



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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TERRI L. McDONALD
Chief Probation Officer

August 14, 2017

TO: Supervisor Mark Ridley-Thomas, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Terri L. McDonald
Chief Probation Officer 

**SUBJECT: DIAKONIA INC. GROUP HOME CONTRACT COMPLIANCE MONITORING
REVIEW**

The Department of Probation and Children and Family Services, Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), conducted a review of Diakonia Inc. Group Homes in December 2016. Diakonia Inc. has three (3) sites; May Wright, Achieve Residential Center, and Home of Excellence, which are all located in the Third Supervisorial District of San Bernardino County. They provide services to Los Angeles County Probation and Department of Children & Family Services' (DCFS) foster children. According to Diakonia Inc.'s program statement, its purpose is to provide therapeutic treatment services to adolescents, focusing on behavioral problems, interpersonal difficulties, low self-esteem, anger management, victims of abuse, poor school performance, substance abuse and family conflicts.

Diakonia Inc. – May Wright is a 6-bed site and is licensed to serve a capacity of six (6) boys, 6-17 years of age and Non-Minor Dependents (NMDs). Diakonia Inc. - Achieve Residential Center is a 6-bed site and is licensed to serve a capacity of six (6) girls, 6-17 years of age and NMDs. Diakonia Inc.- Home of Excellence is a 6-bed site and is licensed to serve a capacity of six (6) girls, 6-17 years of age and NMDs. At the time of this review, Diakonia Inc. was serving four (4) Los Angeles County Probation children and two (2) DCFS children, and the overall length of placement was 7.9 months, and their average age was 17.2 years old.

The interview sample consisted of all six (6) children. There were three (3) children in the sample; one (1) DCFS and two (2) Probation, who were prescribed psychotropic

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medication. Those cases were reviewed for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files, two (2) Probation and three (3) DCFS, were reviewed to access compliance with permanency efforts, and five (5) staff files were also reviewed for compliance with Title 22 Regulation and County Contract Requirements.

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Diakonia Inc. and that they were provided with good care and appropriate and effective services of quality, were comfortable in their environment and treated with respect and dignity. Diakonia Inc. was in compliance with five (5) of the 10 areas of our Contract Compliance Review: "Education & Workforce Readiness; Health & Medical Needs; Psychotropic Medication; Personal Rights & Social/Emotional Well-Being; and Discharged Children."

PPQA/GHM noted deficiencies in five (5) of the 10 areas; with seven (7) deficient elements out of 76 specific elements within the 10 areas. Although, there were no egregious findings or child safety issues in any of the areas, some of the same deficiencies from the last review period were in five (5) of the 10 areas. In the area of "Licensure/Contract Requirements", Diakonia Inc. needed to ensure that all youth receive their weekly allowance in a timely manner. In the area of "Facility and Environment", Diakonia Inc. needed to make minor repairs to ensure that all bedrooms and closets were free from graffiti, that all rooms are painted and that all lamps have proper working light bulbs. In the area of "Maintenance of Required Documentation and Service Delivery," Diakonia Inc. failed to have all Needs and Services Plans written accurately, comprehensively and in accordance with SMART guidelines. In the area of "Personal Needs/Survival and Economic Well-Being," Diakonia Inc. needed to ensure that all children are encouraged and supported by staff in keeping a Life Book. Lastly, in the area of "Personnel Records," Diakonia Inc. needs to ensure all personnel files have the proper documentation for all employees.

REVIEW OF REPORT

On December 14, 2016, Probation PPQA Monitor Joseph Ninofranco held an Exit Conference with Diakonia Inc. Administrator Ingrid Peyrefitte agreed with the review findings and recommendations and was 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).

Diakonia Inc. provided the attached approved CAP addressing the recommendations noted in this compliance report and explained how they will ensure that the repeated deficiencies of the same nature will be avoided in the next review. 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; however, an additional check will be required to ensure that permanent changes were made. 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 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.

