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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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June 13, 2012

To: Supervisor Zev Yaroslavsky, Chairman
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From: Philip L. Browning
Director

LUVLEE'S RESIDENTIAL CARE, Inc., d.b.a. NEW DAWN GROUP HOME PROGRAM CONTRACT COMPLIANCE MONITORING REVIEW

The Out-of-Home Care Management Division (OHCMD) conducted a review of Luvlee's Residential Care, Inc., (Luvlee's) in October 2011, at which time they had two six-bed sites and 12 Los Angeles County Department of Children and Family Services (DCFS) placed male children.

Luvlee's has two sites, the Walnut site located in the Fifth District and the Chino site located in San Bernardino County. Luvlee's provides services to DCFS foster youth. According to Luvlee's program statement, its stated 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 placed children's overall average length of placement was six months, and the average age of placed children was 16.

For the purpose of this review, five currently placed children were interviewed and their case files were reviewed. Four discharged children's files were reviewed to determine if the destination of placement was per their permanency plan and if the children were meeting their Needs and Services Plan (NSP) goals at time of discharge. Four staff files were reviewed for compliance with Title 22 Regulations and contract requirements. Three sampled children were prescribed psychotropic medication. We reviewed their case files to assess timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm that documentation of psychiatric monitoring was maintained as required.

SCOPE OF REVIEW

The purpose of this review was to assess Luvlee's compliance with the County contract and State Regulations. The visit included a review of Luvlee's program statement, administrative internal policies and procedures, five children's 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 children, and we conducted interviews with 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, the children interviewed reported being comfortable and feeling safe in their environment; having been provided with good care and appropriate services; and treated with respect and dignity.

A few deficiencies were noted during the monitoring review. The doorbell at the Walnut site was broken. Luvlee's needed to develop timely and comprehensive NSPs. One child was not progressing toward meeting his NSP goals, and one discharged child, who was placed for at least 30 days, did not make progress toward meeting his NSP goals prior to discharge. Further, Luvlee's did not assist one child in finding a mentor.

Our review revealed the need for timely repairs of site deficiencies, as well as the need for ensuring children are making progress toward their NSP goals. It was also noted that NSPs required more detailed documentation. Luvlee's management was receptive to implementing some systemic changes to improve their compliance with regulations and the Foster Care Agreement.

NOTABLE FINDINGS

The following are the notable findings of our review:

- We noted that progress toward meeting NSP goals was not documented for one currently placed child. The child was not improving his grades and attendance in school. According to the Group Home staff, the child was showing no interest in his school work despite their efforts to assist.

- Four of five initial NSPs reviewed, because one was previously reviewed in 2010, were not comprehensive and one initial NSP was not developed timely with the child. Seven updated NSPs were reviewed. Three of the updated NSPs did not include all required elements in accordance with the NSP template. Deficient NSPs lacked information regarding school and details regarding contacts with DCFS Children's Social Workers (CSWs). The Executive Director pointed out that

Luvlee's makes regular contacts with the DCFS CSWs; however, the information was documented in a separate file. The OHCMD Monitor reviewed those notes during the review and explained that this information must be included in the NSP. Luvlee's representatives attended NSP training conducted by OHCMD in January 2012.

- One child disclosed to the DCFS Monitor that he was not having any visits with family or relatives. The child informed the monitor he would like to have a mentor, but there was no effort by Luvlee's to provide or locate a mentor for the child. This was immediately brought to the Executive Director's attention. He said he would look into the matter, and in collaboration with the DCFS CSW, would find a mentor for him.

- There was no documented progress toward meeting NSP educational goals for one discharged child who had been placed at least 30 days. Luvlee's Administrator stated the Group Home provides on-site tutoring to the residents and makes regular contacts with the child's teacher, but the child shows little interest in improving. He will continue to encourage the child and have the tutors assist the child with the subjects he is having difficulty with at school.

A detailed report of our findings is attached.

EXIT CONFERENCE

The following are highlights from the Exit Conference held November 4, 2011:

In attendance:

Sean Hardge, Executive Director; Kirk Barrow, Monitor, OHCMD, DCFS.

