



**County of Los Angeles**  
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September 30, 2025

To: Supervisor Kathryn Barger , Chair  
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Supervisor Lindsey P. Horvath  
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 for  
From: Brandon T. Nichols  
Director

**FLEMING & BARNES DBA DIMONDALE ADOLESCENT CARE FACILITY**  
**SHORT TERM RESIDENTIAL TREATMENT CENTER**  
**CONTRACT COMPLIANCE REVIEW**

**REVIEW OF REPORT**

The Department of Children and Family Services (DCFS) Contract Compliance Division (CCD) conducted an in-person Contract Compliance Review of Fleming & Barnes DBA Dimondale (the Contractor) in June 2025. The Contractor has eight sites located in the Second, Fourth, and Fifth Supervisorial District. The offices provide services to the County of Los Angeles DCFS and Probation placed children, youth and Non-Minor Dependents (NMDs) and children, youth and NMDs placed by other counties.

Key Outcomes

NUMBER OF PRIORITY FINDINGS
PRIORITY 1 1
PRIORITY 2 33
PRIORITY 3 2

*"To Enrich Lives Through Effective and Caring Service"*

The CCD conducted an in-person 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 Transition Services; Education and Independent Living Plan 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 2 of 10 applicable areas of the CCD's Contract Compliance Review: Engagement and Teamwork and Permanency and Transition Services.

For the purpose of this review, three DCFS placed children and five Probation placed youth were selected for the sample. CCD reviewed the files of the eight children, conducted in-person interviews with seven children. One child was discharged prior to the scheduled interview. An additional three discharged children's files were also reviewed to assess the Contractor's compliance with permanency efforts. CCD reviewed five staff files for compliance with Title 22 Regulations and County contracting requirements. CCD also conducted telephonic interviews with staff. To assess the quality of care and supervision provided to the placed children and youth, CCD also conducted in-person site visits.

The CCD noted findings in the areas of:

***Priority 1***

- Personal Needs/Survival and Economic Well-Being (1 Finding)
  - One child with special dietary needs reported that appropriate accommodation was not being provided.

***Priority 2***

- General Contract Requirements (4 Findings)
  - Special Incident Reports (SIRs) for three children were not properly cross-reported in the I-Track System.
  - Detailed sign in/out logs were not maintained for one site.
- Facility and Environment (14 Findings)
  - The yard and outdoor activity space was not free from safety hazards for one site.
  - The facility computers did not have appropriate viewing filters for seven sites.
  - The snacks were not accessible to the children at three sites.
  - The food storage did not meet United States Department of Agriculture guidelines at three sites.

- Needs and Service Plans (NSP's) (3 Findings)
  - NSP's for three children were not completed accurately and on time.
- Education and Independent Living Services (1 Finding)
  - One child was not enrolled in school immediately upon placement.
- Health and Medical Needs (1 Finding)
  - One child's initial medical exam was not conducted timely.
- Personal Rights and Social Emotional Well-Being (6 Findings)
  - Two children reported that they were not informed of the Foster Youth Bill of Rights upon arrival.
  - One child reported that they were not being treated with dignity and respect.
  - One child reported that they were not allowed to attend religious services of their choice.
  - Two children reported that they were not informed about their right to have contraceptives and a container to secure them.
- Personal Needs/Survival and Economic Well-Being (2 Findings)
  - One child reported that they were not provided with a sufficient supply of personal hygiene items to meet their needs.
  - One child reported that they are not allowed to spend their own allowance within Prudent Parent standards.
- Personnel Files (2 Findings)
  - One staff personnel file did not include a signed criminal record statement
  - One staff did not receive all medical clearances within seven (7) days after hire.

**Priority 3**

- Personal Needs/Survival and Economic Well-Being (2 Findings)
  - Two children reported not having life-books.

On July 10, 2025, the Children Services Administrator teams from DCFS' CCD and the Out-of-Home Care Management Division held an exit conference with the Contractor's representatives. The Probation Department placed one site on an Administrative Hold on September 12, 2025, and a Review Conference is scheduled for October 7, 2025.

