



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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March 18, 2014

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

From: Philip L. Browning
Director

[Handwritten signature of Philip L. Browning]

DREAM HOME CARE, INC. 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 Dream Home Care, Inc. (the Group Home) in August 2013. The Group Home has three sites located in the Second Supervisorial District and provides services to County of Los Angeles DCFS foster children and youth. According to the Group Home's program statement, its purpose is "to serve court dependent abused, neglected, emotionally disturbed children."

The Group Home has three 6-bed sites and is licensed to serve a capacity of 18 boys, ages 13 through 18. At the time of review, the Group Home served 18 placed DCFS children. The placed children's overall average length of placement was 13 months, and their average age was 16.

SUMMARY

During OHCMD's 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 7 of 10 areas of our Contract compliance review: 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; and Discharged Children.

OHCMD noted deficiencies in the areas of Licensure/Contract Requirements, related to Community Care Licensing (CCL) citations as a result of substantiated allegations of General Neglect and Personal Rights Violations; Facility and Environment, related to smoke detectors in

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two bedrooms, which were not operable and exterior grounds had a broken brick in the walk way; and Personnel Records, related to a staff member's personnel file that did not include a signed copy of the Personal Rights Form. OHCMD instructed the Group Home supervisory staff to enhance monitoring to ensure compliance with regulations and building maintenance requirements.

Attached are the details of our review.

### **REVIEW OF REPORT**

On September 10, 2013, the DCFS OHCMD Monitor, Mary Espinoza, held an Exit Conference with the Group Home representatives, Cora Manalang, Executive Director and Rosemarie Bueno, Administrator. The Group Home representatives: agreed with the review findings and recommendations; were 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 compliance report has been sent to the Auditor-Controller and CCL.

The Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. OHCMD will verify that these recommendations have been implemented and provide technical assistance during our next visit to the Group Home in March 2014.

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

PLB:EM:KR  
RDS:me

#### Attachments

c: William T Fujioka, Chief Executive Officer  
Wendy L. Watanabe, Auditor-Controller  
Jerry E. Powers, Chief Probation Officer  
Public Information Office  
Audit Committee  
Sybil Brand Commission  
Cora Manalang, Executive Director, Dream Home Care, Incorporated Group Home  
Lenora Scott Regional Manager, Community Care Licensing  
Angelica Lopez, Acting Regional Manager, Community Care Licensing

**DREAM HOME CARE, INC. GROUP HOME  
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

**Gardenia Site**  
**3720 Gardenia Ave.**  
**Long Beach, CA 90807**  
**License # 197803967**  
**Rate Classification Level: 11**

**Arlington Site**  
**3621 Arlington Ave.**  
**Long Beach, CA 90805**  
**License # 197804914**  
**Rate Classification Level: 11**

**Gaviota Site**  
**3590 Gaviota Ave.**  
**Long Beach, CA 90807**  
**License # 197800400**  
**Rate Classification Level: 11**

