



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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TERRI L. McDONALD
Chief Probation Officer

May 15, 2018

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

FROM: Terri L. McDonald *Terri L. McDonald*
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 May 2017. Dimondale has five (5) sites located in Los Angeles County: three (3) sites are located in the Second Supervisorial District (Carson, Gardena and Hawthorne); one (1) site is located in the Fifth Supervisorial District (Lancaster); and one (1) site is located in the Fourth Supervisorial District (Long Beach). Dimondale provides services to Los Angeles County Probation foster children and Department of Children and Family Services (DCFS) foster children. According to Dimondale's program statement, its purpose is to provide residential treatment services to abused, troubled and neglected children 12-17 years of age.

Dimondale has five (5) six-bed sites, and is licensed to serve a capacity of 24 girls and six (6) boys. At the time of this review, Dimondale was providing care for 18 Probation children and nine (9) DCFS children. The overall average length of placement was three (3) months and overall average age was 15.5. For the sample size, the placed children's average length of placement was 4.1 months, and their average age was 16 years.

Seven (7) children total – four (4) Probation children and three (3) DCFS children – were randomly selected for the interview sample. Additionally, three (3) discharged children's files were reviewed to assess compliance with permanency efforts, and five staff files were reviewed for compliance with Title 22 Regulations and County Contract Requirements.

Rebuild Lives and Provide for Healthier and Safer Communities

SUMMARY

During the PPQA/GHM review, the interviewed children generally reported feeling safe at Dimondale, that they were provided with good care and appropriate services, were comfortable in their environment, and were treated with respect and dignity. Dimondale was in compliance with five (5) of the 10 areas of the Contract Compliance Review: Education and Workforce Readiness; Psychotropic Medication; Personal Needs/Survival and Economic Well-Being; Discharge Children and Personnel Records.

PPQA/GHM noted deficiencies in five (5) of the 10 areas; with eight (8) 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, the same deficiencies from the last review period were in three (3) of the 10 areas. In the areas of "Licensure/Contract Requirements," the Lancaster site's van was missing the vehicle insurance. In the area of "Facility and Environment," Dimondale needs to ensure that the Carson and the Long Beach sites properly remove any mold in the bathrooms, and ensure that the Gardena site's children's bedrooms are properly maintained. Deficiencies were also noted in the area of "Maintenance of Required Documentation and Service Delivery," in that Dimondale needed to develop comprehensive Initial and Updated Needs and Services Plans (NSPs). In the area of "Health and Medical Needs," Dimondale needed to provide accurate dates detailing that one (1) youth had their Initial medical and dental examinations within the first month of their arrival to the Group Home. Deficiencies were also noted in the area of "Personal Rights and Social/Emotional Well Being," in that Dimondale did not allow children to attend religious services.

REVIEW OF REPORT

On May 30, 2017, Probation PPQA Monitor Raymond Ro held an Exit Conference at Dimondale's Corporate Headquarters in Torrance, California, with Dimondale's Director, Ken Fleming, and Program Director, Lyn Ayars. Dimondale 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 provided the attached CAP, addressing the recommendations noted in this compliance report.

A follow-up site visit was conducted after the CAP was received and reviewed to ensure that all deficiencies cited in the CAP were corrected and that systems had been put in place to avoid any future deficiencies; however, additional site visits were required to ensure that permanent changes were made. Additional follow up training was conducted for NSPs to ensure the agency's adherence to their CAP in this area.

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

Each Supervisor
May 15, 2018
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Should you have any questions or require additional information, please contact Director Lisa Campbell-Motton, Placement Permanency and Quality Assurance, at (323) 240-2435.

