Licensed Child Caring Agency Site Visit Report
Residential Care

Licensee: West Linn Clementine
Executive Director: Stephanie Waguespak

Date of site visit: January 29, 2021
Licensing Coordinator: Holly Ivey

Other Regulatory or Accrediting Agencies: Joint Commission

Program Compliance: The program is or will be compliant with OAR 413-215-0001 through 0131 Licensing Umbrella Rules and OAR 413-215-0501 through 413-215-0586 Licensing Residential Care Agency Rules.

Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): *West Linn Clementine is a residential facility exclusively for adolescent girls seeking treatment for multiple eating disorders or exercise addiction. They offer medical and psychiatric care integrated with personalized clinical and nutritional care as well as academic and family support. The program offers 24 hour on-site medical oversight and nursing care, weekly medical monitoring, 24-hour access to psychiatrists, medication management, family involvement, individual and group counselling sessions and weekly nutrition and cooking groups. The program serves females, ages 11-17 with a capacity of 12.*

Program type and services: Residential Services that specialize in eating disorders treatment.

Capacity and age-range: 12 youth, ages 11-17 years old.

Funding sources: Medicaid, private insurance, Oregon Health Plan and private pay.

Contracts and sources for referrals: Contracts with insurance companies.

Average length of stay: The average length of stay is 2-3 months.

Average daily population served: The program stays at full capacity, 12 youth.

Number of children served annually: Approximately 50 youth served.

Use of seclusion or restraint: N/A

Interviews, Observations: Stephanie Waguespak, Regional Administrator, Melissa Peterson Clinical Director, Erin Holl, Assistant Clinical Director, Amanda Vonfedlt, Nursing Manager, and a youth was interviewed at the review. Staff and youth were observed at the program at the inspection. The youth that were at the program that day appeared to be at ease, and comfortable in the environment. The facility was observed to be clean and in good repair.

The following information was obtained in a private interview with a youth residing in the program:
The youth stated she appreciated the community of staff and her peers at the program. She mentioned that staff were very supportive, and that everyone got along well. She stated she was getting her needs met with school while residing at the program. She mentioned that visiting hours with COVID had been challenging. The youth were able to have 10-minute phone calls at night with their approved contacts. The youth could send and receive mail. She stated staff were very cautious of exercise urges and general safety of the youth. She stated the quality of food was good, and that she always was provided with enough to eat. If youth were hungry after a meal, they could request seconds or extra snacks. Two snacks were provided daily to the youth. She stated that she always felt safe while residing at the program. She mentioned the program monitors roommates and wanted the youth to feel safe with their room share.

Program Strengths: The following strengths were identified by leadership at the review:

- The program has solid staff that are passionate about the work.
- The program has strong individual & family therapy, group support, physical, mental health, and nutritional components.
- The program has a licensed teacher on staff to help the youth find balance with school.
- The youth can engage in yoga as the program has a yoga instructor. The youth have been doing a virtual yoga class during COVID.
- The program is data driven and analysis outcome results.
- The program provides 24-hour nursing.

Program Challenges: The following challenges were identified by leadership:

- The ever-changing aspects of the COVID Pandemic have been challenging. The program did all they could do to keep youth and staff as safe as possible. Some of the impacts were: restrictions on youths' in-person visits with family, staff group meetings by zoom.
- Some insurance companies do not allow for sufficient time for treatment stays, which would allow for the youth to have the full benefit of treatment.

Changes that have occurred in the last 2 years: The following changes were stated by leadership at the time of the review:

- The program has adopted a new Electronic Record System and went live with it in October 2020.

- COVID brought a lot of change to some of the operations at the program.

Lawsuits: None identified at the time of the review.

Grievances and complaints filed in the last two years: None of significance acknowledged at the time of the

Corrective Actions and Timeframes: Please submit the following to verify compliance.
Within 45 days of receipt of this report West Linn Clementine, 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.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: N/A

Changes in License: N/A

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**				
Governance of the Agency 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1)(a) Minimum of 5 board members	**X**				

