COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY – DOWNEY, CALIFORNIA 90242

(562) 940-2501

JERRY E. POWERS
Chief Probation Officer

October 20, 2015

TO: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

FROM: Jerry E. Powers
Chief Probation Officer

SUBJECT: **FLEMING & BARNES, dba DIMONDALE ADOLESCENT CARE GROUP HOME (CARSON, LONG BEACH, LANCASTER, HAWTHORNE) CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA) and Group Home Monitoring (GHM), conducted a review of Fleming & Barnes, dba Dimondale Adolescent Care Group Home in April 2015. 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 foster children and the Department of Children and Family Services (DCFS) foster children. 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 17 Probation children and seven (7) DCFS children. Based on the sample size, the placed children's overall average length of placement was 4.64 months, and their average age was 16.67 years.

Seven (7) children, five (5) Probation children, and two (2) DCFS children, were randomly selected for the interview sample. At the time of the review, no placed children were prescribed any psychotropic medications. Additionally, three (3)

discharged children's files were reviewed to assess compliance with permanency efforts, and five (5) 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 six (6) of the 10 areas of the Contract Compliance Review: Licensure/Contract Requirements; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Personal Needs/Survival and Economic Well-Being; and Discharge Children.

Although deficiencies were noted in four (4) of the 10 areas, there were no egregious findings in any of the four (4) areas. In the area of "Facility and Environment", the exterior window screen at the Lancaster site needed to be replaced and they need to ensure that the children's bedrooms were properly maintained at the Carson, Hawthorne and Long Beach sites. 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 "Personnel Records", in that, Dimondale Group Home needed to ensure that all personnel have the required updated driver's license, as well as, staff completing their annual training in a timely manner.

REVIEW OF REPORT

On May 29, 2015, Probation PPQA Monitor Raymond Ro held an Exit Conference at Dimondale's Corporate Headquarters in Torrance, California, with Dimondale Group Home Executive Director Ken Fleming, Corporate Office Program Director and the Administrator for the Lancaster site Lyn Ayars, Hawthorne site Facility Administrator La'Kiesha Horsley, Carson site Facility Administrator Vanessa Bradshaw and Carson and Long Beach site Facility Administrator Davon Dodson. 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).

Dimondale Adolescent Care 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.

A copy of this compliance report has been sent to the Auditor-Controller (A-C) and Community Care Licensing (CCL).

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:ed

Attachments

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Phillip L. Browning, Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Latasha Howard, Probation Contracts
Ken Fleming, Fleming & Barnes Executive Director
Community Care Licensing

DIMONDALE ADOLESCENT CARE (DIMONDALE) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2014-2015

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, five (5) Probation children, and two (2) DCFS children, were randomly selected for the sample. 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. At the time of the review, no placed children were prescribed any psychotropic medications. Additionally, three (3) discharged children's files were reviewed to assess Dimondale's compliance with permanency efforts

Five (5) staff files were reviewed for compliance with Title 22 Regulations and County Contract requirements, and a site visit was conducted to assess the provision of quality care and supervision.

CONTRACTUAL COMPLIANCE

The following four (4) areas were out of compliance.

Facility and Environment

An inspection of the interiors and exteriors of Dimondale revealed some cosmetic deficiencies that required correction in the Exterior area and the Children's Bedrooms.

- At Dimondale (Lancaster), the outside screen door in the back needed to be replaced.

- At Dimondale (Carson), bedroom #1, there was writing inside the closet wall. In bedroom #2, the overhead light was not working properly. In bedroom #3, there was graffiti inside the closet.

- At Dimondale (Long Beach), bedroom #1, the first drawer had writing on top of the drawer.

- At Dimondale (Hawthorne), bedroom #1, the dresser needed fixing and there is writing on the bed that needs to be removed.

Recommendation

Dimondale management shall ensure that:

1. All of the aforementioned physical deficiencies cited in the Exterior area are corrected and repaired in a timely manner.

2. All of the aforementioned physical deficiencies cited in the Children's Bedrooms are corrected and repaired in a timely manner.

Maintenance of Required Documentation and Service Delivery

- Of the seven (7) Need and Services Plans (NSPs) reviewed, one (1) Initial NSP was missing a signature from the CSW; therefore, Dimondale was not compliant with the element, "Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSP?"

- Of the seven (7) NSPs reviewed, one (1) Updated NSP was missing dates of contact from the CSW. Therefore, Dimondale was not compliant with the element, "Are County workers contacted monthly by the Group Home and are the contacts appropriately documented in the case file?"