TLM:SEM:FC
PV:tm

Attachments

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

**FLEMING AND BARNES 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

Gardena site
License # 198209250
Rate Classification: 12

	Contract Compliance Monitoring Review	Findings: May 2017
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. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Improvement Needed 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance
	<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. Improvement Needed 3. Improvement Needed 4. Full Compliance 5. Full Compliance

	<u>Maintenance of Required Documentation and Service Delivery</u> (3 Elements) <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. Improvement Needed 2. Improvement Needed 3. Full Compliance
IV	<u>Educational and Workforce Readiness</u> (3 Elements) <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	<u>Health and Medical Needs</u> (4 Elements) <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. 	<ol style="list-style-type: none"> 1. Improvement Needed 2. Improvement Needed 3. Full Compliance 4. Full Compliance
VI	<u>Psychotropic Medication</u> (2 Elements) <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	<u>Personal Rights and Social/Emotional Well-Being</u> (18 Elements) <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. 	<ol style="list-style-type: none"> 1. Full Compliance 2. Full Compliance

	<ol style="list-style-type: none"> 3. Children are informed of the Foster Youth Bill of Rights. 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. 	<ol style="list-style-type: none"> 3. Full Compliance 4. Full Compliance 5. Full Compliance 6. Full Compliance 7. Full Compliance 8. Full Compliance 9. Full Compliance 10. Full Compliance 11. Full Compliance 12. Improvement Needed 13. Full Compliance 14. Full Compliance 15. Full Compliance 16. Full Compliance 17. Full Compliance 18. Full Compliance
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. 	<p>Full Compliance (ALL)</p>

	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.	
IX	<u>Discharged Children</u> (3 Elements) 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.	Full Compliance (ALL)
X	<u>Personnel Records</u> (14 Elements) 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. 10. Staff received initial emergency intervention training	Full Compliance (ALL)

	<p>(e.g. Pro-ACT).</p> <p>11. Staff received initial 24 hour training (8 hours prior to supervision and 16 hours within 90 days of hire).</p> <p>12. Staff has current emergency intervention training on file (e.g. Pro-ACT).</p> <p>13. Staff received 20 hours of on-going training.</p> <p>14. If site has a pool or other body of water, there is at least one staff with current water safety certification on file.</p>	
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**FLEMING AND BARNES (DIMONDALE) GROUP HOME
CONTRACT COMPLIANCE MONITORING REVIEW
FISCAL YEAR 2016-2017**

SCOPE OF REVIEW

The purpose of this review was to assess Fleming and Barnes (Dimondale) Group Home's compliance with the County contract and State regulations and include a review of Dimondale's Group Home 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 Probation foster children were randomly selected for the sample, four (4) Probation and three (3) DCFS children. Placement Permanency & Quality Assurance (PPQA), Group Home Monitoring (GHM), interviewed each child and reviewed their case files to assess the care and services they received. At the time of the review, there were two (2) placed children that were prescribed psychotropic medication, both DCFS children. Additionally, three (3) Probation discharged children's files were reviewed to assess Dimondale Group Home's compliance with permanency efforts. There were no DCFS children discharged at the time of this review.

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

At the Dimondale Lancaster site, the facility van was missing the most updated proof of insurance. Dimondale Lancaster site had placed the updated proof of vehicle insurance in the vehicle, as revealed during a follow up visit.

Recommendation

Dimondale Management shall ensure that:

1. Vehicles used to transport children are maintained in good repair, which includes maintaining updated proof of insurance in each vehicle.

Facility and Environment

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

At the Dimondale Carson site, in the main bathroom, located in the hallway of the Common Area, there was mold around the shower area, and the globe fixture was missing in the restroom.

At the Dimondale Long Beach site, in the main bathroom, located in the hallway of the Common Area, there was presence of mold around the shower walls.

At the Dimondale Gardena site, in Bedroom #1, the third dresser drawer was missing. In Bedroom #2, there was graffiti on the first dresser drawer.

Recommendation

Dimondale Group Home management shall ensure that:

1. All of the aforementioned deficiencies sited in the Children's Bedroom have been repaired in a timely fashion prior to the Monitor's follow up visit.
2. All of the aforementioned deficiencies sited in the restrooms in the Common Area have been repaired in a timely fashion prior to the Monitor's follow up visit.