(2)(f) Formally evaluate the exec. Director's performance annually	**X**			**Governance of the Agency 413-215-0021(2)(g) Approves annual budget. *(REPEAT FINDING 2019)*** • The agency must submit the above required information to the Licensing Coordinator.	
(2)(g) Approves annual budget		**X**			
(2)(h) Obtain and review an annual independent financial review or audit of financial records.	**X**				
(2)(k) Written quality improvement program	**X**				
(2)(l) Meeting minutes	**X**				
Executive Director or Program Director 413-215-0021	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	**X**				
(3)(g) Approval from BCU	**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**				
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), 0516(4(a)(I) & 0521(1) Adequate furnishings and personal items	**X**				
413-215-0511(2)(a) &(c) Buildings are smoke free, clean and in good repair	**X**				
413-215-0511(2)(d) Rooms are free of harmful drafts, odors, and excessive noise	**X**				
413-215-0511(2)(e) Rooms are adequate in size and arrangement	**X**				
413-215-0511(2)(f) System provides a continuous supply of hot and cold water to taps located throughout the facility	**X**				
413-215-0511(2)(h) Building is well ventilated and room temperature is within a normal comfort range	**X**				
413-215-0516(1) All parts of the facility ensure the safety of children	**X**				
Room and Space Requirements Bedrooms 413-215-0516(3)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Adequate furnishings and personal items	**X**				
(b) Separate from rooms used for dining, living, laundry, kitchen, and storage	**X**				

(c) Outside room with window allowing egress from building	X				
(d) Ceiling at least 90 inches	X				
(e) Minimum 60 SF per bed	X				
(f) No more than 25 if dorm style **N/A- The program does not have dorm style bedroom.**			X		
(g) Permanently wired fixtures	X				
(h) Window covering	X				
(i) Beds are 3 feet apart and maintained to ensure safety	X				
Room and Space Requirements Bathrooms 413-215-0516(4)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a)(A)&(B) 1:8 ratio for toilets and sinks	X				
(a)(D) Hot and cold running water, soap, and approved hand drying options	X				
(a)(E) 1:10 ratio for shower or bathtub	X				
(a)(E) Individual privacy	X				
(a)(F) Window covering	X				
(a)(G) Permanently wired fixtures	X				
(a)(H) Adequate ventilation	X				
(b)&(c) Wooden racks on floors are prohibited and impervious shower mats are disinfected & dried daily	X				
Room and Space Requirements Kitchen 413-215-0516(6)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Used exclusively for storage, food preparation, dish washing and activities related to eating	X				
(b) Walls, floors are easily cleanable	X				
(c) Equipment and utensils are easily cleanable, durable, nontoxic, and kept clean	X				
(e) Equipment is easy to clean beneath, between and behind	X				
Room and Space Requirements 413-215-0516	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(2) There is a separate living room or lounge area – 15 SF minimum per child	X				
(5) There is a separate dining room with capacity for ½ of children in care and 15 SF per child in care	X				
(7) Laundry is separate from living areas, kitchen and dining	X				

(8) Separate storage areas are provided for food, kitchen supplies, utensils, clean linens, soiled linens and clothing, cleaning supplies and equip, poisons, chemicals, outdoor recreational and maintenance equipment	X				
(9) Outdoor activity area is protected from vehicles and other hazards and of a size and availability appropriate to the age and needs of children in care	X				
(11) & 413-215-0076(3)(c)(C) Time out rooms have adequate space, heat, light and ventilation and is not capable of locking **N/A- The program does not utilize time out rooms.**			X		
Furnishings and Personal Items 413-215-0521	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) There is a bed with frame, clean mattress and pillow and personal storage (dresser, closet)	X				
(2) Linens are in good repair. There is a waterproof mattress cover or mattress. Linens are appropriate and towels and washcloths are provided	X				
(3) Bedding is changed weekly or when soiled	X				
(4)&(5) Personal hygiene supplies and appropriate clothing are provided	X				
Food Services 413-215-0536(1)&(2)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1)(a) Meals are arranged daily, consistent with normal mealtimes that occur during the hours of operation	X				
(1)(b) Menus are prepared in advance in accordance with USDA guidelines, provide a variety of foods and are adjusted for seasonal changes.	X				
(1)(b) Menus are kept for at least 6 months	X				
(1)(c) Drinking water is freely available	X				
(2)(a) Food is stored, prepared & served in a sanitary manner	X				
(2)(c) & (d) Food products are obtained from commercial suppliers (exception of fruits & vegetables), unpasteurized juice is prohibited, and only Grade A pasteurized and fortified milk in appropriate container.	X				