The Contractor's representatives agreed with the review findings and recommendations is also completing Root Cause Analysis on the findings in this report to aid them in implementing systemic changes to improve their 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:LM:RT  
AJ:DF:lb

**Attachments**

c: Fesia Davenport, Chief Executive Officer  
Oscar Valdez, Auditor-Controller  
Guillermo Viera Rosa, Chief Probation Officer  
Public Information Office  
Audit Committee  
Ardra Fleming, Chief Executive Officer, Fleming & Barnes dba Dimondale Adolescent Care Facility  
Kenneth Fleming, Chief Operating Officer, Fleming & Barnes dba Dimondale Adolescent Care Facility  
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division  
Kellee Coleman, Assist. Program Administrator LA Region, Community Care Licensing Division  
Bernice Karnsrithong, Regional Manager, Community Care Licensing Division  
Monique Turner-Marshall, Regional Manager, Community Care Licensing Division

LOS ANGELES COUNTY  
FLEMING & BARNES, INC. (STRTP)  
Corrective Action Plan  
2025

GENERAL CONTRACT REQUIREMENTS

6. Detailed sign in/out logs are maintained [Master Contract, Exhibit A, SOW, Part C, §15.3.10.7].

Facility

Site 1707

1. Explain the Cause.

Dimondale does have a sufficiently detailed Dimondale Visitor Sign-In Sheet, unfortunately, some facility sites had not printed the new version and were utilizing the old version.

2. Corrective Action Taken.

Dimondale ensured all facility sites printed the correct Dimondale Visitor Sign-In Sheet during the audit to ensure consistency throughout the agency.

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

The STRTP Program Director, Chief Clinical Officer, and Risk Department will ensure the documentation on the agency's Server (P-Drive) will have only current and up to date files for facility use by routinely ensuring I.T Director is clearing out the old files and replacing with updated newer versions and sending a confirmation email to the team. Dimondale will ensure proper dissemination of current and up to date documentation in Management Meetings and House Meetings.

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

2.2 SIRs are properly cross-reported in the I-Track System [ILS, §87061(i); Master Contract, Exhibit A-V; Master Contract, Exhibit A, SOW, Part B, §10.4][ILS, §87061(i); Master Contract, Exhibit A-V; Master Contract, Exhibit A, SOW, Part B, §10.4]

Facility

Site 1707

Site 1709

Site 1704

#### 1. Explain the Cause.

The following SIRs :1224201, 1282248 and 1295900 were not properly cross-reported due to an oversight by the risk analyst. When populating the cross-report the analyst did include some of the county partners, however, they did not include all of the county partners in error. SIR 1289384 was reported late due to the Administrator populating the report in the system after noticing the SIR had not been submitted within the 24 hour deadline. SIR 1285629 was reported late due to the circumstances of the event and information gathering. The Administrator was attempting to compile a full report prior to submission, which resulted in delay.

#### 2. Corrective Action Taken.

The analyst was reminded of the importance of cross-reporting to all required parties. They were also reminded of the process to correct a missed cross-report. As they can email the report directly to the county contact and update the SIR in an addendum. The Administrator's have received the reporting deadlines and their Supervisors have extended their support for timely reporting.

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

To ensure the integrity of the cross-reporting process, the Risk Department will ensure the required outside agencies are cross reporting and submitted in a timely manner. The Risk Manager will provide training to the Risk Analyst to ensure they are reviewing SIRs for compliance.

## FACILITY AND ENVIRONMENT

### 8. The exterior and the grounds are safe and well maintained.

8.5 Yard & outdoor activity space are free from safety hazards [Title 22, §§80087(a) & 84087.2(a); ILS, §§87087.2(a) & 87088.3; Master Contract, Exhibit A, SOW, Part B, §13.3(1)(2)][Title 22, §§80087(a) & 84087.2(a); ILS, §§87087.2(a) & 87088.3; Master Contract, Exhibit A, SOW, Part B, §13.3(1)(2)]

Facility

Site 1710

#### 1. Explain the Cause.

The Residents were out in the back yard gardening and the Staff forgot to put away the shovel that was used during the gardening activity.

#### 2. Corrective Action Taken.

Each Facility will receive re-training on 08/13/25 which will cover securing tools or sharps used in recreational activities ensuring the tools are properly secured away immediately after the activity to avoid any potential safety hazards.

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

Additionally, each Staff will utilize our Dimondale Daily Status Log which requires a perimeter walk through of the facility upon the commencement of each shift and ensure any items that may be out of place be securely put away to ensure compliance throughout the facility.

### 12. Adequate recreational equipment and educational resources are maintained in good repair and are readily available to children.

