COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

November 26, 2014

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

FROM: Jerry E. Powers JP
Chief Probation Officer

SUBJECT: **DIMONDALE GROUP HOME (CARSON, LONG BEACH, LANCASTER, HAWTHORNE) CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Dimondale Group Home in April 2014. Dimondale Group Home has four (4) sites, two (Carson and Hawthorne) are located in the Second Supervisorial District of Los Angeles County, the Lancaster site is located in the Fifth Supervisorial District and the Long Beach site is located in the Fourth Supervisorial District. Dimondale Group Home provides services to Los Angeles County Probation children and the Department of Children and Family Services (DCFS). According to the Dimondale Group Home program statement, its purpose is to provide residential treatment services to abused, troubled and neglected children 12 - 17 years of age.

Dimondale Group Home has four (4) six-bed sites, and is licensed to serve a capacity of 24 girls. At the time of the review, Dimondale Group Home was providing care for 15 Probation children and nine (9) DCFS children. The placed children's overall average length of placement was 3.9 months, and their average age was 16.95 years old.

Seven (7) children, three (3) Probation children, and four (4) DCFS children, were randomly selected for the interview sample. Three (3) children in the sample were on psychotropic medication, and those cases were reviewed for timeliness of Psychotropic Medication Authorizations and to confirm the required documentation of psychiatric monitoring. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Dimondale Group Home and that they were provided with good care and appropriate services, were comfortable in their environment and treated with respect and dignity. Dimondale Group Home was in compliance with four (4) of the 10 areas of our Contract Compliance Review: Personal Needs/Survival and Economic Well-Being; Discharge Children; Health and Medical Needs; and Psychotropic Medication.

However, deficiencies were noted in the area of "Licensure/Contract Requirements", in that, Dimondale Group Home needed to be free of substantiated Community Care Licensing (CCL) complaints, and in the area of "Facility and Environment", in that, the exterior wall at the Carson site needed to be washed and they need to ensure that the children's bedrooms were properly maintained at the Lancaster site. Deficiencies were also noted in the area of "Maintenance of Required Documentation and Service Delivery", in that, Dimondale Group Home needed to develop comprehensive initial and updated Needs and Services Plans (NSPs). Deficiencies were also noted in the area of "Educational Workforce Readiness", in that, Dimondale Group Home did not enroll all placed children in school within three (3) days of placement. Additionally, deficiencies were noted in the area of "Personal Rights and Social/Emotional Well-Being", due to one child reporting that she did not participate in the development of her Needs and Services Plan. Lastly, deficiencies were noted in the area of "Personnel Records", in that, Dimondale Group Home needed to ensure that all personnel have the required educational/experienced documented in the file.

REVIEW OF REPORT

On June 12, 2014, Probation PPQA Monitor RaTasha Smith held an Exit Conference with Dimondale Group Home Director Ken Fleming, Program Director Lyn Ayars, Hawthorne site Facility Administrator La'Kiesha Horsley, Carson site Facility Manager Robin Moore, Lancaster site Facility Manager Dee Parker, Case Manager Shesha Williams, Carson and Long Beach Facility Administrator Vanessa Bradshaw and Hawthorne site Facility Manager Oathea Ward. Dimondale Group Home representatives agreed with the review findings and recommendations and were receptive to implementing systemic changes to improve their compliance with regulatory standards, as well as address the noted deficiencies in a Corrective Action Plan (CAP). However, they did provide documentation indicating that they are currently appealing the substantiated complaints with CCL. Dimondale Group Home also provided verification of education for the staff that was deficient prior to the exit interview.

A copy of this compliance report has been sent to the Auditor-Controller and CCL.

Dimondale Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted and all deficiencies cited in the CAP were corrected or systems were put in place to avoid

future deficiencies. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

If additional information is needed or any questions or concerns arise, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

JEP:MEP:REB
LCM:sy

Attachments (3)

c: William T Fujioka, Chief Executive Officer
Sachi A. Hamai, Executive Officer, Board of Supervisors
Brence Culp, Chief Deputy, Chief Executive Office
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Latasha Howard, Probation Contracts
Karen D. Richardson, Out-of-Home-Care Management, DCFS
Leticia Torres-Ibarra, DCFS Contracts
Audit Committee
Sybil Brand Commission
Community Care Licensing
Ken Fleming, Director, Dimondale Group Home
Georgia Mattera, Public Safety, Chief Executive Office
Chief Deputies
Justice Deputies