- Of the seven (7) NSPs reviewed, three (3) Initial NSPs were not comprehensive. On one (1) of the three (3) NSPs, under Family Reunification, a box was checked indicating the youth's Aunt and Uncle for Family Reunification, when neither the Aunt or Uncle were willing to have the youth in their home, and Family Reunification is only provided to biological parents or Legal Guardians. Two (2) of the three (3) NSPs, under "Case Goal Plan/Family Reunification", needed more detailed information about family members that was not included.

- Of the seven (7) NSPs reviewed, two (2) Updated NSPs were not comprehensive. On one (1) of the two (2) NSPs, the Family Reunification box should not have been checked, as neither the Aunt or Uncle were willing to have the youth in their home and there was no documentation as to why they were not the Concurrent Plan that should have been in the process of implementation. One (1) of the two (2) NSPs lacked information on why the Case Plan Goal of Family Reunification changed to PPLA (Permanent Planned Living Arrangement)/Transition without a clear explanation.

Recommendation

Dimondale management shall ensure that:

1. Each child's NSP has the County worker's signature or efforts documented.

2. Each child's NSP has the date of the County workers contact.

3. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Initial NSP.

4. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Updated NSP.

Educational and Workforce Readiness

During the review of the children files, it was noted in an Initial NSP that one (1) 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 (3) days.

Recommendation

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

Personnel Records

Upon reviewing a sample of Personnel Files at each Dimondale facility, one (1) of the five (5) employee files reviewed had an expired driver's license. In addition, one (1) of the five (5) files reviewed did not have an updated record of their Pro-Act training, as it was expired.

Recommendation

Dimondale management shall ensure that:

1. All necessary paperwork and documents to verify each employee's updated driver's license is to be included in each personnel file.

2. All necessary documentation of updated training is to be included in each personnel file.

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

PPQA/GHM's last compliance report dated October 9, 2014, identified nine (9) recommendations.

Results

Based on the follow-up, Dimondale fully implemented and maintained six (6) of the nine (9) previous recommendations for which they were to ensure that:

- Most deficiencies noted to the Exterior, Common Areas and Children's Bedrooms were repaired or replaced with in accordance with Community Care Licensing (CCL), Title 22 Standards and the County Contract. Including (Carson) site outside brick wall was washed as a youth threw eggs at the wall during the prior year's inspection. In addition, (Lancaster) in bedroom #2, the headboard was removed of all graffiti.

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

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

- 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 their individual needs.

- Dimondale management shall ensure that children are informed about their medication and right to refuse medication.
- Dimondale shall ensure that all employees have the education/experience requirement documented in their personnel files.

However, the follow-up discovered that Dimondale failed to fully implement three (3) of the previous nine (9) recommendations for which they were to ensure that:

- Each child's NSP has the county worker's signature/authorization to implement the NSP, as the authorization date was missing in accordance with CCL, Title 22 Standards and the County Contract.

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

- Upon review of five (5) Personnel Files at both Dimondale facilities, one (1) fine was missing updated training documentation.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Dimondale Group Home by the Auditor Controller was not scheduled for the 2014-2015, fiscal year.

DIMONDALE ADOLESCENT CARE 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 2015**
I	**Licensure/Contract Requirements** (9 Elements) 1. Timely Notification for Child's Relocation 2. Transportation Needs Met 3. Vehicle Maintained In Good Repair 4. Timely, Cross-Reported SIRs 5. Disaster Drills Conducted & Logs Maintained 6. Runaway Procedures 7. Comprehensive Monetary and Clothing Allowance Logs Maintained 8. Detailed Sign In/Out Logs for Placed Children 9. CCL Complaints on Safety/Plant Deficiencies	Full Compliance (ALL)
II	**Facility and Environment** (5 Elements) 1. Exterior Well Maintained 2. Common Areas Maintained 3. Children's Bedrooms 4. Sufficient Recreational Equipment/Educational Resources 5. Adequate Perishable and Non-Perishable Foods	1. Improvement Needed 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	**Maintenance of Required Documentation and Service Delivery** (10 Elements) 1. Child Population Consistent with Capacity and Program Statement 2. County Worker's Authorization to Implement NSPs 3. NSPs Implemented and Discussed with Staff 4. Children Progressing Toward Meeting NSP Case Goals 5. Therapeutic Services Received 6. Recommended Assessment/Evaluations Implemented 7. County Workers Monthly Contacts Documented 8. Children Assisted in Maintaining Important Relationships	1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed 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	Full Compliance (ALL)

