

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

Name and Location of Facility: Laura Dester Shelter
Tulsa Oklahoma

Dates of Visit: December 21 and 22, 2009, January 27, 2010, and
March 17, 2010

Oversight Reviewer: Janice Sharp and Dana S. Holden, Oversight
Specialists, and Maria King, Intern

Focus of Visit: Second Biannual Visit, 2009

Date: June 16, 2010

Introduction

The Office of Juvenile System Oversight (OJSO) initiated an unannounced visit on December 21, 2009, at the Laura Dester Shelter (LDS), located in Tulsa, Oklahoma. The purposes of the visit were to assess compliance with established responsibilities and facility policy and procedures and to conduct a complaint investigation. The OJSO completed the oversight part of the visit on December 22, 2009, and returned on January 27, 2010, to complete the complaint investigation. The exit conference was conducted on March 17, 2010. The facility census was twenty-five residents on December 21 and December 22, 2009; both days, another resident was away from the facility for mental health services.

The LDS is operated by the Oklahoma Department of Human Services (OKDHS) and is certified by the Oklahoma Commission on Children and Youth (OCCY). On November 30, 2009, the OCCY issued a temporary certificate for the LDS to operate as a Residential Child Care Facility for forty-six residents. The OCCY Emergency Rules, appearing at OAC 135:10-24-1 through 135:10-24-3, pertaining to a certification program for the children's shelters operated by the OKDHS, require the shelters to comply with the current OKDHS Licensing Requirements for Residential Child Care Facilities.

The complaint received by the OJSO regarding LDS alleged that facility staff had failed to provide adequate supervision of residents while on an outing away from the facility, resulting in two residents having inappropriate sexual interactions. The OJSO did not find any evidence to corroborate the allegation that staff had not provided adequate supervision on the outing.

Interviews Conducted

- Entry interview with the Institutional Community Program Administrator II on December 21, 2009
- Informal interview with the shelter director on January 27, 2010
- Three residents
- Three direct care staff members
- Exit conference with the shelter director on March 17, 2010

Documents Reviewed

- Seven resident files
- Personnel files and training records for three direct care staff members
- Facility policy regarding AWOLs (residents leaving the facility without permission)
- OCCY Emergency Shelter Certification Inspection report dated November 30, 2009
- Office of the Oklahoma State Fire Marshal report dated July 10, 2009
- Tulsa Health Department Food Inspection Report dated June 25, 2009
- Facility activity schedule for December 2009
- Facility grievance tracking log for July 1, 2009, through December 20, 2009
- Facility incident reports
- Facility OKDHS Office of Client Advocacy (OCA) referral log for January 1, 2009, through December 20, 2009
- Facility roster
- List of residents
- OJSO reports of unannounced visits on October 29, 2008, and April 1 and 9, 2009

Areas Toured

An observational tour of the facility was not conducted, as the new shelter was under construction and was expected to be opened during the first half of 2010.

Findings

Resident Interviews

The OJSO interviewed three residents. All three interviewees:

- stated that they felt safe at the facility;
- reported not having been physically restrained at the facility;
- indicated that second helpings of food were allowed at mealtime;
- reported that a restriction from privileges was the worst punishment a resident could receive for breaking a rule at the facility;
- were unaware of any residents having been assaulted or mistreated while placed at the facility;

- had no knowledge of any residents having been injured at the facility other than two interviewees being aware of a resident who had been injured in a bicycle accident; and
- demonstrated familiarity with the grievance process.

When the three interviewees were asked about the food, one interviewee stated that residents were not given enough time at mealtime to eat, another interviewee reported that he/she liked the food, and the third interviewee said that the food tasted bland and the fruit was “nasty”. One of the three interviewees stated that residents received recreation “a lot”, another interviewee stated that residents received recreation “almost every day”, and the third interviewee stated that residents received recreation on Fridays and weekends. The kinds of recreation described were basketball, soccer, outings, swimming, bike riding, arts and crafts, and visits to pizza establishments. Two of the three interviewees stated that they had filed a grievance. One of these two interviewees indicated knowing the resolution of his/her grievance. The other interviewee indicated not knowing the outcome of his/her grievance; at the time of the OJSO visit, the OJSO reviewed the grievance log and found that this resident’s grievance was listed. Grievance log documentation for this grievance did not indicate a resolution date and the level at which the grievance was resolved; however, documentation appeared to indicate a final outcome for the grievance.