	<b>Contract Compliance Monitoring Review</b>	<b>Findings: August 2013</b>
<b>I</b>	<p><b><u>Licensure/Contract Requirements</u></b> (9 Elements)</p> <ol style="list-style-type: none"> <li>1. Timely Notification for Child's Relocation</li> <li>2. Provided Children's Transportation Needs</li> <li>3. Vehicle Maintained In Good Repair</li> <li>4. Timely, Cross-Reported SIRs</li> <li>5. Disaster Drills Conducted &amp; Logs Maintained</li> <li>6. Runaway Procedures</li> <li>7. Comprehensive Monetary and Clothing Allowance Logs Maintained</li> <li>8. Detailed Sign In/Sign-Out Logs for Placed Children</li> <li>9. CCL Complaints on Safety/Plant Deficiencies</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> <li>8. Full Compliance</li> <li>9. Improvement Needed</li> </ol>
<b>II</b>	<p><b><u>Facility and Environment</u></b> (5 Elements)</p> <ol style="list-style-type: none"> <li>1. Exterior Well Maintained</li> <li>2. Common Areas Well Maintained</li> <li>3. Children's Bedrooms Well Maintained</li> <li>4. Sufficient Recreational Equipment/Educational Resources</li> <li>5. Adequate Perishable and Non-Perishable Foods</li> </ol>	<ol style="list-style-type: none"> <li>1. Improvement Needed</li> <li>2. Full Compliance</li> <li>3. Improvement needed</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> </ol>
<b>III</b>	<p><b><u>Maintenance of Required Documentation and Service Delivery</u></b> (10 Elements)</p> <ol style="list-style-type: none"> <li>1. Child Population Consistent with Capacity and Program Statement</li> <li>2. County Children's Social Worker's Authorization to Implement NSPs</li> <li>3. NSPs Implemented and Discussed with Staff</li> <li>4. Children Progressing Toward Meeting NSP Case Goals</li> <li>5. Therapeutic Services Received</li> <li>6. Recommended Assessment/Evaluations Implemented</li> </ol>	<p>Full Compliance (ALL)</p>

	<ol style="list-style-type: none"> <li>7. County Children's Social Worker's Monthly Contacts Documented</li> <li>8. Children Assisted in Maintaining Important Relationships</li> <li>9. Development of Timely, Comprehensive Initial NSPs with Child's Participation</li> <li>10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation</li> </ol>	
IV	<p><b><u>Educational and Workforce Readiness</u></b> (5 Elements)</p> <ol style="list-style-type: none"> <li>1. Children Enrolled in School Within Three School Days</li> <li>2. GH Ensured Children Attended School and Facilitated in Meeting Their Educational Goals</li> <li>3. Current Report Cards/Progress Reports Maintained</li> <li>4. Children's Academic or Attendance Increased GH Encouraged Children's Participation in YDS or Equivalent Services and Vocational Programs</li> </ol>	Full Compliance (ALL)
V	<p><b><u>Health and Medical Needs</u></b> (4 Elements)</p> <ol style="list-style-type: none"> <li>1. Initial Medical Exams Conducted Timely</li> <li>2. Follow-Up Medical Exams Conducted Timely</li> <li>3. Initial Dental Exams Conducted Timely</li> <li>4. Follow-Up Dental Exams Conducted Timely</li> </ol>	Full Compliance (ALL)
VI	<p><b><u>Psychotropic Medication</u></b> (2 Elements)</p> <ol style="list-style-type: none"> <li>1. Current Court Authorization for Administration of Psychotropic Medication</li> <li>2. Current Psychiatric Evaluation Review</li> </ol>	Full Compliance (ALL)
VII	<p><b><u>Personal Rights and Social/Emotional Well-Being</u></b> (13 Elements)</p> <ol style="list-style-type: none"> <li>1. Children Informed of Group Home's Policies and Procedures</li> <li>2. Children Feel Safe</li> <li>3. Appropriate Staffing and Supervision</li> <li>4. GH's Efforts to Provide Nutritious Meals and Snacks</li> <li>5. Staff Treat Children with Respect and Dignity</li> <li>6. Appropriate Rewards and Discipline System</li> <li>7. Children Allowed Private Visits, Calls and Correspondence</li> <li>8. Children Free to Attend or Not Attend Religious Services/Activities</li> <li>9. Children's Chores Reasonable</li> </ol>	Full Compliance (ALL)

