

**OKLAHOMA COMMISSION ON CHILDREN AND YOUTH
OFFICE OF JUVENILE SYSTEM OVERSIGHT**

Name and Location of Facility: Deborah Rothe Group Home

Date of Visit: December 7 and 12, 2007

Oversight Reviewer: Sara Vincent-Spain, Oversight Specialist

Focus of Visit: Unannounced Routine Visit

Date: January 9, 2008

Introduction

The Office of Juvenile System Oversight (OJSO) initiated a routine, unannounced visit to the Deborah Rothe Group Home on December 7, 2007, and returned on December 12, 2007, to complete the visit. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The group home was licensed by the Division of Child Care of the Department of Human Services (DHS) for eight female residents, ages thirteen to seventeen. At the time of the oversight visit, the census was eight.

Interviews Conducted

- Entry interview and exit conference with the Program Director
- Direct care staff supervisor
- Group home social worker
- Eight residents

Documents Reviewed

- Two personnel files
- Five resident files
- State of Oklahoma Fire Marshal Inspection Report dated March 5, 2007
- State of Oklahoma Department of Health Food Safety Inspection Report dated May 17, 2007
- Department of Human Services Licensing Visit Report dated October 4, 2007
- Updated Resident Handbook
- Updated Admission Procedures

Areas Toured

The OJSO did not conduct a facility inspection; however, it was noted that the group home has new wood floors in the entry area, dining area and in the resident bedrooms. It was also noted that the dining chairs have been reupholstered and the observation room has a new computer table.

Findings

Resident Interviews

All eight of the group home residents were interviewed. All reported they felt safe; however, four residents identified the same direct care specialist as using harsh, humiliating, cruel, abusive and degrading language.

Staff Interviews

Two staff members were interviewed. No policy violations were noted.

Review of Resident Files

Five resident files were reviewed. When applicable, the files did not document the resident's involvement in the service plan review or the reason for the parent or custodian's non-participation in the service plan review. The service plan reviews did not include the following:

- an evaluation of progress toward meeting identified needs;
- an update of the estimated length of stay and discharge plans, if changed;
- an assessment of the continued appropriateness of placement with the goal of determining whether the resident should be returned home, placed in a foster home, transferred to some other care better suited for the resident's development, or maintained for a longer period in the facility;
- the names, signatures, or dates, for anyone participating in the review.

Review of Personnel Files

Three personnel files were reviewed. No policy violations were noted.

Areas of Concern

Although a staff person's personnel file indicated corrective discipline had been initiated, no notation of the behavior at issue or of the corrective discipline process appeared on the staff's relevant OPM-111.

Violation

1. Resident files did not document the resident's involvement in the service plan review or the reason for the parent or custodian's non-participation in the service plan review. OAC 340:110-5-154(b) (2) (B) (C) (i) (iii) (iv) (v) states, "The facility involves the resident and parents or custodian in the service plan review. If the parents or custodian do not participate in the service plan review, the reason for non-participation is documented in the service plan. The service plan review includes: and evaluation of progress toward meeting identified needs; an update of the estimated length of stay and discharge plans, if changed; an assessment of the continued appropriateness of placement with the goal of determining whether the resident should be returned home, placed in a foster home, transferred to some other care better suited for the resident's development, or maintained for a longer period in the child care facility; and the names, and signatures, with the date, of those participating in the review."

Summary

An exit conference was conducted with the group home Program Director. During the exit conference, it was noted the facility had updated the resident handbook and the admission process. The resident handbook and intake packet is now available online. These updates have clarified the mission of the group home and the expectations of the residents. They have also identified the criteria for appropriate placements.

The OJSO also identified an area of concern during the exit conference. The OJSO expressed concern that the personnel file of the direct care specialist identified in the resident interviews and staff interviews as using harsh, humiliating, cruel, abusive and degrading language, contained a written reprimand that documented the staff member used inappropriate/angry comments while addressing a resident.

The file also contained a corrective action plan effective May 17, 2007, through August 17, 2007, and the Performance Management Process OPM-111 completed during this review period was signed by the employee on July 7, 2007. The OPM-111 did not document the employee had received a written reprimand and had been placed on a corrective action plan. The OJSO and the Program Director discussed the mutual concern regarding this staff member's ability to provide appropriate care for the residents. During the visit, the OJSO witnessed an incident where this staff member used harsh language when a resident requested assistance in completing her assigned chore. This incident along with the information received while conducting interviews was referred to the DHS Office of Client Advocacy, OCA referral FY08-18615. The OJSO requested the referral be assigned as an investigation in lieu of a Caretaker Conduct Review. Based on the interviews conducted and the documentation reviewed, the OJSO recommends the facility administration continue with personnel corrective discipline in an effort to achieve appropriate staff to resident communications.