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County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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September 7, 2023

To: Supervisor Janice Hahn, Chair
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From: Brandon T. Nichols
Director

LUVLEE'S RESIDENTIAL CARE INC. DBA NEW DAWN 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 virtual Contract Compliance Review of Luvlee's Residential Care Inc. dba New Dawn Short-Term Residential Therapeutic Program (the Contractor) in September 2022. The Contractor has one office located in the First Supervisorial District and one in San Bernardino County. These 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 1
PRIORITY 2 10
PRIORITY 3 0

CAD conducted a virtual 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

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and 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 6 of 10 applicable areas of CAD's Contract Compliance Review: Engagement and Teamwork; Permanency and 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.

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

CAD reviewed three staff files for compliance with Title 22 Regulations and County contracting requirements. CAD also conducted telephonic interviews with staff. To assess the quality of care and supervision provided to the placed children, DCFS also conducted virtual site visits of the Contractor's location.

CAD noted findings in the areas of:

Priority 1

- Personnel Files (1 finding)
 - One employee did not have a valid California driver's license.

Priority 2

- General Contract Requirements (5 findings)
 - Detailed sign in/out logs were not maintained at two facilities.
 - Special Incident Reports for three children were not properly documented in the Needs and Services Plans.
- Facility and Environment (1 finding)
 - Vehicle records of safety maintenance were not on file.
- Needs and Services Plans (NSPs) (3 findings)
 - Two children NSPs were not developed timely.
 - One child's NSP was missing the Children's Social Worker signature.

- Personnel Files (1 finding)
 - One employee did not receive the annual on-going reproductive and sexual health training.

On December 21, 2022, the Children Services Administrator teams from DCFS' CAD and the Out-of-Home Care Management Division held an exit conference with the Contractor representatives.

The Contractor 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 findings in this compliance report.

If you have any questions, your staff may contact me or Aldo Marin, Board Relations Manager, at (213) 371-6052.

BTN:KDR
LTI:sl

Attachments

c: Fesia Davenport, Chief Executive Officer
Oscar Valdez, Auditor-Controller
Guillermo Vera Rosa, Interim Chief Probation Officer
Public Information Office
Audit Committee
Sean Hardge, Chief Executive Officer, Luvlee's Residential Care dba New Dawn
Kellee Coleman, Regional Manager, Community Care Licensing Division
Monique Marshall-Turner, Regional Manager, Community Care Licensing Division



LOS ANGELES COUNTY
LUVLEE'S RESIDENTIAL CARE, INC. (STRTP)



Corrective Action Plan

2022

GENERAL CONTRACT REQUIREMENTS

6. Detailed sign in/out logs are maintained [Master Contract, Exhibit A, SOW, Part C, §15.3.14.7; ILS, §87096.78(c)].

Facility

Site 1011

Site 1012

1. Explain the Cause.

6. Site 1011: Newer facility staff were not obtaining all of the required information when the youth were going on a Community Pass. Site 1012: During the review period, the facility mainly housed San Bernardino County Residents. Those who were Los Angeles County youth were too young to go on a Community Pass.

2. Corrective Action Taken.

Site 1011 and Site 1012: On 01/18/2023, New Dawn's Administrator trained Residential Counselors on filling in the Resident Sign-In and Out Log. Additionally, the Administrator provided staff with a list of places residents frequently visited while on a Community Pass and placed it in the logbook for staff to reference when filling in the Resident Sign-In and Out log. In addition, on 01/18/2023, Administrator met with the residents. He addressed the program's expectations when going on a Community Pass, e.g., informing staff of their whereabouts, notifying staff when they're running late, providing their phone number, and how to conduct oneself while in the community. During the review period, Site 1012 mainly housed San Bernardino County clients; however, the policy and procedure of completing the Resident Sign-In and Out Log are the same.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Site 1011 and Site 1012: The administrator provided staff with a list of places residents frequently visit while on a Community Pass and place it in the Resident Sign-In/Out Logbook to assist in filling out the log. Facility managers will provide the Resident Sign-In/Out Log to New Dawn's Executive Assistant at the beginning of each month. Before submitting the log, Facility Managers will ensure it is filled out correctly. If the log is not completed by staff properly, Facility Managers will meet with Residential Counselors and provide one-on-one training on completing the form. They will document their training on New Dawn's internal training log and submit it to the Executive Assistant, along with the Resident Sign-In/Out Log. Executive Assistant shall conduct a QA review of the log before filing it.

