



**Licensed Child Caring Agency Unannounced Site Visit Report
Residential Programs**

Licensee: Bob Belloni Ranch

Executive Director: Thujee Lhendup

Program Director(s): Jenny Howland

Date of Unannounced: 10/19/2020

Licensing Coordinator: Mary Torres

Other Regulatory or Accrediting Agencies: Oregon Youth Authority (OYA), Department of Education (DOE)

Purpose: Per OAR 413-215-0101 (1) (b) Children's Care Licensing is required to perform at least one unannounced site visit a year where children in care reside.

Previous Findings License Renewal Site visit: 12/3/2019 – 12/4/2019	Repeat Findings Further Action Needed	Comments
413-215-0046 Youth in the Wineva program indicated family contact is tied to the program's level system. ➤ Licensing rules prohibit limiting visitation and communication with family and other identified individuals based on behavior, level system performance or other criteria. CORRECTIVE ACTION:	Yes ☐ No ☒	The program suspended this practice as reported in February of 2020. The Wineva Center closed services in the second week of October 2020. Bob Belloni "turned back in" the OYA contract due to a lack of referrals. Prior to closing the girls' program, Bob Belloni had been housing only two residents.

➤ Cease any practice of limiting communication or visitation with family based on level system status		
413-215-0091(12) License is posted in common area at each facility ➤ License is currently in the office area. CORRECTIVE ACTION: ➤ Place a copy of current license in the common area of each licensed facility.	Yes ☐ No ☒	
413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair. ➤ Bathrooms in the Boys' Ranch and at Wineva Center require maintenance attention ➤ Boys' dorm has burnt out light bulbs CORRECTIVE ACTION: Boys' Ranch - ➤ The bathroom vent needs cleaning ➤ Caulking is needed where the wall meets the baseboards and where the baseboards and floor meets. ➤ Repair hole under the shower head in the first shower stall. ➤ Clean drip mark behind 2nd urinal. ➤ Replace burnt out light bulbs in dorm room. Wineva Center – ➤ Bathroom needs to be painted.	Yes ☐ No ☒	It was apparent that some maintenance was completed at Wineva Center shortly after the previous review in December of 2019 as evidenced by new caulking and painting. While closed, the Wineva Center is currently undergoing renovation and repair.

➤ Baseboards need to be replaced. ➤ Caulking is needed where the wall meets the baseboards and where the baseboards and floor meets.		
413-215-0516(1) All parts of the facility ensure the safety of children. ➤ The laundry bags utilized in the Boys' Ranch have drawstrings. CORRECTIVE ACTION: ➤ Given the vulnerable population, utilize another option for storing dirty laundry.	Yes ☐ No ☒	Each resident has been given a plastic laundry basket.
413-215-0516(4)(a)(E) Individual privacy. ➤ Bathroom stalls in Wineva Center do not have doors. CORRECTIVE ACTION: ➤ Work with OYA on appropriate bathroom stall coverings that will ensure privacy as well as safety from self-harming behavior.	Yes ☐ No ☒	Curtains with breakaway rods were installed.
413-215-0536(1)&(2)(1)(b) Menus are kept for at least 6 months.	Yes ☐ No ☒	

➤ Unable to verify during site visit as the menus had reportedly been taken off campus. CORRECTIVE ACTION: ➤ Maintain menus on campus and keep them for at least 6 months.		
413-215-0541(2)(b) Telephone numbers for local police and fire are posted near all telephones. ➤ Emergency phone numbers are not posted near telephones CORRECTIVE ACTION: ➤ Post all emergency numbers near each telephone in both facilities.	Yes ☐ No ☒	
413-215-0541(2)(c) Operative flashlights sufficient in number are readily available to staff. ➤ Flashlights in the Wineva Center were inoperable CORRECTIVE ACTION: ➤ Replace all flashlight batteries as needed. If the issue is not related to the batteries, replace all flashlights.	Yes ☐ No ☒	
413-215-0541(3)(a) Evacuation drill occurs monthly under varying conditions, is retained 2 yrs. and contains all required information. ➤ Both programs have missing monthly drills. The Wineva Center had various months missing from both 2018 and 2019. In addition, the year was missing from several forms.	Yes ☐ No ☒	

➤ A section for problems encountered is missing from the drill sheet. CORRECTIVE ACTION: ➤ Ensure that evacuation drills are occurring each month and are documented and stored for future reference. ➤ Ensure that the complete date (month, day and year) is documented on each drill form ➤ Update evacuation drill sheet to include a section where problems encountered can be entered. ➤ Consider adding a copy of the evacuation plan to the drill book for quick and easy reference by staff.		
413-215-0551(10)(d)(f) Written record of the administration of medication includes missed doses, and method of administration. ➤ Discussion held regarding blank spaces found on the MARs at both facilities. CORRECTIVE ACTION: ➤ The program must document something in every space on a MAR designated to record administration of a prescribed medication at a prescribed time. ➤ If a medication is not administered for any reason, or if some other anomaly related to medication administration	Yes ☐ No ☒	