One of the three interviewees had returned from AWOL the morning of the OJSO visit on December 22. During this resident’s interview with the OJSO, the resident appeared to fall asleep and the OJSO had to call his/her name to awaken the resident.

No other concerns were identified from the resident interviews.

Staff Interviews

The OJSO interviewed three direct care staff members. When asked about the several AWOLs that had occurred at the facility, one staff member interviewed stated that most of the problems with residents occurred on the evening shift because the residents were out of school and at the facility during that shift. No concerns were identified from the staff interviews.

Resident File Review

The OJSO reviewed seven resident files for OCCY certification requirements for residential child care facilities. All seven resident files reviewed documented:

- parents or custodians were notified that the children had been admitted to the shelter;
- whether or not the children were on prescribed medications at the time of admittance into the shelter;
- health screenings were conducted within the required time frame;
- the reasons the children had been referred to the shelter;

- the name of the facility staff who conducted intake when the children were admitted into the shelter;
- notification to the residents regarding the grievance procedures;
- school history for the residents; and
- service plans were developed for the residents within the required timeframe and the appropriate parties participated in the development of the service plans.

The OJSO noted the following documenting deficiencies in the seven resident files reviewed:

- Documentation in the daily progress notes of the files reviewed was incomplete and inadequate. For example:
 - Staff wrote “see report” in the section of a progress note for describing the resident’s activities and behaviors during the shift. “See report” was meant to refer the reader to another report, such as a restriction of privileges report or an incident report.
 - The reasons for placing the residents on restriction of privileges were not clearly documented. For example, one daily behavior note stated, “Defiance.”
 - On all three work shifts, daily behavior observation notes were left blank and staff had failed to sign off on written behavior observation notes.
 - The progress notes in two of the seven resident files reviewed indicated that the two residents each had gone AWOL from and returned to the facility on several occasions. Documentation did not indicate consistently and clearly the times of when the residents left from and returned to the facility and that the residents had been taken for medical observation upon their return to the facility. On the second day of the OJSO’s visit, the OJSO was advised that one of these two residents had returned from AWOL status that morning and, reportedly, had smelled of alcohol and possibly marijuana. According to documentation, the resident had returned to the facility at 6:00 a.m., and at the time the OJSO interviewed the resident on that same morning, the resident was yet to be taken for medical observation.
- The resident’s signature was not dated on the grievance notification form in two resident files reviewed, and the grievance notification form was not signed by the parent/guardian in one resident file reviewed.
- The resident’s signature was not dated on the service plan in one resident file reviewed.
- Documentation on the facility shelter admission and dismissal form was incomplete in three resident files reviewed.
- Three of the seven resident files reviewed did not indicate clearly whether or not the residents and custodians received a copy of the resident handbook, and signatures were missing and not dated on some of the forms regarding receipt of the resident handbook.
- One resident file reviewed indicated by a facsimile form that a health screening had been conducted within seven days of the child’s admission into the shelter; however, a completed health screening form was not found in the resident’s file.
- An immunization record was documented in one of the seven resident files reviewed.

When the OJSO asked if the immunization records were maintained in a different file, the Institutional Community Program Administrator advised that the facility could discern that the school-age children were current on their immunizations because of their admission into school; according to the program administrator, the LDS maintained the immunization records of the non-school age children.

- Documentation in one resident file reviewed stated that the resident “did not care about anything, not even life”. The narrative went on to state that the resident appeared sad all day and complained of not feeling well. Documentation did not indicate that the resident received mental health or medical care.

The OJSO also noted:

- The resident files reviewed did not always contain copies of incident reports or restriction reports to correlate with the incidents and restriction of privileges documented in the daily progress notes.
- Documentation regarding two residents’ behaviors indicated that the residents had gone AWOL on several occasions for longer than three days. Documentation also indicated that these two residents’ behaviors at the facility had escalated to “threats” and “assaults”. Examples of documented statements on incident reports regarding one or both of these two residents were:
 - “I (staff person) wrote on last note (of an incident report) you put these two (residents) together and its just a keg of dinamite [sic] waiting to go off”;
 - “Not wanting to follow the rules because (he/she) believes that (he/she) is leaving Tuesday and because (he/she) was allowed to go on an outing even after assaulting on more than one occasion”; and
 - “Assault”.
- The progress notes for one of the two residents who had gone AWOL for more than three days stated that prior to the resident having gone AWOL on one occasion, the resident was not participating in the facility program or attending school. The resident went AWOL on a Saturday, and the progress notes regarding the days prior to the resident having gone AWOL, stated: ‘
 - Monday: “(Resident) took a nap around 11:30 a.m.”
 - Tuesday: “(Resident) slept most of the morning.”
 - Wednesday: “(Resident) slept most of the morning.”
 - Friday: “(Resident) played outside and ate lunch.”

