County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

PHILIP L. BROWNING
Director

FESIA A. DAVENPORT
Chief Deputy Director

Board of Supervisors
GLORIA MOLINA
First District
MARK RIDLEY-THOMAS
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

May 6, 2014

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

From: Philip L. Browning
Director

LUVLEE'S RESIDENTIAL CARE, INC., DBA NEW DAWN GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

The Department of Children and Family Services (DCFS) Out-of-Home Care Management Division (OHCMD) conducted a review of Luvlee's Residential Care, Inc., dba New Dawn Group Home (the Group Home) in February 2014. The Group Home has two sites; one located in the Fifth Supervisorial District and the other is located in San Bernardino County and provides services to DCFS foster children. According to the Group Home's program statement, its purpose is "to stabilize the child within the group home setting and to establish trust and security of knowing that they are cared for unconditionally."

The Group Home has two, 6-bed sites and is licensed to serve a capacity of 12 male children, ages 10 through 17. At the time of the review, the Group Home served 11 placed DCFS children and 1 youth under the dual supervision of DCFS and the County of Los Angeles Probation Department. The placed children's overall average length of placement was 12 months and their average age was 17.

SUMMARY

During the OHCMD review, the interviewed children generally reported: feeling safe at the Group Home; having been provided with good care and appropriate services; being comfortable in their environment; and treated with respect and dignity.

The Group Home was in full compliance with 8 of 10 areas of our Contract compliance review: Licensure/Contract Requirements; Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; Discharged Children; and Personnel Records.

OHCMD noted deficiencies in the areas of Facility and Environment, related to the exterior and children's bedrooms not being well maintained and an expired bottle of milk was located in the refrigerator; and Maintenance of Required Documentation and Service Delivery, related to initial and updated Needs and Services Plans (NSPs) not being comprehensive, as they did not include all of the elements in accordance with the NSP template. The DCFS OHCMD Monitor instructed the Group Home's supervisory staff to enhance monitoring in order to eliminate documentation issues and ensure compliance with service requirements and all regulatory standards.

Attached are the details of our review.

REVIEW OF REPORT

On March 5, 2014, the DCFS OHCMD Monitor, Kirk Barrow, held an Exit Conference with the Group Home representative, Sean Hardge, Administrator. The representative: agreed with the findings and was receptive to implementing systemic changes to improve compliance with regulatory standards and to address the noted deficiencies in a Corrective Action Plan (CAP).

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

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will verify the implementation of the recommendations and provide technical assistance during our next visit to the Group Home in July 2014. An addendum to the report will be submitted 30 days after the completion of the review to address CAP implementation.

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

PLB:EM:KR
RDS:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
John Naimo, Acting Auditor-Controller
Jerry E. Powers, Chief Probation Officer
Public Information Office
Audit Committee
Sybil Brand Commission
Tiffany Baker, President, Board of Directors, Luvlee's Residential Care, Inc.
Sean Hardge, Administrator, Luvlee's Residential Care, Inc.
Lenora Scott, Regional Manager, Community Care Licensing
Angelica Lopez, Acting Regional Manager, Community Care Licensing

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

20723 Walnut Valley Drive
Walnut, CA 917892376
License # 191593081
Rate Classification Level: 11

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

	Contract Compliance Monitoring Review	**Findings: February 2014**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms Well Maintained 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Improvement Needed
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Children's Social Worker Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Children's Social Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Improvement Needed

