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

JACKIE CONTRERAS, Ph.D.
Interim Director

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May 6, 2011

To: Supervisor Michael D. Antonovich
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Supervisor Don Knabe

From: Jackie Contreras, Ph.D.
Interim 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 has two sites, the Walnut Facility, which is located in the Fifth Supervisorial District, and the Chino Facility located in San Bernardino County. Luvlee's Residential Care provides services to Los Angeles County Department of Children and Family Services' (DCFS) foster youth, and according to its program statement, its 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 November 2010, at which time the agency had two six-bed sites and 12 placed DCFS children. All 12 children were males. For the purpose of this review, 11 placed children were interviewed and their case files were reviewed. The twelfth child had been placed with the agency less than 30 days; his file was not reviewed and he was not interviewed. The sampled children's overall average length of placement was 15 months and their average age was 16. Nine staff files were reviewed for compliance with Title 22 regulations and contract requirements.

Three children were on psychotropic medication. We reviewed their case files to assess timeliness of psychotropic medication authorizations and to confirm that 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 the agency's program statement, administrative internal policies and procedures, 11 placed children case files, and a random sampling of personnel files. A visit was made to both sites to assess the quality of care and supervision provided to the children, and interviews were conducted with the children to assess the care and services they were 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 the agency's program statement. The children interviewed stated that they wanted to continue residing at the placement and that the staff was genuinely concerned about them.

The direct care staff stated that they were pleased with the support that they received 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 open to listening to the direct care staff's suggestions for improvement.

We also conducted a follow-up on recommendations noted in our 2009 review as reported in our June 30, 2010 report. At the time of this review, the Group Home needed to develop comprehensive Needs and Services Plans (NSP), submit all Serious Incident Reports (SIR) in a timely manner, ensure all placed children received timely initial dental examinations and all staff received timely health screenings per Title 22 regulations and the Group Home's program statement.

Although two prior recommendations, which were reported in our June 30, 2010 report and are noted as #2 and #3 in this report, were not fully implemented, the follow-up on all other recommendations showed a marked improvement in overall operation and service delivery to placed children since our last review. The staff's reception of the refresher NSP training provided by the OHCMD Monitor and the approved corrective action submitted by Luvlee's Residential Care also showed that they were making every effort to ensure that they continued to improve services and strived to maintain implementation of recommendations.

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

NOTABLE FINDINGS

The following are the notable findings of our review:

- Of the 33 initial and updated NSPs reviewed for the 11 children's case files, none were comprehensive in that they did not include all of the required elements in the NSP template. Additionally, some NSPs did not include specific and measureable treatment goals related to education, behaviors, permanency, life skills and visitation. Also, the methods to achieve the goals and the parties responsible for the treatment goals were not always included. Last year's OHCMD compliance review also noted that Luvlee's Residential Care failed to ensure that all NSP/Quarterly Reports were comprehensive. Subsequent to this review, Group Home Monitor Jui Ling Ho provided the agency with an additional refresher NSP training on December 6, 2010. In addition, the provider re-trained the Group Home social workers on January 13, 2011, so that all NSPs/Quarterly Reports issues could be resolved.

- One placed child's initial dental examination was six days late. If for any reason the child misses an appointment, the Facility Manager is required to document in the child's case file all attempts to ensure the child is seen by the dentist. Luvlee's Residential Care has appropriately addressed this finding in the attached CAP.

- One staff member did not receive a timely health screening per Title 22 regulations; the TB screening was four days late.

- Some SIRs were not submitted in a timely manner.

The detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the exit conference held on December 28, 2010.

In attendance:

Sean Hardge, Executive Director, Luvlee's Residential Care; and Jui Ling Ho, Monitor, DCFS OHCMD.

Highlights:

The Executive Director was in agreement with our findings and recommendations. He stated that Luvlee's Residential Care would make all necessary corrections to the NSPs and follow-up to ensure that all placed children receive timely dental exams according to DCFS policies and procedures. Also, all staff members will receive timely health screenings according to Title 22 regulations.

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, your staff may contact Aldo Marin, Board Relations Manager at (213) 351-5530.

