



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

9150 EAST IMPERIAL HIGHWAY
DOWNEY, CALIFORNIA 90242
(562) 940-2501



CALVIN C. REMINGTON
Interim Chief Probation Officer

December 28, 2016

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

FROM: Calvin C. Remington *Calvin C. Remington for*
Interim Chief Probation Officer

SUBJECT: **FLEMING AND BARNES dba DIMONDALE ADOLESCENT CARE GROUP
HOME CONTRACT COMPLIANCE MONITORING REVIEW**

The Department of Probation, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM) conducted a review of Fleming and Barnes dba Dimondale Adolescent Care (Dimondale) Group Home in June 2016. 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.

Dimondale Group Home has four (4) six-bed sites and is licensed to serve a capacity of 24 girls, 12-17 years of age. At the time of the review, Dimondale Group Home was providing care for 15 Probation foster children and seven (9) DCFS foster children. Based on the sample size, the placed children's overall average length of placement was 2.52 months, and their average age was 16.6 years of age.

Seven (7) children were randomly selected for the interview sample, five (5) Probation foster children and two (2) DCFS foster children. There were no foster children in the sample who were prescribed psychotropic medication. Additionally, three (3) Probation foster children's discharged files were reviewed to assess compliance with permanency efforts, as there were no DCFS children discharged during this review period, and five (5) staff files were also 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: Education and Workforce Readiness; Health and Medical Needs; Psychotropic Medication; Personal Rights and Social/Emotional Well-Being; Discharge Children and Personnel Records.

Although PPQA/GMH noted deficiencies in four (4) of the 10 areas, there were no egregious findings or child safety issues; however, there was one (1) area with repeated findings from last year's review. In the other (3) areas where deficiencies were found, the findings were not repeated from last year's review, and Dimondale improved and/or maintained compliance in those areas. In the areas of "Licensure/Contract Requirements", at the Long Beach site, the van was missing proof of vehicle insurance, and at the Lancaster site, the van was missing a front license plate. In the area of "Facility and Environment", Dimondale Group Home needed to ensure that the Carson and Hawthorne sites is free of mold in the bathrooms, and ensure that the Long Beach site children's bedrooms are properly maintained. Deficiencies were also noted in the area of "Maintenance of Required Documentation and Service Delivery", in that Dimondale Group Home needs critical signatures included on the NSP and needs to develop comprehensive Initial and Updated Needs and Services Plans (NSPs). Deficiencies were also noted in the area of "Personal Needs/Survival and Economic Well Being", in that Dimondale Group Home did not provide encouragement/assistance in creating and updating a Life Book/Photo Album for three (3) children.

REVIEW OF REPORT

On June 27, 2016, Probation PPQA Monitor Raymond Ro held an Exit Conference at Dimondale's Corporate Headquarters in Torrance, California with Dimondale Group Home Director Ken Fleming, Program Director Lyn Ayars, and Case Manager Janina Hope. 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 Group Home provided the attached approved CAP addressing the recommendations noted in this compliance report. A follow-up visit was conducted to ensure that all deficiencies cited in the CAP were corrected or systems were put in place to avoid future deficiencies; however, additional follow-up will be conducted for the NSPs to ensure the agency's adherence to their CAP in this area. Assessment for continued implementation of recommendations will be conducted during the next monitoring review.

Each Supervisor
December 28, 2016
Page 3 of 3

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

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.