12.4 If internet access is provided, the computer has appropriate viewing filters, or adult supervision [Master Contract, Exhibit A, SOW, Part C, §15.3.5.1; Title 22, §84067(b)][\[Master Contract, Exhibit A, SOW, Part C, §15.3.5.1; Title 22, §84067\(b\)\]](#)

Facility
Site 1711
Site 1704
Site 1705
Site 1708
Site 1707
Site 1709
Site 1710

#### 1. Explain the Cause.

The Wi-Fi Internet that Dimondale provided to the Residents which could be used on the Facility Computer, or their personal electronic devices did not have 'blockers' or 'Parental Controls' due to Dimondale applying Prudent Parenting Standards and implementing the Supervision Policy. Dimondale believed this was in line with the Residents' Personal Rights and encouraged the Staff to supervise ensuring proper oversight.

#### 2. Corrective Action Taken.

Dimondale has enabled Content Filtering for the Wi-Fi Internet for all facilities ensuring there is appropriate blockers of mal content. Dimondale has updated their Internet Access Policy as of 8/1/2025.

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

Our I.T. Director will be responsible for ensuring ILS compliance related to internet safety and appropriate safeguards. Risk Management will ensure ILS compliance is implemented.

13. Adequate supply of nutritious perishable and non-perishable foods are maintained.

13.2 Snacks are available and accessible to the children [Master Contract, Exhibit A, SOW, Part C, §15.3.10.8; Title 22, §§80076(a)(4)] [Master Contract, Exhibit A, SOW, Part C, §15.3.10.8; Title 22, §§80076(a)(4)]

Facility
Site 1711
Site 1709
Site 1710

13.4 Food storage meets USDA guidelines [Master Contract, Exhibit A, SOW, Part C, §15.3.10.9; ILS, §87076(c)(2-4); Title 22, §§80076(a)(1) & 84076(c)(2-4)] [Master Contract, Exhibit A, SOW, Part C, §15.3.10.9; ILS, §87076(c)(2-4); Title 22, §§80076(a)(1) & 84076(c)(2-4)]

Facility
Site 1704
Site 1705
Site 1707

#### 1. Explain the Cause.

Dimondale Facilities maintain compliance with not only the required food onsite but ample food and snacks for the Residents and the Staff. Different sites experiences different challenges with the snack food storage, in some cases to ensure proper health and to reduce excessive consumption of high sugar and/or processed foods, keep some of those types of snacks secured and have them available upon request. Dimondale has experienced incidents in which Residents hoard food, Residents with excessive Substance Abuse who have a higher craving for snacks, Residents with eating disorders, etc. and with these challenges securing the snacks in storage was deemed appropriate as to ensure all Residents could have their fair share of snacks. Dimondale's Long Beach Facility conduct routine facility inspections on various shifts, in which the food is inspected, and should there be any expired food it is to be removed and discarded. The expired spice was an oversight by the Staff. The open bag of cereal had not yet been put away properly as it was on the counter after the Resident had just served themselves cereal. Dimondale's Pillsbury Facility conduct routine facility inspections on various shifts, in which the food is inspected, and should there be any expired food it is to be removed and discarded. The sprouted potatoes, and open bag of pasta were missed items for removal due to being in a cupboard that is not typically utilized, and the Staff had forgotten to inspect that cupboard. Dimondale's Carson Facility conduct routine facility inspections on various shifts, in which the food is inspected, and should there be any expired food it is to be removed and discarded. The freezer burn ham was an oversight by the Staff. The Caesar Salad in the refrigerator was a Staff's salad that should not have been placed in Resident refrigerator.

#### 2. Corrective Action Taken.

Dimondale facilities previously utilizing locked or alternate snack storage locations have modified these practices to allow residents unrestricted access to snacks. Snacks other than fruits and vegetables will continue to be purchased and provided on a weekly basis. Each facility has reviewed and re-trained proper use of the Daily Status Log during individual house meetings to ensure that all shifts actively participate in identifying and removing expired food items. At the Pillsbury site, the cupboard located under the oven is no longer in use due to it easily being overlooked during inspections. Staff have been reminded and instructed not to use the resident refrigerator for personal food storage to maintain clear separation between resident and staff belongings.

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

Dimondale Area Managers will audit monthly and will be able to visibly ensure the cabinets are open and no locks are being utilized on snack cabinets. The STRTP Program Director will have random pop-ups at the facilities to ensure there aren't any snacks being held in locked offices or cabinets and are in fact easily accessible to all Residents. The Risk Department will ensure the facilities have snacks easily accessible to all Residents during their Quarterly Audits.