JC:RS:KR
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 Scott, Regional Manager, Community Care Licensing

LUVLEE'S RESIDENTIAL CARE
PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

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	November 2010
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. Improvement Needed
	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. Full Compliance
II	**Program Services** (8 Elements)	
	1. Child Population Consistent with Program Statement	1. Full Compliance
	2. DCFS CSW Authorization to Implement NSPs	2. Full Compliance
	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. Full Compliance
	6. Recommended Assessments/Evaluations Implemented	6. Full Compliance
	7. DCFS CSWs Monthly Contacts Documented	7. Full Compliance
	8. Comprehensive NSPs	8. Improvement Needed
III	**Facility and Environment** (6 Elements)	
	1. Exterior Well Maintained	Full Compliance (ALL)
	2. Common Areas Maintained	
	3. Children's Bedrooms/Interior Maintained	
	4. Sufficient Recreational Equipment	
	5. Sufficient Educational Resources	
	6. Adequate Perishable and Non Perishable Food	

IV	**Educational and Emancipation Services** (4 Elements) 1. Emancipation/Vocational Programs Provided 2. ILP and Emancipation Planning 3. Current IEPs Maintained 4. Current Report Cards maintained	Full Compliance (ALL)
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.	Full Compliance (ALL)
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. 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
VII	**Personal Rights** (11 Elements) 1. Children Informed of Group 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	Full Compliance (ALL)

VIII	**Children's Clothing and Allowance** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity Clothing Inventory 3. Adequate Quality Clothing Inventory 4. Involvement Selection of Clothing 5. Provision of Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance 8. Encouragement and Assistance with Life Book	Full Compliance (ALL)
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. CACIs 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. Ongoing Training Documentation 12. Emergency Intervention Training Documentation	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Full Compliance

LUVLEE'S RESIDENTIAL CARE PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

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

The following report is based on a "point in time" monitoring visit and addresses findings noted during the November 2010 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review of 11 children's files, nine staff files and/or documentation from the provider, Luvlee's Residential Care was in full compliance with five of nine sections of our contract compliance review: Facility and Environment; Educational and Emancipation Services; Recreation and Activities; Personal Rights; and Clothing and Allowance. The following report details the areas found to be out of compliance.

LICENSURE/CONTRACT REQUIREMENTS

Based on our review of 11 children's case files and/or documentation from the provider, Luvlee's Residential Care fully complied with eight of nine elements reviewed in the area of Licensure/Contract Requirements.

Based on our review of the licensed contracted facility, Luvlee's Residential Care was in compliance with its licensing capacity. The Group Home 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 placements prior to requesting the removal of children. Additionally, the agency was utilizing the I-Track system to report all Serious Incident Reports (SIR); however, some SIRs had not been submitted in a timely manner.

Recommendation:

Luvlee's Residential Care management shall ensure that:

1. All SIRs are submitted in a timely manner according to Exhibit A-VIII (Special Incident Reporting Guide for Group Homes).

PROGRAM SERVICES

Based on our review of 11 children's case files, Luvlee's Residential Care fully complied with six 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 its program statement and they were assessed for needed services within thirty days of placement.

Based on our review, we found that the treatment team developed and implemented the Needs and Services Plans (NSP) with input from the child, and all initial NSPs were developed in a timely manner. However, none of the 33 initial and updated NSPs reviewed for the 11 children's case files were comprehensive in that they did not include all the required elements in the NSP template. Additionally, some NSPs did not include specific and measureable treatment goals related to education, behaviors, permanency, life skills and visitation. Also, the methods to achieve the goals and the parties responsible for the treatment goals were not always included. Subsequent to this review, Group Home Monitor Jui Ling Ho provided the agency with an additional refresher NSP training on December 6, 2010. Further, the provider re-trained the Group Home social workers on January 13, 2011, so that any NSPs/Quarterly Reports issues could be resolved.

Recommendation:

Luvlee's Residential Care management shall ensure that:

2. NSPs are comprehensive and include all required elements.

CHILDREN'S HEALTH-RELATED SERVICES, INCLUDING PSYCHOTROPIC MEDICATION

Based on interviews with 11 children and review of their case files, Luvlee's Residential Care fully complied with eight of nine elements in the area of Children's Health-Related Services, including Psychotropic Medication.