Maintenance of Required Documentation and Service Delivery

Of the seven (7) files reviewed, four (4) Initial Needs and Services Plans (NSPs) were not completed in a comprehensive manner. On two (2) of seven (7) Initial NSPs, the Case-Plan Goals and Concurrent Case-Plan Goals did not have the boxes checked for permanency or were checked incorrectly for permanency. Two (2) of seven (7) Initial NSPs were missing all necessary signatures, and one (1) of seven (7) Initial NSPs was missing the parents' signature and had the incorrect date noted next to the signature of the child. In addition, two (2) of seven (7) Initial NSPs did not note SMART goals on the Outcome Goals section, in that they were not measurable. For example, one (1) noted that a child will complete her assignments and participate in tutoring without a time frame and

another noted that a child will remove herself from overwhelming situations, again, without a time frame.

Of the five (5) Updated NSP's reviewed, all five (5) NSP's were not completed in a comprehensive manner. Two (2) of five (5) Updated NSPs did not note SMART goals on the Outcome Goals section, in that they were not measurable. For example, one (1) noted a child will work on speaking with staff in a respectful manner without a time frame, and another noted that she would complete a successful program without more specific details and a time frame. One (1) of five (5) Updated NSPs did not have the Case-Plan Goals and Concurrent Case-Plan Goal checked. In addition, two (2) of five (5) Updated NSPs were missing all necessary signatures, and one (1) of five (5) was dated incorrectly.

Recommendation

Dimondale Group Home's management shall ensure that:

1. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Initial NSP.
2. The aforementioned NSP deficiencies are corrected so that each child has a comprehensive Updated NSP.

Health and Medical Needs

Of seven (7) children's files reviewed, one (1) child did not receive medical and dental care within the first 30 days of placement at the Group Home. The child was placed on October 11, 2016, and it was documented that he received medical care on November 21, 2016, and dental care on November 19, 2016.

Recommendation

Dimondale Group Home's management shall ensure that:

1. All children are provided with timely initial medical examinations and that the dates are documented correctly.
2. All children are provided with timely initial dental examinations and that the dates are documented correctly.

Personal Rights and Social/Emotional Well Being

During the interview process, three (3) children revealed that they were not given an opportunity to attend church services. The children reported that they have

asked Group Home staff to transport them to church services; however, the response has been that there is not enough staff to transport.

Recommendation

Dimondale Group Home management shall ensure that:

1. All children are provided transportation services to attend church services.

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

PPQA/GHM's last compliance report dated December 28, 2016, identified eight (8) recommendations.

Based on the follow-up, Dimondale Group Home fully implemented two (2) of the eight (8) previous recommendations for which they were to ensure that:

Results

- Dimondale management shall ensure that all placed children are encouraged in creating a Life Book/Photo Album during their stay at the Group Home.
- Each child is progressing towards meeting their NSP goals.

However, the follow-up discovered that Dimondale failed to fully implement six (6) recommendations for which they were to ensure that:

- 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.
- All physical deficiencies cited in the children's bedrooms are corrected and repaired in a timely fashion. Even though the Group Home repaired the previous deficiencies, there were new deficiencies found this year.
- Each child's NSP has a County Worker signature to authorize the implementation of the NSP.
- Each child's NSP has the Group Home staff signature indicating that NSPs are implemented and discussed with Group Home staff.
- Dimondale management failed to develop comprehensive Initial NSPs.

- Dimondale management failed to develop comprehensive Updated NSPs.

MOST RECENT FISCAL REVIEW CONDUCTED BY THE AUDITOR-CONTROLLER

A current fiscal review of Fleming and Barnes dba Dimondale was conducted during this fiscal year; however, the agency is in the process of appeal; therefore, the report has not been posted by the Auditor Controller.



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

December 4, 2017

Dear DPO Ro,

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

Licensure/Contract Requirements:

Lancaster Site

1. **Deficiency:** Missing Insurance Card

Reason: A staff member misplaced the card originally issued to the facility. The current insurance card was not in the facility vehicle.