2. Special Incident Reports (SIRs) are properly documented.

2.1 SIRs are properly documented in the Needs and Services Plans (NSPs) [Master Contract, §§19.2 & 19.6; ILS, §87068.3(c)] [Master Contract, §§19.2 & 19.6; ILS, §87068.3(c)]

Facility
Site 1011
Site 1011
Site 1011

1. Explain the Cause.

2.1 Site 1011: New Dawn's Head of Service (HOS) was unaware that she was required to list all of the incident reports that occurred within the month. She was under the impression that PMIS would pull the incident reports from the i-Track system and input the data in the Special Incident Report (SIR) section of the Needs and Service Plan (NSP).

2. Corrective Action Taken.

Site 1011: On 01/18/2023, Administrator went over the findings of the CAP with the HOS and trained on completing the NSP. HOS was trained on inputting each incident report that occurred within the reporting period. HOS will provide in the SIR section of the NSP: the report number, date, and a brief description of the behavior or incident associated with the report.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Site 1011: On 01/30/2023, Executive Assistant will show HOS how to navigate the PMIS system to pull incident reports during the reporting period to assist with filling in the SIR section of the NSP. The administrator will review the NSP monthly and ensure all reports are identified and documented correctly. The administrator will utilize New Dawn's NSP tracking log (see attachment titled Temp MH Cklist) to monitor when NSP reports are due.

FACILITY AND ENVIRONMENT

7. Vehicles are maintained in good repair.

7.3 Records of safety maintenance [Title 22 §§80074(c) & 87074(d)] [Title 22 §§80074(c) & 87074(d)]

Facility
Site 1011
Site 1012

1. Explain the Cause.

7.3 Site 1011 and 1012: A Residential Counselor is typically assigned the task of completing the Vehicle Inspection form once per month. Due to the large turnover of Residential Counselors, the agency was stretched thin and unable to complete the Vehicle Inspection monthly.

2. Corrective Action Taken.

Site 1011 and 1012: On 01/19/2023, Administrator trained only those Residential Counselors that are assigned to the specific task of completing the Vehicle Inspection form. The administrator reviewed the frequency of completing the form, when to turn it in, and who to communicate with when maintenance is required.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

Site 1011 and 1012: Facility Managers will submit the Vehicle Inspection Form to the Executive Assistant at the beginning of each month. Before submitting the Vehicle Inspection Form, Facility Managers will ensure it is filled out correctly. If the log is not completed by staff properly, Facility Managers will meet with Residential Counselors and provide one-on-one training on completing the form (see attached Training Review). They will document their training on New Dawn's internal training log and submit it to the Executive Assistant, along with the Vehicle Inspection Form. Executive Assistant shall conduct a QA review of the form before filing it.

NEEDS AND SERVICES PLANS

17. The NSPs are completed accurately and on time.

17.1 NSPs are developed timely [Master Contract, Exhibit A, SOW, Part C, §§19.2 & 19.5; ILS, §§87068.2(a), 87068.22(b)(3) & (e), & 87068.3(a)]
[Master Contract, Exhibit A, SOW, Part C, §§19.2 & 19.5; ILS, §§87068.2(a), 87068.22(b)(3) & (e), & 87068.3(a)]

Facility
Site 1011
Site 1011

17.6 The CSW/DPO signed the NSPs [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)] [Master Contract, Exhibit A, SOW, Part C, §§19.3 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)]

Facility
Site 1011

1. Explain the Cause.

17.1 Site 1011: New Dawn was experiencing a Head of Service (HOS) turnover. As a result, administration had to get the new HOS oriented with the Department of Mental Health before receiving training on Needs and Service Plans. 17.6 Site 1011: The new Head of Service was getting oriented with the policy of documenting efforts to obtain CSW's signature.