occurs, the space reserved for documenting administration of the medication must either contain a code indicating the reason for the missed dose or be coded in a manner that directs the reader to documentation elsewhere on the MAR that explains the circumstances.		
413-215-0061(1)(a) & (3)(c) Background check completed and documented ➤ Several background checks were completed 3-5 months after the employee's hire date. CORRECTIVE ACTION: ➤ Complete all required background checks for new employees or current employees who change positions or are promoted within a timely manner.	Yes ☐ No ☒	
413-215-0061(3)(d) Annual performance evaluations. ➤ Various annual performance evaluations were not completed in 2018. Of those completed, some were not dated and were missing signatures from the employee and/or evaluator. CORRECTIVE ACTION: ➤ Ensure that evaluations are completed annually and that the forms are filled out to include date of evaluation and signatures.	Yes ☐ No ☐	To be confirmed at the program's next review in 2021.

413-215-0061(3)(h) Current job description ➤ Current job descriptions were missing from a few employee files. CORRECTIVE ACTION: ➤ Ensure that each employee has a current job description in their individual personnel file.	Yes ☐ No ☒	
413-215-0061(4) New Employee Orientation – Umbrella Requirements (30 days) ➤ One file was missing all initial training verification. CORRECTIVE ACTION: ➤ Ensure that all new employees are receiving the required orientation training within 30 days of hire and that this information is being documented in individual personnel files.	Yes ☐ No ☒	
13-215-0556(2)(a) Environmental emergencies 413-215-0556(2)(b) Universal Precautions 413-215-0556(2)(c) Discipline and Behavior Management 413-215-0556(4) Designated staff authorized to apply reasonable and prudent parent standard are trained in application of the standard. 413-215-0061 (5) Mandatory reporting (annually) ➤ Many 2018/2019 files were missing documentation of	Yes ☐ No ☒	

ongoing training on the above topics. CORRECTIVE ACTION: ➤ Ensure that required ongoing training is occurring and documented in each employee's personnel file.		
413-215-0546(2)(e) Documentation of age appropriate instruction - pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease. ➤ There was no evidence that youth are receiving age appropriate instruction. CORRECTIVE ACTION: ➤ Develop a procedure as to who and how this instruction will be provided to all residents and documented in their individual client files.	Yes✓ No□	The program struggled implementing this rule. Licensing will work directly with the program to address this before the next licensing review.
413-215-0576(1)(e) Allow access as defined in 413-215-0091 & 0101. ➤ Current consent forms do not include allowing access. CORRECTIVE ACTION: ➤ Create and immediately implement consent form to allow access as defined in licensing rule.	Yes✓ No□	A new resident's file was reviewed, and this consent was missing from the file.
413-215-0576(2) (c) Any policies and procedures upon request.	Yes✓ No□	A new resident's file was reviewed, and this disclosure was missing from the file.

➤ REPEAT FINDING (2017 Review and 2018 unannounced site visit) Current disclosure forms do not include any policies and procedures upon request. CORRECTIVE ACTION: ➤ Create and immediately implement disclosure form to include the program providing any policies and procedures to parent/guardian upon request.		
413-215-0576(3)(b) Child specific visitors. 413-215-0576(3)(c) ➤ Visitation resources are pre-approved The above authorizations are absent. CORRECTIVE ACTION: ➤ Create and immediately implement the authorization forms to reflect child specific visitors and pre-approved visitation resources.	Yes ☐ No ☒	
413-215-0581(1)(b) Name and location of previous and current school (e) The name, address, and telephone number of: (C) Other persons significant to child. (D) Other professionals to be involved in service planning. ➤ The above information is not currently being captured on the child's summary sheet. CORRECTIVE ACTION:	Yes ☐ No ☐	To be confirmed at the program's next review in 2021.

➤ Incorporate the above missing information onto the child's summary sheet and immediately implement the updated form.		
413-215-0581(2) Service planning ➤ Five out of 8 files reviewed lacked signatures on either the assessments, initial service plan or updated service plans. CORRECTIVE ACTION: ➤ Ensure that all service planning documentation have necessary signatures and dates.	Yes ☐ No ☐	This will be reviewed at the program's next review in 2021.

New Findings from Site Visit	Comments
413-215-0046 Licensing Umbrella Rules: Children and Families Rights Policy and Grievance Procedures (1) Rights of children in care and families served by the child-caring agency. A child-caring agency must guarantee the rights of children in care and the families the child-caring agency serves. A child-caring agency must enact and adhere to a policy ensuring those rights. A written copy must be distributed to all children in	Cameras are located in the dorm area where youth sleep. The program is being asked to submit an exception regarding the use of cameras in the dorm rooms. The program currently provides a disclosure to youth explaining that there is video surveillance throughout the program and that youth are being recorded. This disclosure will be modified to include both the youth's and guardian's acknowledgment of cameras specifically in the dorm rooms. Suggested language to be added to the existing disclosure: "I acknowledge the use of cameras (24/7) that record video within the sleeping areas of the residential program. I acknowledge and agree to adhere to the program's expectation that the residents utilize the bathroom to ensure privacy (i.e. when changing)."