	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)	
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. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Improvement Needed

Administration Office
23860 Hawthorne Blvd. Suite 200
Torrance, CA 90505
Phone: (310) 791-3064 Fax: (310) 791-3084
www.dacfs.org

BOARD OF DIRECTORS

PRESIDENT
Larry Love

TREASURER
Stanley Hall

SECRETARY
Valicia Franklin

EXECUTIVE DIRECTOR
Ardra Fleming

DIRECTOR
Kenneth Fleming

FACILITIES

DACF # 1
1632 E. Dimondale Dr.
Carson, CA 90746
Phone: (310) 791-3064
Fax: (310) 632-9078
Lic. No. 198203822

DACF # 2
44116 63rd St. W.
Lancaster, CA 93536
Phone: (310) 791-3064
Fax: (661) 722-3176
Lic. No. 197605014

DACF # 3
2509 W. 115th Place
Hawthorne, CA 90250
Phone: (310) 791-3064
Fax: (323) 777-6259
Lic. No. 198204471

DACF # 4
1461 N. Anaheim Pl
Long Beach, CA 90804
Phone: (310) 791-3064
Fax: (562) 494-1063
Lic. No.197604538

DPO Raymond Ro
LA County Probation Group Home Monitoring Unit
11705 S. Alameda St. 2nd Floor
Lynwood, CA 90262

June 15, 2015

Dear DPO Ro,

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

Licensure/Contract Requirements: No issues

Facility and Environment: 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 Lancaster-The outside window screen is damaged

Plan: The cord that holds the screen in place was pulled out which caused the screen to come undone. A resident had climbed out the window of her bedroom and took off the screen in an attempt to AWOL. When staff put the screen back on the window, the cord holding the screen in had come out of the corner. The cord has been replaced and new screen was put in. Dimondale staff will walk through the facility at the beginning of their shift. Dimondale staff will fill out the "Shift Change Checklist" and note any damage to the physical plant. A maintenance request will be sent to the corporate office for funding The Facility Supervisor will add any needed repairs to the "Week In Review". The Administrator will follow up to ensure that any needed repairs are done in a timely manner. The Director will ensure that funds are distributed to the facilities in a timely manner. (Pictures attached)

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

Administration Office
23860 Hawthorne Blvd. Suite 200
Torrance, CA 90505
Phone: (310) 791-3064 Fax: (310) 791-3084
www.dacfs.org

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

12 Carson site-Bedroom #1-Writing in the closet. Bedroom #2 Lights not working properly Bedroom #3 Graffiti initials in the closet. Walk in closet writing on the wall.
Long Beach Site- Bedroom #1-1st drawer writing on the top drawer.
Hawthorne site- #1 dresser needs repair 1st bed has writing on the bed.

Plan: Carson Site- Bedroom #1 the writing in the closet has been painted over. A resident had written a small amount of graffiti in the closet behind her clothing. Dimondale staff did not note the graffiti while doing their routine walk through as it wasn't visible until the clothing was moved to the side. Dimondale staff has been retrained to move the clothing in the closet in order to inspect for any damage. Dimondale staff will inspect the physical plant for graffiti as they complete their "Shift Change Checklist" Dimondale staff will send a maintenance request to the corporate office requesting repairs. The Facility Supervisor will add any needed repairs to the "Week In Review". The Administrator will follow up to ensure that any needed repairs are done in a timely manner. The Director will ensure that funds are distributed to the facilities in a timely manner and all repairs have been completed. (Pictures attached)
Bedroom #2 While DPO Ro was on site and was inspecting bedroom #2 it did appear as if the lights were not operating properly. On further inspection by the Administrator, it was noted that the plug for the lighting was unplugged from the light socket. The lights are fully operational and no repairs were needed. (Pictures attached)
Bedroom #3 Graffiti and initial in closet. Walk in closet writing on the wall. A resident had written a small amount of graffiti in the walk in closet. Dimondale staff did not note the graffiti while doing their routine walk through as it wasn't visible unless staff checked the inside of the closet. Dimondale staff has been retrained to look in the closets to inspect for any damage or graffiti. The graffiti and the writing on the wall have been painted over. Dimondale staff will inspect the physical plant for graffiti, initials or other writing on the walls, furniture or any other surface as they complete their "Shift Change Checklist" Dimondale staff will send a maintenance request to the corporate office requesting repairs. The Facility Supervisor will add any needed repairs to the "Week In Review". The Administrator will follow up to ensure that any needed repairs are done in a timely manner. The Director will ensure that funds are distributed to the facilities

