Oregon Department of Human Services

Licensed Child Caring Agency Unannounced Site Visit Report

Licensee: Rimrock Trails Treatment Services
Executive Director: Erica Fuller
Date of Unannounced: October 12, 2022
Licensing Coordinator: Robin DuVal
Other Regulatory or Accrediting Agencies: Oregon Health Authority (OHA)

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 **2022 License Renewal Report 6/7/2022 – 6/8/2022**	**Repeat Findings** **Further Action Needed?**	**Comments**
Medication 413-215-0551 (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 The agency did not have a medication disposal log at the time of this review, however while on-site, the Medication Aide created a disposal log. The agency shall ensure disposed medications are documented on the form with a staff and witness signature.	**Yes✓ No☐**	The medication disposal log was observed, and the form was properly filled out meeting rule requirements. The above noted log was kept in the medication manager's office, which is a separate location from the medication room where the bin of medications to be disposed is located. There was no tracking document within said bin, creating a risk of medication mismanagement or theft. I instructed the medication manager to utilize the disposal log form in the bin and begin tracking all medications waiting for disposal. **Repeat Finding.** It is recommended to dispose medications more frequently to avoid any mismanagement or theft. • **This requirement is unmet and further corrective action is needed.**

Medication 413-215-0551(10) Written record of the administration of medication includes: (e) medication disposed (h) possible adverse reactions (i) medication taken outside facility The agency shall ensure (e), (h) and (i) are included on the record of the medication administration record. This licensor recommended pre-set drop-down fields such as refused (R), disposed (D), out of facility (OOF), etc. This is a repeat finding from 2020.	**Yes☐ No✓**	Electronic medication records were observed, and these requirements were met. • No further corrective action needed.
Personnel Files 413-215-0061(1)(b) & (3)(b) reference checks completed and documented. The agency shall ensure reference checks are conducted, documented, and retained in the personnel file.	**Yes☐ No✓**	Documentation of reference check requests (emails and calls requesting) is now included in the personnel file as well as the completed reference checks. • No further corrective action needed.
Ongoing Training 413-215-0556(3) Staff providing direct care must maintain current CPR/First Aid certification. Records of completed CPR/First Aid certifications were missing. The agency shall ensure current certifications are maintained in personnel files. This is a repeat finding from 2018 and 2020.	**Yes☐ No✓**	Completed CPR/First Aid certifications were observed meeting rule requirement. • No further corrective action needed.
Health Services 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. Documentation of age-appropriate instruction is unmet. The agency shall ensure age-appropriate instruction occurs and is appropriately documented in the child record.	**Yes☐ No✓**	The agency has included age-appropriate instruction topics in two recurring groups. The case managers' running log identifies the date that each topic was covered in a group session. • No further corrective action needed.
Service Planning 413-215-0581(2)(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. The service plan shall document involvement of the child and parent/guardian in creation of the service plan as well as documented evidence that the service plan was reviewed by the child and guardian/parent.	**Yes✓ No☐**	Records were reviewed and child involvement was documented, however not the guardian/parent. The program manager stated the clinical staff had concerns involving guardians/parents due to potential privacy concerns. **Repeat Finding.** The service plan shall document involvement of the child and parent/guardian in 1) creation of the service plan, and 2) documented evidence that the service plan was reviewed by the child and guardian/parent. • **This requirement is unmet and further corrective action is needed.**