	10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	10. Improvement Needed
IV	**Educational and Workforce Readiness** (5 Elements) 1. Children Enrolled in School Within Three School Days 2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals 3. Current Report Cards Maintained 4. Children's Academic or Attendance Increased 5. GH Encouraged Children's Participation in YDS/ Vocational Programs	Full Compliance (ALL)
V	**Health and Medical Needs** (4 Elements) 1. Initial Medical Exams Conducted Timely 2. Follow-Up Medical Exams Conducted Timely 3. Initial Dental Exams Conducted Timely 4. Follow-Up Dental Exams Conducted Timely	Full Compliance (ALL)
VI	**Psychotropic Medication** (2 Elements) 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review	Full Compliance (ALL)
VII	**Personal Rights and Social/Emotional Well-Being** (13 Elements) 1. Children Informed of Group Home's Policies and Procedures 2. Children Feel Safe 3. Appropriate Staffing and Supervision 4. GH's Efforts to Provide Meals and Snacks 5. Staff Treat Children with Respect and Dignity 6. Appropriate Rewards and Discipline System 7. Children Allowed Private Visits, Calls and Correspondence 8. Children Free to Attend or Not Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	Full Compliance (ALL)

	13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children Involved in Selection of Their Clothing 4. Provision of Clean Towels and Adequate Ethnic Personal Care Items 5. Minimum Monetary Allowances 6. Management of Allowance/Earnings 7. Encouragement and Assistance with Life Book/Photo Album	Full Compliance (ALL)
IX	**Discharged Children** (3 Elements) 1. Children Discharged According to Permanency Plan 2. Children Made Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	Full Compliance (ALL)
X	**Personnel Records** (7 Elements) 1. DOJ, FBI, and CACIs Submitted Timely 2. Signed Criminal Background Statement Timely 3. Education/Experience Requirement 4. Employee Health Screening/TB Clearances Timely 5. Valid Driver's License 6. Signed Copies of Group Home Policies and Procedures 7. All Required Training	Full Compliance (ALL)

LUVLEE'S RESIDENTIAL CARE, INC., DBA NEW DAWN GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The following report is based on a "point in time" monitoring visit. This compliance report addresses findings noted during the February 2014 review. The purpose of this review was to assess Luvlee's Residential Care's (the Group Home) compliance with its County contract and State regulations and included a review of the Group Home's program statement, as well as internal administrative policies and procedures. The monitoring review covered the following 10 areas:

- Licensure/Contract Requirements,
- Facility and Environment,
- Maintenance of Required Documentation and Service Delivery,
- Educational and Workforce Readiness,
- Health and Medical Needs,
- Psychotropic Medication,
- Personal Rights and Social Emotional Well-Being,
- Personal Needs/Survival and Economic Well-Being,
- Discharged Children, and
- Personnel Records.

For the purpose of this review, four DCFS children and one child under the dual supervision of DCFS and Probation were selected for the sample. Out-of-Home Care Management Division (OHCMD) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three discharged children's files were reviewed to assess the Group Home's compliance with permanency efforts. At the time of the review, two sampled children were prescribed psychotropic medication. We reviewed their case files to assess for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring.

OHCMD reviewed five group home staff files for compliance with Title 22 Regulations and County contract requirements, and site visits were conducted to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

OHCMD found the following two areas out of compliance.

Facility and Environment

- The exterior of the Group Home's Chino site was not well maintained. During a walk through of the facility, mildew stains were observed on the rear wall of the Group Home.

According to the Group Home's Facility Manager, it was the result of water from one of the lawn sprinklers, which was damaged and sprayed water directly on the wall, causing the mildew stains to develop. The mildew stains were also brought to the attention of the Executive Director who

contacted the Group Home's maintenance worker to schedule the repair. On March 14, 2014, OHCMD conducted a follow-up visit and verified that the mildew stains were removed and the rear wall had been repainted.

- Two of the placed children's bedrooms were not well maintained. The carpet was torn and one bedroom had a cracked window.

The deficiencies were immediately brought to the attention of the Executive Director, who stated that he was in the process of replacing the carpet, but he was not aware that the window was broken. He immediately contacted the Group Home's maintenance worker to schedule the repairs. On March 5, 2014, during the Exit Conference, OHCMD verified that the window was repaired and the carpet replaced.

- A bottle of milk in the Group Home's refrigerator had an expired date. The milk was not spoiled; however, the expiration date was two days prior.

