

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

Name and Location of Facility: Laura Dester Shelter
Tulsa, Oklahoma

Date of Visit: November 6, 2007

Oversight Reviewer: April Simmons and Tina Pendergraft,
Oversight Specialists

Focus of Visit: Unannounced Routine Visit

Date: December 31, 2007

Introduction

The Office of Juvenile System Oversight (OJSO) conducted an unannounced visit on November 6, 2007, to the Laura Dester Shelter (LDS), located in Tulsa, Oklahoma. The purpose of the visit was to assess compliance with established responsibilities. The LDS was certified for fifty residents by the Division of Child Care of the Department of Human Services (DHS). On the day of the OJSO visit, the census was fifty-six residents.

Interviews Conducted

- Entry interview and exit conference with the Director
- Eleven residents
- Three staff members

Documents Reviewed

- Personnel files, OSBI criminal background checks, medical records, and training records of five staff members
- OSBI criminal background checks on all new employees for 2007
- Tuberculin test records on all direct care staff
- Five resident files
- Office of the State Fire Marshal inspection reports, dated May 15, 2007, and May 4, 2007
- DHS Division of Child Care Facility inspection form, dated August 24, 2007
- DHS Office of Client Advocacy's quarterly report
- Grievance log for June through November of 2007

- Tornado and fire drill log for 2007
- Recreation schedule for November 2007
- Resident menu for November 2007
- Population Report for November 6, 2007
- Previous OCCY Oversight Report dated June 7, 2007

Findings

Persons Interviewed

The OJSO attempted to interview eleven residents, but one refused to be interviewed. The interview questions pertained to the residents' perceptions of safety, shelter program services, the rights of residents, discipline practices, and other residential issues. Comments to the OJSO included:

- Two residents reported that staff members curse at the residents.
- Three residents said they were not aware of their right to file a grievance.

The OJSO interviewed three staff members. The interview questions pertained to the staff members' perceptions of shelter program services, the rights of residents, discipline policies, and other residential issues. Comments to the OJSO included:

- Direct care staff would like more staff meetings for better communication between shifts.
- There was a need for more direct care staff to be available to work when the shelter is full or over capacity instead of staff members working double shifts.
- They would like to have more input in problem solving for issues at the LDS.

Documents Reviewed

The OJSO reviewed ten resident files for compliance with DHS licensing standards. The OJSO noted:

- Five files did not contain documentation of the immunization records or documentation that the immunization records were requested.
- Two files did not contain signed documentation that the residents were provided written copies of the facility policies regarding resident rights.
- Two files contained a signed grievance notification form, but the grievance coordinator information was blank.
- One file did not contain documentation of the health screen within the seven-day admission date.
- One file did not contain the initial service plan (ISP).
- One file contained the ISP, but it was dated for the year of 1998.
- Three files were missing medical information on the intake form.

- All five of the files contained blank or missing dates in the Daily Behavior Observation forms.
 - Five of the files contained seventy-four shifts left blank
 - Five of the files were missing twelve days of observation forms

The OJSO reviewed the personnel files, OSBI criminal background checks, medical records, and training records of ten staff members for compliance with DHS licensing standards. The OJSO noted:

- Two personnel files did not contain documentation of tuberculin testing for the staff members.
- Two personnel files did not contain documentation that cardiopulmonary resuscitation (CPR) certification and first aid was current for the staff members.
- Five personnel files contained the required three reference forms completed prior to employment; however, the forms, intended to be mailed by the reference, were completed by LDS staff during a telephone call with the particular reference. There is no documentation on the form why LDS staff called the references and completed the forms for the reference instead of the reference filling out the form and mailing it in.
- One personnel file did not contain documentation that the staff member had received behavioral intervention training (Mandt).

The OJSO reviewed the DHS Grievance Tracking Log (GTL) for June through November of 2007. According to the GTL, there were thirty grievances dispersed to residents during the reviewed time frame. The log contains a spreadsheet format with GTL at the top, along with the date. There are seven headings for each column. The column headings include the following:

- Form number
- Date given to client
- Name of grievant
- Date received from processing
- Date resolved
- Level resolved
- Final outcome

The GTL documentation was missing critical information, which included the following:

- The date the resident received the grievance form was left blank on four of the numbered forms.
- The date the grievance was received for processing was left blank on seven of the numbered forms.