Correction Plan: The Corporate office immediately provided a copy of the card to the facility when notified of the deficiency. There was no lapse in coverage. The Direct Care Workers complete a Shift-Change-Checklist at the beginning of each shift. At that time, the vehicle is checked for damage, cleanliness, gas level, insurance card, registration card and mileage log. The Facility Supervisor reviews the shift change checklist daily, and fills out a Facility Status Log a newly implemented form and reports any deficiencies to the Administrator. The Facility Supervisor or the Administrator generates a week in review report every Friday, which includes a vehicle check, cleanliness, mileage log, damage and ensures that the current registration, AAA card and the current insurance card is in the vehicle. The Administrator reviews the week in review and contacts the corporate office if any paperwork is missing or expiring. Once the Supervisor and the Administrator sign off on the Facility Status log, they are now held responsible and are aware that a write up will occur if the facility isn't up to Dimondale standards.

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. 197804638



Facility and Environment:

Carson Site

1. **Deficiency:** Remove mold from the shower and replace missing globe fixtures.

Reason: Dimondale staff failed to report that there was mold on the grout that was difficult to remove. In addition, they failed to report that the globe fixture was missing.

Correction Plan: Staff removed the mold, however, it came back. The shower has been re-grouted to deter the mold from returning. The organization provides appropriate cleaning products and staff has been instructed on the appropriate way to clean the grout as to keep the build up from returning in the future. Direct Care Staff will create maintenance request when there are any indications of mold or any build up in the restrooms. The Director or designee at the corporate office will ensure that all deficiencies are rectified in a timely manner.

The Direct Care Workers complete a Shift-Change-Checklist at the beginning of each shift. At that time, they check the facility, especially the kitchen and bathrooms, for cleanliness.

The Facility Supervisor reviews the shift change checklist daily, and fills out a Daily Facility Status Log and reports any discrepancies to the Administrator. The Facility Supervisor or the Administrator generates a week in review report every Friday, which includes sections addressing the physical plant, as well as a number of other administrative functions such as planned activities and human resources issues. Once the Supervisor and the Administrator sign off on the Facility Status log, they are now held responsible and are aware that a write up will occur if the facility isn't up to Dimondale standards.

2. **Deficiency:** Replace missing globe fixtures.

Reason: The missing globe fixtures were an oversight. Both staff and management failed to report the issue to the corporate office.



Correction Plan: The missing globe fixtures are now in place. All Direct Care Staff and Management have been reminded while completing their walk through of the facility, they are to note all maintenance issues on the Shift Change Checklist and fax a maintenance request to the corporate office.

The Direct Care Workers complete a Shift-Change-Checklist at the beginning of each shift. At that time, they check the facility for any new damage. The Facility Supervisor reviews the shift change checklist daily, and fills out a Daily Facility Status Log and reports any discrepancies to the Administrator. The Facility Supervisor or the Administrator generates a week in review report every Friday, which includes sections addressing the physical plant, as well as a number of other administrative functions such as planned activities and human resources issues. Once the Supervisor and the Administrator sign off on the Facility Status log, they are now held responsible and are aware that a write up will occur if the facility isn't up to Dimondale standards.

Long Beach Site

1. Deficiency: Presence of mold on the shower walls.

Reason: There was mold on the shower walls due to insufficient cleaning methods by the direct care workers.

Correction Plan

Appropriate cleaning products were purchased and staff has been instructed on the appropriate way to clean the grout as to keep the build up from returning in the future. Direct Care Staff will create maintenance request when there are any indications of mold or any build up in the restrooms. The Director or designee at the corporate office will ensure that all maintenance requests are reviewed and the deficiency is rectified in a timely manner.

The Direct Care Workers complete a Shift-Change-Checklist at the beginning of each shift. At that time, they check the facility, especially the kitchen and bathrooms, for cleanliness.

The Facility Supervisor reviews the shift change checklist daily, and fills out a Daily Facility Status Log and reports any discrepancies to the Administrator. The Facility Supervisor or the Administrator generates a week in review report every Friday, which includes sections addressing the physical plant, as well as



a number of other administrative functions such as planned activities and human resources issues. Once the Supervisor and the Administrator sign off on the Facility Status log, they are now held responsible and are aware that a write up will occur if the facility isn't up to Dimondale standards.

Gardena Site

1. Deficiency: Bedroom #1-missing the 3rd drawer in the dresser.

Reason: A resident broke the dresser drawer. Dimondale management removed the drawer and took it to a service person. When the auditor arrived, the dresser drawer was still out for repair.