This was immediately brought to the attention of the Group Home's Executive Director, who immediately discarded the milk. He informed OHCMD that the milk was the personal property for one of the placed children, and it was an oversight of staff, as they were not aware that the milk had expired.

Recommendations

The Group Home shall ensure that:

1. The exterior and the grounds of the group home are well maintained.

2. Children's bedrooms are well maintained.

3. Adequate perishable and non-perishable foods are provided.

Maintenance of Required Documentation and Service Delivery

- Two of five initial Needs and Services Plans (NSPs) reviewed were not comprehensive, as they did not include all of the elements in accordance with the NSP template. Specifically, one NSP did not include the dates indicating the period the NSP covered and both NSPs did not include permanency plan goals.

- Six of twenty updated NSPs reviewed were not comprehensive, as they did not include all of the elements in accordance with the NSP template. Specifically, three NSPs did not include school enrollment dates and three NPS did not include permanency plan goals.

The Executive Director reported that the children were enrolled in school timely, and documentation reviewed in the children's case files indicated that the children were enrolled timely; however, it was not noted on the NSPs. Although not all NSPs reviewed were comprehensive, all NSPs were timely.

It should also be noted that a Group Home representative attended OHCMD's NSP refresher training in August 2013. Several of the NSPs reviewed were developed subsequent to the training.

On February 26, 2014, the Group Home's Administration provided additional NSP training to the Group Home Social Workers and Facility Managers. The training was geared toward assisting the staff in writing comprehensive initial and updated NSPs and ensuring that school enrollment dates and permanency plans are included in all NSPs. During the Exit Conference, the Group Home provided OHCMD with verification of the NSP training held on February 26, 2014. The Group Home's Executive Director reported that he plans to have regular NSP trainings with the Group Home staff, and has since hired a new Social Worker to take a lead in preparing NSPs.

Recommendation

The Group Home's management shall ensure that:

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

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

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

The OHCMD's last compliance report dated July 5, 2013, identified six recommendations.

Results

Based on our follow-up, the Group Home fully implemented 3 of 6 recommendations for which they were to ensure that:

- The children are progressing toward meeting their NSP case goals,
- Children participate in age-appropriate, extra-curricular, enrichment and social activities in which they have an interest,
- Documentation of progress toward meeting NSP goals is maintained in NSPs for children placed at least 30 days

The Group Home did not implement three recommendations for which they were to ensure that:

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

- Full implementation of the outstanding recommendations from the prior monitoring report.

The Group Home did not implement the recommendations from the July 5, 2013 monitoring report regarding developing comprehensive initial and updated NSPs. Additionally, the Group Home did not ensure full implementation of the outstanding recommendations from the June 13, 2012 monitoring report, which were also regarding developing comprehensive initial and updated NSPs.

Recommendation

The Group Home's management shall ensure that:

6. The outstanding recommendations from the June 13, 2012 monitoring report, which are noted in this report as Recommendations 4, 5 and 6 are fully implemented.

At the Exit Conference, the Group Home's Executive Director stated that he will ensure that the facility deficiencies are repaired promptly and Facility Managers notify him weekly of any repairs needed, so that necessary repairs are completed timely. The Group Home's Executive Director will also ensure that NSPs are comprehensive and he conducted NSP training for staff on February 26, 2014, with the focus on ensuring that NSPs contain permanency plan goals and dates of school enrollment. OHCMD will verify implementation of recommendations and provide technical assistance during our next visit to the Group Home in July 2014.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A fiscal review of the Group Home was posted by the Auditor-Controller (A-C) on July 1, 2011. The A-C identified $204 in disallowed expenditures and $1,928 in unsupported/inadequately supported expenditures. The DCFS Fiscal Monitoring Section reported that the Group Home has paid DCFS in full for the disallowed and unsupported/inadequately supported expenditures.