Safety 413-215-0541	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(2)(a) Written emergency plan	**X**			**Safety** 413-215-0541**(3)(a) Evacuation drill….. contains; (C) notification method** • The above required information was not found on the evacuation drill logs.	
(2)(b) Telephone numbers for local police and fire are posted near all telephones	**X**				
(2)(c) Operative flashlights sufficient in number are readily available to staff	**X**				
(3)(a) Evacuation drill occurs monthly under varying conditions, is retained 2 yrs and **contains;** (A) identify of person conducting drill (B) date & time **(C) notification method** (D) staff participating (E) # of children & staff evacuated (F) special conditions simulated (G) problems encountered (H) time to complete		**X**			
Safety – Transportation 413-215-0541	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(5)(b) Vehicle has insurance policy, is smoke free, safe operating condition, and has first aid kit and fire extinguisher 2-A:10-BC	**X**				
Medication 413-215-0551	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(3)&(7)(e) Medications have a prescription and are stored in the original container with prescription label	**X**			**Medication** 413-215-0551**(9) Written record of the disposal of medications is maintained and includes: (c) reason (d) method.** • **The medication disposal log were missing the above required information.**	
(4)&(5) Herbal supplements and remedies, medical treatments, special diets, physical therapy, physical aides or limitations have a written order signed by a physician or qualified medical professional.	**X**				
(7)(c) Medications are inaccessible to children	**X**				
(8) Medications are disposed in accordance with state and federal law	**X**				
(9) Written record of the disposal of medications is maintained and includes: (a) description and amount (b) name **(c) reason** **(d) method** (e) staff & witness signature		**X**			

(10) Written record of the administration of medication includes: (a) name (b) description (c) dates and times (d) missed doses (e) medication disposed (f) method of administration (g) ID of person administering (h) possible adverse reactions (i) medication taken outside facility	**X**				
Extracurricular, Enrichment, Cultural & Social Activities 413-215-0554	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(2) Children have ongoing opportunities to participate in at least one age-appropriate or developmentally appropriate activity	**X**				
Minimum Staffing Requirements 413-215-0561	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1)&(2) Supervision is adequate for the type of program, location, age and type of children, ability of supervisor to respond, electronic back-up systems. Minimum ratios are maintained: Under 30 months of age: 1:4 30 months to > 6 yrs or non-ambulatory: 1:6 Ages 6 and older: 1:7 Overnight (staff awake) 1:10	**X**				
(4)(a) When one staff on duty, there is additional staff immediately available with max response time of 30 minutes **N/A- The program always has a minimum of two staff at all times on site.**			**X**		
(5) There is at least one on-site employee authorized to apply the *reasonable and prudent parent* standard	**X**				
Separation of Residents 413-215-0566	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) Children are in separate bedrooms than adults, unless parent and child, or there is			**X**		

written approval from guardian/parent and licensing coordinator **N/A The program serves 17 and younger.**					
(2) There is adequate supervision of children if both males and females are served by the program **N/A The program only serves female youth.**			**X**		

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Staff Name/Position	**X**				
(3)(g) Date of Hire	**X**				
(3)(a) record of education, training and previous employment	**X**				
(1)(b) & (3)(b) reference checks completed and documented	**X**				
(1)(a) & (3)(c) Background check completed and documented	**X**				
(3)(d) Annual performance evaluations	**X**				
(3)(f) Record of personnel actions **N/A- This was not viewed in the files reviewed.**			**X**		
(3)(g) Termination date, reason for termination **N/A- This was not viewed in the files reviewed.**			**X**		
(3)(h) Current job description (1)(c) Employee meets minimum qualifications stated in current job description	**X**				
New Employee Orientation – Umbrella Requirements (30 days) 413-215-0061(4)	Yes	No	N/A	**Corrective Actions**	Corrective Action Completed
(a) Agency policies and procedures		**X**		**New Employee Orientation – Umbrella Requirements (30 days)** 413-215-0061(4) **(a) Agency policies and procedures (b) Ethical and professional guidelines**	
(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:	**X**				

(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				• **The above required orientation was not consistently completed within 30 days of hire in the files reviewed.**	
(f) Privacy laws	**X**				
(g) Emergency procedures	**X**				
New Employee Orientation – Residential (30 days) 413-215-0556	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1)(a) Discipline and behavior management including de-escalation, crisis prevention, positive behavior management, and disciplinary techniques that are non-punitive in nature		**X**		**New Employee Orientation – Residential (30 days)** 413-215-0556(1)**(a) Discipline and behavior management including de-escalation, crisis prevention, positive behavior management, and disciplinary techniques that are non-punitive in nature *(REPEAT FINDING SINCE 2019)*** • **The program was providing staff with a discipline training within 30 days; however, it was not a nationally recognized model. The program is utilizing CPI, which is nationally recognized. Staff must be oriented to CPI within 30 days of hire.**	
(1)(b) Restraint and seclusion (if applicable)			**X**		
Ongoing Training	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
413-215-0536(2)(b) Employees who handle food served to children have a valid food handler's card	**X**			**Ongoing Trainings** **413-215-0556(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) 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** • **There was no documentation to verify that the above required ongoing (annual) trainings**	
413-215-0541(5)(a) Employees transporting children have: current driver's license, insurance, trained in emergency procedures and behavior management, and training for 15+ passenger vans if applicable) **N/A-The program does not have a 15plus passenger van.**			**X**		
413-215-0556(2)(a) Environmental emergencies		**X**			
413-215-0556(2)(b) Universal Precautions		**X**			
413-215-0556(2)(c) Discipline and Behavior Management		**X**			