The Group Home had ensured that all children's initial and follow-up medical 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, one of the 11 children had not received his initial dental examination in a timely manner, as his examination was six days late. The provider stated that, in the future, during the intake process the Facility Manager would immediately schedule appointments for children's initial medical and dental examinations. Initial examinations must occur within the required 30 days. If, for any reason, a child misses an appointment, the Facility Manager will continue to document in the child's case file all attempts made to ensure that he is seen by the dentist. Luvlee's Residential Care has appropriately addressed this finding in the attached CAP.

Recommendation:

Luvlee's Residential Care management shall ensure that:

3. All children's initial dental examinations are conducted in a timely manner.

PERSONNEL RECORDS

Based on our review of nine staff personnel files, Luvlee's Residential Care fully complied with 11 of 12 elements in the area of Personnel Records.

All nine reviewed staff submitted timely criminal fingerprint cards, Child Abuse Central Index (CACI) clearances and signed criminal background statements in a timely manner. They also signed copies of the Group Home's policies and procedures, had valid driver's licenses, and completed CPR and First-Aid training as required per the Group Home's program statement. However, one staff member had not received a timely health screening, as the TB screening was four days late. The provider stated that the agency would ensure that staff members are receiving timely health screenings.

Recommendation:

Luvlee's Residential Care management shall ensure that:

4. All staff members complete health screenings in a timely manner.

FOLLOW-UP FROM 2009 MONITORING REVIEW

Objective

Determine the status of the recommendations made in our June 30, 2010 monitoring report, which addressed our 2009 monitoring review.

Verification

We verified whether the outstanding recommendations from the 2009 review were implemented.

Results

The OHCMD's prior monitoring report contained 22 outstanding recommendations. Specially, Luvlee's Residential Care was to ensure that:

1. Comprehenvise weekly allowance logs are fully maintained.

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.

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

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.

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

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

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

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 beliefs 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 right 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 this with staff and the prescribing physician.

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.

20. All training hours are documented accurately.

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

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

Based on our follow-up of these recommendations, Luvlee's Residential Care fully implemented 20 of the 22 OHCMD 2009 monitoring review's recommendations. However, Luvlee's Residential Care did not implement the A-C's and OHCMD's recommendation regarding development of comprehensive NSPs with all required elements and OHCMD's 2009 recommendation that all children receive timely initial dental exams. Although two prior recommendations noted as #2 and #3 in this report were not fully implemented, the follow-up on all prior recommendations show a marked improvement in the agency's overall operation and service delivery to placed children since our last review. The staff's reception of the refresher NSP training provided by the OHCMD Monitor and the approved corrective action submitted by Luvlee's Residential Care also show that the agency is making every effort to ensure that it continues to improve services and strives to maintain implementation of recommendations.

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

February 15, 2011

Department of Children and Family Services
ATTN: Jui Ling Ho
9230 Telstar Ave.
El Monte, Ca. 91731

Re: CORRECTIVE ACTION PLAN

Thank you for your visit November 5, 10, 15, 17, and 2010 & December 6, 10, 2010 to assure New Dawn is providing quality services for the children we serve. We are submitting the following *Corrective Action Plan* (CAP) for your review. The person in charge of New Dawn being in compliance to the CAP will be Sean Hardge Executive Director

Identified Deficiencies:

I. LICENSURE/CONTRACT REQUIREMENTS

4. Are special incident reports (SIRs) appropriately documented and cross-reported?

III. PROGRAM SERVICES

22-A. Did the treatment team develop comprehensive Needs and Services Plans (NSPs)?

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

37. Are initial dental examination timely?

IX. PERSONAL RECORDS

62. Have employees received timely health-screenings?

Corrective Action Plan:

I.

4. A staff meeting was held on January 01, 2011 to address the new reporting of SIR. on the weekend. All SIR will be reported to Director Sean Hardge to assure that there appropriately documented and cross reported. The issue was with the

SIR on the weekends. New Dawn has implemented a policy to address the SIR's 'are input into I-track in a timely matter.

III.