TLM:FC

LD:LCM:tg

Attachments (3)

c: Sachi A. Hamai, Chief Executive Officer
John Naimo, Auditor-Controller
Brandon T. Nichols, Interim Director, Department of Children and Family Services
Public Information Office
Audit Committee
Sybil Brand Commission
Community Care Licensing
Latasha Howard, Department of Probation, Contracts
Ingrid Peyrefitte, Diakonia Inc., Administrator

**DIAKONIA INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW SUMMARY**

DIAKONIA INC, MAYWRIGHT
LICENSE NUMBER: # 360911229
RATE CLASSIFICATION LEVEL: # 10

DIAKONIA INC, ACHIEVE
LICENSE NUMBER: # 366401135
RATE CLASSIFICATION LEVEL: # 10

DIAKONIA INC, HOME OF EXCELLENCE
LICENSE NUMBER: # 360911242
RATE CLASSIFICATION LEVEL: # 10

	Contract Compliance Monitoring Review	Findings: December 2016
I	<p><u>Licensure/Contract Requirements</u> (8 Elements)</p> <ol style="list-style-type: none"> 1. The Group Home was free of any substantiated Community Care Licensing Division (CCLD) complaints on child abuse/safety and/or physical deficiencies since the last review. 2. Vehicles used to transport children are maintained in good repair. 3. Disaster drills are conducted at least every six months and documented. 4. The runaway policy is documented and properly maintained. 5. Detailed sign-in/out logs are maintained. 6. Weekly allowance logs are accurately maintained. 7. Monthly clothing allowance logs are accurately maintained. 8. SIRs documented in the NSPs and case files being properly reported via the I-track system. 9. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Needs Improvement 7. Full Compliance 8. Full Compliance
II	<p><u>Facility and Environment</u> (5 Elements)</p> <ol style="list-style-type: none"> 1. The exterior and the grounds of the Group Home are well maintained. 2. Common quarters are well maintained. 3. Children's bedrooms are well maintained. 4. The Group Home maintains adequate recreational equipment and educational resources in good repair and makes them readily available to children. 5. The Group Home maintains adequate nutritious perishable and non-perishable foods. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Needs Improvement 3. Needs Improvement 4. Full Compliance 5. Full Compliance

III	<p><u>Maintenance of Required Documentation and Service Delivery</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. The initial NSP was completed accurately and on time. 2. The Updated NSPs were completed accurately and on time. 3. The Group Home provided children with counseling and other services (based on current NSPs). 	<ol style="list-style-type: none"> 1. Needs Improvement 2. Needs Improvement 3. Full Compliance
IV	<p><u>Educational and Workforce Readiness</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. Children are enrolled in school within three school days. 2. The Group Home ensures the children attend school as required. 3. The Group Home ensures the children's report cards or progress reports, and if applicable, current copies of IEPs are maintained in their files. 	Full Compliance (ALL)
V	<p><u>Health and Medical Needs</u> (4 Elements)</p> <ol style="list-style-type: none"> 1. Initial medical exams are conducted timely. 2. Initial dental exams are conducted timely. 3. Required follow-up medical examinations are conducted timely. 4. Required follow-up dental examinations are conducted timely. 	Full Compliance (ALL)
VI	<p><u>Psychotropic Medication</u> (2 Elements)</p> <ol style="list-style-type: none"> 1. Current Court-Approved Authorizations are on file. (including accurate dosage) 2. Psychiatric Evaluation/Reviews (561c) are current. 	Full Compliance (ALL)
VII	<p><u>Personal Rights and Social/Emotional Well-Being</u> (18 Elements)</p> <ol style="list-style-type: none"> 1. Children are informed of the Group Home's rules and consequences. 2. Children report the consequences for not following the rules are fair. 3. Children are informed of the Foster Youth Bill of Rights. 	Full Compliance (ALL)

