Licensed Child Caring Agency Site Visit Report
Residential Care

Licensee: Discovery Behavioral Health
Executive Director: Jamie Pierson
Date of site visit: September 29, 2021
Licensing Coordinator: Aubrey Kelly

Other Regulatory or Accrediting Agencies: Oregon Health Authority

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 413-215-0501 to 413-215-0586, Licensing Residential Care Agencies Rules. Personnel records were reviewed and compliance with required background checks was documented for employees in all programs.

Program Description(s): Discovery Behavioral Health is a mental health program designed to treat adolescent who suffer from a variety of mental health issues such as depression, anxiety, obsessive-compulsive disorder, attachment disorder and behavioral issues. The program provides an intermediate level of care between acute inpatient and outpatient care. Clients work through a phase system and individualized treatment plan that tracks and acknowledges their progress on a weekly basis. The program is designed to promote increased independence and self-responsibility for their recovery.

Program type and services: Discovery Behavioral Health is a 14-bed residential program. The program provides individual psychotherapy two to three times each week, conjoint family therapy one time a week, multi-family group, family therapy, daily psychotherapeutic groups, education and life skill groups.

Capacity and Age Range: 14; Ages 10-17.

Funding sources: Private insurance.

Contracts and sources for referrals: Private insurance.

Average length of stay: 35 days

Average daily population served: Three

Use of seclusion or restraint: Seclusion is not utilized at the program. CPI is the restraint system used.

Interviews, Observations:
Client #1: The program is the client's first residential placement. They like it here, they have a lot of support and the staff are nice. The food is excellent, they like the cheeseburgers, waffles and bagels. Their therapist is Jillian and sees her two to three times a week. They are aware of their goals while at the program and participated in developing the goals. They have daily phone calls with family and family visits every Sunday. They get along with the other clients and likes all the staff. They see the psychiatrist one time a week. They wish the program had a full size basketball court.

Client #2: The client has been at several other residential placements. They are currently on pre-phase and working on their assignments. They have a therapist however they do not know their goals. They get along with the other clients but does not like it here. The staff are great. They have had one family visit. They do not like the food but feels like they get enough to eat.

Staff #1: The staff has worked at the program since May 2021. Orientation training consisted mandatory child abuse reporting requirements, policies, groups, CPR/First Aid and CPI. If the staff witnessed abuse, the staff would go to the program director and report it and the program director is who calls the child abuse hotline. The staff write group notes and daily notes for each client. Staffing ratios are 1:3 during the day and 1:6 at night and they are always within ratio. The staff feels supported by management and feels they communicate really well. The staff likes the groups provided to the clients. The staff likes working at the program and would recommend a friend to work at the program.

Program Strengths: The program provides individualized care for each client. The program provides a wide variety of groups to accommodate the different levels of care. Staff are offered competitive rates in pay and the program support the continuing education of staff. The educational liaison communicates well to ensure the continued education of clients.

Program Challenges: The COVID-19 pandemic has been challenging for the program. The rural location of the program has been challenging when recruiting and retaining staff. The infrastructure, such as the internet in the rural location, has been challenging as well.

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

Within 45 days of receipt of this report Discovery Behavioral Health 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 (Aubrey Kelly at Aubrey.J.Kelly@dhsoha.state.or.us or sent by regular mail to the following address:

Department of Human Services, Children's Care Licensing Program
Attn: Aubrey Kelly

201 High St SE, Suite 500
Salem, OR 97301

Summary of Review					
Program and Services 413-215-0011(2)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**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/Comments**	**Corrective Action Completed**
(1)(a) Minimum of 5 board members	**X**				
(2)(f) Formally evaluate the exec. Director's performance annually	**X**				
(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/Comments**	**Corrective Action Completed**
(3)(a) knowledge of requirements for providing care and treatment appropriate to programs	**X**				
(3)(g) Approval from BCU	**X**				
Discipline, Behavior Management, and Suicide Prevention 413-215-0076	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(3) Agency uses appropriate and positive methods of behavior management and nationally recognized non-violent crisis intervention	**X**				
(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**				
Contractors (if applicable) 413-215-0061(6)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**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**				
Supplemental Information Provided by CCA	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
Documents as indicated on the form titled "Renewal Licensing Required Documents"			**X**		
Documents as indicated on form titled "Required Financial Documents and Information"			**X**		
All required policies and procedures as identified in the "Umbrella Rules"			**X**		
All required policies and procedures as identified in "Agency Type Specific Rules"			**X**		
Physical Plant	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**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/Comments**	**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			**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/Comments**	**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/Comments**	**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/Comments**	**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			X		
Furnishings and Personal Items 413-215-0521	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**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/Comments**	**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/Comments**	**Corrective Action Completed**
(2)(a) Written emergency plan	X				
(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		The program has been doing quarterly evacuation drills and not monthly drills as required. The program shall ensure evacuation drills are completed on a monthly basis and requirements are documented accordingly. It should be noted, during the review, leadership at the program set up an automatic alert system to remind staff to complete the evacuation drills on a monthly basis.	
Safety – Transportation 413-215-0541	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**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/Comments**	**Corrective Action Completed**
(3)&(7)(e) Medications have a prescription and are stored in the original container with prescription label	X				
(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/Comments**	**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/Comments**	**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	**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/Comments**	**Corrective Action Completed**
(1) Children are in separate bedrooms than adults, unless parent and child, or there is written approval from guardian/parent and licensing coordinator	**X**				
(2) There is adequate supervision of children if both males and females are served by the program	**X**				

Personnel Files 413-215-0061	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**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	**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 – Umbrella Requirements (30 days) 413-215-0061(4)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
(a) Agency policies and procedures	**X**			The program is in compliance with mandatory reporting training requirements for employee orientations. Licensing discussed with management the importance of strongly emphasizing the requirement for employees to report abuse directly to the ODHS Abuse Hotline, as opposed to reporting	
(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				to management and relying on management to make any reports.	
(f) Privacy laws		X			
(g) Emergency procedures	X			Privacy law trainings were completed, however they were not completed within 30 days of hire. The program shall ensure all required orientation trainings are completed within 30 days of hire and documented appropriately.	
New Employee Orientation – Residential (30 days) 413-215-0556	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**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		Behavior management and restraint training were completed, however they were not completed within 30 days of hire. The program shall ensure all required orientation trainings are completed within 30 days of hire and documented appropriately.	
(1)(b) Restraint and seclusion (if applicable)		X			
Ongoing Training	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
413-215-0536(2)(b) Employees who handle food served to children have a valid food handler's card	X				
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)			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				
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		

Children's Records	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**
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/Comments**	**Corrective Action Completed**
(a) Provide routine and emergency medical care	**X**				
(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	**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/Comments**	**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/Comments**	**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/Comments**	**Corrective Action Completed**

(a)The name, gender, date of birth, religious preference, and previous address	X				
(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/Comments**	**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/Comments**	**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	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**Corrective Action Completed**

413-215-0581(4)					
Records contain date, amount, source, purpose, signatures	X				
Personal Possessions Records 413-215-0581(5)	**Yes**	**No**	**N/A**	**Corrective Actions/Comments**	**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/Comments**	**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 Names, addresses of parents or guardians Dates of admission Placement upon discharge	X				

Licensing Coordinator's Signature: Aubrey Kelly Date: 10.07.2021

Manager Review: _____ Date: 10-7-2021