- The date the grievance was resolved was left blank on twenty-two of the numbered forms. Other documentation indicated they were resolved, but this section was left blank on the form.
- The level at which the grievance was resolved was left blank on twelve of the numbered forms. Also, there is a check mark on the remaining numbered forms; however, a check mark did not indicate the level as required by DHS policy.
- The final outcome of the grievance was left blank on six of the numbered forms. These were resolved according to the date resolved section, but there is no documentation of the final outcome.
- There were nine outstanding grievances since June 14, 2007.
- There were eighteen grievance numbers not listed on the GTL. The GTL numbers were out of sequence and there was no documentation of where the eighteen missing grievances were located.
- The GTL dates at the top of the form were left blank.

The OJSO reviewed the tuberculin records form for all direct care staff members. The OJSO noted:

- Eleven of the direct care staff members have not had the required tuberculin test. All eleven were hired in 2007.

The OJSO reviewed the OSBI background checks for all of the staff hired in 2007. The LDS hired thirty-three direct care staff in 2007. All the background checks were in accordance with licensing standards.

Areas of Concern

1. Several of the admission assessment forms located in the resident files left important medical information blank. In addition, there was no explanation regarding the missing information.
2. In May of 2007, the OJSO found identical violations in the staff and resident files. Although the same information was discovered to be missing during both oversight visits, the staff and resident files reviewed during the May visit were not the same files as those reviewed during the November visit.
3. One of the resident files had the wrong admission date on the outside file label.
4. One of the resident files contained a staffing form with the wrong date of birth for the resident, which included a difference of ten years.
5. One of the resident files had two different dates of birth for the resident throughout the file.
6. During the oversight visit, the OJSO requested the Oklahoma State Department of Health Department Inspection form for 2007. The LDS could not find the report to provide to the OJSO. The OJSO did verify

- through the DHS Licensing inspection form that the Health Department did inspect the facility on April 17, 2007.
7. The OJSO was unable to review the grievances. The grievance coordinator had them locked in her office and she was not at the facility the day of the oversight visit.
 8. Three of the residents reported they were unaware of their right to file a grievance; however, their files did contain the signed form. LDS staff should ensure this form is thoroughly explained to the resident during the intake process.
 9. Five personnel files contained the required three reference forms completed prior to employment; however, the forms, intended to be mailed to the reference, were completed by the LDS staff over the phone. The forms the LDS used were mail-out forms to be completed by the reference and mailed back to the facility prior to employment. The references were contacted by phone by LDS staff and then the LDS staff completed the form intended to be mailed out and completed by the reference. There was no documentation on the form why LDS staff called the references and completed the forms for the reference instead of the reference filling out the form. This issue was discussed during the exit conference of the last oversight visit to change the form for a phone interview reference check, but this has not changed.
 10. The OJSO reviewed the GTL on the last oversight visit. The OJSO noted the grievance log contained many missing grievances and the numbers were out of sequence. The log did not contain complete documentation regarding the date, number, and the outcome of the grievance. The OJSO made this an area of concern on the last oversight report, but according to the GTL, there was no improvement since the last oversight report.
 11. All of the resident files reviewed contained Daily Behavior Observation (DBO) forms; however, all of the files were either missing the DBO forms on certain days or the shifts were left blank.
 12. The violations and areas of concern of the previous oversight visit report were still present during this oversight visit.

Violations

1. The OJSO reviewed the facility population report for the day of the oversight and there were fifty-six residents at the LDS. The shelter was out of compliance on the day of the oversight visit. The Department of Human Services policy OAC 340:75-10-9, Admissions and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, in part, states, "The specified licensed capacity is...[50] children at the Laura Dester shelter." See chart attached regarding census information September 2007 through November 2007.
2. According to the population report for the day of the oversight visit, four of the residents, who were six years of age or older, had been placed at