Highlights:

The Executive Director was in agreement with our findings and recommendations. He stated that Luvlee's would make sure all physical plants deficiencies were corrected immediately and that future NSPs will be timely and comprehensive. The Executive Director also stated staff will receive further training on how to ensure that NSPs are comprehensive and contain detailed information regarding contacts with DCFS CSWs. He also plans to personally follow-up to ensure that progress toward NSP goals is clearly documented in the NSPs of currently placed, as well as discharged children.

Luvlee's provided an approved written Corrective Action Plan (CAP) addressing each recommendation noted in this compliance report. The approved CAP is attached.

We will assess for full implementation of recommendations during our next monitoring review.

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

PLB:RS:KR
EAH:PBG:kb

Attachments

c: William T Fujioka, Chief Executive Officer
Wendy Watanabe, 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
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 GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

Walnut Facility
20273 Walnut Valley Drive
Walnut, California 91789
License Number: 191593081
Rate Classification Level: 11

Chino Facility
4340 Wilson Street
Chino, California 91740
License Number: 360908565
Rate Classification Level: 11

	Contract Compliance Monitoring Review	**Findings: October 2011**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation 3. Special Incident Reports 4. Compliance with Licensed Capacity 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Allowance Logs 8. CCL Citations/OHCMD Investigation Reports on Safety/Plant Deficiencies 9. Detailed Sign In/Out Logs for Placed Children	Full Compliance (ALL)
II	**Facility and Environment** (6 Elements) 1. Exterior Well Maintained 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	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (13 Elements) 1. Child Population Consistent with Program Statement 2. DCFS CSW Authorization to Implement NSPs 3. Children's Participation in the Development of NSPs 4. NSPs Implemented and Discussed with Staff 5. Children Progressing Toward Meeting NSP Case Goals 6. Development of Timely Initial NSPs 7. Development of Comprehensive Initial NSPs	1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Improvement Needed 7. Improvement Needed

	8. Therapeutic Services Received 9. Recommended Assessment/Evaluations Implemented 10. DCFS CSWs Monthly Contacts Documented 11. Children Assisted in Maintaining Important Relationship 12. Development of Timely Updated NSPs 13. Development of Comprehensive Initial/Updated NSPs	8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Improvement Needed 12. Full Compliance 13. Improvement Needed
IV	**Education and Workforce Readiness** (8 Elements) 1. Children Enrolled in School Timely 2. Children Attending School 3. GH Facilitates in Meeting Child's Educational Goals 4. Children's Academic or Attendance Increase 5. Current IEPs Maintained 6. Current Report Cards Maintained 7. YDS/Vocational Programs Opportunities Provided 8. GH Encourages Children's Participation in YDS	Full Compliance (ALL)
V	**Health and Medical Needs** (6 Elements) 1. Initial Medical Exams Conducted 2. Initial Medical Exams Timely 3. Follow-up Medical Exams Timely 4. Initial Dental Exams Conducted 5. Initial Dental Exams Timely 6. Follow-up Dental Exams 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** (15 Elements) 1. Children Informed of 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. Fair Consequences 7. Children Allowed Private Visits, Calls and	Full Compliance (ALL)

	Correspondence 8. Children Free to Attend Religious Services/Activities 9. Reasonable Chores 10. Children Informed About Their Medication 11. Children Aware of Right to Refuse Medication 12. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 13. Children Given Opportunities to Plan Activities 14. Children Participate in Activities (GH, School, Community) 15. Children's Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities	
VIII	**Personal Needs/Survival and Economic Well-Being** (8 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity of Clothing Inventory 3. Adequate Quality of Clothing Inventory 4. Involvement in Selection of Clothing 5. Provision of Ethnic Personal Care Items 6. Minimum Monetary Allowances 7. Management of Allowance/Earnings 8. 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 Making Progress Toward NSP Goals 3. Attempts to Stabilize Children's Placement	1. Full Compliance 2. Improvement Needed 3. Full Compliance
X	**Personnel Records (including Staff Qualifications, Staffing Ratios, Criminal Clearances and Training)** (14 Elements) 1. DOJ Submitted Timely 2. FBI Submitted Timely 3. CACIs Timely Submitted 4. Signed Criminal Background Statement Timely 5. Education/Experience Requirement 6. Employee Health Screening Timely 7. Valid Driver's License 8. Signed Copies of GH Policies and Procedures 9. Initial Training Documentation 10. One-Hour Child Abuse and Reporting Training	Full Compliance (ALL)

