

**STATE OF OKLAHOMA  
DEPARTMENT OF HUMAN SERVICES  
LAURA DESTER SHELTER  
619 S. Quincy  
Tulsa, OK 74120  
918-560-4881**

July 21, 2009

Ms. Joanne Verity, J.D.  
Programs Manager  
500 N. Broadway, Suite 300  
Oklahoma City, OK 73102

Dear Ms. Verity:

The following is our response to concerns and violations noted during the oversight visits conducted by Mr. Cliff Aldridge on April 1<sup>st</sup> and April 9<sup>th</sup> of this year.

**Areas of Concern**

- 1. None of the staff members interviewed appeared to be aware of their responsibility to report suspicions of abuse or mistreatment of the residents beyond reporting to their supervisor or someone in the administration.**

Every worker at the shelter is provided training regarding reporting of abuse and/or mistreatment as part of their initial orientation training.

We went over 340:2-3-33 at the management meeting in May and each supervisor went over it in their unit meetings. Each of the three shifts and the CWS has unit meetings. We will review this policy with staff every six months to reinforce compliance.

- 2. Grievance records were poorly organized and incomplete as noted above.**

**The OJSO recommended:**

- the grievance coordinator keeps a copy of grievances assigned to other staff members for resolution so that a follow-up could be done with the assigned staff member if not returned within allotted time period;**
- grievances resulting in referrals to the OCA be considered resolved with the OCA referral, since the grievance**

**coordinator did not necessarily receive notification of the OCA referral outcomes;**

- **grievances unresolved after the discharge or AWOL of a resident be closed with the pertinent entries on the log; and**
- **(to the shelter director) the grievance log be maintained on a spread sheet to include additional information, such as whether the grievance was appealed, and if resolved, the level of resolution.**

The first and third recommendations made by Mr. Aldridge are current procedure for grievances at LDS at this time. The second recommendation was incorporated the first of May. The spreadsheet was completed and utilization will begin 8-1-09. The shelter director will review the grievance records on a monthly basis.

**3. Many cigarette butts were within twenty-five feet of the entrance to the building, where smoking is prohibited by state law.**

The grounds/yard crew use leaf blowers after mowing and the butts collect against the walls. Janet Froeb, DDSD, is the person responsible for the yard maintenance contract. She advised that cigarette butt removal is not included in the yard crew contract. The Shelter Director or designee will 1) daily monitor cigarette butts on the Laura Dester Campus and arrange for clean up; 2) the Shelter Director will send a memo to all campus staff by September 1, 2009 regarding smoking and the disposal of smoking materials (cigarette butts) at least twenty-five feet away from building entrances on the LDS campus; 3) the Shelter Director will address with Ms. Froeb if smoking material removal can be worked into the contract upon renewal, if necessary.

**4. The majority of staff members interviewed reportedly felt no connection with the administration.**

I questioned Mr. Aldridge as to what type of connection with staff that he was looking for and he referred to a staff person interviewed that had only seen the shelter director "a couple of times" during the two years he had worked here.

In a twenty-four hour, seven day a week facility it is difficult to make personal connections with 131 employees. Many of these employees work only weekends, or eleven to seven etc. Since someone always has to watch the children "all staff" meetings are impossible.

We have an employee recognition event at Christmas time and a staff appreciation event in the summer. These stretch over a four hour period to allow for as much staff participation as possible but attendance is not mandatory. Administration is in attendance unless circumstances do not

permit. The Christmas event had to be cancelled last year due to icy weather. The staff appreciation event was last week and it was well attended.

Staff's start dates, accomplishments and birthdays are acknowledged through a monthly newsletter. Retirement parties are given to those retiring unless they specify they do not want a party. Bereavement cards and donations are sent to staff losing loved ones.

All staff have monthly conferences with their supervisors. Employees sometimes fail to recognize that their shift supervisors are also a part of administration and that the employee's input to their supervisor is passed on to the shelter director and assistant shelter director.

We trained all staff in START (Systematic Training to Assist in the Recovery from Trauma) last year. The Assistant Director and I attended the sessions with the Direct Care Staff. Direct Care Staff attends weekly review staffing of the resident's progress and I attend these staffings. We have monthly START meetings which includes input from Direct Care staff.

We have monthly Journey meetings for the Direct Care staff to review the system and give individual input regarding the system and specific children. This meeting is attended by the Assistant Director and/or the Direct Care Specialist V.

We have a committee that is working on revamping the new employee orientation training with several Direct Care Specialists on the committee.

Either the Director or the Assistant Director attends each shift meeting on a quarterly basis. We attend shift change meetings periodically. We attend on campus activities with the residents and staff. We are in the individual resident buildings several times through the week visiting with residents and staff.

I would also like to point out that the majority of the employees were not interviewed.

## **Violations**

- 1. Both resident case records reviewed did not document that the residents were advised of the rules of the facility. OAC 340:110-3-154, Social services, (a) Admission, (6), states. "Upon admission, the facility advises the resident of all rules and regulations of the facility."**

The rules are discussed at admission and a laminated copy is provided each child that can read. I have reviewed with the CWS supervisor the need to

assure the signed copy of receipt of same is placed in the resident record. As of this report all resident records contain signed copies of the shelter rules.

- 2. Both resident case records reviewed did not document the provision of pertinent facility policies to the resident or the custodian. OKDHS policy, OAC 340:110-3-154, Social services, (a), (7), states, "The facility documents, by the resident and parents or custodian have been provided written copies of the facility's policies, which includes, but is not limited to, resident's rights, grievance procedures, behavior management policies, trips away from the facility, use of volunteers, and frequency of reports to the parents or custodian."**

We will follow all policies regarding admission and document such. We obtain permission statements from each parent or judge if parents are not available or legal status requires giving permission for each outing that requires out of county travel. The assigned CWS for each child is required to visit the child weekly and a weekly review staffing is held each week to go over all services provided the resident and any changes in services. This review form is in the resident record with signatures of all in attendance.

We will initiate with the assigned CWS obtaining their signature on the understanding of rules and policies of LDS beginning 8-1-09.

- 3. The facility resident grievance log was disorganized and incomplete. Similar findings of violations or concerns with grievance records were reported to the shelter director during the previous four OJSO oversight visits without any apparent action by the administration to resolve the violations or concerns. OKDHS 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."**

On a monthly basis the shelter director will review the grievance records. A spreadsheet has been developed to accurately reflect grievance documentation and is being used effective 8-1-09.

- 4. Other outside areas near some of the buildings were littered with milk cartons, cardboard boxes or other trash, giving an unsightly**

**appearance to the facility. OKDHS policy, OAC 340:110-3-157, Physical facility and equipment, (j), Sanitation and safety, states, "All habitable and non-habitable areas are maintained in a clean and sanitary condition, free of litter and hazards."**

The milk cartons were plastic crates that belong to the dairy that has the state contract for milk and juice. They are picked up with each subsequent milk/juice delivery. They are left outside the kitchen door because we do not have space to store them inside. The boxes were also outside the kitchen door because the OJSO was here on Wednesday and this is the grocery delivery day for the kitchen. The food is stored and at least one meal, and occasionally a meal and a snack, must be prepared at the same time the groceries are being put in proper storage.

As always we appreciate your assistance in making the LDS a better facility for children. Input from OJSO both during and after the oversight visit was beneficial in improvements to our system of care.

Sincerely,

Marshall Tyner,  
ICPA-IV