The resident remained AWOL from the facility during the weekend and returned to the facility on Monday. The progress notes for the days following the resident’s return stated:

- Thursday: “(Resident) ate breakfast. Basement watching TV and sleeping.”
- Friday: “Asleep in the basement – refused to accompany (staff) to get enrolled in school.”
- Monday: “(Resident) ate breakfast, watched TV and slept most of the morning.”
- One resident file indicated that a bag of marijuana was found on the floor of the facility.

- The contact log in two of the seven resident files reviewed was blank and did not document the requested information: resident's name, worker's name, and date of admission.

Staff File Review

The OJSO reviewed the personnel and training record files of three current staff members for compliance with OCCY certification requirements for residential child care facilities. The OJSO noted:

- Two of the three personnel files reviewed did not contain documentation of current first aid training for the staff members.
- One of the three personnel files reviewed did not contain documentation of current cardiopulmonary resuscitation (CPR) certification for the staff member. This file contained a copy of a CPR certification card that appeared to have been misfiled as the name to whom it was issued was different than the staff member whose file was being reviewed.
- All three personnel files reviewed contained documentation of staff development training for 2009; however, the clock hours were not indicated for each training, and, therefore, it was not easily discernable the number of training hours the employee had completed for the year.

No other concerns were identified from the personnel and training record file review.

Other Inspection Reports

The OJSO reviewed the most current report by the fire marshal's office. The deficiencies noted were: "[S]ervice fire alarm annually, remove storage from electrical switch room, and provide venting system to flammable liquid cabinet". The health department report had cited the facility for violations that required a corrective action plan.

Facility Activity Schedule Review

The OJSO requested a copy of the facility activity schedule for the month of December 2009. When provided, the Institutional Community Program Administrator advised that the schedule was incomplete.

Incident Report Review

The OJSO requested to review incident reports for the past three months. The Institutional Community Program Administrator advised that she did not have access to the incident reports as the social worker supervisor who maintained the incident reports was away from the facility for the week. The OJSO did review incident reports in the resident file review and on the last day of the oversight visit regarding the complaint investigation.

Of the incident reports that were reviewed during the resident file review and the complaint investigation, the OJSO noted the aggressive behaviors of a resident who had gone AWOL from the facility several times. For the purpose of making the information clear below, this resident will be referred to as Resident 1:

- Date and Time of Incident: December 5, 2009, at 7:45 p.m. The incident report stated that Resident 1 started “bullying”, yelling at, and threatening another resident when the other resident joined in on a conversation between Resident 1 and a staff member. Resident 1 “proceeded to hit (the other resident) on the cheek.” Resident 1 received a twenty-four-hour restriction of privileges for “assault”.
- Date and Time of Incident: December 7, 2009, at 9:45 p.m. A bag of marijuana was found on the floor of a resident room. Other residents named Resident 1 as the person to whom the marijuana belonged. The incident report stated, “[A]ll we found was a lighter” when staff searched Resident 1. The incident report documented that law enforcement was notified regarding the marijuana, and that the facility would be turning over the marijuana to law enforcement. No restriction of privileges was noted on the incident report for Resident 1 having contraband on his/her person.
- Date and Time of Incident: December 9, 2009, at 10:00 a.m. Resident 1 threatened to fight another resident because of a disagreement about gangs. Resident 1 threatened to hit the other resident. Resident 1 received a seven-day restriction of privileges for making a “threat”.
- Date and Time of Incident: December 25, 2009, at 7:30 p.m. The Contributing Factors of an incident report stated, “The police had been called due to Resident 1 assaulting (another resident).” Resident 1 was escorted to a juvenile detention center by law enforcement.
- Date and Time of Incident: January 1, 2010, at 10:13 p.m. Resident 1 challenged a staff person to write him/her up for disobeying a directive to discontinue playing an electronic game. (Resident 1 was on restriction of privileges at the time.) Another resident became involved and the two residents began calling each other a derogatory name. The incident report documented, “(The other resident) was pushed but did not retaliate.” The Action Taken section of an incident report documented, “ASSAULT! 7 days (restriction of privileges).”
- Date and Time of Incident: January 2, 2010, at 10:50 p.m. The incident report stated that Resident 1 was on “restriction for assault”, and when staff asked the resident to discontinue playing an electronic game because he/she was on restriction of privileges, the resident ignored the staff’s directive and continued to play the electronic game. Twenty-four hours were added to the seven-day restriction of privileges the resident had received the previous day.
- Date and Time of Incident: January 5, 2010, 4:49 p.m. The incident report documented that the resident had threatened a staff person by yelling at the staff member: “I’mma (going to) punch you in your face.” The resident received a seven-day restriction for making a verbal threat.
- Date and Time of Incident: January 7, 2010, at 7:00 p.m. The incident report stated that Resident 1 continued to call another resident by derogatory names and to threaten physical harm. Staff documented, “Just upsetting the entire house . . . This was fixing to lead to a much worse problem. This is just a keg of dinamite [sic] waiting

