DHS
Oregon Department of Human Services

Licensed Child Caring Agency Site Visit 6-Month Transitional Report Homeless/Runaway/Transitional Living Shelters

Licensee: Lifeworks Zenith Place

Executive Director: Mary Monnat

Program Director: Greg Spadafora

Other Regulatory or Accrediting Agencies: The Oregon Health Authority

Date of site visit: September 10, 2020

Licensing Coordinator: Holly Ivey

Program Compliance: The program was found to be compliant or will be compliant with OAR 413-215-0001 to 413-215-0131, Licensing Umbrella Rules, and OAR 413-215-0701 to 413-215-0766, Licensing Homeless, Runaway, and Transitional Living Shelters Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description: LifeWorks Zenith Place is a program that provides services to youth and young adult clients who are experiencing severe and persistent mental illness and behavioral problems.

Program type and services: Homeless Runaway Transitional Living Shelter License, the program is Young Adult Transition (YAT) program. The services provided include Medication management, individual and group counseling, and skills training.

Capacity and ages: 5 young adults ages 17-24

Funding sources: The State of Oregon

Contracts and sources for referrals: The program has contracts with Washington County. Referrals come from: The Oregon State Hospital, The Oregon Health Authority, and acute care

Average length of stay: 6 months – 1.5 years

Average daily population served: 5-6

Number of children served annually: 0-5 youth

Interviews, Observations: At the review the following were interviewed: Greg Spadafora, Residential Program Director, Whitney Kosters, Administrator, and two young adults. In the interviews with the two young adults both stated they felt safe at the home. It was also stated by a young adult that they felt things were going well there. There were no concerns mentioned in any of the interviews.

Program Strengths: The following strengths were identified by the program's leadership at the time of the review:

- The program is designed to help residents re-acclimate and reintegrate with the community. Residents gain important transitioning skills in four areas, including housing, employment, education and mental health stability. The program's focus is around independent living skills.

Program Challenges: The following challenges were identified by the program's leadership at the time of the review:

- COVID-19 has been challenging.
- Reintegration and re-acclimation to the community has been challenging due to current lack of housing, job and educational opportunities.
- Many of the residents have moved out of higher levels of care before they are ready for YAT level of care and often struggle with integration issues due to lack of access to community supports and other needed services.

Changes that have occurred in the last 2 years: Program leadership reported the following:

- Program changes include physical facility upgrades, including new flooring installed in all client rooms and common areas, concrete redone in backyard areas, and backyard patio off the kitchen area has been redone. Both restrooms on main floor have been upgraded.
- COVID guidelines put into place to minimize risk of infection per OHA and CDC guidelines.

Lawsuits: N/A

Grievances and complaints filed in the last two years: N/A

Corrective Actions and Timeframes: Please submit the following to verify compliance.

Within 45 days of receipt of this report (insert name of agency) must submit a letter of verification indicating the agency is in compliance with the specific rules cited above and describing how compliance will be maintained going forward. Along with the letter of verification, the agency must submit any and all specific documentation requested in the body of this report. The letter of verification and any additional requested documents can be emailed directly to Holly Ivey at Holly.r.ivey@state.or.us or sent by regular mail to the following address:

Department of Human Services, Children's Care Licensing Program
Attn: Holly Ivey, DHS Licensing Coordinator
201 High St SE, Suite 500
Salem, OR 97301

Exceptions: The program has requested an exception for the Fire Marshal inspection due to COVID one has not been able to be scheduled. The program leadership must submit documentation of efforts made to request an inspection over the past six months to Licensing, including copies of any correspondence with the Fire Marshal's office.

Changes in License: Change the status from 6 month provisional to a regular license.

Summary of Review					
Program and Services 413-215-0011(2)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Program and services are in scope of license	**X**				
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	**X**			**COMMENTS:** The program uses the Pro-Act de-escalation techniques.	
(3)(b)(C) Agency does not use chemical and mechanical restraint (excluding medically necessary devices/prescriptions)			**X**		
(3)(c) Agency uses appropriate time-out rooms (adequate space, heat, light and ventilation and is not capable of locking) and documents use in child's record when applicable			**X**		
(3)(e) Agency uses seclusion appropriately/consistent with policy			**X**		
(4) Agency has adequate plan in place to respond to suicidal behavior/warning signs	**X**				
Staffing Requirements 413-215-0721	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) Has and follows a written plan for minimum staffing	**X**				
(2) One staff for each shift is trained in non-violent crisis intervention	**X**				
(3) Staffing ratio is sufficient for adequate supervision Days: **2 staff minimum on all shifts** Evenings: Sleeping:	**X**				