DIMONDALE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY

2509 W 115th Pl
Hawthorne, CA 90250
License # 198204471
Rate Classification Level: 12

1632 E Dimondale Dr.
Carson. CA 90746
License # 198203822
Rate Classification: 12

44116 63rd St West
Lancaster, CA 93536
License # 197605014
Rate Classification: 12

1461 N. Anaheim Pl
Long Beach, CA 90804
License # 197804638
Rate Classification: 12

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

	9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation	9. Improvement Needed 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	1. Improvement Needed 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance
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	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. Full Compliance 10. Improvement Needed 11. Full Compliance

	12. Children Given Opportunities to Plan Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to Participate in Extra-Curricular, Enrichment and Social Activities (GH, School, Community)	12. Full Compliance 13. Full Compliance
VIII	**Personal Needs/Survival and Economic Well-Being** (7 Elements) 1. $50 Clothing Allowance 2. Adequate Quantity and Quality of Clothing Inventory 3. Children's 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	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	1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance

DIMONDALE GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2013-2014

SCOPE OF REVIEW

The purpose of this review was to assess Dimondale's compliance with the County contract and State regulations and include a review of the Dimondale'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
- Personnel Records

For the purpose of this review, seven (7) placed children were selected for the sample, three (3) Probation children and four (4) DCFS children. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) interviewed each child and reviewed their case files to assess the care and services they received. Additionally, three (3) discharged children's files were reviewed, two (2) Probation and one (1) DCFS, to assess Dimondale's compliance with permanency efforts. At the time of the review, three (3) placed children were prescribed psychotropic medication, and those case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring.

PPQA/GHM reviewed five (5) staff files for compliance with Title 22 Regulations and County contract requirements, and conducted a site visit to assess the provision of quality of care and supervision.

CONTRACTUAL COMPLIANCE

The following six (6) areas were out of compliance.

Licensure/Contract Requirement

Community Care Licensing reported that, in August of 2013, Dimondale Group Home, Lancaster site, received substantiated allegations, for holes in the walls and for the placed children having excessive tardiness in the morning by being late to school; however, during the exit interview, the Group Home provided documentation that they are currently in the process to appeal the substantiated allegations.

Recommendation

1. Dimondale management shall exhibit proactive measures and make concerted efforts to be free of substantiated CCL complaints

Facility and Environment

During the site inspection, the outside brick wall at the Carson site needed to be power washed. The Group Home Administrator reported that a child was upset and threw eggs at the wall out of anger, which left a stain on the wall.

During the site inspection at the Lancaster facility, there was graffiti on one of the headboards in bedroom #2

Recommendation

1. Dimondale management shall ensure that the aforementioned deficiencies in the exterior and children's bedrooms will be corrected or replaced in a timely manner.

Maintenance of Required Documentation and Service Delivery

Of the seven (7) Initial children's Needs & Service Plans (NSPs) reviewed, six (6) Initial NSP's had the county worker's signature authorizing the implementation of the NSP's and also contained the group home staff's signature; however, one (1) of the seven initial (7) NSPs did not contain the county workers signature or Group Home staff's signature. Without the county worker's and the group home staff's signature, it cannot be determined if they authorized the implementation of the plan.

Two (2) children had not been placed long enough to have required an Updated NSP; therefore, only five cases were reviewed for Updated NSPs. Of the five (5) Updated NSP's that were reviewed, two (2) were missing the county workers signature authorizing the implementation of the NSP's. The same two were also missing the group home staff's signature. Without the county worker's and group home staff's signatures, it cannot be determined if the NSP's have been implemented. The remaining three (3) Updated NSP's contained the required county worker and group home staff's signatures.

Four (4) of the five (5) Updated NSP's reviewed did not indicate if the children were progressing toward their goals. They listed new goals but did not give any detail on the child's progression towards their initial goals. There was one (1) Updated NSP that showed that the child was progressing towards her goals.

All of the NSP's that were reviewed documented therapeutic services and assessments; however, only four (4) of the five (5) Updated NSP's documented county worker's monthly contact. One (1) child's NSP did not have the required documentation for the county worker's monthly contact. All of the NSP's indicated that the children were maintaining important relationships.