## 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 1711
Site 1710
Site 1708

17.6 The NSPs were submitted timely to the CSW/DPO for approval [Master Contract, Exhibit A, SOW, Part C, §§19.3, 19.4, 19.5 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)] [Master Contract, Exhibit A, SOW, Part C, §§19.3, 19.4, 19.5 & 19.7; ILS, §§87068.2(f), 87068.22(d)(1)]

Facility
Site 1711
Site 1710
Site 1708

### 1. Explain the Cause.

Due to the Gardena Facility not having a current Case Manager who is responsible for the completion of the Needs and Service Plans, the Facility Administrator was creating and completing the Needs Service Plans for Child #7. The Facility Administrator in creating the Needs and Service Plan, completed the entire Needs and Service Plan but missed the step in "clicking the submission button". Upon speaking with the Administrator and bringing this late Needs and Service Plans to their attention it was verified as an error and a missed step. Due to the 63rd Street Facility not having a current Case Manager who is responsible for the completion of the Needs and Service Plan, the Facility Administrator was creating and completing the Needs and Service Plan for Non-Minor Dependent #1. Additionally, the previous Case Manager at the facility had performance challenges in meeting the Needs and Service Plan production and upon their resignation, there were multiple Needs and Service Plans that had fallen behind. The Facility Administrator had to support in creating and completing multiple Needs and Service Plans which made the timeliness of the Needs and Service Plan a significant challenge. The Long Beach Facility Case Manager missed the Needs and Service Plan deadline for Child #5 as it was an oversight and time management challenge.

### 2. Corrective Action Taken.

The Team adheres to the Needs and Service Plan Responsibility procedure, which ensures coverage and support from alternate staff in completing Needs and Service Plans in the event of a Case Manager vacancy. Following a delay in the completion of the Needs and Service Plan for Child #5, the Head of Service has initiated weekly supervision discussions with the Case Manager to review upcoming plan due dates, ensuring timely completion and submission. In instances where the Case Manager is unavailable due to absence or illness, the Administrator and Head of Service collaborate to guarantee the Needs and Service Plan is completed within the required timeframe. Additionally, Needs and Service Plan due dates are reviewed during weekly Multidisciplinary Team meetings and Mental Health Shift Exchanges to maintain awareness and accountability across the Team. To further ensure adherence to established protocols, the Administrator will conduct random audits of selected Needs and Service Plans to evaluate compliance with procedural standards.

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

The Risk Department will perform a comprehensive quarterly audit of all Needs and Services Plans to evaluate overall completion rates and identify systemic barriers. Findings and areas for improvement will be documented and addressed in the department's quarterly quality assurance report.

## EDUCATION AND INDEPENDENT LIVING PLAN SERVICES

24. Children are enrolled in school immediately upon placement [Master Contract, Exhibit A, SOW, Part C, §15.3.3 & 15.3.7(1); California Education Code, Title 2 §48853.5(f)(8)(A)].

Facility

Site 1711

**1. Explain the Cause.**

The Facility Management Team was having communication challenges with the Case Manager as it pertained to school enrollment. The Facility Management Team failed to take initiative in ensuring the Resident was enrolled in school within the 3 days. Additionally, the Facility Management Team did not create an SIR to document any of the challenges or the missed enrollment.

**2. Corrective Action Taken.**

The Facility Management Team was counseled on the importance of School Enrollment and the reporting documentation of compliance efforts to our outside agencies. The case manager will utilize the outlook calendar with a 3-day reminder including facility manager for additional follow up. The Program Director will review school enrollment and SIR compliance with management during weekly meeting.

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

The Area Manager will conduct monthly audits to ensure that all youth are enrolled in school with-in 3 days of placement and if not, the Area Manager will check to make sure an SIR was submitted timely.

## HEALTH AND MEDICAL NEEDS

28. Initial medical examinations are conducted timely [Title 22, §80069(a); Master Contract, Exhibit A, SOW, Part C, §§15.3.9 & 15.4.1.2.1].

Facility

Site 1708

**1. Explain the Cause.**

The Facility Administrator and Med Coordinator expressed some challenges with NMD #1's hospitalization within the first 30 days and NMD#1's recent Physical Examination prior to placement creating barriers with Medi-Cal. Nonetheless, the main deficiencies were mismanaging of time and delay in scheduling.

