

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

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

**Dates of Visit:** April 27 and May 3, 2006

**Oversight Reviewers:** Tina Pendergraft, April Simmons, and Jenifer Cooks,  
Oversight Specialists

**Focus of Visit:** First Biannual Visit for 2006

**Date:** October 9, 2006

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**General Information**

The Office of Juvenile System Oversight (OJSO) initiated an unannounced visit to the Pauline E. Mayer Group Home on April 27, 2006, and returned on May 3, 2006, to complete the visit. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures.

Interviews Conducted

- Group home supervisor
- Direct care shift supervisor
- One staff member
- Three adolescent residents
- Exit conference with the Program Director

Documents Reviewed

- Three staff files
- Files on three residents
- Monthly referral report, dated May 3, 2006, by the Office of Client Advocacy of the Department of Human Services (DHS)
- Inspection report, dated December 19, 2006, by the Oklahoma State Department of Health
- Inspection report, dated December 8, 2005, by the Office of the Oklahoma State Fire Marshal office
- Inspection report, dated March 7, 2006, by the DHS Division of Child Care

## Areas Toured

- Four resident rooms
- Two bathrooms
- Kitchen and dining areas
- Pantry
- Playground equipment

## **Overview**

### Resident Interviews

Three residents were interviewed. Comments included:

- Telephone privileges may be restricted for rule violations.
- Some staff members were not receptive to discussions with the residents about problems the residents were experiencing.
- Some staff members were rude to the residents and used profanity when speaking with the residents.

### Staff Interviews

Three staff members were interviewed. No concerns were noted from the interview.

### Review of Resident Files

The files on three residents were reviewed. The OJSO noted:

- Pertinent information to be gathered at admissions was not documented on the intake forms. Information was not documented for a resident's state of health, whether a resident was currently taking medication, and a resident's emotional and physical condition. On one intake form, the line provided to name the group home staff person who assisted in the admission was left blank.
- Signatures were not obtained on two treatment plans. One treatment plan was not signed by the resident's custodian, and the other was not signed by the group home staff member.
- Two files did not include documentation of signatures to verify reception of the grievance process.

### Review of Staff Files

Three staff files were reviewed. The OJSO noted that an annual performance evaluation was not contained in the file of one employee.

## Observational Tour

A tour was conducted of the facility and the outside play area. The concerns noted were:

- Non-prescription medications were not stored under lock.
- Current emergency numbers needed to be posted.
- Tornado drills were not documented as occurring.
- A ceiling vent in a resident's room needed to be repaired.
- Cleaning supplies were not stored under lock.
- Electric outlets throughout the facility did not have protective covers.
- A thermometer in a freezer registered 17 degrees.
- Cheese was left out after having been opened.
- The refrigerator's handle was broken.
- A ceiling vent in the kitchen needed to be repaired.
- Equipment in the outside play area needed to be repaired or replaced. The items broken were a glider seat on the swing, an outside chair, the basket on a tricycle, and a plastic three-wheeler.

## **Summary**

On the second day of the OJSO's visit, the group home's census was four teen mothers and their four children. In addition, the Pauline E. Mayer Shelter had placed four babies at the group home, due to an overflow at the shelter. The shelter provided the group home with a staff member to care for the four babies.

The OJSO was advised the group home was in process to move to a new location. Therefore, findings of policy violations regarding facility concerns were not noted in the following section.

## **Findings**

1. One employee's file did not contain a current performance evaluation. Department of Human Services licensing standards, Section 153.1, Personnel, (o), Personnel records, (2), (E), in part, states, "The personnel record includes annual performance evaluations . . . ."
2. Required signatures were not obtained on the treatment plans for two residents. Department of Human Services licensing standards, Section 154, Social services, (b), Service planning, (1), Comprehensive service plan, (A), and (B), (vi), in part, states, "The facility involves the resident and parents or custodian in the development of the service plan. The service plan identifies and includes the names and signatures, with the date, of those participating in developing the service plan."
3. Documentation did not indicate that written copies of the grievance procedures were provided to a resident. Department of Human Services licensing standards, Section 154, Social services, (e), Resident's records, (1), (J), states, "The [resident's] 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 . . . .”

4. Non-prescription medications were not stored under lock. Department of Human Services licensing standards, Section 154.3, Health and medical services, (e), Medication, (3), states, “All medications are kept in a locked container and under the supervision of the designated staff member.”
5. Cleaning supplies were left out and were not under lock. Department of Human Services licensing standards, Section 157, Physical facility and equipment, (j), Sanitation and safety, (1), states, “Harmful substances and objects that are not essential to facility operation are not kept on the premises. Other poisonous, flammable, or harmful materials are kept under lock when not under the supervision of an authorized adult.”
6. Documentation did not indicate safety drills for tornadic weather had occurred. Department of Human Services licensing standards, Section 154.1, Program, (a), Rights of residents, (3), (M), Safety, (ii) and (iii), states, “Residents participate in tornado drills conducted each spring. Facilities maintain a log of all . . . tornado drills.”

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