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

TM:FC
LCM

Attachments

c: Sachi A. Hamai, Interim Chief Executive Officer
Lori Glasgow, Executive Officer, Board of Supervisors
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, Dimondale Group Home Administrator
Community Care Licensing

**FLEMING AND BARNES (DIMONDALE) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

Hawthorne site
License # 198204471
Rate Classification Level: 12

Carson site
License # 198203822
Rate Classification: 12

Lancaster site
License # 197605014
Rate Classification: 12

Long Beach site
License # 197804638
Rate Classification: 12

	Contract Compliance Monitoring Review	Findings: June 2016
I	<p><u>Licensure/Contract Requirements</u> (9 Elements)</p> <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Improvement Needed 4. Full Compliance 5. Full Compliance
III	<p><u>Maintenance of Required Documentation and Service Delivery</u> (10 Elements)</p> <ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Improvement Needed 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance

	<ol style="list-style-type: none"> 8. Children Assisted in Maintaining Important Relationships 9. Development of Timely, Comprehensive Initial NSPs with Child's Participation 10. Development of Timely, Comprehensive, Updated NSPs with Child's Participation 	<ol style="list-style-type: none"> 8. Full Compliance 9. Improvement Needed 10. Improvement Needed
IV	<p><u>Educational and Workforce Readiness</u> (5 Elements)</p> <ol style="list-style-type: none"> 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 	Full Compliance (ALL)
V	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 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	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court Authorization for Administration of Psychotropic Medication 2. Current Psychiatric Evaluation Review 	Full Compliance (ALL)
VII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (13 Elements)</p> <ol style="list-style-type: none"> 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 	Full Compliance (ALL)

	<ul style="list-style-type: none"> 10. Children Informed About Their Medication and Right to Refuse Medication 11. Children Free to Receive or Reject Voluntary Medical, Dental and Psychiatric Care 12. Children Given Opportunities to <u>Plan</u> Activities in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 13. Children Given Opportunities to <u>Participate</u> in Extra-Curricular, Enrichment and Social Activities (GH, School, Community) 	
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (7 Elements)</p> <ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Improvement Needed
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ul style="list-style-type: none"> 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	<p><u>Personnel Records</u> (7 Elements)</p> <ul style="list-style-type: none"> 2. DOJ, FBI, and CACIs Submitted Timely 3. Signed Criminal Background Statement Timely 4. Education/Experience Requirement 5. Employee Health Screening/TB Clearances Timely 6. Valid Driver's License 7. Signed Copies of Group Home Policies and Procedures 7. <u>All</u> Required Training 	Full Compliance (ALL)

**FLEMING AND BARNES (DIMONDALE) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2015-2016**

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 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 foster children and two (2) DCFS foster 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 children were prescribed psychotropic medication. 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.

Licensure/Contract Requirements

At the Dimondale Long Beach site, the facility van was missing the most updated proof of vehicle insurance.

At the Dimondale Lancaster site, the facility van was missing the front license plate.

Recommendation

Dimondale management shall ensure that:

1. Each Dimondale site will ensure that all vehicles are consistently maintained and in good repair, which includes placement of both license plates and updated proof of vehicle insurance.

Facility and Environment

An inspection of the interiors and exteriors of Dimondale Group Homes revealed some deficiencies that required correction.

At the Dimondale Carson site, Bedroom #2, there was graffiti writing on the dresser. In the main bathroom, there was mold around the bottom wall tile located near the corner of the bathtub wall, about a two inch area.

At the Dimondale Long Beach site, in the kitchen, the sink base cabinet door was completely missing, and the kitchen refrigerator light bulb was not working.

At the Dimondale Hawthorne site, Bedroom #3 bathroom, there was mold around the shower tile walls, about an area of two inches. In the main bathroom, there was mold around the bathtub area that was also about a two inch area.

Recommendation

Dimondale management shall ensure that:

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

Maintenance of Required Documentation and Service Delivery

Of the seven (7) Initial Needs and Services Plan (NSP) reviewed, two (2) were missing a signature from the CSW. Therefore, Dimondale Group Home was not in compliance with the section "Did the Group Home obtain or document efforts to obtain the County worker's authorization to implement the NSP?"

Of the seven (7) Initial NSPs reviewed, two (2) were missing Group Home staff signatures indicating that the plan was discussed with Group Home staff. Therefore, Dimondale Group Home was not in compliance with the section "Are the NSP's implemented and discussed with the Group Home staff?"