Grouping 413-215-0756	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) & (2) Has and follows policies for grouping children that meets requirements (age, developmental level, maturity, behavior, medical...)			**X**	**COMMENTS:** N/A youth at the program have individual bedrooms.	
(4) Care was taken to assess and minimize risk for children placed with emancipated children or adults	**X**				
Service Planning- Establish & maintain links with community agencies that provide: 413-215-0736	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(5)(a) Alternative living arrangements	**X**				
(5)(b) Medical services	**X**				
(5)(c) Mental health services	**X**				
(5)(d) Educational services	**X**				
(5)(e) Independent living services	**X**				
(5)(f) Other assistance required	**X**				
Physical Plant	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)		**X**		***Physical Plant*** *413-215-0046(3)(a) Foster Rights Posted (if children in DHS custody)* • The Foster Rights was not posted at the program.	
413-215-0051(1) Sufficient safe space, equipment, and office equipment	**X**				
413-215-0091(12) License is posted in common area at each facility	**X**				
413-215-0001(5)(d) Adequate furnishings and personal items	**X**				
413-215-0746(2) Medication is kept in locked storage and inaccessible to children in care	**X**				
Safety - Transporting Children in Care 413-215-0761(3)(a)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(A) Vehicle is registered	**X**				
(B) Vehicle is insured	**X**				
(C) Maintained in safe condition	**X**				
(D) Equipped with first aid kit	**X**				
(E) Fire extinguisher - secured	**X**				
Safety - Building Requirements 413-215-0761(6)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(b)(A) Smoke free	**X**				
(b)(B) Clean and in good repair	**X**				
(b)(C)(i) continuous supply of hot and cold water	**X**				
(b)(D) room temps are w/in normal range, ventilated and free from odors	**X**				

Safety - Bathrooms 413-215-0761(6)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(c)(A)(i) 1:8 ratio for toilet and sink	**X**				
(c)(A)(ii) If self-closing metered faucet –15 sec.	**X**				
(c)(A)(iv) 1:10 ratio for bathtub or shower	**X**				
(c)(A)(v) individual privacy	**X**				
(c)(A)(vi) window covering	**X**				
(c)(A)(vii) permanently wired light fixtures	**X**				
(c)(A)(viii) mirror affixed at eye level	**X**				
(c)(A)(vi) adequate ventilation	**X**				
Client Rights 413-215-0716	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(2) Nutritional needs are met as appropriate for each child in care	**X**				
Medication Storage and Dispensing 413-215-0746	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(2) Medication is locked and inaccessible to children	**X**			***Medication Storage and Dispensing*** *413-215-0746(5) Written record of disposal by 2 staff and includes when and how the medication was disposed.* • The disposal log observed did not have two staff signatures.	
(3) Medication is self-administered after children have requested their medication at prescribed times	**X**				
(4) Written record of administration of medication includes (name, description, date and time dispensed, dosage, staff who dispensed)	**X**				
(5) Written record of disposal by 2 staff and includes when and how the medication was disposed		**X**			

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Staff Name/Position	**X**			***Personnel Files*** *413-215-0061(1)(b) & (3)(b) reference checks complete and documented.* • Documentation of reference checks were not found consistently in the files reviewed.	
(3)(g) Date of Hire	**X**				
(3)(a) record of education, training and previous employment	**X**				
(1)(b) & (3)(b) reference checks complete and documented		**X**			
(1)(a) & (3)(c) Background check was completed and documented	**X**				
(3)(d) Annual performance evaluations	**X**				
(3)(f) Record of personnel actions	**X**				

(3)(g) Termination date, reason for termination	X				
(3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description	X				
New Employee Orientation (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Agency policies and procedures	X				
(b) Ethical and professional guidelines	X				
(c) Organizational lines of authority	X				
(d) Attributes of population served	X				
(e) & (5)(a) to (c) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X				
(f) Privacy laws	X				
(g) Emergency procedures	X				
Staffing Requirements 413-215-0721	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Staff (at least one for each shift) has been trained in non-violent crisis intervention	X				
Initial Training (Must be completed before staff is alone with youth) 413-215-0726 (1)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Completion of agency's orientation	X				
(b) Understanding of supervision structure	X				
(c) Understanding of behavior management policies	X				
(d) Understanding of presenting issues of the youth served	X				
(e) Safety procedures	X				
(f) Sanitation procedures	X				
(g) First aid kit contents and use	X				
(h) Report writing	X				
(i) CPR and First Aid	X				
(j) Crisis intervention training	X				