	<ol style="list-style-type: none"> 4. Children participate in the development of their NSPs. 5. Children are supervised by staff. 6. Children are treated with respect. 7. Children feel safe in the Group Home. 8. Children have an adult they can talk with privately. 9. Children are allowed to have private telephone calls and to send and received unopened mail. 10. Children have privacy during the visits with family or close friends. 11. Children are offered to participate in mentorship program. 12. Children are allowed to attend or not attend religious services of their choice. 13. Children are given the opportunity to participate in planning recreational activities with the staff. 14. Children are given the opportunity to participate in recreational activities at the Group Home. 15. Children are given the opportunity to participate in extracurricular or community activities. 16. Children's chores are reasonable. 17. Children are informed about their rights to medical and dental treatment (right to refuse). 18. Children are informed about their right to refuse psychotropic medication. 	
VIII	<p><u>Personal Needs/Survival and Economic Well-Being</u> (16 Elements)</p> <ol style="list-style-type: none"> 1. Children are provided with medical care when needed. 2. Children are provided with dental care when needed. 3. Children are provided with transportation. 4. Children are encouraged and supported by staff in keeping a Life Book. 5. Children are assisted by adults in completing schoolwork when help is needed. 6. Children are provided with youth development or daily living skills services. 7. Children are provided with their own personal hygiene items. 8. Children get enough food to eat. 9. Children with special diet needs are provided with accommodations by the staff. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Improvement Needed 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance

	<ol style="list-style-type: none"> 10. Children receive at least the basic weekly allowance. 11. Children are free to spend their allowance, as long as they are appropriate purchases. 12. Children receive at least the basic clothing allowance. 13. Children are able to choose the clothes they buy, as long as they are appropriate. 14. Children have enough clothes to wear. 15. Children are supervised while in the pool area. 16. Children report the home is free of unsecured dangerous items. 	<ol style="list-style-type: none"> 10. Full Compliance 11. Full Compliance 12. Full Compliance 13. Full Compliance 14. Full Compliance 15. Full Compliance 16. Full Compliance
IX	<p><u>Discharged Children</u> (3 Elements)</p> <ol style="list-style-type: none"> 1. The Group Home placed the child in accordance with their program statement and population criteria. 2. The Group Home discharged the child in accordance with the NSP permanency plan, or to a lower level of care. 3. The Group Home attempted to stabilize the child's placement prior to requesting a removal. 	<p>Full Compliance (ALL)</p>
X	<p><u>Personnel Records</u> (14 Elements)</p> <ol style="list-style-type: none"> 1. Staff signed a criminal record statement (LIC 508) prior to or on hire date. 2. Staff received criminal clearance from CCLD prior to hire date. 3. Staff received medical clearance within 1 year prior to hire date or within seven days after hire date. 4. Staff received TB clearance within 1 year prior to hire date or within seven days after hire date. 5. Staff met educational and/or experience requirements in accordance with the agency's program statement and Title 22. 6. Staff signed the agency's policies, including confidentiality agreement and mandated reporter acknowledgement. 7. Staff had current California driver's license on file. 8. Staff had current CPR certification on file. 9. Staff had current First Aid certification on file. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance 3. Full Compliance 4. Full Compliance 5. Improvement Needed 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance

	10. Staff received initial emergency intervention training (e.g. Pro-ACT).	10. Full Compliance
	11. Staff received initial 24 hour training (8 hours prior to supervision and 16 hours within 90 days of hire).	11. Full Compliance
	12. Staff has current emergency intervention training on file (e.g. Pro-ACT).	12. Full Compliance
	13. Staff received 20 hours of on-going training.	13. Full Compliance
	14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.	14. Full Compliance

**DIAKONIA, INC. GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The purpose of this review was to assess Diakonia, Inc. compliance with the County contract and State regulations and include a review of the Diakonia, Inc. 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, six (6) placed 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 this review, three (3) placed children were prescribed psychotropic medication, one (1) DCFS and two (2) Probation. Their case files were reviewed to assess for timeliness of Psychotropic Medication Authorizations (PMAs) and to confirm the required documentation of psychiatric monitoring. Additionally, five (5) discharged children's files, two (2) DCFS and three (3) Probation, were reviewed to assess Diakonia, Inc. 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 five (5) areas were out of compliance.