Of the seven (7) Initial NSPs reviewed, one (1) had no goals listed in any of the goal sections, and was therefore not in compliance with the section "Are the sampled children progressing toward meeting the Needs and Services Plan (NSP) case goals",

Of the seven (7) Initial NSPs reviewed, all seven (7) were deemed non-comprehensive. All Seven (7) Initial NSPs did not provide "SMART" goals, as there was no reference to specific detailed time frames. In addition, in one (1) of the NSPs, there was a substance abuse goal when there was no documented history of substance abuse for the youth. In two (2) NSP's, there was no documentation stating when the two (2) youth had their medical/dental follow up, although it was documented on another log.

Of the three (3) Updated NSP's reviewed, three (3) NSPs were deemed non-comprehensive because they did not provide "SMART" goals that had specific detailed time frames and the goals were not realistic. For example, one goal had the youth decreasing negative behavior by going from seven (7) to zero (0) each week in one quarter, which is not realistic or practical.

Recommendation

Dimondale management shall ensure that:

1. Each child's NSP has the County worker's signature indication the authorization to implement.
2. Each child's NSP has the Group Home staff's signature indicating that NSP's are implemented and discussed with Group Home staff.
3. Each child is progressing towards meeting their NSP goals.
4. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Initial NSP.
5. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Updated NSP.

Personal Needs/Survival and Economic Well-Being

Three (3) children revealed in their interviews that they were not encouraged or assisted in creating a Life Book/Photo Album.

Recommendation

1. Dimondale management shall ensure that all placed children are encouraged in creating a Life Book/Photo Album during their stay at the Group Home.

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

PPQA/GHM's last compliance report dated October 20, 2015, identified 9 recommendations.

Results

Based on the follow-up, Dimondale fully implemented five (5) previous recommendations for which they were to ensure that:

- The deficiencies noted to the Exterior, Common Areas and Children's Bedrooms were repaired or replaced with in accordance with CCL, Title 22 Standards. At Dimondale (Lancaster), the outside screen door was replaced. At Dimondale (Carson), all graffiti and writing in the bedrooms were removed and the overhead light was fixed. At Dimondale (Long Beach), all writing on the drawer was removed. At Dimondale (Hawthorne), in Bedroom #2, the dresser was fixed, and the writing on the bed was removed.
- All of the NSP's had the County workers' monthly contacts date included.
- Dimondale Management provided documentation that all children were enrolled in school within three (3) days and/documentation.
- Dimondale Management provided documentation to verify each employee's updated driver's license, which was placed in their personal file.
- Dimondale Management provided updated training information, which was placed in the employees personnel file.

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

- Dimondale Management failed to implement the NSP has the County worker's signature.

Dimondale Group Home Compliance Review

June 2016

Page 5 of 5

- Dimondale Management failed to develop timely, comprehensive, Initial NSPs
- Dimondale Management failed to develop timely, comprehensive, Updated NSPs.

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 2015-2016, fiscal year.



Administration Office
 23880 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
 Falcia Franklin

EXECUTIVE DIRECTOR
 Andrea Fleming

DIRECTOR
 Kenneth Fleming

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

June 30, 2016

Dear DPO Ro,

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

Licensure/Contract Requirements:

Long Beach Site

- 1. Deficiency: Expired auto Insurance card.**

Reason: Management at the Long Beach facility neglected to let the corporate office know that they were in need of the new Insurance card.

Correction Plan: The Corporate office had the new insurance card. It has been distributed to the Long Beach site. There was no lapse in insurance. The Administrator of the facility will ensure that the insurance card in the vehicle is the current one.

Lancaster site

- 2. Deficiency: No front license plate on the vehicle.**

Reason: The front license plate had been stolen off of the vehicle.

Correction Plan: The theft was reported to the authorities. Dimondale is waiting for the new license plates to be issued. The Administrator will follow up with the Corporate office to ensure that the license plate has been re issued or replaced.