Ongoing Training (Staff & Volunteers)	Yes	No	N/A	Corrective Actions	Corrective Action Completed
413-215-0726(2)(a) Confidentiality	X				
413-215-0726(2)(b) Universal precautions	X				
413-215-0726(2)(c) Discipline and behavior management		X			
413-215-0726(3) Training in CPR/First Aid sufficient to retain current certification	X				
413-215-0726(4) Staff working with food must possess a food handler's card			X	***Ongoing Training (Staff & Volunteers)*** *413-215-0726(2)(c) Discipline and behavior management* • The program must train staff annually in behavior management and discipline. It was occurring every two years. **COMMENTS:** The youth prepare their own meals, staff do not assist. Food Handler cards are N/A for the staff.	
413-215-0061(5) Mandatory reporting that includes: (a) legal definition of child abuse ORS 419B.005, Oregon Laws 2016, chapter 106, section 36 (b) legal responsibility to immediately report (c) legal responsibility to report is personal to the employee	X				
413-215-0761(3)(b) Employees transporting children meet the driver requirements (current driver's license, and training for 15+ passenger vans if applicable)			X		
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Agency ensures the contractor meets the requirements of this rule and Chapter 413 division 215			X		
(b)(B) Contract includes the following: (i) Services provided (ii) Contractor fees (iii) Disclosure of information from contractor to agency (iv) Lines of authority (v) Adherence to rules, including background check (vi) Any liability of the agency for acts of the contractor, rights of indemnity and limitations on liability			X		
Comments:					

Child Records 413-215-0741(2)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Name of Child	**X**			***Child Records*** *413-215-0741(2)*(c) authorization for medical treatment(d) Consent to treat the child with interventions in use at the program. (e) Signed acknowledgment that child is responsible for requesting medication at prescribed times. • Authorizations for medical treatment, consents for interventions and signed acknowledgements that youth are responsible to request medications were not found consistently in the files reviewed.	
Date of Admission	**X**				
(a) Sufficient information about the child's family or legal guardian to enable staff to contact them at any time	**X**				
(b) & 413-215-0731(2) Custody status	**X**				
(c) authorization for medical treatment		**X**			
(d) Consent to treat the child with interventions in use at the program		**X**			
(e) Signed acknowledgment that child is responsible for requesting medication at prescribed times		**X**			
(h) Documentation of child's illness and injuries and follow up by program	**X**				
Assessment 413-215-0741(2)(f) &	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
413-215-0731 Assessment (2)(a)-(c) Includes family history, health history, mental health history (including diagnoses and current prescriptions). (3) Statement as to whether child meets eligibility requirements to be admitted to program.		**X**		***Assessment*** *413-215-0741(2)(f) &413-215-0731 Assessment (2)(a)-(c) Includes mental health history (including diagnoses and current prescriptions).* *(3) Statement as to whether child meets eligibility requirements to be admitted to program.* • Mental health history and eligibility documentation was missing on the assessments reviewed.	
Service Planning 413-215-0741(2)(g) &	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
413-215-0736(2)(a) Includes family, staff & other interested parties		**X**		***Service Planning*** *413-215-0741(2)(g) &413-215-0736(2)(a) Includes family, staff & other interested parties* • There was no documentation to verify the above requirement has been met.	
(2)(b) Monthly review					
(2)(c) Addresses physical and medical needs, behavior management issues, mental health treatment, education, and special needs	**X**				
413-215-0736 (3) Reasonable effort to involve family within 72 hours when possible	**X**				
413-215-0746 (4) Medication logs	**X**				

413-215-0736 (6) Discharge summary (summary, results of evaluations, condition of child, compliance with program, recommendations and discharge destination)	**X**				
Records and Documentation 413-215-0071	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) Stored safely and are available for inspection by Dept.	**X**				
(2) Permanent, legible, dated, and signed	**X**				
(3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out.	**X**				
(7) Permanent registry for each child includes: Name Gender Birth date Names, addresses of parents or guardians Dates of admission Placement upon discharge	**X**				
Comments:					

Corrective Action Documents Required:

- **Fire Marshal Inspection.** Due to COVID, if an inspection is still unable to occur, documentation must be given to Licensing regarding efforts made by the program in the last six months to try and schedule one. The program leadership must submit documentation of efforts made to request an inspection over the past six months to Licensing, including copies of any correspondence with the Fire Marshal's office.

Licensing Coordinator's Signature: _____ Date: _____

Manager Review: _____ Date: 09-29-2020