Licensure/Contract Requirements

During an inspection of the allowance logs for all children, the logs showed that no residents had received their allowances for two weeks, the weeks of 11/14/16 and 11/21/16. However, during the children's interviews, they all reported that

they do receive their minimum weekly allowance of \$7.00 weekly and that they received their allowances for both weeks right before going on home pass for the Thanksgiving break but didn't sign for it. The logs were signed by children after the monitor brought this to Diakonia Administration's attention for both weeks.

Recommendation

Diakonia, Inc. management shall ensure that:

1. All children shall receive their weekly allowance in a timely manner. Furthermore, all weekly allowance logs shall be properly maintained with signatures of children upon acceptance of weekly allowance.

Facility and Environment

During an inspection of the interiors and exteriors of Diakonia, Inc., some cosmetic deficiencies that require correction were noted in the Common Area and the Bedrooms.

At Diakonia - Maywright, there was tile peeling off of the guest bathroom wall in the shower located in a common area hallway. Also, in Bedroom #1, one of the walls needed paint touch up, as it does not match the rest of the room. Bedroom #2 at Maywright had graffiti on the top drawer of the children's dresser and was missing a light bulb in the room ceiling fan. Lastly, in Bedroom #3, there was graffiti on the bed frame.

At Diakonia Achieve, Bedroom #2 had a bent closet shelf that needed replacement.

Recommendation

Diakonia Inc. management shall ensure that:

1. All of the aforementioned physical deficiencies sited in the Common Areas are repaired in a timely manner.
2. All of the aforementioned physical deficiencies sited in Children's Bedrooms are repaired in a timely manner.

Maintenance of Required Documentation and Service Delivery

Six (6) children's files were reviewed; however, one (1) Probation child was placed three weeks prior to the review and did not have any NSPs on their file. Of the five (5) children's NSPs reviewed, five (5) were placed long enough to

have Initial NSPs in their file, and only three (3) children were placed long enough to have Updated NSPs in their file. It should be noted that one (1) DCFS child has been placed in the Group Home for 31 months.

Of the five (5) Initial NSPs reviewed, they were vague and not comprehensive, lacking in detail, and were not in accordance to SMART guidelines. Also, the Initial NSPs did not show goals that were child-specific and targeted towards why they were in foster care. They appear to have not been developed with the youth and their family in that they were generic, simplistically written, not clearly defined for each child and did not have clear target dates on when these goals will be achieved. One NSP did not have a goal of family therapy when it was clear that the parent was actively involved and in need of this supportive resource. This same NSP had the "N/A" box checked for Education when this section should have been completed. The signature pages were missing either the youth or parent's signatures or both. Lastly, the Initial NSPs were non-compliant in the area of Concurrent Planning, which was also an area of non-compliance noted in the last review, in that there is no narrative explaining why Adoption or LG is not the Concurrent Plan.

Of the five (5) Updated NSPs reviewed, they were vague and not comprehensive, lacking in detail, and were not in accordance to SMART guidelines. Also, they did not show goals that were child-specific and targeted towards why they were in foster care. They appear to have not been developed with the youth and their family in that they were generic, simplistically written, not clearly defined for each child and did not have clear target dates on when these goals will be achieved. The NSPs did not show new or modified goals for the child or include additional supportive resources to assist the child and family with completing the goals. One NSP had the Initial box checked when the Quarterly Report box should have been checked. The signature pages were missing either the youth or parent's signatures or both. Lastly, the Updated NSPs were non-compliant in the area of Concurrent Planning in that there is no narrative explaining why Adoption or LG is not the Concurrent Plan.

Recommendation

Diakonia Inc. management shall ensure that:

1. All Initial NSPs be completed accurately, comprehensively and in accordance with SMART guidelines.
2. All Updated NSPs be completed accurately, comprehensively and in accordance with SMART guidelines.

Personal Needs/Survival and Economic Well-Being

During the six (6) children's interviews, one (1) child revealed that he was not encouraged and supported by staff to keep a Life Book. He stated that he was not given a Life Book during his initial orientation in the Group Home and has still not been given one. He stated he was unaware of what a Life Book is.

