Manager, Community Care Licensing Division  
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



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May 20, 2020

Mr. Tony Curry  
Department of Children & Family Services  
Contracts Administration Division  
3530 Wilshire Blvd., 4<sup>th</sup> Floor  
Los Angeles, CA 90010

Dear Mr. Curry:

This is in reference to the Corrective Action Plan requested for Dream Home Care, Inc. STRTP Contract Compliance Review 2020.

### II. FACILITY AND ENVIRONMENT

#### Findings:

#6. Vehicles used to transport children are not maintained and in good repair.

#### CAP:

1. Brake lights was replaced on March 2, 2020.
2. Scratch on back left fender was fixed on March 23, 2020.
3. Staff must ensure that the vehicles used to transport the residents are maintained in good repair. Staff must continue to complete and sign daily the Vehicle Inspection Checklist form and submit a Maintenance Work Order form immediately for repairs. (Forms attached)
4. The Administrator and the Quality Control Manager must check if all needed repairs are done in a timely manner.
5. The COO must ensure that all vehicles are checked on a weekly basis, free of damage and in good working condition.

### IV. NEEDS AND SERVICES PLANS

#### Findings:

#16. NSPs were not completed accurately and on time.

#### CAP:

1. All NSPs must be timely developed, comprehensive, and accurate.
2. Dream Home Care, Inc. will associate the 30-day NSP requirement with the STRTP 30-day chart review. The process will be supervised by the Head of Services and will include the updating of treatment objectives and Needs and Services thru the Client Treatment Plan (CTP).
3. All NSPs must be signed timely by both resident and DCFS-CSW.
4. The administrator, clinician and resident must work together and collaborate to develop NSP on a timely manner. All these three individuals must sign the NSP even in the absence of DCFS-CSW.



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5. In the absence of the county social worker, signature must be obtained within 5 days of the NSP date. The administrator and/or clinician will make three efforts within the 5- day period to obtain the social worker's signature. These three efforts must be documented before implementation of the NSP.
6. The process will be monitored by our Quality Assurance/Quality Improvement program.

### **VI. EDUCATION AND INDEPENDENT LIVING PROGRAM SERVICES**

#### **Findings:**

- #27. Children are not enrolled in school immediately upon placement.
- #28. Efforts to maintain children at school of origin are not documented.
- #30. Collaborative efforts with educational rights holder to enroll the child in appropriate classes are not documented.
- #31. Collaborative efforts with educational rights holder and the school district to provide the child with educational needs and support services are not documented.

#### **CAP:**

1. Dream Home Care, Inc. will work closely with the resident's CSW and the educational rights holder to ensure that all residents are enrolled in school immediately upon placement.
2. In the event that Dream Home Care, Inc. is unable to immediately enroll the resident in school, the administrator and clinician must contact the educational rights holder, CSW and the school liaison to facilitate a CFT to address and document any issues and/or solutions with respect to enrolling in school and other alternative plans including maintaining residents school of origin, educational needs and other educational support services needed.
3. This collaborative effort must take place immediately in an effort to not interrupt the school activities of the resident.
4. Documentations of all the efforts and meetings must be on the resident's file.

### **VII. HEALTH AND MEDICAL NEEDS**

#### **Findings:**

- #34. Initial dental examinations are not conducted timely.

#### **CAP:**

1. Dream Home Care, Inc. will ensure that the initial dental examination will be done within 30 days of admission and all dental examinations are conducted in a timely manner. Dream Home Care, Inc. will meet this requirement by ensuring that upon admission the clinician will accurately determines the needs and services for each resident.
2. A Due Date form was developed and posted in each facility for all NSP, physical, dental examination and other service dates to set as a reminder for the administrator and clinicians. (Form attached)
3. In the event that a resident is unable to be seen by the dentist, Dream Home Care, Inc. will ensure that the dentist explicitly states in writing the reason they are unable to treat the resident. The process will be monitored by the Head of Services and administrator.

#### **Findings:**

- #37, #59, #60. Sexual/Reproductive healthcare services not documented in file.



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### CAP:

1. Dream Home Care, Inc. will provide all residents over the age of 12 with medical services related to sexual and reproductive health i.e. access to and assistance accessing age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infection, if required or requested.
2. Dream Home Care, Inc. will ensure this directive is met by including it as a requirement in the resident's informed consent form during intake/admission process. (Form attached)
3. The clinician will periodically reaffirm the child's rights, via a review of informed consent.
4. Dream Home Care, Inc. will provide/offer contraceptives to the child. Contraception will be stored in a locked storage container and will be issued upon request.
5. All services or child's refusal related to sexual and reproductive health care will be documented and filed.

### X. PERSONNEL FILES

#### Findings:

#83. Training records not documented in file.

#### CAP:

1. The HR Manager will ensure that all direct care staff will complete 8 hours of reproductive and sexual health training annually. Dream Home Care, Inc. will have a scheduled training covering this topic in June and July 2020.
2. As part of the 8-hour initial training and orientation for all new direct care staff, reproductive and sexual health information will be covered.
3. Trainings will be conducted by Dream Home Care, Inc. and/or by contracted qualified individual/agency.
4. Documentation of training will be maintained in each personnel record.

All the above-mentioned Corrective Action Plan will be implemented effective immediately. The Head of Services, COO and CEO will ensure that each Corrective Action Plan is maintained and implemented accordingly. This will be addressed as written standards monitored by Dream Home Care, Inc. quality assurance and continuous quality improvement program.

In view of the foregoing, I hope that the above Corrective Action Plan submitted will meet your standards.

Dream Home Care, Inc. appreciates the opportunity to demonstrate our commitment to improve quality of service to the residents we served. Thank you.

Sincerely,

Cora Manalang  
CEO