	11. CPR Training Documentation 12. First Aid Training Documentation 13. Ongoing Training Documentation 14. Emergency Intervention Training Documentation	

LUVLEE'S RESIDENTIAL CARE
CONTRACT COMPLIANCE MONITORING REVIEW

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The following report is based on a "point in time" monitoring visit. This compliance report is only intended to report on the findings noted during the October 2011 monitoring review.

CONTRACTUAL COMPLIANCE

Based on our review, Luvlee's fully complied with seven of ten sections 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; and Personnel Records. The following report details the results of our review.

FACILITY AND ENVIRONMENT

Based on our review of Luvlee's, documentation from the provider and a walk-through of the facilities, Luvlee's fully complied with five of six elements reviewed in the area of Facility and Environment.

During the site inspections it was noted, that the front doorbell was not working at the Walnut site. This was brought to the attention of the Executive Director who immediately made arrangements for its repair.

Recommendation:

Luvlee's management shall ensure:

1. The exterior and physical plant are well maintained and in good repair.

MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Based on our review of five children's files and/or documentation from the provider, Luvlee's fully complied with eight of 13 elements reviewed in the area of Maintenance of Required Documentation and Service Delivery.

During our review, one interviewed child disclosed he would like to have a mentor, as he was not having any visits with family or relatives. There was no documentation regarding Luvlee's efforts to provide or assist in locating a mentor for the child. The Executive Director stated he would look into the matter, and in collaboration with the DCFS CSW would match the child with a mentor.

Based on our review of the NSPs, one initial NSP was not developed timely, and one was not comprehensive, as it contained no school information for the child. Although updated NSPs were timely, three of seven updated NSPs were not comprehensive and did not meet all required elements in accordance with the NSP template. They did not contain detailed information regarding contacts with the DCFS CSW. The review also revealed one of five sampled children was not progressing toward meeting his NSP goals. The Executive Director expressed the need for further training on how to ensure that NSPs are comprehensive. He also shared that Luvlee's makes regular contacts with the DCFS CSWs and documents the information in a separate file. Luvlee's representatives attended NSP training conducted by OHCMD in January 2012.

Recommendations:

Luvlee's management shall ensure:

2. Children are assisted with progressing toward meeting their NSP case goals.

3. Initial NSPs are developed timely.

4. Initial and updated NSPs are comprehensive.

5. Children are assisted in maintaining important relationships.

DISCHARGED CHILDREN

Based on our review of six children's files and/or documentation from the provider, Luvlee's fully complied with two of three elements reviewed in the area of Discharged Children.

We noted there was no documentation in the NSP regarding progress toward meeting NSP goals for one child who was placed at least 30 days. The Executive Director was informed that although Luvlee's documents information in separate files, a child's progress toward meeting NSP goals must be documented in the NSP.

Recommendation:

Luvlee's management shall ensure:

6. Documentation of progress toward meeting NSP goals is maintained in NSPs for children placed at least 30 days.

FOLLOW-UP FROM OHCMD'S PRIOR MONITORING REVIEW

Objective

Determine the status of the recommendations reported in our prior monitoring review.

Verification

We verified whether the outstanding recommendations from our prior monitoring review were implemented. The last report was issued May 6, 2011.

Results

The OHCMD prior monitoring report contained four outstanding recommendations. Specifically, Luvlee's was to ensure: all SIRs were submitted in a timely manner according to Exhibit A-VIII (Special Incident Reporting Guide for Group Homes); comprehensive NSPs were developed; dental exams were conducted timely; and that all staff members completed health screenings in a timely manner.

Based on our follow-up of these recommendations, Luvlee's fully implemented three of the four recommendations. Corrective action was requested of Luvlee's to further address the one recommendation that was not implemented.