to explode and (the other resident) is the one who will come out on the short end of it. (Staff) called Resident 1 over to talk about this. The first thing (he/she) did when Resident 1 came back over was to stand over (the other resident) and start again.” The action taken was a three-day restriction of privileges for mental abuse. Documentation stated, “Restriction started over.”

- Date and Time of Incident: January 8, 2010, at 6:00 p.m. The incident report stated that Resident 1 “was asked several times to remove (his/her) hat by staff. Resident 1 refused and continued to walk out of the common area trying to go upstairs. Resident 1 then tried to use the phone in the hallway to call his/her caseworker. Staff . . . tried to stop Resident 1 and had Resident 1 come back into the common area. Resident 1 then went into the hall again and tried to use the phone again. Staff . . . went again to get Resident 1 away from the phone. Resident 1 then got very defiant with (staff), throwing a basket of colored pencils at (the staff person). Staff then had to disconnect the phone receiver Resident 1 then started to cuss (the staff person) and threatened to hit stating that (he/she) would ‘(derogatory word) me up’. As Resident 1 started to approach (the staff person), Resident 1 was held back by staff. . . who then removed Resident 1 into the stairwell where staff . . . tried to de-escalate Resident 1.” Resident received a seven-day restriction of privileges for “defiance, threats”.
- Date and Time of Incident: January 8, 2010, at 7:00 p.m. Resident 1 and another resident went AWOL from the facility. The Contributing Factors section of the incident report stated, “(Staff person) wrote last note you put these two together and it’s just a keg of dynamite [sic] waiting to go off. They not only upset the rest of the home but staff are also getting tired of having to deal with them.”
- Date and Time of Incident: January 9, 2010, at 7:00 p.m. Resident 1 and the other resident mentioned in the above entry were calling another resident names and “making physical threats as if they were going to hit (the other resident).” The Contributing Factors section of the incident report stated, “It appears that Resident 1 and (the other resident mentioned in the above entry) make every effort to try and shock the staff with behaviors they are aware are inappropriate.” Additional time for restriction of privileges was added for “mental abuse and self harm”.

Grievance Log Review

The OJSO reviewed the grievance log for July 1, 2009, through December 20, 2009. Twenty-three grievances were recorded for this time period; another grievance listed on the log indicated the grievance form was given to the resident on May 16, 2009. The first page of the grievance log, beginning with the entry of July 4, 2009, was undated. The entries in the first column of the grievance log listed the numbered grievance forms that were given to the residents; the grievances recorded on the log were not listed in numerical order. The second column of the grievance log listed the date the numbered form was given to the resident; the twenty-three grievances for this time period, with the exception of one grievance, were listed in chronological order. One grievance did not record the date the grievance was received for processing. It appeared that all twenty-three grievances for this time period had been resolved; however, one of these twenty-three grievances had initials in the resolution column, but there was no date indicating

when the grievance was resolved or at what level it was resolved. Of the twenty-two grievances that had resolution dates, six grievances had not been resolved within the required timeframe. None of the grievances listed on the log indicated at which level the grievances were resolved; all of the grievances, but one, had a check mark in the column entitled "Level resolved"; this column was blank for one grievance. The final column, entitled "Final outcome", had inadequately documented outcomes. Examples of the outcomes: "Talk with staff" and "(initials) – (name)". The grievance listed on the log that was for another time period did not indicate the date the grievance was resolved, had a check mark for the level at which it was resolved, and the resolution indicated looked to be initials.

Facility Policy and Procedures Manual

The OJSO requested to review the facility policy and procedures manual. The Institutional Community Program Administrator advised that the manual was being revised and that the facility had planned to wait until moving to the new location before completing the revisions.