Recommendation

Diakonia Inc. management shall ensure that:

1. Life Books are provided to all children with an explanation of what goes in a Life Book and assist and encourage them to use their Life Books. This is in accordance with the Master County Contract, which states that the Provider "shall encourage and assist each Placed Child in creating and updating a life book/photo album of items that relate to their childhood memories."

Personnel Records

A review of five (5) personnel files revealed that one (1) staff did not have the proper educational requirement paperwork in accordance with the agency's program statement and Title 22.

Recommendation

Diakonia Inc. management shall ensure that:

1. All personnel records shall have the proper educational requirement paperwork in accordance with Diakonia's program statement and Title 22.

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

PPQA/GHM's last compliance report dated July 7, 2015, identified ten (10) recommendations.

Results

Based on the follow-up, Diakonia Inc. fully implemented six (6) of the eleven (11) previous recommendations for which they were to ensure that:

- All vehicles remain in good repair with no missing and broken items, such as, the tire wall jack storage area and that the upholstery is repaired and maintained.
- All perishable foods are adequate and have the purchase and expiration dates clearly marked on items prior to storing on shelves.
- All children are enrolled in school within three (3) days of being placed and all paperwork is available.
- All placed children are discharged according to their permanency plan.
- All placed children are progressing towards their goals.
- All employees have a copy of their valid driver's licenses in their personnel files.

However, the follow-up review discovered that Diakonia Inc. failed to fully implement four (4) of the previous 10 recommendations for which they were to ensure that:

- All of the physical deficiencies sited in the common areas were repaired in a timely manner.
- All of the physical deficiencies sited in the children's bedrooms were repaired in a timely manner.
- All NSP deficiencies were corrected, so that each child has a comprehensive Initial NSP and have child specific language in all initial NSPs.
- All NSP deficiencies were corrected, so that each child has a comprehensive Updated NSP, which have child specific language, correctly documenting all the children's SIRs and completed NSPs are placed and readily available in each child's file.
- Life Books are provided to all children with an explanation of what goes in a Life Book and assistance and encouragement to use of their Life Books.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Diakonia, Inc. was not scheduled by the Auditor Controller's Office for the 2016-2017, Fiscal Year.



July 26, 2017

Monitoring Review CAP

I. **LICENSURE/CONTRACT REQUIREMENTS:**

Non-compliance:

During the monitoring review on December 1, 2016 it was observed that the youth had not signed for there allowance on November 18th & 25th.

Cause of non-compliance:

1. Facility manager issued allowance on Friday, November 18, 2016 for two (2) weeks to Directly after school. All residents did not sign for their allowance due to not returning to The facility after school. They went directly on their extended home-pass, from school and did not return to the facility until Sunday, November 27, 2016. Facility manager did not ensure that residents had signed for their allowances when they returned from their home-passes, this was an over-sight. However, all youth received their allowances For the week of November 18th & 25th.

Corrective action:

1. Facility manager received a written warning due to not ensuring the residents had signed for their allowances.
2. All residents signed for their allowances on 12/1/16, once the monitor brought it the Facility Managers attention. The procedures are as follows; money is allotted for all youth of their weekly allowance on every Friday. However, since the youth were on extended home-passes it was not discovered that there was not a signature until the monitor came on-site. The youth were not scheduled to receive their next weekly allowance until 12/2/16, the following day.
3. Facility Manager and other staff were re-trained 12/5/16 on new procedures for Distributing and documenting allowance.

Quality Assurance to maintain compliance:

1. All residents will receive their weekly allowance no later than Friday; they will be required to sign for all allowances at that time.

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2. Residents that will be off grounds for extended passes will receive allowance prior to departure and be required to sign for allowance at that time or the previous day before departure. T. Merritt, will be the QA, to ensure all proper signatures of all youth will be documented.

II. FACILITY AND ENVIRONMENT

Non-compliance:

The exterior and the grounds of the Group Home are well maintained. Common quarters are well maintained. Children's bedroom is well maintained.