Five (5) of the seven (7) Initial NSP's were not comprehensive and complete, and none of the five (5) Updated NSP's reviewed were comprehensive and complete. They did not have all of the elements required to deem them comprehensive. The goals that were listed were very generic and not child specific and also not written in a way that was measurable. Four (4) of the seven (7) Initial NSP's did not have the child's case plan goal marked. One (1) of the five (5) Updated NSP's did not have the concurrent case plan goal marked.

During the exit interview on June 12, 2014, a NSP review was conducted with the Dimondale Director, Case Manager and all four (4) site Administrators to improve the comprehensiveness and overall quality of the NSP's. The review detailed the reasoning for the case plan/concurrent case plan goals and reviewed each section of the NSP. It was also stressed that the Group Home must exhaust all avenues before selecting PPLA as a case plan goal and to provide a reason if the case plan goal has been modified. The Group Home was receptive to the information and willing to make the necessary improvements.

Recommendation

1. Dimondale management shall ensure that they strive to improve in the area of NSP's by ensuring that all children's NSP's contain both the county worker and group home staff signatures.

2. Dimondale management shall ensure that all updated NSP's document the children's progress. If the child is not making any progress, then the NSP shall indicate that there is a need for modification in an effort to aid the child in meeting her individual needs.

3. Dimondale management shall ensure that all of the children's updated NSP's document the county worker's monthly contact.

4. Dimondale management shall ensure that all Initial and Updated NSP's are comprehensive. All of the required elements need to be addressed when completing the NSP. All required boxes should be completed and all of the goals should be specific for each child.

Educational and Workforce Readiness

During the review of the children files, it was noted in a NSP that one child was not enrolled in school within three (3) days. There was no other documentation found in the file which provided a reason for the child not being enrolled within three days.

On June 17, 2014, Dimondale Group Home provided a Special Incident Report (SIR) which indicated that the youth did not attend school on March 17, 2014, due to the Group Home waiting on immunization records, transcripts and a health and education passport. Although, the Group Home has provided some documentation as to why there was a delay in the child getting into school, the documentation was not present in the file when the file was being audited for the monitoring review.

Recommendation

1. Dimondale management shall ensure that all placed children are enrolled in school within three (3) days.

Personal Rights and Social/Emotional Well-Being

During the child interviews, one child reported that she did not get enough snacks; however, during the site inspection, there were plenty of snacks present, and there was no other child who complained of not receiving enough snacks during the child interviews. It should also be noted that the child did not appear to want to participate in the child interview process. The same child also reported that she did not participate in the development of her Needs and Services plan, although she signed the signature page of her NSP. She also reported that she was not aware of her right to reject voluntary medical, dental and psychiatric care.

On June 17, 2014, Dimondale Group Home provided verification that the child was present during the development of her NSP. They provided a copy of the sign in sheet from her treatment team meeting, and the child's name was present. Dimondale Group Home also provided copies of medical refusal forms, which were signed by the same child, indicating that she is aware of her right to reject voluntary medical, dental and psychiatric care.

However, another child reported that she did not know the name of her psychotropic medication or what it was for. On June 17, 2014, Dimondale Group Home provided several special incident (SIR) reports where they document this child's refusal to take her psychotropic medication; however, the SIR's do not indicate if the child was aware of the name of the medication or why she is taking it.

Recommendation

1. Dimondale management shall ensure that children informed about their medication and right to refuse medication

Personnel Records

During the review of personnel records, one (1) staff was missing their high school diploma; however, during the monitoring review process, the Group Home provided a copy of the staff's high school diploma.

Recommendation

1. Dimondale shall ensure that all employees have the education/experience requirement documented in their personnel files.

PRIOR YEAR FOLLOW-UP FROM THE GROUP HOME CONTRACT COMPLIANCE MONITORING REVIEW

DCFS OHCMD's last compliance report dated October 25, 2013, identified three (3) recommendations.

The recommendations were based on the following areas: "Licensure/Contract Requirements"; "Maintenance of Required Documentation and Service Delivery"; and "Personnel Records".

Results

Based on the follow-up, Dimondale fully implemented one (1) of the three (3) previous recommendations for which they were to ensure:

- Dimondale Group Home shall ensure that all staff has a timely health screening and TB clearance.
    - During the current monitoring review all personnel files that were reviewed had a timely health screening and TB clearance, which indicated that the Group Home met this recommendation.

The two (2) areas that they remained out of compliance were based on the recommendations for which they were to ensure:

- Dimondale Group Home is free of substantiated Community Care Licensing findings.
    - During the current monitoring review, the Group Home remains out of compliance in this area; however, the Group Home has provided documentation indicating that they are appealing the substantiated allegations for the current monitoring review.