FACILITIES

DACF # 1
 1832 E. Dimondale Dr.
 Carson, CA 90746
 Phone: (310) 791-3084
 Fax: (310) 832-9078
 Lic. No. 198203822

DACF # 2
 4418 63rd St. W.
 Lancaster, CA 93536
 Phone: (310) 791-3084
 Fax: (660) 722-3178
 Lic. No. 197605014

DACF # 3
 2509 W. 155th Place
 Hawthorne, CA 90250
 Phone: (310) 791-3084
 Fax: (323) 777-8250
 Lic. No. 198204471

DACF # 4
 1401 N. Anaheim Pl
 Long Beach, CA 90804
 Phone: (310) 791-3084
 Fax: (562) 494-1083
 Lic. No. 197604839



Administration Office
23860 Hawthorne Blvd. Suite 208
Torrance, CA 90505
Phone: (310) 791-3064 Fax: (310) 791-3084
www.dacfs.org

Facility and Environment:

Carson Site

1. **Deficiency:** Bedroom #2 graffiti on the dresser.

Reason: During routine room checks, staff failed to note that there was graffiti on the dresser.

Correction Plan: The graffiti on the dresser has been removed. All direct care staff will make a note of any markings during their shift walkthroughs. They will put in a maintenance request and report it to their immediate supervisor. All Supervisors will be expected to follow up on all maintenance requests in a timely manner.

2. **Deficiency:** There was mold on the bathroom tile.

Reason: Dimondale staff failed to report the mold buildup and was using insufficient cleaning products and procedures to ensure that the mold didn't develop.

Correction Plan: The mold has been removed from the main bathroom. Appropriate cleaning products have been purchased and utilized. Direct Care Staff has been retrained on the correct procedures to remove the mold and to maintain the shower walls to deter the mold from returning. A maintenance report will be filled out by Direct Care Staff immediately when there are any indications of mold or any build up in the restrooms. All Supervisors will be responsible in ensuring that staff is aware of the reporting procedures.



Administration Office
23868 Hawthorne Blvd. Suite 200
Torrance, CA 90505
Phone: (310) 791-3064 Fax: (310) 791-3084
www.dacfs.org

Long Beach Site

1. **Deficiency:** Missing front cabinet door underneath the kitchen sink.

Reason: The cabinet door had been reported by staff, however when the auditor was on site the cabinet door hadn't come back from the repair shop.

Correction Plan: The missing front cabinet door has been replaced. The missing front cabinet door was in the process of being repaired when the audit took place.

2. **Deficiency:** The refrigerator light bulb was not working.

Reason: Dimondale staff didn't report that the light bulb was out. Dimondale staff was negligent in their reporting procedures. They did not follow proper protocol and stated they forgot to fill out the required documentation.

Correction Plan: The light bulb in the refrigerator has been replaced. Dimondale staff will check for light bulbs that are out during their beginning and end of shift walk through. All staff members will report all maintenance issues by faxing a maintenance report to the Corporate office. Dimondale supervisors will ensure that all staff is reminded of Dimondale procedures regarding maintenance issues.

Hawthorne Site

1. **Deficiency:** Mold around the bathtub in the main bathroom. Mold around the shower bedroom #3.

Reason: Mold buildup occurred due to staff not utilizing the correct cleaning products, neglecting to note the mold in their end of shift summary or filling out a maintenance report.

Correction Plan: The mold around the bathtub and in the shower has been removed by using the correct cleaning products. Dimondale staff will fill out a maintenance request immediately when there are any indications of mold or any build up in the restrooms. The staff will continue to utilize the appropriate cleaning products when cleaning the restrooms.



Administration Office
23860 Hawthorne Blvd. Suite 280
Torrance, CA 90505
Phone: (310) 791-3064 Fax: (310) 791-3084
www.dacfs.org

Maintenance of Required Documentation and Service Delivery

Dimondale Adolescent Care Facilities NSP's

- 1. Deficiency:** On selected NSP reports the goals were too general, not realistic and not SMART goals. Time frames for specific behaviors were not documented or were unrealistic.