Cause of non-compliance:

1. MayWright: Tile peeling off bathroom wall in shower of the guest full-size bathroom in the hallway, which is a common area. Bedroom #1 wall needs Paint. Bedroom #2 has graffiti in top drawer of dresser and missing light bulb in ceiling fan.
2. Achieve: Bedroom #2 closet shelf is bent.

Corrective actions:

1. MayWright: The tile peeling off on bathroom wall was noted to the maintenance dept. prior to the monitoring review. The tile was replaced on the bathroom wall. The graffiti is an on-going problem with some of our male youth. The graffiti had been removed 24 hours before the review, this area was an oversight. The youth will remove 1 or more of the light bulbs, complaining that it is too much light. The graffiti was removed immediately and light bulb was replaced the same day of the monitoring review.
2. Achieve: The shelf in the closet had normal wear and tear of youth placing their personal items on the shelf. The shelf was replaced within a 24-hour time frame.

Quality Assurance to maintain compliance:

1. Repairs are completed within a 24 -hour timeframe by maintenance department on a continuous basis.
2. Facility manager will continue to ensure on a daily basis, that there is a routine check of the facility and repairs are completed within a 24-hour time frame.

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III. MAINTENANCE OF REQUIRED DOCUMENTATION AND SERVICE DELIVERY

Non-compliance:

Initial NSPs reviewed were not in accordance to SMART guidelines. Updated NSPs reviewed were not in accordance to SMART guidelines.

Cause of non-compliance:

1. In previous years during our monitoring review that was conducted LA County DCFS Trained our agency on NSP'S. However our agency has had a lapse in training since 2015. LA County Probation Department will be conducting Training on July 31, 2017

Corrective actions:

1. Therapist will interview all residents within 30 days of placement and obtain information from resident files and speaking with residents.
2. NSP's will be in detail in *SMART* format, Goals will be simplistically written and clearly define what the youth will be responsible to achieve. Goals written will be based on what the youth wants to achieve while in the current placement. Goals will be written within the ability of the youth to achieve with a target date such as "by when" to guide goals to successful and timely completion.
3. The updated NSP'S will be written to reflect new goals or modified goals in the same *SMART* format.

Quality Assurance to maintain compliance:

1. Our agency will attend a training provided by Los Angeles County Probation on July 31, 2017. To ensure our agency is in full compliance we will provide on-going refresher training on SMART GOALS to meet the needs of our youth.
2. The Administrator and Program Manager will be responsible for ensuring that all NSP's are complete in the SMART format.

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VIII. PERSONAL NEEDS/SURVIVAL AND ECONOMIC WELL-BEING

Non-compliance:

Children are encouraged and supported by staff in keeping a life-book.

Cause of non-compliance:

1. The youth stated to reviewer that he did not have a life book. The youth does have a life book stored in the office for his personal use.

Corrective actions:

1. The agency does distribute life books to all youth, however they are stored in the office for safe-keeping.
2. The recreational coordinator supplies all youth with their personal printed pictures on a monthly basis.

Quality Assurance to maintain compliance:

1. The agency has added additional requirements to our procedure. All youth will also take a photograph with their life book in hand upon entry and they will sign a copy of the form acknowledging that they have received their life book.
2. Recreational Liaison will assist youth in printing suggested pictures to have placed in their life books. At that time, life books will be secured in the staff office. All youth will have access to their life books at any time by their request.

IV. PERSONNEL RECORDS

Non-compliance:

Employee does not have a high school diploma.

Cause of non-compliance:

- 1.No educational qualifications for Jackie Haley.

Corrective actions:

1. The agency maintains 2 separate personnel files, the file placed at the facility subsequently did not have education requirements this was an oversight.
2. The educational requirements were immediately placed in the personnel file placed at the facility.

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Quality Assurance to maintain compliance:

1. The agency has adopted a new procedure for all personnel records will be stored in a electronic file to have access at all times at each facility.

Ingrid Peyrefitte
Ingrid Peyrefitte, Program Manager

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