Case Management 413-215-0581(3)(b)-(d) discharge planning and instructions. The agency shall ensure the discharge planning is readily identifiable and accessible in the electronic record.	**Yes☐ No✓**	Records were reviewed and discharge planning and instructions was readily identifiable and accessible in the record. • No further corrective action needed.
Financial Records 413-215-0581(4) Records contain date, amount, source, purpose, signatures The agency shall create a form with all required elements to document any financial belongings (cash, coins, gift cards, etc.) of a child. This documentation must be separate from a child's personnel possession record.	**Yes✓ No☐**	The newly implemented "Inventory for Safe" form was observed in a youth file. This form is used at the time of intake; however, the agency shall have a form for documenting any financial belongings during their stay in the program. **Repeat Finding.** • **This requirement is unmet and further corrective action is needed.**
Governance of the Agency 413-215-0021 (2)(f) Formally evaluate the exec. Director's performance annually The agency shall submit the 2022 performance evaluation once finalized.	**Yes☐ No✓**	This violation has been corrected. No further action needed.
Supplemental Information Provided by CCA All required policies and procedures as identified in the "Umbrella Rules" The agency shall update the Mandatory Abuse Reporting policy, specifically regarding documentation of a report to authorities and including the additional abuse types pertaining to child caring agencies. This licensor will provide guidance with revisions.	**Yes☐ No✓**	This violation has been corrected. No further action needed.
Supplemental Information Provided by CCA All required policies and procedures as identified in "Residential Care Rules" The agency shall update the Medication policies and procedures pursuant to OAR 413-215-0551, specifically regarding disposal procedures and documentation. This licensor will provide guidance with revisions.	**Yes☐ No✓**	This violation has been corrected. No further action needed.
Supplemental Information Provided by CCA SB710 Requirements: Policy and Procedures; notifications to guardian and children in care. OAR 413-215-0077(8)(e), (11)(e) and OAR 413-215-0078(1) The agency shall submit the policy and procedures, and notifications required to clients and guardians; and shall ensure clients and guardians receive the	**Yes☐ No✓**	This violation has been corrected. No further action needed.

notification at intake and twice yearly thereafter, and document having provided it. This licensor will provide guidance.		
Records and Documentation 413-215-0071 (3)&(4) Uniform in organization, readily identifiable and accessible, current, and complete, containing all required info. No eraser tape or white out. As noted above, some areas of records are incomplete.	**Yes☐ No✓**	This violation has been corrected. No further action needed.

New Findings from Site Visit
None

Interview Summary
Two youth, ages 14, were individually interviewed and have been in the program approximately 21 days and 3 months, respectively. Both reported feeling safe, gave personal examples of how this program is helping them, indicated staff and counselors are trusting, stated thar they have several phone and Zoom contacts with parents weekly and indicated that food is good and plentiful. There was some food, i.e., apple sauce, protein shakes, that was served after the expiration date that they didn't eat.* Peer relationships are going ok. The agency does well at providing counseling but could improve on communication among staff and they feel that this dysregulates youth. Hygiene time for showers happens one youth at time. One youth expressed a desire to have parents visit in person, and was told it doesn't happen because of COVID precautions.** One youth reported a desire to have more outings, less daily "R&R" time, and more "stuff" to do while the other youth reported having regular activities like playing video games, basketball, football, and Saturday outings. *Per the program manager, the agency has not served products beyond dates listed on products and has been working on getting clear guidelines of expiration dates, sell-by dates, use-by dates and best-by dates. **The program manager and I discussed ways to accommodate in-person family visits with precautions to avoid the spread of COVID. This coordinator had different conversations with two staff. One staff reported feeling more confident as the months have gone on since reopening, and the other staff reported staff morale could improve, they feel managers have lack of dedicated time, and they would like the program's census to increase. The program manager reported having supportive upper management and shared challenges with staff turnover and competency.

Observations
The environment was welcoming, clean, and in good repair. The agency makes efforts to keep the concrete showers clean. Showers have rubber mats for drainage and non-slippage. The kitchen was clean, and plenty of food was observed in the refrigerator, freezer and pantry. Staff were observed in the office and in the milieu engaging with youth. One youth was doing their laundry, with staff supervision, and came out to communicate to another youth to take their laundry out. The interaction was respectful.

Corrective Actions and Timeframes: Please submit the following to verify compliance.
Within 45 days of receipt of this report **Rimrock Trails Treatment Services** 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 robin.m.duval@dhsoha.state.or.us.

Licensing Coordinator's Signature: Robin DuVal Date: 11/2/2022

Manager Review: _____ Date: 11-2-2022