- Dimondale Group Home shall develop comprehensive NSP's
    - During the current monitoring review, the Group Home remains deficient in this area related to the county worker signatures authorizing the implementation of the NSP, documentation of the county worker monthly contact and comprehensive initial NSP's.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

The most recent Fiscal Review for Fleming and Barnes, Inc. (Dimondale Adolescent Care) from the Department of Auditor Controller is dated July 1, 2011, for the fiscal period of January 1, 2009, to December 31, 2009. The report dated July 1, 2011, indicated that Fleming and Barnes, Inc. (Dimondale Adolescent Care) had questioned/disallowed costs. Fleming and Barnes, Inc. (Dimondale Adolescent Care) submitted a timely approved Fiscal Corrective Action Plan (FCAP), which is being monitored by the Department of Children and Family Services, Fiscal Monitoring Section.

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Dimondale Adolescent Care Facility

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FACILITIES

DACF # 1
1632 E. Dimondale Dr.
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Phone: (310) 764-5670
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44116 63rd St. W.
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DACF # 4
1161 N. Anaheim Pl
Long Beach, CA 90804
Phone: (562) 494-7534
Fax: (562) 494-1063
Lic. No.197804638

Ratasha Smith
LA County Probation Group Home Monitoring Unit
11701S. Alameda St. 2nd Floor
Lynwood , CA 90262

July 12, 2014

Dear Ms. Ratasha Smith

Plan of Correction: Fleming and Barnes dba Dimondale Adolescent Care Facilities

Licensure/Contract Requirements: Is the group home free of any substantiated Community Care Licensing complaints on safety and /or physical plant deficiencies since the last review? (Safety)

9. The Lancaster site has a substantiated allegation dated August 22, 2013 for several of the residents being late to school and having holes in the walls. According to CCL the investigation was closed on March 11, 2014. Dimondale has appealed the above allegations on March 12, 2014. We have sent a copy of the appeal to LA County Probation Group Home monitoring unit via email.

Plan: In regards to allegations of neglect by means of tardiness to school, Dimondale asserts that by their own admission, the residents frequently fail to follow the established schedule, refusing to rise from bed, taking an inordinate amount of time to conduct hygiene, and generally being uncooperative in regards to punctuality. Faced with the choice between leaving one or more residents behind, thereby causing them to miss school completely, or to cause other, more punctual children to be late, the staff members often choose the latter, and Dimondale believes this is appropriate. We therefore appeal the decision to classify the allegation as substantiated. Also, tardiness poses no danger to anyone involved; therefore we also appeal the decision to classify the alleged violation as type A.

Allegations about the physical plant, namely the existence of holes in the facility's walls, were also not confirmed. The LPA stated in her report that she saw evidence of recent repairs, not that she saw holes in the wall which is what the report stated. At the time of the LPA's visit to the facility there was one recently repaired hole which had not been painted. There were no holes in the wall or walls. We were cited as a type A. The definition of a type a violation follows: LIC form 9099 Type A deficiencies are violations of the regulations and the Health and Safety Code, that if not corrected, have a direct and immediate risk to the health, safety or personal rights of clients in care

Facility and Environment: Are the children's bedrooms well maintained? (Clean/sanitary; neat; comfortable; adequate lighting, window coverings, and storage space; beds, mattresses, furniture,

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flooring; full complement of linens on beds, age-appropriate decorations; and appropriate sleeping arrangements. (Safety)

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

10, 12 Carson site needs to power wash the wall in the back yard. Lancaster site needs to remove the graffiti from the headboard in bedroom #2.

Plan: A3 Hi-Pressure cleaning power washed the egg off of the facility in Carson on July 3, 2014. The receipt is attached. The headboard in room 2 has been painted and all of the graffiti has been removed. Photo documentation attached. The Facility Supervisor will inspect the facility daily for any needed maintenance of repairs. The Administrator will follow up to ensure that needed repairs are done in a timely manner... **(Implemented)**

Maintenance of Required Documentation and Service Delivery: Did the group home obtain or document efforts to obtain the County worker's authorization to implement the Needs and Services Plan? Are NSP's implemented and discussed with the group home staff? Are the sampled children progressing toward meeting the Needs and Services Plans case goals? (WELL-BEING) Are County workers contacted monthly by the GH and are the contacts appropriately documented in the case file? Did the treatment team develop timely comprehensive, initial Needs and Services Plans (NSP) with the participation of the developmentally age-appropriate child (WELL-BEING).