413-215-0556(3) Staff providing direct care must maintain current CPR/First Aid certification	X			**occurred in the files reviewed. Ongoing trainings must occur annually and be documented in personnel files.**	
413-215-0556(4) Designated staff authorized to apply reasonable and prudent parent standard are trained in application of the standard		**X**			
413-215-0061(5) Mandatory reporting (annually) 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**			
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:					

Children's Records	Yes	No	N/A	Corrective Actions	Corrective Action Completed
Name	X				
Health Services 413-215-0546					
(2) Medical history obtained within 30 days (significant findings, current immunizations, history of surgical procedures-health issues-injuries, allergies, dental, vision, hearing, behavioral health, and physician orders)	X				
(2)(e) Documentation of age appropriate instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease	X				
(4)(a) to (f) Medical exams (3 in first year of life, 2,4,6,9,14)	X				
Consents 413-215-0576(1)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Provide routine and emergency medical care	X			**Consents** 413-215-0576(1) **(b) Use the discipline and behavior management system *(REPEAT FINDING SINCE 2019)* (f) Impose a dress code** • **The above required consents, signed by guardians, were not found in the youth files reviewed.**	
(b) Use the discipline and behavior management system		X			
(c) Use restraint or seclusion (if applicable). Must specify the reasons for the intervention and how staff are trained and supervised **N/A-The program does not utilize restraint or seclusion.**			X		
(d) Restrict contact with persons outside of the agency	X				
(e) Allow access as defined in 413-215-0091 & 0101	X				
(f) Impose a dress code		X			
(g) Apply the reasonable and prudent parent standard	X				
Disclosures 413-215-0576(2) Parent/guardian has acknowledged in writing:	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**

(a) Information regarding personal or room searches and protocols for confiscation of contraband	X				
(b) Statement of Rights of Children and Parents/Guardians	X				
(c) Any policies and procedures upon request	X				
Authorizations 413-215-0576(3)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Disclose or exchange information with others	X				
(b) Child specific visitors	X				
(c) Visitation resources are pre-approved	X				
(d) Activity specific authorizations are pre-approved to allow children to participate in potentially hazardous activities, including but not limited to using motorized yard equipment, swimming, and horseback riding.	X				
Information about Children in Care 413-215-0581(1) Summary sheet contains the following:	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) The name, gender, date of birth, **religious preference**, and previous address		X		**Information about Children in Care 413-215-0581(1) Summary sheet contains the following: (a)….religious preference…(b) Name and location of previous school** • **The summaries reviewed were missing the above required information.**	
(b) Name and location of previous and current **school**		X			
(c) Date of admission	X				
(d) Legal custody	X				
(e) The name, address, and telephone number of: (A) The child in care's parents. (B) The child in care's legal guardian, if different than the parents, and a copy of the document that provides for his or her authority over the *child in care*. (C) Other persons significant to child (D) Other professionals to be involved in service planning (if applicable)	X				
Service Planning 413-215-0581(2)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(b) Intake document is completed the date child accepted into care (emergency placement 48 hours)	X				

(d) Assessment is completed within 30 days and contains relevant historical info., current behavioral observations, identified need for services, and how agency will provide services	X				
(e) (A)&(B) Service plan within 60 days (parent, guardian and child actively involved). Describes how child's issues will be addressed, anticipated outcomes and reviewed by child and guardian/parent.	X				
(e)(C)&(D) Service plan is reviewed quarterly and revised when information indicates other services should be provided	X				
Case Management 413-215-0581(3)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(a) Services are documented, progress toward achieving goals is tracked	X				
(b)-(d) discharge planning and instructions	X				
(f) Incident Reports	X				
Financial Records 413-215-0581(4)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Records contain date, amount, source, purpose, signatures	X				
Personal Possessions Records 413-215-0581(5)	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
Individual written inventory of all personal possessions is maintained and updated as needed	X				
Records and Documentation 413-215-0071	**Yes**	**No**	**N/A**	**Corrective Actions**	**Corrective Action Completed**
(1) Stored safely	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	X				

Names, addresses of parents or guardians Dates of admission Placement upon discharge					
Comments:					

CORRECTIVE ACTION-DOCUMENTS MUST BE SUMBITTED TO LICENSING:

- **Sanitation Inspection *(REPEAT FINDING 2019)***

Licensing Coordinator's Signature: _____ Date: 02-19-2021

Manager Review: _____ Date: 02-18-2021