**2. Corrective Action Taken.**

The Facility Administrator and Med Coordinator were counseled on the importance of ensuring the initial medical appointments are scheduled and the reporting documentation of compliance efforts to our outside agencies. The Facility Management Team will utilize the Outlook Calendar with a 25-Day Reminder with newly placed youth and ensure their supervisor is added to the calendar reminder for additional follow up on the Initial Medical and Dental Appointments and reporting documentation.

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

The Area Manager will conduct monthly audits to ensure that all youth are compliance with medical appointments. The Risk department will conduct quarterly audits to ensure compliance.

## PERSONAL RIGHTS AND SOCIAL/EMOTIONAL WELL-BEING

35. Children report they were informed of the Foster Youth Bill of Rights upon arrival, in an appropriate manner [Master Contract, Exhibit A, SOW, Part C, §18.13(a); ILS, §§87072(b)(1)(A), & (b)(2)(A); Title 22, §§84072(b)].

## Facility

Site 1709

Site 1711

## 1. Explain the Cause.

All Residents upon intake have their Personal Rights reviewed and the Residents sign the Intake. Additionally, the Personal Rights are posted in the facility. However, due to the resident completing this paperwork upon entry into the program, they may have forgotten that they reviewed their Personal Rights. In addition, the intake paperwork does include a lot of information and acknowledgements, which could make this particular form hard to recall.

## 2. Corrective Action Taken.

Child #4 and Child #7 were informed of their Personal Rights and had them sign again. Additionally, Dimondale Facility Therapist will ensure Personal Rights Groups are routinely held to help the Residents keep in constant awareness of their Personal Rights and avenues to report grievances.

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

The Facility Management Team is responsible for conducting regular reviews of Resident Binders. This process includes a thorough examination and initialing of each resident's file to ensure all required documentation—such as signed Personal Rights forms—is complete and properly filed. In addition to the internal reviews by Facility Management, Area Managers perform monthly audits of the Resident Binders to ensure ongoing compliance with regulatory and organizational standards. Furthermore, the Risk Department conducts quarterly audits on a randomly selected sample of Resident files to validate the consistency and effectiveness of compliance practices across all facilities.

38. Children report being treated with respect and dignity (they do not feel harassed or discriminated against for any reason) [Master Contract, Exhibit A, SOW, Part A, §2.4; ILS, §87072(c)(10); WIC, §16001.9(a)(1) & (a)(17); Title 22, §84072(d)(10)].

## Facility

Site 1710

## 1. Explain the Cause.

When the agency attempted to discuss the findings from the interview, Child #5 did not want to engage in conversation. Since the CAD Review Summary Findings Child #5 has successfully transitioned from the STRTP reunifying with her Grandmother.

## 2. Corrective Action Taken.

Dimondale takes all grievances, complaints, and safety concerns seriously. These matters are systematically tracked to ensure timely and appropriate follow-up by the Administrator, STRTP Director, and the Risk Department.

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

In addition to adhering to the Grievance and Complaints Procedure, the Dimondale Program Director will support ongoing compliance efforts by conducting resident interviews every three months using SurveyMonkey. This initiative aims to gather timely and relevant feedback regarding residents' personal rights and emotional well-being, enabling the program to proactively address concerns and enhance the quality of care and support provided.

44. Children report being allowed to attend religious services of their choice OR not attend, if not interested [ILS, §87072(c)(13); WIC, §16001.9(a)(15); Title 22, §84072(d)(13)].

## Facility

Site 1709

## 1. Explain the Cause.

Dimondale offers religious services to Residents every weekend for those who are interested. Child #4 was offered religious services and arrangements were made, during that time Child #4 refused and there was no documentation to prove the denied efforts.

## 2. Corrective Action Taken.

Dimondale will ensure the Team continues to coordinate various religious services and times for the Residents who want to attend, should the Resident refuse, there will be documentation of those arrangements offered and refusal as to document all the agency's efforts. Additionally, The Residents' Child and Family Team Meeting and Needs and Service Plans will document all the efforts for Residents to attend religious services at various times.

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

To support ongoing compliance and enhance resident care, Dimondale will conduct resident interviews every three months using SurveyMonkey. These interviews are designed to gather real-time feedback on residents' personal rights and emotional well-being, allowing the team to address concerns promptly and effectively. Additionally, for residents who have expressed interest in attending religious services as part of their Treatment Plans, the team will monitor service schedules and track attendance. Updates on participation will be provided during Multidisciplinary Team Meetings to ensure alignment with each resident's individualized care plan.