	<ol style="list-style-type: none"> <li>10. Children Informed About Their Medication and Right to Refuse Medication</li> <li>11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care</li> <li>12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)</li> <li>13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)</li> </ol>	
VIII	<p><b><u>Personal Needs/Survival and Economic Well-Being</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. \$50 Clothing Allowance</li> <li>2. Adequate Quantity and Quality of Clothing Inventory</li> <li>3. Children Involved in Selection of Their Clothing</li> <li>4. Provision of Clean Towels and Adequate Ethnic Personal Care Items</li> <li>5. Minimum Monetary Allowances</li> <li>6. Management of Allowance/Earnings</li> <li>7. Encouragement and Assistance with Life Book</li> </ol>	Full Compliance (ALL)
IX	<p><b><u>Discharged Children</u></b> (3 Elements)</p> <ol style="list-style-type: none"> <li>1. Children Discharged According to Permanency Plan</li> <li>2. Children Made Progress Toward NSP Goals</li> <li>3. Attempts to Stabilize Children's Placement</li> </ol>	Full Compliance (ALL)
X	<p><b><u>Personnel Records</u></b> (7 Elements)</p> <ol style="list-style-type: none"> <li>1. DOJ, FBI, and CACIs Submitted Timely</li> <li>2. Signed Criminal Background Statement Timely</li> <li>3. Education/Experience Requirement</li> <li>4. Employee Health Screening/TB Clearances Timely</li> <li>5. Valid Driver's License</li> <li>6. Signed Copies of Group Home Policies and Procedures</li> <li>7. All Required Training</li> </ol>	<ol style="list-style-type: none"> <li>1. Full Compliance</li> <li>2. Full Compliance</li> <li>3. Full Compliance</li> <li>4. Full Compliance</li> <li>5. Full Compliance</li> <li>6. Full Compliance</li> <li>7. Full Compliance</li> </ol>

**DREAM HOME CARE, INC. 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 August 2013 review. The purpose of this review was to assess Dream Home Care, Inc. Group Home'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, five Department of Children and Family Services (DCFS) placed children 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, five placed 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 staff files for compliance with Title 22 Regulations and County contract requirements, and conducted site visits to assess the provision of quality of care and supervision.

**CONTRACTUAL COMPLIANCE**

OHCMD found the following three areas out of compliance.

**Licensure/Contract Requirements**

- On April 11, 2013, CCL cited the Group Home for a deficiency related to a SIR, as it was reported that on March 9, 2013, the Group Home's night time staff had failed to properly administer a resident's night medication. It was determined that a dose was missed; however, the Group Home's night time staff had documented that the medication had been administered. The daytime staff found the night time dose still in its bubble pack and notified

the Group Home's Administrator. The nighttime staff was reprimanded, and all staff at the Group Home's Gardenia site attended an in-service retraining on medication administration on April 12, 2013. OHCMD followed up with the child's DCFS Children's Social Worker (CSW) who stated that she received the SIR regarding this incident. The child's CSW stated when she conducted her monthly visit with child, she found the child was not in danger, and the child remained placed at the Group Home.

- CCL also discovered that the Child Care Worker who was supervising the residents, as well as the Group Home's Social Worker assigned to work at the Gardenia site, were not associated to this site as their names were not listed on the LIC 500, as employees for this site. CCL cited the Group Home and assessed an immediate Civil Penalty of \$200.00.
- CCL also cited the Group Home's Gardenia site for a Personal Rights violation, as CCL was informed by several Group Home staff and placed children that a staff had cursed in their presence during a group therapy session. It was reported, however, that the cursing was not directed toward the children. According to the group home Administrator, two staff members were disciplined; one for cursing in the presence of the children and the other for failure to report the incident immediately. This incident was reported to the DCFS Child Protective Hotline (CPHL). The DCFS Emergency Response (ER) CSW investigated the incident deemed the allegation Inconclusive,, as the Investigation Narrative documented that the children had different versions of what had occurred, and some children denied use of profanity by staff. Further, when interviewed by the investigating DCFS ER CSW, the Group Home staff stated that the alleged perpetrator had only repeated the profanity that was said to her by a placed child. CCL amended the citation to a violation.