Luvlee's Residential Care, Inc.
New Dawn
Established 1988
P.O. Box 2232 - Phone: (909) 594-2762 Fax: (909) 594-2952

April 7, 2014

Korliss Robinson, Group Home Program Manager
Out of Home Care Management Division
9230 Telstar Ave.
El Monte, CA 91731

RE: CORRECTIVE ACTION PLAN

Dear Korliss Robinson,

Luvlee's Residential Care, Inc. is submitting the following Corrective Action Plan (CAP) for your review, based on the visit conducted February 11, 2014. It is our goal to ensure that New Dawn is providing quality services for the children in our care. The following individuals will ensure that New Dawn remains in compliance: Administrator, Administrative Assistant, and Facility Manager.

Identified Recommendations:

II. FACILITY AND ENVIRONMENT

10. Are the exterior and the grounds of the group home well maintained? (Front and backyards clean, and adequately landscaped; condition of home exterior, driveway, walkways and fences; window screens).

12. Are children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting; window coverings and storage space; beds, mattresses, furniture, flooring; full complement of linens on beds, age-appropriate decorations; and appropriate sleeping arrangements).

14. Does the group home maintain adequate nutritious perishable and non-perishable foods and adhere to product "used or freeze by," "best by," "sell by," or expiration dates? (A minimum of a two day supply of perishables and a one week supply of non-perishables).

Corrective Action Plan:

10. At the time the audit was conducted at the Chino site, the sprinkler system was hitting the outside wall on the back part of the home. Since the visit, the sprinkler system has been fixed and the mildew against the wall has been cleared. Staff has been instructed that during their daily facility check to submit a maintenance request upon initial observation of anything that requires maintenance or repairs.

12. The carpets have been replaced in all of the bedrooms at the Walnut site as of February 26, 2014. At the beginning of each shift, staff was made aware that they should indicated whether the carpet is torn, and to put in a maintenance request to the administrator. The other finding that proceeded the audit was a crack in the lower right corner of the window in room #2, since then, the window has been repaired by maintenance. At the beginning of each shift, staff completes a Daily Facility Check Log, anything that requires repairs or maintenance should be documented in the log and a maintenance request must be submitted to the administrator.

14. Each facility received a thorough inspection by the administrator to ensure that all perishable and non-perishable foods that have reached or exceeded the expiration date has been thrown away and replaced. Although staff is aware of how food should be stored and kept, the following individuals: Administrator, Facility Manager and/or Lead Staff will ensure that food is discarded upon expiration. Non-perishable food will be viewed and rotated a least once a month, perishables food are looked at daily and discarded upon expiration. Any residents that purchase food for themselves have been informed of the group homes guidelines and timeframe of storing food.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

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

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

Corrective Action Plan:

23. During the audit it was found that one of the resident initial NSP did not include the dates for the updated NSP. The NSP was created in 2011, since then New Dawn has enacted strategies that assist with ensuring dates are correct and in place. Upon the completion of the NSP, the administrator and/or administrative assistant reviews the dates. If corrections are needed, the NSP is given back to the In-House Social Workers. Once the correction has been made, the administrator and/or administrative assistant reviews the NSP once more. When it is established that the dates our correct, the NSP is submitted.

In addition to the findings, the resident initial NSP did not indicate his permanency plan goal, at the time the report was generated there was a different In-House Social Worker completing the reports. On February 26, 2014 the Administrator met with the In-House Social Workers. They were made aware that there should be no blank areas. The administrator will review the report prior to its submission to ensure that all sections are address such as: school enrollment, permanency plan goals and medical/dental appointment.

24. During the training with the In-House Social Workers on February 26, 2014, the group addressed how to customize the residents' goals to ensure that it is measurable, attainable and specific to each resident permanency plan. Prior to the submission of the updated NSP's, the Administrator will review the report in its entirety to ensure that all areas are address and nothing is incomplete.

Sincerely,

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