52. Children were informed about their right to have contraceptives and a container to lock them in [Master Contract, Exhibit A, SOW, Part C, §15.4.4.2.1; ILS, §§87075(b)(1)(A), & 87072(c)(16)].

## Facility

Site 1709

Site 1711

## 1. Explain the Cause.

All Residents upon intake are offered Locker Containers for storage and are advised that they may keep contraceptives in the locker as to have them easily accessible. Dimondale does not have the Intake Paperwork detailing the information.

## 2. Corrective Action Taken.

Dimondale will have the information added to their Intake Packets. Additionally, the Lockers and contraceptives will be addressed in Resident Group as to offer other avenues of information being shared with the Resident on a more consistent basis in case the Residents change their minds in having a personal locker.

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

The Area Manager will ensure that each resident is assigned a personal locker within their room, providing secure storage that residents may use at their discretion. Additionally, a Resident Group session is facilitated by the Facility Therapist to review Sexual and Reproductive Rights. During these sessions, access to contraceptives is routinely discussed to promote awareness and ensure residents are informed of their rights and available resources. The Risk Department will conduct quarterly audits of the facility to verify that these group sessions are being held and that contraceptives are readily available for residents, in alignment with regulatory and program standards.

## PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

57. Children report they are encouraged and supported by the provider in keeping a life-book [Master Contract, Exhibit A, SOW, Part C, §17.6.3].

## Facility

Site 1711

Site 1709

## 1. Explain the Cause.

Dimondale added to the Dimondale Resident Intake Process, the Resident's acknowledgment of Residents' Life Book and the distribution of the Resident's Life Book upon their placement arrival. Dimondale ensures Life Books are a weekly activity, and should the resident not wish to participate, the Staff are to support in the completion of the book. Child #4 is in numerous photos on various outings and encouraged to complete their Life Book weekly. Unfortunately, Dimondale did not upkeep the book for Child #4 with every refusal. There was a Life Book Child #4 created with only drawings done by Child #4. Child #7 is in numerous photos on various outings/events and encouraged to complete their Lifebook. Unfortunately, Dimondale did not upkeep the book for Child #7 with each refusal.

## 2. Corrective Action Taken.

Staff are trained to support the Residents in completing their Life Book if they choose not to participate in the Life Book Activity. Dimondale will implement having a photo printer at each Corporate Office, one in Southbay and the other in Antelope Valley to help support the facilities with the ease of printing photos and having them readily and easily accessible for Life Book Activity.

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

Dimondale's Area Managers will audit monthly and ensure there are Life Books for each Resident being updated regularly. The STRTP Program Director will have random pop-ups/site visits at the facilities to ensure Life Books are being maintained and should a Resident refuse that the Staff are maintaining the Life Book for them. The Risk Department will ensure the facilities have a Life Book for each Resident during their Quarterly Audit.

62. Children report being provided with a sufficient supply of their own personal hygiene items that meet their needs [Master Contract, Exhibit A, SOW, Part C, §17.6.2; ILS, §§87072(c)(6)(B) & 87088(c)(3); Title 22, §§84072(d)(6)(B), 84088(c)(3)].

## Facility

Site 1709

## 1. Explain the Cause.

Child #4 is supplied with sufficient supply of hygiene product, the challenge in ensuring Child #4 did not use their own personal money was due to the Resident going out into the community to spend their allowance as Residents often choose to do with the Mental Health Rehab Specialist who did not redirect the Resident to have the facility purchase the hygiene products instead of the Resident purchasing their own.

## 2. Corrective Action Taken.

The Mental Health Rehab Specialist has been advised to ensure the hygiene products are not purchased with any Residents' personal money while out in the community. Dimondale will ensure a Group is held with the Residents so they may make special hygiene requests, and the Staff may purchase them routinely for them to avoid these issues in the future. Dimondale reimbursed Child #4 \$130.00.

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

The Program Director will conduct quarterly interviews with youth to ensure that all hygiene products are being provided by the facility and that youth are not required to purchase these items themselves.

64. Children with special diet needs report that appropriate accommodations are being provided [Master Contract, Exhibit A, SOW, Part C, §15.3.10.8.1; ILS, §87072(c)(11); WIC, §16001.9(a)(3); Title 22, §§80076(a) & 84072(d)(11)].