Correction Plan: In this instance, Dimondale staff followed appropriate protocol. It was reported in a timely manner, a maintenance report was faxed to the corporate office and the drawer was taken in to be repaired.

2. Deficiency: Bedroom #2-Graffiti on the dresser

Reason: One of the residents had carved graffiti into the wood on the dresser. While conducting their routine walk through, management or the Direct Care Workers failed to note the damage.

Correction Plan: Management and the Direct Care Workers have been reminded of the importance of completing damage inspections at the beginning of their shift and the completion of their shift. All staff have been reminded of Dimondale standards regarding property damage. The graffiti has been filled in with putty and re painted.

Direct Care Staff will create maintenance request when there are any new incidences of graffiti or damage. The Director or designee at the corporate office will ensure that all maintenance requests are reviewed and the deficiency is rectified in a timely manner.

The Direct Care Workers complete a Shift-Change-Checklist at the beginning of each shift. At that time, they check the facility for damages

The Facility Supervisor reviews the shift change checklist daily, and fills out a Daily Facility Status Log and reports any discrepancies to the Administrator. The Facility Supervisor or the Administrator generates a week in review report



every Friday, which includes sections addressing the physical plant, as well as a number of other administrative functions such as planned activities and human resources issues. Once the Supervisor and the Administrator sign off on the Facility Status log, they are now held responsible and are aware that a write up will occur if the facility isn't up to Dimondale standards.

Maintenance of Required Documentation and Service Delivery

Dimondale Adolescent Care Facilities NSP's

1. **Deficiency:** On two NSP's the case plan and concurrent case plan was not marked.

Reason: The Administrator of the facility, failed to check off the box. This was due to carelessness. The CQI team failed to note this deficiency.

Correction Plan:

The Program Director addressed the current NSP deficiencies at the weekly management meeting on July 27, 2017, and with Treatment Team during the quarterly review. All LPHAs, Administrators and Supervisors were at that time made aware that continued errors will result in a disciplinary measures and possible termination.

The Administrator will review the NSP to ensure that all fields are filled in properly. All staff responsible for the NSP's will be re trained on appropriate NSP standards. CQI (Continuous Quality Improvement team) will be reviewing and auditing the NSP's prior to submission. As the company is moving forward towards the transition of becoming an STRTP, Dimondale is seeking a full-time Quality Assurance employee. Currently, this position is part-time.

After approval the STRTP program, the full-time Licensed Practitioner of the Healing Arts (LPHA) who is designated as Head of Service will assume responsibility for the content, accuracy, and implementation of the culturally relevant, trauma-informed, age and developmentally appropriate comprehensive Needs and Services Plan.

2. **Deficiency:** On one NSP the initial date of the report was incorrect. Wrong date for the signature of the youth. No parent signature.



Reason: The Administrator did not check the placement date of the youth. The Administrator did not check the date when the youth signed the document. Nothing was put on the parent signature line. It's due to carelessness and not proof reading the document.

Correction Plan:

The Program Director addressed the current NSP deficiencies at the weekly management meeting on July 27, 2017, and with Treatment Team during the monthly review. All LPHAs, Administrators and Supervisors were at that time made aware that continued errors will result in a disciplinary measures and possible termination.

The Administrator will review the NSP to ensure that all fields are filled in properly. All staff responsible for the NSP's will be re trained on appropriate NSP standards. CQI (Continuous Quality Improvement team) will be reviewing and auditing the NSP's prior to submission. As the company is moving forward towards the transition of becoming an STRTP, Dimondale is seeking a full-time Quality Assurance employee. Currently, this position is part-time.

After approval the STRTP program, the full-time Licensed Practitioner of the Healing Arts (LPHA) who is designated as Head of Service will assume responsibility for the content, accuracy, and implementation of the culturally relevant, trauma-informed, age and developmentally appropriate comprehensive Needs and Services Plan.