Areas of Concern

1. Documentation was incomplete and inadequate in the seven resident files reviewed. Forms in the resident files reviewed did not contain all required information. The information in the progress notes was insufficient.
2. The facility activity schedule was incomplete for the month of December 2009.
3. The facility grievance log was incomplete.
4. The facility policy and procedures manual was not current.
5. Documentation in one resident file reviewed indicated that a resident complained of not feeling well and that staff had observed the resident as acting sad. Documentation did not indicate that the resident was assessed for mental health or medical care.
6. The resident files reviewed did not always contain copies of incident reports or restriction reports to correlate with the incidents and restriction of privileges documented in the daily progress notes.
7. Documentation regarding two residents' behaviors indicated that the residents had gone AWOL on several occasions and that their behaviors at the facility had escalated to "threats" and "assaults".
8. Documentation indicated that a resident who had displayed inappropriate behaviors was not engaged in the program and was not attending school; according to documentation, the resident had been allowed to sleep during waking hours.
9. Documentation indicated that a bag of marijuana was found on the floor of the facility. When a resident was searched during this incident, staff found a lighter. The incident report documenting the incident did not indicate that a consequence was given to the resident for having contraband.
10. All three personnel files reviewed contained documentation of staff development training for 2009; however, the clock hours were not indicated for each training, and,

therefore, it was not easily discernable the number of training hours the employee had completed for the year.

Violations

1. Incidents of AWOL behavior by two residents were not documented adequately. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-154, Social services, (e), Resident's records, (1), (G), states, "The record includes reports of serious incidents, which include, but are not limited to, suicide attempts, injuries requiring medical treatment, runaway attempts, commission of a crime and allegations of abuse, neglect, or abusive treatment. The report includes the date and time of the incidents, the names of all persons involved, the nature of the incidents, and the circumstances surrounding them."
2. Two residents who remained on AWOL status for more than three days were allowed to re-enter the shelter without having been re-admitted. Facility policy, AWOL, states, "If a custody child goes AWOL and does not return for three calendar days, the child is dismissed (from the shelter). If a non custody child goes AWOL and does not return for three court days, the child is dismissed from the shelter."
3. Facility staff reported to the OJSO when the OJSO requested to interview one of the residents that the resident, who had returned to the shelter after having been AWOL, had smelled of alcohol and possibly marijuana. Reportedly, the juvenile was not taken for medical care upon the resident's return to the shelter. Facility policy, AWOL, states, "If the returning resident is intoxicated or shows signs or has suffered a drug overdose, consult the shift supervisor, shelter social worker, contact the Social Worker and request that they meet you at the emergency room and transport the resident to Tulsa Regional Medical Center Emergency Room. . . ."
4. The resident's signature was not dated on the grievance notification form in two of the seven resident files reviewed, and the grievance notification form was not signed by the parent/guardian in one resident file reviewed. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-154, Social services, (e), Resident's records, (1), (J), states, "The record includes signed documentation that the resident and parents or custodian have been provided written copies of the facility's policies on . . . grievance procedures"
5. The grievances were not recorded in numerical order on the grievance log for the period of July 1, 2009, through December 20, 2009. One grievance did not indicate the date the grievance was received for processing. None of the grievances listed on the log indicated at what level the grievances were resolved. Final outcomes were documented inadequately. One grievance was listed on the log that was for another time period. OKDHS policy and procedures, OAC:2-3-45, Grievance system protocols, (h), Grievance records, logs, and quarterly reports, states, "The LGC (local grievance coordinator) 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. . . ." At the same cite, subparagraph (1), states, "Each LGC tracks grievances as they progress through the system and keeps a log of every numbered grievance form issued by OCA (OKDHS Office of Client Advocacy). . . . 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.”