## Facility

## Site 1709

## 1. Explain the Cause.

Residents at this facility are very intentional with their healthy food intake and are greatly encouraged to continue with that type of care for their health. Many of the high-protein and high-fat foods that are purchased are often included in the meal preparation for the facility which includes Child #4.

## 2. Corrective Action Taken.

Dimondale will purchase extra high-protein and high-fat foods, as additional Residents have similar food requests. Dimondale will separate the foods to ensure Child #4's dietary needs are being met.

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

The Program Director will conduct quarterly interviews with youth to ensure that their preferred food options are being considered and provided, as appropriate, in alignment with nutritional guidelines and individual needs.

66. Children report being allowed to spend their own allowance, within Prudent Parent standards [Master Contract, Exhibit A, SOW, Part C, §17.3.1.6; ILS, §87072(c)(7); Title 22, §84072(d)(7)].

## Facility

## Site 1709

## 1. Explain the Cause.

Residents are allowed to save their allowance and are not required to spend it in full each week. However, in many cases the Residents find it challenging to go out into the community and not spend their entire allowance.

## 2. Corrective Action Taken.

Dimondale will ensure Financial Goals are created in Residents' Child and Family Team Meeting and Needs and Service Plans to ensure documentation of Residents having weekly allowance goals to save their money, etc., should they choose to set them.

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

Dimondale will support ongoing compliance by conducting resident interviews every two months using SurveyMonkey. These interviews are intended to gather timely feedback regarding residents' personal rights and emotional well-being, allowing for real-time identification and resolution of concerns. Additionally, for residents who have identified financial goals within their Treatment Plans, the team will actively monitor progress and provide updates during each Multidisciplinary Team Meeting to ensure alignment with individualized care objectives.

## PERSONNEL FILES

73. Personnel received criminal clearances prior to working with children.

73.1 Personnel files include signed criminal record statements (LIC 508) [Master Contract, Exhibit A, SOW, Part B, §8.4; Title 22, §80066(a)(12)(A) & 80019(d); ILS, §87064.2(b)(3)(F)] [Master Contract, Exhibit A, SOW, Part B, §8.4; Title 22, §80066(a)(12)(A) & 80019(d); ILS, §87064.2(b)(3)(F)]

Facility

Site 1705

#### 1. Explain the Cause.

Dimondale's Human Resources Department Staff failed to follow the HR Onboarding Process by not ensuring S2 had a signed LIC 508 on file. The Human Resources hiring process was not followed as a result of human error.

#### 2. Corrective Action Taken.

Dimondale's Human Resources Manager will Re-Train the Human Resources Department Staff on the HR Onboarding Process on 8/14/2025. Dimondale's HR Department Staff will utilize a checklist ensuring all required documentation is on file prior to the New Hires commencement of Onboarding.

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

To ensure ongoing compliance with organizational and regulatory standards, the Risk Department will conduct quarterly audits of staff files. These audits will be performed in collaboration with the Human Resources Department to review and verify adherence to all applicable requirements.

74. Personnel received all required medical clearances.

74.1 Personnel files include medical clearances within one (1) year prior to hire date or within seven (7) days after hire date [Title 22, §§80065(g)(1) & (2), & 80066(a)(10)] [Title 22, §§80065(g)(1) & (2), & 80066(a)(10)]

Facility

Site 1705

74.2 Personnel files include Tuberculosis clearances within one (1) year prior to hire date or within seven (7) days after hire date [Title 22, §§80065(g)(1) & (2), & 80066(a)(11)] [Title 22, §§80065(g)(1) & (2), & 80066(a)(11)]

Facility

Site 1705

#### 1. Explain the Cause.

Dimondale's Human Resources Department Staff failed to follow the HR Onboarding Process by not ensuring all required TB and Medical Clearance Documentation was received within the 7 Days of S2's release to work with Dimondale Residents. The HR Hiring Process was not followed as a result of human error.

#### 2. Corrective Action Taken.

Dimondale's Human Resources Manager will Re-Train the Human Resources Department Staff on the HR Onboarding Process on 08/14/25. Dimondale's HR Department Staff will utilize a checklist ensuring all required documentation is on file prior to the New Hires commencement of Onboarding.

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

To ensure ongoing compliance with organizational and regulatory standards, the Risk Department will conduct quarterly audits of staff files. These audits will be performed in collaboration with the Human Resources Department to review and verify adherence to all applicable requirements.