(a) A child-caring agency must protect children in care it serves from guns, drugs, sharps, paint, hazardous materials, bio-hazardous materials, and other potentially harmful items.	

Interview Summary

The program's Executive Director, Thujee provide the tour of the Boys' Ranch. During the tour, the following information was provided:

- The Boys' Ranch is currently serving 15 youth.
- Bob Belloni was able to strongly advocate at the beginning of the school year for full time, on site educational services. The local school district has provided a teacher Monday through Friday, 9:00 am – 3:00 pm. The program provides one direct care staff member during school hours to assist with behavioral issues as needed.
- The program recently lost 7/8 staff to tenure.
- On site drug and alcohol treatment is provided to residents.
- The floors in both the walk-in refrigerator and freezer were replaced and are now watertight.
- The facility's florescent lighting will be replaced with LED lighting over the next two months.

The Program Director, Jenny Howland, provided the tour of the empty Wineva Center. During the tour, the following information was provided.

- Current repairs to the facility include replacing the windows and replacing all the broken door jams.
- The bathrooms will be renovated to include the shower stalls, the baseboards and bathroom doors.
- There has been conversation of utilizing the facility for OYA males with sexually harming behaviors who would benefit from an Independent Living Program.
- The program is also entertaining the idea of splitting the current population at the Boys' Ranch and housing half of the population at the Wineva Center.
- The community donates beef and pork to the program.

Two youth were interviewed during the on-site visit. One youth has been at the program for over 8 months while the other arrived approximately 2 months prior. Both reported feeling safe at Bob Belloni, one specifically stating that there was “good supervision” by staff. It was reported that there are times that peers engaged in physical altercations, but that staff were quick to step in between and intervene. A youth felt that the staff had a “97%” success rate at getting youth to disengage quickly. Both youths were able to identify staff whom they felt comfortable in reporting concerns to and felt confident that their concerns would be resolved. The veteran youth had a good understanding of his treatment goals as well as his after-care plan. The newer youth could not speak to an after-care plan but was able to easily list members of his support system. Program strengths included the staff’s ability to bond with youth and teach skill building. Another identified strength includes the number of staff on the floor at any given time. Areas needing improvement included voice volume when staff address residents and although “rare,” in occurrence, personal outings to stores are at times, limited. When asked if there was anything that they would change about the program, only one youth responded, asking for shower time to be increased. Currently youth are given a total of 15 minutes in the bathroom from start to finish. The youth acknowledges and understands why there is a time limit but would appreciate additional time being an option. One staff member was interviewed. This staff person has been with Bob Belloni over 20 years and reports that the program covers many aspects of training to include mandatory reporting, collaborative problem solving, Crisis Prevention Intervention (CPI), employee shadowing, trauma informed care, suicide prevention and strength based techniques throughout a staff’s employment with Bob Belloni. The staff member feels that the program’s training regimen equips staff to adequately perform their duties. Management provides an atmosphere where staff are able to freely express their concerns regarding any aspect of the program and their responsiveness is timely. Staffing ratios are reported as 4 staff covering day and swing shifts and 2 staff on during the night. Youth are given daily recreation time and there is an emphasize on “teamwork” even during play. The program has a medical coordinator who ensures that youth receive timely medical, dental, vision and mental health care. Physical intervention by staff is seen as the “last resort.” If physical intervention becomes necessary, a two-person hold is preferred, and the least amount of intervention is utilized. All attempts to verbally intervene are used before becoming physically involved. Although youths’ service plans are available for all staff to review, very few staff take the time to opportunity to learn the youths’ individual goals. Staff operate under the two most common goals in dealing with youth, manage emotions and decrease aggression. Youth that are engaged in self harming behavior or expressing thoughts of suicide participate in a risk assessment and the social services staff is notified immediately to work with the youth. Staff are trained regarding suicide prevention when initially hired and then receive refreshers during all staff meetings.

Observations

Staff were observed following COVID guidelines. Upon arrival, a single staff member was observed outside, wearing a face covering. Inside the facility, management staff were attending a meeting, practicing social distancing in addition to using masks. All direct care staff were wearing face coverings while on the floor and youth wore masks when meeting with Licensing.

Overall, the Boys' Ranch looked in good shape and had very minor repairs that required attention. The dorms were adequately tidy and there were no overt concerns regarding cleanliness or debris.

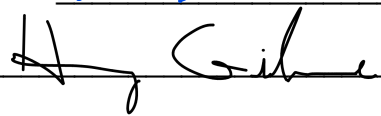
Youth were observed in their school setting as well as during their lunch break. The group was quiet and subdued in both settings. They interacted well among their peers as well as with staff.

Corrective Actions and Timeframes:

Please submit the following to verify compliance.

Within 45 days of receipt of this report **Bob Belloni Ranch** 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 Mary Torres at Mary.TORRES@dhsosha.state.or.us or sent by regular mail to the following address:

Department of Human Services
Children's Care Licensing Unit
Attn: Mary Torres
201 High St. SE Suite 500
Salem, OR 97301

Licensing Coordinator's Signature:  Date: 11/30/2020
Manager Review:  Date: 11-30-2020