Administration Office
23860 Hawthorne Blvd. Suite 200
Torrance, CA 90505
Phone: (310) 791 3064 Fax: (310) 791 3084
www.dacfs.org

in a timely manner and all repairs have been completed. (Pictures and painting receipt attached)

Plan: Long Beach Site- Bedroom #1-1st drawer-writing on the top drawer. A resident had written on the dresser drawer. Dimondale staff or management did not notice the writing. Dimondale staff has been retrained on where to look for writing, graffiti and any other damage done to Dimondale property while doing the walk through. The drawer has been sanded down and all of the writing has been removed. Dimondale staff will inspect the physical plant for graffiti, initials or other writing on the walls, furniture or any other surface as they complete their "Shift Change Checklist" Dimondale staff will send a maintenance request to the corporate office requesting repairs. The Facility Supervisor will add any needed repairs to the "Week In Review". The Administrator will follow up to ensure that any needed repairs are done in a timely manner. The Director will ensure that funds are distributed to the facilities in a timely manner and all repairs have been completed. (Pictures attached)

Plan: Hawthorne Site – Bedroom #1 dresser needs fixing. One of the residents had broken the drawer guide, due to this the drawer did not slide in and out properly. The drawer was closed so it wasn't apparent to Dimondale that it wasn't functioning properly. Dimondale staff has been retrained on how to check for damage to the dressers and the other furniture in the facility. 1st bed has writing on the bed. A resident had written on the bed frame. Dimondale staff or management did not notice the writing. Dimondale staff has been retrained on where to look for writing, graffiti and any other damage done to Dimondale property while doing the walk through. The dresser has been taken to the furniture repair shop. The bed frame has been sanded down and all of the writing has been removed. Dimondale staff will inspect the physical plant for property damage, graffiti, initials or other writing on the walls, furniture or any other surface as they complete their "Shift Change Checklist" Dimondale staff will send a maintenance request to the corporate office requesting repairs. The Facility Supervisor will add any needed repairs to the "Week In Review". The Administrator will follow up to ensure that any needed repairs are done in a timely manner. The Director will ensure that funds are distributed to the facilities in a timely manner and all repairs have been completed. (Pictures attached) (Receipt for repairs attached).

Maintenance of Required Documentation and Service Delivery: Did the group home obtain or document efforts to obtain the County's worker's authorization to implement the Needs and Services Plan? (Well-Being)

Administration Office
23860 Hawthorne Blvd. Suite 200
Torrance, CA 90505
Phone: (310) 791 3064 Fax: (310) 791 3084
www.dacls.org

16 Carson site- 1. Missing CSW signature. . (Request was sent on 5-13-15) 2. There are no dates of contact for CSW for the past three months on the initial NSP. Updated NSP There are no dates of contact for the CSW for the past three months.
Lancaster – 1. Case plan goal needs to be more detailed. Under family reunification it states that Aunt or Uncle are not willing to have the youth in their home. Family reunification should not have been checked. On the updated NSP, same issue with the family reunification.
Long Beach- 1. Case Goal Plan/Family Reunification- More information should be in this section. It states that the youth "Wants to be unified with Bio-Grandmother". More information and a summary should be added in this section. 2. More information on the family reunification section. There is no summary or explanation. 3. For the NSP dated 4-3-14 and 6-3-14 under the Case Plan Goal it was marked under Family Reunification. However the NSP dated 9-4-14 and 12-4-14 under Case plan goal it was marked PPLA/Transition. An explanation needs to explain why it went from family reunification to PPLA/Transition.

Plan: Carson Site –Dimondale has acquired the missing CSW signature on the NSP. The Administrator was aware that the signature was not present and attempted to retrieve the signature from the CSW of record and made attempts via phone and email. In the future, the Administrators will contact the CSW's supervisor in order to get the signatures on or before the due date of the report Dimondale did send out several requests attempting to get the signature prior to the audit. All of the dates for the CSW contact with the youth have been added to the NSP and the updated NSP. Dimondale's Case Manager will be responsible for auditing the NSP's and reporting any errors or discrepancies in an email form to the Administrator and the LCSW. Should the errors or discrepancies not be corrected in a timely manner the email will be forwarded to the Director for review and possible disciplinary action.