3. **Deficiency:** On one NSP, there was a wrong birthday year. The reason for placement needs to be more detailed. Case plan goal, Grandmother is not family reunification. Under concurrent case plan, it should have been either adoption or legal guardianship rather than family finding effort. Date enrolled in school was not documented. Outcome goal #1 is not measurable. Outcome goal method #2 and #3 need to be more specific. On several NSP's all signatures are missing.

Reason: The wrong birthday year, the reason for placement needs to be detailed, the date enrolled in school and the missing signatures is due to carelessness, not following Dimondale standards, and not following the audit procedures. Family reunification was chosen due to the youth being brought up by her Grandmother. The Administrator thought this was the appropriate box to check. Goals were not measurable or specific to the youth. The LCSW



did not write SMART goals. The treatment team did not utilize Dimondale standards in writing or implementing the goals for this youth.

Correction Plan: The Program Director addressed the current NSP deficiencies at the weekly management meeting on July 27, 2017, and with Treatment Team during the monthly review. All LPHAs, Administrators and Supervisors were at that time made aware that continued errors will result in a disciplinary measures and possible termination.

The Administrator will review the NSP to ensure that all fields are filled in properly. All staff responsible for the NSP's will be re trained on appropriate NSP standards. CQI (Continuous Quality Improvement team) will be reviewing and auditing the NSP's prior to submission. As the company is moving forward towards the transition of becoming an STRTP, Dimondale is seeking a full-time Quality Assurance employee. Currently, this position is part-time.

After approval the STRTP program, the full-time Licensed Practitioner of the Healing Arts (LPHA) who is designated as Head of Service will assume responsibility for the content, accuracy, and implementation of the culturally relevant, trauma-informed, age and developmentally appropriate comprehensive Needs and Services Plan.

Health and Medical Needs

Carson Site

- 1. Deficiency: Initial Medical and Dental was not completed within a one month period.**

Reason: The youth was seen for both medical and dental appointments within 30 days. When filling out the NSP the Administrator accidentally put November instead of October as the youth's start date. The correct dates were documented in the body of the NSP. The youth's initial medical exam was 10/21/16 and her Initial Dental was scheduled for 10/19/16, but was rescheduled for 10/28/16. Her date of placement was 10/11/16. This was due to carelessness on the Administrators part and not exhibiting due diligence on the part of the CQI team.



Correction Plan: The Program Director addressed the current NSP deficiencies at the weekly management meeting on July 27, 2017, and with Treatment Team during the quarterly review. All LPHAs, Administrators and Supervisors were at that time made aware that continued errors will result in a disciplinary measures and possible termination.

The Administrator will review the NSP to ensure that all fields are filled in properly. All staff responsible for the NSP's will be re trained on appropriate NSP standards. CQI (Continuous Quality Improvement team) will be reviewing and auditing the NSP's prior to submission. As the company is moving forward towards the transition of becoming an STRTP, Dimondale is seeking a full-time Quality Assurance employee. Currently, this position is part-time.

After approval the STRTP program, the full-time Licensed Practitioner of the Healing Arts (LPHA) who is designated as Head of Service will assume responsibility for the content, accuracy, and implementation of the culturally relevant, trauma-informed, age and developmentally appropriate comprehensive Needs and Services Plan.

Personal Needs/Survival and Economic Well Being **Carson Site**

1. Deficiency: No church service offered

Reason: Dimondale both offered and provided church attendance and transportation in this instance. Dimondale staff did not acquire the appropriate signed and supporting documentation that indicated either church attendance or refusal of offered religious services.

Correction Plan: Residents are required to give forty-eight hours' notice and fill out a community/day/home pass request if they wish to attend specific religious services. Advance notice is necessary to ensure that adequate transportation and personnel are available to service the request, especially if the resident's placement representative has not authorized unsupervised time in the community. Dimondale has an activity log, which documents all of the activities that the residents attend. On August 24th, 2017, Direct Care Staff received additional training on the importance of obtaining the residents signatures when they attend church services as well as other activities. Dimondale maintains a pool of on-call direct care workers to provide extra



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weekend staffing. In the event that there is no staff member available to transport and/or supervise the child, someone from the management team will take the child to his or her church of choice.

Respectfully,

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