Licensed Child Caring Agency Unannounced Site Visit Report
Residential Care

Licensee: Adapt – Deer Creek
Executive Director: Greg Brigham, PhD
Program Director: Ron Farley
Date of Unannounced: 2/15/23
Licensing Coordinator: Mary Torres
Other Regulatory or Accrediting Agencies: Oregon Health Authority (OHA)

Purpose: Per OAR 419-400-0240 (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 from 2022 Review dated 9/7/22	Repeat Findings Further Action Needed	Comments
Supplemental Information Provided by CCA. All required policies and procedures as identified in the "Umbrella Rules" The submitted policy regarding Mandatory Abuse Reporting requires modification to be in compliance with Licensing Rule. **CORRECTIVE ACTION:** Incorporate missing information related to employee training as outlined in the following Licensing Rule and resubmit revised policy to Licensing. 413-215-0056 Licensing Umbrella Rules: Policies and Procedures (a) A written policy on mandatory child abuse reporting, consistent with ORS 418.257, 418.258, 419B.005, 419B.010, and 419B.015	**Yes☐ No✓**	Revised policy meeting Licensing requirements was submitted via email on 11/22/22.

that includes requirements that child-caring agency employees, staff, contractors, agents, and proctor foster parents do all the following: (B) Receive child-caring agency-provided training on mandatory abuse reporting requirements as part of employee orientation and at least annually thereafter as described in OAR 413-215-0061.		
Supplemental Information Provided by CCA. All required policies and procedures as identified in the "Umbrella Rules" The submitted policy regarding Grievances and Appeals requires modification to be in compliance with Licensing Rule. **CORRECTIVE ACTION:** Incorporate missing information as outlined in the following Licensing Rule and resubmit revised policy to Licensing. 413-215-0046 Licensing Umbrella Rules: Children and Families Rights Policy and Grievance Procedures (2) Grievance Procedures. (a) A child-caring agency must enact and adhere to written procedures for the children in care and families the childcaring agency serves to submit a grievance. For an academic boarding school, this subsection only applies to grievances about health or safety issues. The child-caring agency must provide the procedures to each child in care and family. The procedures must include all the following: (A) A process likely to result in a fair and expeditious resolution of a grievance. (D) The name, address, and phone number of: (i) A Department licensing coordinator – Mary Torres, 201 High St SE Salem, OR 97301, 503-798-5300	**Yes☐ No✓**	Revised policy meeting Licensing requirements was submitted via email on 11/22/22.
Supplemental Information Provided by CCA. All required policies and procedures as identified in the "Umbrella Rules"	**Yes☐ No✓**	Revised policy meeting Licensing requirements was submitted via email on 11/22/22.

The submitted policy regarding Individual Rights in Residential Programs requires modification to be in compliance with Licensing Rule. **CORRECTIVE ACTION:** Incorporate missing information as outlined in the following Licensing Rule and resubmit revised policy to Licensing. 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 childcaring 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 care and families served by the child-caring agency, and afford the following rights: (a) Except as provided in paragraph (B) of this subsection, the child in care's right to uncensored communication with legal guardians, caseworkers, legal representatives, and other persons approved for communication by the legal guardian or as provided in a court order. (c) The child in care's right to participate in service planning or educational program planning. (d) The child in care's right to fair and equitable treatment. (e) The child in care's right to file a grievance (as provided in section (2) of this rule) if the child in care or family feels that they are treated unfairly or if they are not in agreement with the services provided. (i) The child in care's right to participate in recreation and leisure activities. (j) The child in care's right to have timely access to physical and behavioral health care services.		

Supplemental Information Provided by CCA. All required policies and procedures as identified in the "Umbrella Rules" The submitted policy regarding Seclusion, Restraint and other Prohibited Types of Discipline requires modification to be in compliance with Licensing Rule. **CORRECTIVE ACTION:** Incorporate missing information as outlined in the following Licensing Rule and resubmit revised policy to Licensing. 413-215-0073 Licensing Umbrella Rules: Discipline, Behavior Management & Training, and Suicide Prevention (b) The discipline and behavior management policies and procedures must prohibit the following: (A) Spanking, hitting, or striking with an instrument. (B) Committing an act designed to humiliate, ridicule, or degrade a child in care or undermine the self-respect of a child in care. (C) Punishing a child in care in the presence of a group or punishment of a group for the behavior of one child in care. (D) Depriving a child in care of food, clothing, shelter, bedding, rest, sleep, toilet access, or parental contact. (E) Assigning extremely strenuous exercise or work or requiring a child in care to spend prolonged time in one position likely to produce unreasonable discomfort. (F) Using restraint or involuntary seclusion as discipline. (G) Permitting or directing a child in care to punish another child in care. (H) Using any other kind of harsh punishment. (I) Denying a parent, guardian, or sibling the right to visit or communicate with a child in care solely as a disciplinary measure against the child in care. (J) Aversive conditions, which includes, but is not limited to, any technique designed to or	**Yes☐ No✓**	Revised policy meeting Licensing requirements was submitted via email on 11/22/22.