Plan: Lancaster Site – The Administrator made an error and neglected to check the correct box when the resident's permanency plan was altered. The Case plan goal has been updated to reflect the most recent permanency plan. The family reunification box has been unchecked as this is not a viable option at this time. The youth will be going to a lower level of care as soon as suitable placement is found. Dimondale's Case Manager will be responsible for auditing the NSP's and reporting any errors or discrepancies in an email form to the Administrator and the LCSW. Should the errors or discrepancies not be corrected in a timely

Administration Office
23860 Hawthorne Blvd. Suite 200
Torrance, CA 90505
Phone: (310) 791-3064 Fax: (310) 791-3084
www.dacfs.org

manner the email will be forwarded to the Director for review and possible disciplinary action.

Plan: Long Beach Site- The Administrator neglected to update and revise the permanency plan due to human error. The Administrator has been retrained and will be more descriptive and will ensure that the permanency plans are current and up to date. The Administrator has gone through the NSP's and made the following corrections: 1. more information has been added as why the youth wants to be reunified with her Grandmother and a summary regarding the feasibility of this occurring. 2. A detailed summary has been added to the NSP on the family member that is interested in reunifying with the youth, the youth's feelings on the reunification and the feasibility of this occurring. 3. A detailed explanation has been added to the NSP as to why the permanency plan changed from family reunification to PPLA/Transition. Dimondale's Case Manager will be responsible for auditing the NSP's and reporting any errors or discrepancies in an email form to the Administrator and the LCSW. Should the errors or discrepancies not be corrected in a timely manner the email will be forwarded to the Director for review and possible disciplinary action.

Education and Workforce Readiness: Was the child enrolled in school within three school days after placement or did the GH document efforts (Well-Being)

25 Carson Site – An explanation of why the youth was not enrolled in school within three school days.

Plan: Carson Site – Dimondale has contacted Zinsmeyer Academy where the youth is enrolled in school. Zinsmeyer has provided Dimondale with a letter stating that when the youth was transferred from the Long Beach facility to the Carson facility there was no lapse in educational services. The youth continued to attend the same school. Transportation took two days to transfer from the Long Beach facility to Carson. Dimondale staff provided transportation to and from school on the 29th and 30th of October. (Letter from Zinsmeyer Academy attached)

Health and Medical Needs No issues

Psychotropic Medication No issues

Personal Rights and Social/Emotional Well-Being No issues

Administration Office
23860 Hawthorne Blvd. Suite 290
Torrance, CA 90505
Phone: (310) 791 3064 Fax: (310) 791 3084
www.dacfs.org

Personal Needs/Survival and Economic Well Being No issues

Discharged Children No issues

Personnel Records Do required employees who transport children, have a valid CA driver's license? (Safety)
Have appropriate employees received all required training (initial, minimum of one-hour child abuse reporting, CPR, First Aid, required annual, and emergency intervention? (Safety)

63 Long Beach Site The Administrator was under the impression that all of the necessary documentation was in the file. The employee in question had turned in her paper extension for her Driver's License, which was in the employee file at the time of the audit. The current copy of her Driver's License (hard copy) was not in the file at the time of the audit. The Administrators will check the files on a monthly basis and keep track of the documents that expire. The Quality Assurance personnel will follow up on a quarterly basis to ensure that all of the documents are up to date and in the correct portion of the file. The QA will report directly to the Director in writing of any deficiencies in the files.
Lancaster Site Due to the employee having completed Pro-Act training the year before, the Administrator was under the impression that the file was up to date and in compliance. The Administrator did not note that there wasn't am expiration date on the document. One of the employees had a Pro Act certificate that had expired in March of 2014. The date on the Pro Act certificate was the date of completion not the expiration date. The employee had taken a refresher course for her Pro Act, however the instructor didn't put an expiration date on the certificate. Dimondale will request from the vendor that all of the Pro Act certificates contain the date of completion as well as an expiration date on them. (Documentation attached)

Dimondale Adolescent Care Facilities
Administration Office
23860 Hawthorne Blvd. Suite 200
Torrance, CA 90505
Phone: (310) 791-3064 Fax: (310) 791-3084
www.dacfs.org

Dimondale has attached all of the written documentation to support Dimondale's position and photo documentation.

Respectfully,

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