22-A. A meeting was held with the on-grounds CSW and the Supervisor to address the importance of assuring that the NSP's are comprehensive and include the following information: Education, Permanency, and Life Skills. Administrator and Office Administrator Assistant as well as the Supervisor will ensure the information is implemented.

IV.

37. The Agency ensure that in the future, during the intake process, the Facility Manager will immediately schedule appointments for placed child's initial medical and dental examinations. Initial examinations will occur within the required 30 days. If for any reason the child misses an appointment(s) or the child's Medi-Cal is not active at the time of placement, the Facility Manager will continue to document in the child's case file all attempts made to ensure that he was seen by the dentist timely.

IX.

62. All new employees are scheduled for an initial health screening prior to employment. It is the responsibility of the employee to return to the physician to receive a finial reading on their TB screen. Once it was brought to our attention that staff #1 did not return for the screening, he was removed from the schedule until his TB clearance was received. In the future, Luvlee's administrative assistant, will ensure all employees initial health screenings are completed prior to the hire date.

The areas listed above detailing the need for corrections shall be completed by the requested date of January 28, 2011.

Sincerely,

Sean Hardge

Sean Hardge, Executive Director
(909) 595-1177

cc: Barbara Butler

NEW DAWN GROUP HOME
SUMMARY REPORT OF MEETING

TYPE OF MEETING: ☑ IN SERVICE TRAINING ☐ STAFF MEETING

PRESENTED BY: Sean Hardye DATE: 1/5/11

TIME: 10:00AM DURATION: 2

SUBJECTS: Special Incident Reports

SUMMARY OF MEETING: Reporting AWOL's on the 1-Track System in a timely matter. See attached sheet for the new policy. These are mainly for the AWOL S.I.R. on the weekends.

PARTICIPANTS:

Roy Crowley
Tu Khong
Marcus Austin
Renato Gales
WENDY NGUYEN
[illegible]
Melinda Villa
[illegible]

NEW DAWN GROUP HOME
SUMMARY REPORT OF MEETING

TYPE OF MEETING: ☑ IN SERVICE TRAINING ☐ STAFF MEETING

PRESENTED BY: Regina Dead DATE: 1/5/11

TIME: 10:00 am DURATION: 2 HRS

SUBJECTS: Special Incident Reports

SUMMARY OF MEETING: Reporting AWOL's on the 1-Track System in a timely matter. See attached sheet for the new policy. These are mainly for the AWOL S.I.R. on the weekends.

PARTICIPANTS:

Katherine S. Hilder	KATHERINE S. HILDER
Kevin Eldridge	Kevin Eldridge
SHARI HORN-MITCHELL	Shari Horn-Mitchell
Keith Butler	[illegible]
Renato Gales	[illegible]
DEBO FAYEMIWO	[illegible]

NEW DAWN GROUP HOME
SUMMARY REPORT OF MEETING

TYPE OF MEETING: ☑ IN SERVICE TRAINING ☐ STAFF MEETING

PRESENTED BY: Sean Hardge DATE: 1/13/11

TIME: 9:30 AM DURATION: 3 Hrs.

SUBJECTS: NSP Training, Review of new policies

SUMMARY OF MEETING: Reviewed Corrective Action Plan. See attached sheet

PARTICIPANTS:

Karen [illegible]
Pearliana [illegible] MFT I
Jamie [illegible]

Lavlee's Residential Care, Inc.
New Dawn
Established 1988
P.O. Box 2232 - Phone: (909) 594-2762 Fax: (909) 594-2922

January 13, 2011

Barbara Butler
9230 Telstar Ave.
El Monte, CA.

RE: CORRECTIVE ACTION PLAN

Dear Jui Ling Ho,

On January 13, 2011 Administrator Sean Hardge is meeting with Pearlean White, Tania Patrizio, and Karen West to go over the Needs and Service Plan. We will be reviewing how to make the NSPs comprehensive. Administrator will provide a template to personnel's. If NSPs continues to not meet LA County standard of comprehensiveness, Administrator plan of action will be to locate personnel's that are familiar with NSPs.

Sincerely,

Sean Hardge, Administrator
(909) 595-1177