16, 17, 18,21,23,24 NSP goals were general and not specific to the youths individual needs. Not able to determine if the youths were making progress towards their goals. NSP does not indicate if any of her NSP goals were met. NSP missing GH and SW signature cannot tell if youth is making progress since goals were not measurable. One resident did not have the county worker's monthly contact One resident signed her NSP however she reported that she did not have any knowledge of what a NSP was or the goals that she should be working on. Youth also did not have a concurrent case plan goal and the goals were not youth specific NSP did not indicate if any of the initial NSP goals were met. Case plan goals were not marked on NSP, goals listed were not measurable or time limited

Plan: Dimondale will ensure that all NSPS/Quarterly's are comprehensive. Dimondale has retrained all the Administrators and LCSW's to include the progress that the resident has made with their individual treatment goals. All of the resident's goals will be attainable, measurable and specific towards each resident. The Administrators and LCSW's have been re-trained on the importance of ensuring that all of the NSP's and Quarterly's are detailed and contain all of the pertinent information that applies to each resident and is specific to each resident. Administrators will review the NSP's and the Case Manager will ensure that all of the above

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corrections are implemented. The Directors, Administrators and LCSW's have met twice in the last month to discuss the NSP's and the goals. We have re-trained the LCSW's on the importance of following up and documenting the residents progress towards their goals and if the goals have been met, new goals will be implemented that will be specific, attainable and measurable. Dimondale has trained all Facility Supervisors and Administrators on logging all contact with the placement workers into the Placement Agency Contact Log. All contacts will then be transferred into the NSP. All residents will have a concurrent case plan goal. Documentation has been provided to LA County Probation Group Home monitoring unit showing that the resident did in fact attend her treatment team meeting and was made aware of her goals. The Case Manager is now responsible for auditing all four facilities NSP's to ensure that they are error free. The Case Manager will be attending the SIR training on July 12, 2014.
(Implemented)

Education and Workforce Readiness: A resident was not enrolled in school within 3 days.

25. Was the child enrolled in school within three schools days after placement or did the GH document efforts?

Plan: Dimondale management will ensure that Dimondale staff are following Dimondale's policy and procedures and ensuring that all of the residents are enrolled in school within the 3 day time frame or all efforts will be documented within the three day timeline. Facility Supervisors will follow up and report any difficulties to upper management.
(Implemented)

Personal Rights and Social/Emotional Well-being: A resident reported that she does not get enough snacks and did not participate in the development of her NSP. A resident reported that she was not aware of her right to reject voluntary medical, dental and psychiatric care. A resident did not know what her psychotropic medication name was or what it was for.

39, 46 Do children report the group home's efforts to provide nutritious palatable meals and snacks? Are children free to receive or reject voluntary medical, dental and psychiatric care (Well-Being)

Plan: Dimondale will continue to provide fresh food and snacks and continue to educate the youth on healthy snack alternatives. Documentation has been provided to LA County Probation Group Home monitoring unit regarding the resident's alleged allegations. Food receipts which show that Dimondale purchases and provides ample snacks to the residents. Documentation has been provided to LA County Probation Group Home monitoring unit which shows the residents signature on the sign in sheet for the treatment team meeting. At these meetings NSP goals as well as medication is discussed. Dimondale will continue to advise the residents of their right to refuse medical, dental, medication and psychiatric care. Documentation has been provided regarding the alleged allegation that a resident was not aware that she could voluntarily refuse

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medical, dental and psychiatric care. Refusal forms and SIR's have been provided to LA County Probation Group Home monitoring unit for review. **(Implemented)**

Personnel Records Do GH staff who have direct contact with children meet the education/experience requirements.

61 One staff was missing her education qualification.

Plan: The Receptionist will ensure that all required documentation is in the file prior to being sent to the facility. The Administrator will ensure monthly that all required documentation remains in the appropriate file and any new documentation is filed in a timely manner. The staff's educational requirement (high school diploma) was supplied to LA County Probation Group Home monitoring unit.
(Implemented)

We have attached all of the written documentation to support Dimondale's positions and photo documentation

Respectfully,

Ken Fleming
Director
Fleming & Barnes, Inc. dba Dimondale Adolescent Care Facilities