

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

Name and Location of Facility: Pauline E. Mayer Group Home
Oklahoma City, Oklahoma

Dates of Visit: February 13 and 14, 2007

OJSO Reviewers: Tina Pendergraft and April Simmons, Oversight Specialists

Focus of Visit: Biannual Unannounced Visit, 2007

Date: April 30, 2007

General Information

The Office of Juvenile System Oversight (OJSO) began an unannounced visit at the Pauline E. Mayer Group Home on February 13, 2007, and returned on February 14, 2007, to complete the visit. The purpose of the visit was to assess compliance with established responsibilities. The group home serves a maximum of five adolescent mothers, thirteen to eighteen years of age, who are adjudicated Deprived and in the custody of the Department of Human Services (DHS). On the days of the OJSO visit, the census was five adolescent residents and five children.

Persons Interviewed

- Entry interview with the direct care supervisor
- Two direct care staff members
- Four adolescent residents
- Exit conference with the group home supervisor

Documents Reviewed

- Files on five residents
- Five staff files
- DHS Division of Child Care inspection report, dated December 20, 2006
- DHS Office of Client Advocacy quarterly referral report of incidents for October, November, and December 2006
- Office of the Oklahoma State Fire Marshal inspection report, dated October 11, 2006
- Facility medication log
- Resident grievances filed in the past six months

Areas Toured

- Five resident rooms
- Three bathrooms
- Kitchen and dining area
- Laundry room
- Study
- Toy room

Overview

Interviews

The OJSO interviewed four adolescent residents. The interview questions pertained to the residents' perceptions of safety, program services, the rights of residents, discipline practices, and other residential program issues. The OJSO noted:

1. Two interviewees reported that some of the staff members were rude to the residents.
2. Three interviewees recommended longer lengths of time for telephone calls.

The OJSO interviewed two staff members; one interviewee was a practicum student working on her master's degree. The interview questions pertained to the staff members' perceptions of program services, the rights of residents, discipline policies, and other residential program issues. No concerns were noted from the staff interviews.

File Reviews

The OJSO reviewed the files on five adolescent residents. The OJSO noted:

- The grievance notifications did not contain all of the required signatures in two files reviewed.
- The treatment plan was not signed by the custodian in one file reviewed.
- A treatment plan review was not contained in one file reviewed. (The OJSO was advised that the review had been prepared on the computer and a copy was yet to be placed in the file.)
- Treatment plans were not contained in four files reviewed.
- Documentation to indicate the resident's receipt of a copy of the resident handbook was not contained in one file reviewed.
- Documentation to indicate the resident's and custodian's receipt of copies of the resident handbook was not contained in one file reviewed.
- Documentation to indicate the custodian's receipt of a copy of the resident handbook was not contained in one file reviewed.
- Health screenings were not documented for the residents in three files reviewed.

- The facility admission assessment was incomplete in one file reviewed, specifically, the child's mental and physical condition and the admitting staff member's signature were not documented.
- Documentation to indicate the facility rules were explained to the residents upon admission was not contained in two files reviewed.

Five staff files were reviewed. The OJSO noted:

- Documentation in one file reviewed did not indicate cardiopulmonary resuscitation recertification (CPR) was current for the employee.
- Documentation of the staff members' completion of current behavioral intervention training was not contained in two files reviewed.

Observational Tour

The OJSO conducted a tour of the facility for compliance with standards related to safety, security, quality of life, and other items. The OJSO noted:

- Exit signs were not posted at the exit doors to indicate means of egress for safe evacuation. This deficiency was present during the OJSO's prior visit.
- An emergency evacuation plan was not posted. The OJSO was advised a plan was being developed.

A copy of the OJSO Facility Inspection Form was left at the facility, with corrections to the items listed to be made within thirty days. A copy of the form is attached.

Summary

Residents' comments were addressed in the exit conference. The OJSO was advised the facility was soliciting input from the residents for program improvements. A sprinkler system was being installed in the group home.

Findings

1. Documentation in one file reviewed indicated CPR certification for the staff member had expired. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (3), Training for child care staff, (E), states, "Within 90 days of employment, all child care staff complete training in first aid and cardiopulmonary resuscitation (CPR), including infant and child, if appropriate. Child care staff maintains current training in CPR and first aid thereafter."
2. Documentation in two files reviewed did not indicate the staff members had received behavioral intervention training. Department of Human Services licensing standards, Section 153.1, Personnel, (m), Staff training, (5), Behavioral intervention techniques, in part, 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."

3. Four files reviewed did not contain treatment plans for the residents. The treatment plan in the other file reviewed did not document the signature of the custodian in the development of the treatment plan, nor were the reasons for non-participation documented. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (1), Comprehensive service plan, (A), and (B), (vi), states, "The facility involves the resident and parents or custodian in the development of the of the service plan. If the parents or custodian do not participate in the development of the service plan, the reason for non-participation is documented in the service plan. The service plan identifies and includes the names and signatures, with the date, of those participating in developing the service plan."
4. One file reviewed did not contain a treatment plan review. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (2), Service plan review, (A), states, "The service plan is reviewed within 90 days after it has been developed and at least every six months thereafter."
5. Health screenings were not documented in three files reviewed. Department of Human Services licensing standards, Section 154, Social services, (a), Admission, (5), states, "Residents receive a medical examination by a health professional within 60 days prior to admission or within 30 days following admission. However, a documented medical exam performed within the 12 months prior to admission is acceptable when a resident is transferred from another licensed facility."
6. Grievance notifications in two files reviewed did not document the residents' signatures. Department of Human Services policy, Section 154, Social services, (e) Resident's records, (1), (K), states, "The [resident] record includes grievance forms signed by the person filing the grievance, if grievances were filed."
7. Residents' signatures and/or custodians' signatures to indicate receipt of written copies of the resident handbook were not documented in three files reviewed. Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, (1), (J), states, "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, grievance procedures, behavior management policies, trips away from the facility, use of volunteers and frequency of reports to the parent or custodian."
8. The admission assessment did not include a description of the resident's behavior in one file reviewed. Department of Human Services licensing standards, Section 154, Social services, (a), Admission, (1), (C), in part, states, "An admission assessment includes a description of the resident's current and past behavior, including both appropriate and maladaptive behavior."
9. Documentation in two files did not indicate the residents were advised of the facility rules upon admission. Department of Human Services licensing standards, Section 154, (a), Admission, (6), states, "Upon admission, the facility advises the resident of all rules and regulations of the facility."

10. Exit signs were not posted at the exit doors of the facility to indicate means of egress for safe evacuation. Department of Human Services licensing standards, Section 165, Construction and fire safety, (4), Exits, (C), states, "Means of exit are adequately lighted by natural or electric light at all times to permit safe evacuation of occupants."

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