6. Six grievances listed on the grievance log with resolution dates had not been resolved within the required timeframe. OKDHS policy and procedures, OAC:2-3-45, Grievance system protocols, (i), Processing the grievance form, (j), Informal resolution of grievance, and (k), First level problem resolution, (L), Second level problem resolution, (1), states, “After completing Form 15GR001P (Grievance Form), the grievant submits the form directly to the LGC or any other employee of the facility or OKDHS. . . . If the LGC is able to promptly resolve the grievance to the grievant’s satisfaction without further processing, the LGC fills out the bottom of Form 15GR001P, signs it, and files it in the appropriate grievance file. Within three business days of receipt of Form 15GR001P, if the grievance has not been resolved to the decisionmaker’s satisfaction, the LGC fill outs out Form 15GR001E, Local Grievance Coordinator (LGC) Worksheet. . . . If the grievance is not resolved at the first level of problem resolution, the LGC processes it in accordance with this subsection within three business days of the grievant requesting the second level of problem resolution. . . .”
7. The resident’s signature was not dated on the service plan in one resident file reviewed. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-154, Social services, (b), Service planning, (1), Comprehensive service plan, (B), (vi), states, “The service plan identifies and includes the names and signatures, with the date, of those participating in developing the service plan.”
8. Three of the seven resident files reviewed did not indicate clearly whether or not the residents and custodians received a copy of the resident handbook, and signatures were missing and not dated on the forms regarding receipt of the resident handbook. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-154, Social services, (e), Resident’s records, (1), (J), states, “The 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, grievance procedures, behavior management policies, trips away from the facility, use of volunteers, and frequency of reports to the parent or custodian.”
9. Six of the seven resident files reviewed did not document immunizations for the residents. OKDHS Licensing Requirements for Residential Child Care Facilities, OAC 340:110-3-154.3, 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.”

Recommendations

1. Review the facility files on current residents and the personnel files and training records of current staff members and ensure that all documentation is complete and accurate.
2. Provide training on report writing to staff with documenting responsibilities.

3. Maintain a current grievance log and monthly activity schedules.
4. Maintain a current policy and procedures manual, in order to operate in a safe and efficient manner while waiting to move to the new building.
5. Ensure that residents with escalating combative behaviors do not compromise the safety of the other residents. Documentation indicated that at least eleven incident reports were written regarding one resident's behaviors that included verbal threats toward other residents and staff, physical assaults on other residents, mental abuse toward other residents, and self harm. The resident had also gone AWOL from the facility. In addition, during a search after marijuana was found in a resident room, an item of contraband was found on the resident. It appeared that this resident and another resident continued to display inappropriate behaviors over a period of time. The OJSO encourages the facility to question the OKDHS when a resident's behavior is inappropriate for the facility, and, therefore, placing other residents at risk for harm. The facility should consider the distribution of care for other residents when staff are having to contend with inappropriate behaviors by one or two residents on a consistent basis. In addition, the facility should explore ways to assist the staff who provide care to residents who display difficult-to-manage behaviors on a daily basis.

Summary

On the first two days of the OJSO visit, December 21 and 22, 2009, the facility director and the social worker supervisor were away from the facility. The Institutional Community Program Administrator provided the materials for review, coordinated the interviews, and assisted the OJSO by answering questions.

In the exit conference on March 17, 2010, the OJSO provided the shelter director with a memorandum that identified the files reviewed and the areas of concerns made from the visit, with each area of concern explained in detail and the files identified in which the deficiencies were found. The OJSO and the shelter director discussed each item listed on the memorandum. The OJSO left a copy of the memorandum with the shelter director.

During the exit conference, the shelter director explained that information regarding medical care the residents received was documented in the nurse's records; activities were added during the month on the facility activity schedule so that it was always being updated; the supervisor received the incident and restriction reports at the end of a shift, and therefore, the reports were not filed immediately in the resident files; most of the training records regarding behavioral management, first aid, and CPR trainings were documented in a computer file; progress note documentation had been problematic; residents were assessed by facility medical staff upon return from having been AWOL; and it was possible that the reason some of the resident files did not indicate that the residents had received the resident handbook at admission was that the facility had depleted its supply of resident handbooks. The shelter director also explained that the facility was waiting to update the facility policy and procedures manual until after the move into the new building, as many of the policies used at the current location would change. When asked about the facility policy violation that two residents who remained

on AWOL status for more than three days were not discharged from the program and were allowed to re-enter the program without having been re-admitted, the shelter director explained that the facility had changed the number of days a resident could be AWOL before discharge from three days to five days. However, according to the facility policy that was provided to the OJSO upon request regarding AWOLs, the policy stated three days. There was no indication that the change from three days to five days had gone through the rulemaking process, and therefore, the five-day rule would have been invalid.

At the conclusion of the exit conference, the OJSO requested copies of the corrective action plan submitted to the fire marshal's office, the facility grievance log, the facility OKDHS OCA referral log, grievances, and incident reports. The OJSO contacted the shelter director on April 26, 2010, regarding the shelter director providing the requested information. On the date of the writing of this report, the OJSO had not received the requested information.

Subsequent to the OJSO visit and exit conference, the OCCY Certification Specialist provided the OJSO with copies of the training records documenting CPR certification and first aid training for the three staff members whose files were reviewed.

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