The Group Home submitted a Plan of Correction (POC) to CCL April 11, 2013 to address the three citations. The citation regarding the Group Home failing to properly administer medication was cleared on May 22, 2013. The Group Home submitted an appeal regarding the two latter citations related to staff not being associated to the Gardenia site and the incident involving the staff cursing. CCL denied the Group Home's appeal, and after further review, amended the citation regarding the cursing staff to a violation, as the Group Home employees are required to report any observations or evidence of any personal rights violations of residents in care. The Group Home Administrator informed CCL and OHCMD that the Group Home would not appeal the denial.

- On August 7, 2013, CCL cited the Group Home's Gaviota site due to a substantiated Personal Rights violation, as CCL determined, during the course of its investigation and review of an SIR, that a staff member had thrown a brush at a child while the child was sitting on the living room coffee table; the child was not hurt or bruised. It was reported that the child was sitting on the coffee table while wearing head phones and playing video games; the staff stated she was trying to get the child's attention. The Group Home Administration reported that she submitted an SIR via I-Track to the child's DCFS CSW. OHCMD followed up with the CSW, who informed OHCMD that when she conducted her monthly visit to the child following the incident, she found the situation at the Group Home to be stable and the child appeared safe and without concerns regarding the placement. The Group Home Administrator suspended and later terminated the offending staff. The Group Home submitted a POC to CCL on August 13, 2013; CCL cleared the deficiency on August 14, 2013. This incident was not reported to the CPHL.

## **Recommendations**

The Group Home's management shall ensure that:

1. The Group Home is in compliance with Title 22 Regulations and County contract requirements.

## **Facility and Environment**

- During OHCMD's walk through of the Group Home's three sites, a deficiency was noted on the exterior/grounds of the Gaviota Group Home site. There was a broken brick in the walk way leading to the yard, which presented a potential safety hazard. The Group Home Administrator was present during the inspection of the grounds and was immediately informed of the finding. The Group Home repaired walkway; OHCMD verified the repair during a follow-up visit on August 15, 2013.
- Two children's bedrooms at the Group Home's Gaviota site did not have working smoke detectors. The Group Home immediately replaced the batteries. The Group Home Administrator stated that the Group Home will have the smoke detectors checked daily to ensure that they are operable and a daily log will be signed by group home staff conducting the checks. OHCMD verified the smoke detectors were operable during a follow-up visit on August 15, 2013.

## **Recommendations**

The Group Home's management shall ensure that:

2. The exterior of the Group Home sites are maintained and free from potential safety hazards.
3. Children's bedrooms are well maintained and smoke detectors are working properly.

## **PERSONNEL RECORDS**

- One employee's personnel folder did not include a signed copy of the Employee's Personal Rights Form. OHCMD verified that the employee signed the form, and a copy was placed in the employee's personnel file.

## **Recommendation**

The Group Home's management shall ensure that:

4. Personnel files include all required forms and documents.

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

The OHCMD's last compliance report, dated December 13, 2012, identified two recommendations.

## **Results**

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

- The Treatment Team develops comprehensive initial Needs and Services Plans (NSPs), which include all required elements in accordance with the NSP template.
- The Treatment Team develops comprehensive updated NSPs which include all required elements in accordance with NSP template.

OHCMD will visit the Group Home in March 2014 to provide the Group Home with technical assistance and verify the implementation of the recommendations.

## **MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER**

A current fiscal review of the Group Home has not been posted by the Auditor-Controller.



09/25/13

Ms. Mary Espinoza  
DCFS Childrens Services Administrator/Monitor  
Out of Home Care Management Division  
9320 Telstar Ave #216  
El Monte, CA 91731

RE: GROUP HOME MONITORING REVIEW SUMMARY RESULTS (09/11/13)

Dear Ms. Espinoza,

The following CORRECTIVE ACTION PLANS (CAP) is being submitted for your kind consideration and approval :