Recommendation:

Luvlee's management shall ensure:

7. Full implementation of the outstanding recommendation from the 2010 monitoring report, which is noted in this report as Recommendation 4.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER (A-C)

A fiscal review of Luvlee's was posted by the 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 Luvlee's has paid DCFS in full for the disallowed and unsupported/inadequate expenditures.

Luvlee's Residential Care, Inc.
New Dawn
Established 1988
P.O. Box 223 - Phone: (909) 594-2762 Fax: (909) 594-2922

March 28, 2012

Patricia Bolanos-Gonzales, C SA II
Out of Home Care Managemen Division
9230 Telstar Ave.
El Monte, CA 91731

RE: CORRECTIVE ACTIO[ ] PLAN

Dear Patricia Bolanos-Gonzale ,

Luvlee's Residential Ca e, Inc. is submitting the following Corrective Action Plan (CAP) for your review, based on the visit conducted October 2011. 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: [redacted] Administrator, [redacted] Office Manage :, and [redacted] Administrative Assistant.

Identified Recommendations:

II. FACILITYAND ENVI ORNMENT

10. Are the exterior and the grounds of the group home well maintained? (Front and back yards clean and a lequately landscaped; condition of home exterior, driveway, walkways and fences; wi ndow screens)

Corrective Action Plan

10. The doorbell was fi ed and a receipt for the repair will be included in the CAP. Administrator [redacted] will ensure that the exterior and the grounds of the group home are well maintaine l, and all repairs are completed in a timely manner.

III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

20. Are the sample chil ren progressing towards meeting the Needs and Service Plan case goals?

21. Did the treatment te am develop timely initial Needs and Service Plan (NSP) with the child?

22. Did the treatment team develop comprehensive initial Needs and Service Plans (NSP) with the child?

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26. Does the agency assist the children in maintaining important relationships?

28. Did the treatment team develop comprehensive updated Needs and Service Plans (NSP) with the child?

Corrective Action Plan:

20. Administrator [redacted] will ensure that the children progress towards meeting their NSP case goals. The On-Grounds Social Worker will develop "SMART" Goals that are specific, measurable, and attainable for each child. Administrator and On Ground Supervisor will ensure that progress is being made.

21. Luvlee's Residential Care, Inc. On-Grounds Social Worker was on vacation during the time when the initial NSP was due, therefore causing it to be late. Administrator will assign the NSP to be completed by the On-Grounds Social Worker Supervisor when the On-Grounds Social Worker is on vacation or any other absence.

22. A meeting was held with the On-Grounds Social Worker and the Supervisor to address the importance of ensuring that the *initial* NSP's are comprehensive and includes the following information: Case Plan, Education, Treatment and Visitation, Life Skills/Emancipation, SIR's, and Identified Treatment Needs/Outcome Goals. Administrator and Office Administrator Assistant as well as the Supervisor will ensure that information is implemented.

26. Administrator and On-Grounds Therapist will encourage residents to maintain contact via phone or off grounds (upon approval) with individuals that they have established a close relationship with. This will be documented in the CSW contact log and Offsite Pass/Off Grounds Dialogue. On-Grounds Therapist will used time during residents group or individual sessions to work on maintaining those relationships.

28. A meeting was held with the On-Grounds Social Worker and the Supervisor to address the importance of ensuring that the NSP's are comprehensive and includes the following information: Case Plan, Education, Treatment and Visitation, Life Skills/Emancipation, SIR's, and Identified Treatment Needs/Outcome Goals. Administrator and Office Administrator Assistant as well as the Supervisor will ensure that information is implemented.

IX. DISCHARGE CHILDREN

71. For children placed at least 30 days, did the child make progress toward meeting their NSP goals?

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Corrective Action Plan:

71. Luvlee's Residential Care, Inc. provides on-site tutoring to the residents. Administrator and staff will ensue that residents are working on the topics in school that they are struggling with. Will measure their progress by contacting their teachers and counselors through the school parent portal. The parent portal provides school progress on a daily basis.

Sincerely,

Sean Hardge

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

03/29/2012 09:01 FAX 9095942922

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