Reason: Some of the LCSW's goals were not specific, measurable and attainable to the youth named in the document. Some of the goals may have been cut and paste from another's youth's NSP. The Case Manager did not do a thorough job when auditing the NSP's and did not notify the Administrator's, LCSW and or the Directors of the errors so they could be rectified in a timely manner.

Correction Plan: The Administrator will ensure that the LCSW has documented the progression of all of the resident's goals. Realistic time frames will be identified in order for reductions in behaviors as dictated in the goals. The Case Manager will audit the NSP's and follow up with the Administrator if the goals are not specific, measurable and attainable. All staff responsible for the NSP's will be re trained. CQJ (Continuous Quality Improvement team) will be reviewing and auditing the NSP's prior to submission.

- 2. Deficiency:** On several NSP's the initial dental and medical was left blank.

Reason: The Administrators did not complete every section in its entirety. It's due to carelessness and not proof reading the document.

Correction Plan: Dimondale's Case Manager will be responsible for auditing the NSP's and reporting any errors or discrepancies in an email to the Administrator and the LCSW. Dimondale's Case Manager has been retrained in order to correctly audit the NSP's and assist the Administrators in making the necessary adjustments. CQJ will be reviewing the NSP's prior to submission.

- 3. Deficiency:** On several NSP's they were missing Group Home staff signatures.

Reason: Several of the NSP's lacked signatures, this is due to carelessness and not following the audit procedures.



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

Correction Plan: The Administrators, LCSW's and the Case Manager's will be retrained by the Program Director on how to obtain vital signatures prior to the NSP due date. The Case Manager and CQI will ensure that the signatures are obtained prior to the due date of the report.

4. **Deficiency:** Several of the NSP's were not developed with the participation of the residents.

Reason: Once a month Dimondale has a staff meeting and a Treatment Team meeting at each facility. At this time the girls NSP's, permanency plan and goals are discussed. Those in attendance are the therapists, residents, staff members, placement agencies, parents or guardians and management team. Dimondale staff didn't use due diligence.

Correction Plan: The Administrators will ensure that the appropriate parties meet monthly and that all parties are aware of each individual resident's goals, needs and permanency. A sign in sheet will be signed by all that are in attendance. Dimondale management will ensure that all of the residents are present during the treatment team meeting to discuss their individual programs, goals and NSP's. If the residents are not able to attend the treatment team meeting than an additional meeting will be held that works with the residents' schedules. The Administrator will make any adjustments to the schedule.



Administration Office
23868 Hawthorne Blvd. Suite 200
Torrance, CA 90505
Phone: (310) 791-3064 Fax: (310) 791-3084
www.dacfs.org

Personal Needs/Survival and Economic Well Being

Carson Site

1. **Deficiency:** One of the residents stated that they did not have life books.

Reason: Dimondale staff failed to provide Life Books to the children due to a staff oversight.

Correction Plan: All Facility Supervisors have been instructed to ensure that all residents receive Life Books upon their placement at the Group Home. They will also encourage the children to participate during the specified time designated for Life Books. The facilities will work on Life Books on a weekly basis and they will contain, pictures, report cards, art work and any other memorabilia important to the youth.

Hawthorne Site

1. **Deficiency:** One of the residents stated that they did not have life books.

Reason: Dimondale staff failed to provide Life Books to the children due to a staff oversight.

Correction Plan: All Facility Supervisors have been instructed to ensure that all residents receive Life Books upon their placement at the Group Home. They will also encourage the children to participate during the specified time designated for Life Books. The facilities will work on Life Books on a weekly basis and they will contain, pictures, report cards, art work and any other memorabilia important to the youth.



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

Respectfully,

Ken Fleming
Director

Fleming & Barnes, Inc. dba Dimondale Adolescent Care Facilities