2. Corrective Action Taken.

17.1 Site 1011: On 01/18/2023, Administrator met with the HOS to address the findings of the CAP. 17.6 Site 1011: On 01/18/2023, Administrator trained HOS on the timeframe to obtain signatures from CSW and the protocol from this point forward when there is no response from CSWs. The administrator also provided HOS with the NSP excel sheet to keep track of when NSPs are due for each client.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

17.1 Site 1011: During the absence of a HOS, the administrator or the therapist providing services to the client will complete the NSP. 17.6 Site 1011: On day one (1), HOS will reply to the PMIS alert to sign the NSP. If CSW does not respond to the request, HOS will email CSW and their supervisor by day three (3). If a response is still not received by day five (5), HOS will contact the Out of Home Care Management Division for further assistance. New Dawn's administrator will monitor monthly client NSPs by using the excel sheet (see attachment titled Temp MH Cklist) to track when they are due and will pull the completed NSP from PMIS and place it in the client case file.

PERSONNEL FILES

77. Personnel have current and valid licenses and certificates on file.

77.1 Personnel has a valid California driver's license [Master Contract, Exhibit A, SOW, Part C, §17.7.3; Title 22, §§80074(a), & 84274(a)][\[Master Contract, Exhibit A, SOW, Part C, §17.7.3; Title 22, §§80074\(a\), & 84274\(a\)\]](#)

Facility

Site 1012

77.2 Personnel files include a California driver's license [Title 22, §§80066(a)(2), & 80074(a); Master Contract, Exhibit A, SOW, Part C, §17.7.3][\[Master Contract, Exhibit A, SOW, Part C, §17.7.3; Title 22, §§80066\(a\)\(2\), & 80074\(a\)\]](#)

Facility

Site 1012

1. Explain the Cause.

77.1 Site 1012: Personnel was hired upon receiving fingerprint clearance due to the staffing shortage and extreme need to find employees. 77.2 Site 1012: Personnel was hired upon receiving fingerprint clearance due to the staffing shortage and extreme need to find employees. It was explained to the personnel that he would need to obtain a California Driver's License immediately. Personnel informed administration that he would obtain a California Driver's License and supply it to administration promptly. However, personnel did not follow through.

2. Corrective Action Taken.

77.1 Site 1012: Many attempts were made to obtain a California Driver's License from personnel. Executive Assistant provided Contracts with the many correspondences requesting the license. However, it wasn't until Executive Assistant informed personnel that his file was selected for review by contract that he complied with providing License. Personnel provided the agency with his California Driver's License on 09/22/2022. 77.2 Site 1012: California Driver's License was provided to the agency by personnel on 09/22/2022.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

77.1 Site 1012: If a potential hire passes the fingerprint clearance process, however, does not have a California Driver's License, he/she will not be able to begin orientation with the agency until a valid California Driver's License is supplied. 77.2 Site 1012: If a potential hire passes the fingerprint clearance process, however, does not have a California Driver's License, he/she will not be able to begin orientation with the agency until a valid California Driver's License is supplied.

79. Personnel received annual on-going training.

79.7 Personnel files include eight (8) hours of reproductive and sexual health training [Master Contract, Exhibit A, SOW, Part B, §9.3; SB89, §51][\[Master Contract, Exhibit A, SOW, Part B, §9.3; SB89, §51\]](#)

Facility

Site 1011

1. Explain the Cause.

79.7 Site 1011: Personnel was provided with many opportunities to take the Reproductive and Sexual Health training. Training information was provided to personnel via email, memos, and verbal communication. In addition, the agency provided training on said topic and uploaded the training to their online training platform, allowing those unable to attend the training to make up the training on a day that fits their schedule. The agency provided ample opportunities; therefore, an explanation for the cause is unclear why personnel failed to do the training.

2. Corrective Action Taken.

79.7 Site 1011: Personnel was terminated due to continual failure to comply with ongoing training requirements and employment expectations.

3. Explain what the Quality Assurance (QA) Plan is to maintain Compliance.

79.7 Site 1011: Moving forward, New Dawn will ensure that all employees complete their training based on the new SOW requirement written in August 2022. New Dawn's Executive Assistant will monitor staff training every other month by reviewing their personnel file and will provide staff with the RC CEU Transcript (see attachment) to assist staff with keeping track of their CEUs, what they have satisfied and what they need to complete.