I. LICENSURE/CONTRACT REQUIREMENT

9. The group home is not free of substantiated Community Care Licensing Complaints on safety since the last review, with the following specific findings:
  - A. Personal Right violation. Staff threw a brush at a minor.
    - a. Corrective Action Plan: Site #3 3590 Gaviota Ave.
      1. Staff was suspended for 30 days. She will be placed on a 90 days probation upon return. She may be terminated if this infraction is repeated.
      2. Staff will be retrained on TCI (Therapeutic Crisis Intervention.)
  - C. General Neglect. Staff failed to administer his bedtime medication.
    - a. Corrective Action Plan: Site #1 3720 Gardenia Ave.
      1. Staff were reprimanded . Staff were retrained on the proper Medication Dispensing, Documentation and Crosschecking and Countersigning.
      2. The facility managers of each shift must ensure that the Medication are given as indicated, that the medication logs are properly documented and that the medication contained in the bubble pack are correctly/property accounted for.
      3. The administrator of the site will continue to monitor the medication logs on a regular basis.



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D. Two CCW were not associated at the Dream Home Care site 2. A penalty of \$200.00 was assessed at this time. (Appeal requested by the Group home send to CCL on 4/15/13).

a. Corrective Action Plan: Site #1 3720 Gardenia Ave.

To ensure association of staff, Group home Human Resource Manager and Administrator must double check with the Community Care Licensing by requesting on a regular basis copy of the "Facility Personnel Report Summary" list for each site. This list reflects all the associated staff's criminal record clearances/exemptions. Staff will never be allowed by the administrator to work at any site of the group home without verification of the transfer association.

E. Personal Rights Violation. Staff cursing in front of the children. Clients witnessed Staff cursing in the home. Site #1 3720 Gardenia Ave.

a. Corrective Action Plan:

1. A Memo was send to all Staff, Administrators and Social Workers stating that purposeful, as well, as accidental utterance of unacceptable language which may be heard by staff or residents is prohibited at all times. Repeating of inappropriate language can no longer be used as therapeutic or educational tool because the potential for misinterpretation by residents and monitoring agencies is high.
2. A copy of this policy will be added to the Employee Policy Handbook.
3. Failure to adhere to this policy will result to suspension or termination.

## II. FACILITY AND ENVIRONMENT

10. The exterior and the grounds of the group home are not well maintained with following specific finding: Site #3 3590 Gaviota

A. The backyard patio had a broken brick on the ground.

a. Corrective Action Plan

1. Administrator had the brick replaced and provided a photo of the repair during the monitoring.
2. A "Walk Thru/Daily Maintenance Log" form was developed few years ago, wherein staff will check/sign on a daily basis any repairs to be done. This will now include checking the backyard patio for any repairs including bricks.
3. Administrator is informed for any resolution needed.



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12. The children bedrooms are not well maintained with the following specific findings: Site #3 3590 Gaviota Ave.
  - A. The two bedrooms had inoperable smoke detectors.
    - a. Corrective Action Plan
      1. Administrator had the batteries replaced during the monitoring.. It was verified by the OHCMD that the smoke detectors were working.
      2. A "Walk Thru/Daily Maintenance Log" was developed few years ago, wherein staff will check/sign on a daily basis any repairs. This will now include checking of the smoke detectors on a daily basis rather than the weekly procedure.  
Staff will continue to inform the administrator for resolutions needed.

#### X . PERSONNEL RECORDS

- 64 . Group Home employees have no appropriate signed copies of the GH policies and procedures with the following specific finding: Site #1 3720 Gardenia
  - A. One staff did not have a signed copy of "Personal Right" in her personnel file
    - a. Corrective Action Plan
      1. OHCMD was provided of the signed copy during the monitoring.
      2. Human Resource Manager and the COO must make sure that " Personal Rights" of each staff are signed in their personnel files before commencing work.

I do hope that the above Corrective Action Plans meet your standards and approval. Thank you for your recent monitoring visit. It does help group homes like ours to perform with utmost care and quality.

Sincerely,

Cora Manalang (electronically signed)  
CEO

cc: Ms Pat Bolanos