- the shelter over sixty days. The Department of Human Services policy OAC 340:75-10-9, Admissions and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, (2), states, "The child.... six years of age or older remains in shelter care no more than 30 days. If an extended stay is required, the child's length of stay in the shelter does not exceed 60 days;" See chart attached regarding census information September 2007 through November 2007.
3. According to the population report for the day of the oversight visit, eighteen residents under the age of five had been at the shelter for over 24 hours. The Department of Human Services policy OAC 340:75-10-9, Admissions and discharges, (b), Shelter capacity and length of stay in OKDHS operated shelters, (1), states, "The child....five years of age or younger remains in the shelter no more than 24 hours. If the child does not return home during this time, the child is discharged to emergency foster care (EFC), per OAC 340:75-7-262;" See chart attached regarding census information September 2007 through November 2007.
 4. All five resident files were missing documentation of the immunization records or documentation that the immunization records were requested. The Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, (1), (D) states, "The facility maintains a written record for each resident...The record includes medical records;" Section 154.3, Health and medical services, (d), Immunizations, states, "Each resident is immunized against communicable diseases in accordance with the rules and regulations of the Oklahoma State Department of Health."
 5. Two resident files did not contain signed documentation that the residents were provided written copies of the facility policies regarding resident rights. The Department of Human Services licensing standards, Section 154, Social Services, (e), Resident's records, (1), (J), states, "The facility maintains a written record for each resident.... The [resident] record includes signed documentation that the resident and parents or custodian have been provided written copies of the facility's policies on resident's rights..."
 6. Two resident files did not contain a completed Notice of Grievance Rights form. The Department of Human Services licensing standards, Section 154, Social Services, (e), Resident's records, (1), (J), states, "The facility maintains a written record for each resident.... The [resident] record includes signed documentation that the resident and parents or custodian have been provided written copies of the facility's policies on grievance procedures..."
 7. One resident file did not contain documentation of the resident health screening within the seven-day admission date. The Department of Human Services licensing standards, Section 167. Requirements for children's shelters, (e) Admission, (4), states, "Each child remaining in a shelter for over seven days receives a health screening by an RN or LPN."

8. Two resident files did not contain service plans for residents who stayed at least three days. The Department of Human Services licensing standards, Section 167, Requirements for children's shelters, (f) Service Plan, states in part, "A written service plan is developed and documented for each resident within three days of admission."
9. One resident file did not include any of the grievances the resident had filed according to the grievance log and the resident interview. The Department of Human Services licensing standards, Section 154, Social Services, (e), Resident's records, (1) The record includes:, (K), states, "grievance forms signed by the person filing the grievance, if grievances were filed."
10. Eleven direct care staff members' personnel files did not contain documentation of tuberculin testing for the staff members. The Department of Human Services licensing standards, Section 153.1, Personnel, (o), Personnel records, (2), (C), states, "The facility maintains on file a written personnel record for each employee working at the facility....The personnel record includes documentation of the mantoux (PPD) tuberculin skin test and annual documentation by a health professional for child care staff who have had a positive tuberculin skin test reaction that signs or symptoms of tuberculosis are not present;"
11. Two personnel files reviewed did not contain documentation that cardiopulmonary resuscitation (CPR) certification and first aid were current for the staff members. The Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (3) Training for child care staff, (E), in part, states, "Within 90 days of employment, all child care staff complete training in first aid and cardiopulmonary resuscitation (CPR)...Child care staff maintain current training in CPR and first aid thereafter."
12. One personnel file reviewed did not contain documentation that the staff member had received behavioral intervention training. The Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (5), Behavioral intervention techniques, states, "Within 30 days of employment, all child care staff and those support staff who occasionally provide instruction or training to residents complete training in behavioral intervention techniques..."
13. The LDS Grievance Tracking Log did not maintain an accurate and complete record of each grievance. The Department of Human Services policy OAC 340:2-3-45, Grievance system protocols, (h) Grievance records, logs, and quarterly reports, states, "The LGC maintains an accurate and complete record of each grievance filed as well as summary information about the number, nature, and outcome of all grievances filed. Records of grievances are kept separate and apart from other client records and files. Grievance records relating to DDSD clients are retained in accordance with OAC 340:100-3-40. OKDHS grievance records and files are retained in accordance with state and federal laws governing retention and destruction of records." It also states in subsection (1),

“Each LGC tracks grievances as they progress through the system and keeps a log of every numbered grievance form issued by OCA. Form 15GR009E, Grievance Tracking Log, can be used for this purpose. For grievances submitted by a client, the tracking log includes: the grievance number; the name of the grievant given the form; the date the form was submitted by the grievant; the nature and outcome of the grievance; the date of final resolution; and the level where it was resolved. If a grievance form is provided to a client and not turned in, the facility tracks only the number on the form, the name of the client to whom the form was given, and the date it was given to the client.”