likely to cause a child physical pain, the application of startling stimuli, and the release of noxious stimuli or toxic sprays, mists, or substances in proximity to the child in care. (K) Removing or limiting the use of a mobility aid or other assistive device for the purpose of controlling a child in care's behavior.		
Medication **413-215-0551** (9) Written record of the disposal of medications are maintained and includes: (a) description and amount (b) name (c) reason (d) method (e) staff & witness signature Written recording of medication disposal is not occurring on a regular basis and missing a witness' signature **CORRECTIVE ACTION:** Ensure a process where unused, expired or dropped medication is disposed of on a regular basis. In addition, add a section where a witness' signature is captured.	**Yes☐ No✓**	This item was addressed as per the program's Corrective Action Plan submitted via email on 11/22/22. Proper procedures in medication disposal were reviewed with staff. Review of medication disposal log the day of the unannounced site visit reflects new process that follows this rule.
Personnel Files **413-215-0061** (3)(g) Termination date, reason for Termination A review of a former employee's file did not reflect a termination date nor written information regarding the reason for the termination. **CORRECTIVE ACTION:** Ensure that information surrounding an employee's termination is adequately documented in the personnel file to reflect date of and reason for the termination from this point forward.	**Yes☐ No✓**	This item was addressed in the program's Corrective Action Plan submitted via email on 11/22/22. Termination letters are kept in each former employee's personnel file. HR team completes a monthly audit to evaluate completion of records.
Health Services **413-215-0546** (2)(e) Documentation of age-appropriate	**Yes☐ No✓**	This item has been completed as per the program's submitted Corrective Action Plan via email on 11/22/22. Adapt medical staff have prepared curriculum for education. Instruction will be provided appropriately and will be documented in the medical record.

instruction – pregnancy prevention, nutrition, prevention of HIV & AIDS, and prevention and treatment of sexually transmitted disease Although age-appropriate instruction is reportedly conducted on a quarterly basis, documentation of this instruction is not being captured in the youths' respective files. **Repeat Finding.** **CORRECTIVE ACTION:** Develop a process where this documentation is routinely captured in the youths' files.		On 12/22/22, the program submitted confirmation of an "age-appropriate instruction" group held on 12/15/22 where these topics were presented and discussed.
Information about Children in Care 413-215-0581 (1) Summary sheet contains the following: c) Date of admission In reviewing youth files, the date of admission is not clearly stated. **CORRECTIVE ACTION:** Ensure that a youth's date of admission is clearly stated on the youth's summary sheet from this point forward.	**Yes☐ No✓**	This item was addressed as per the program's Corrective Action Plan submitted via email on 11/22/22. Adapt intake staff received further training regarding properly entering the program admission date in the EMR and on the Deer Creek Information Sheet.
Information about Children in Care 413-215-0581 (1) Summary sheet contains the following: (d) Legal custody In reviewing youth files, who has legal custody of the youth is not clearly stated. **CORRECTIVE ACTION:** Ensure that the youth's summary sheet clearly identifies who has legal custody of the youth upon entering the program from this point forward.	**Yes☐ No✓**	This item was addressed as per the program's Corrective Action Plan submitted via email on 11/22/22. The program modified their intake form to reflect the language requested by DHS staff to specify legal custody.
Case Management 413-215-0581(3) (f) Incident Report In the review of youth files, discrepancies were found in detail captured in a youth's	**Yes☐ No✓**	As per the program's Corrective Action Plan submitted via email on 11/22/22 indicates, incident reporting training will be provided to staff to ensure that they have correct information regarding incident reporting protocol.

service plan compared to what was documented in the related incident report. **CORRECTIVE ACTION:** Ensure that staff who are responsible for completing and submitting incident reports to Licensing, in the absence of the program's director, are appropriately trained and understand the importance of capturing all important and unusual aspects of a situation to include contact with law enforcement or other emergency responders.		

New Findings from Site Visit	Comments
419-470-0100 **Residential Care Agencies: Medication** (10) Medication records. A written record must be kept for each child in care listing all medications, both prescription and over the counter, that are administered. The record must include all the following: (c) Dates and times medication is administered.	In reviewing the program's medication administration records (MARs) a youth's prescribed nutritional shake and meal replacement drink is not consistently being recorded on the MARs. **CORRECTIVE ACTION:** Reenforce with staff the importance of documenting the administration of all medical items taken by youth in care.

Interview Summary
The Program Director was available and led the tour of the facility. During the tour, the following information was shared: - Staffing numbers have improved, and as a result, the program was recently able to reopen their female floor. - Through a recent grant, direct care staff received an increase in pay. - Census is currently 5 youth total. - A new sewer line was installed. Two youth were interviewed individually and report feeling safe in program. One youth disclosed feeling temporarily unsafe after reporting a peer conflict to staff and initially was concerned that staff would identify the youth who reported the conflict. The staff member, however, kept that information confidential and dealt with the conflict with no further issues. Both youths have a good understanding of their goals while in program and receive frequent verbal feedback from staff regarding their progress. Program strengths were related to staff. Staff reportedly "root" for the youths' progress and actively help youth maintain their sobriety. Changes recommended for the program included more listening by staff and less feedback. One youth shared a desire for staff just to listen rather

than turning conversation into a “life lesson.” Other recommendations stated were a shorter stay in program (2 months rather than 2 ½ months), staff who are not in recovery themselves, “learning more about addiction,” and more outside activities.

A subsequent phone interview with a staff member occurred. The program’s process for staff to participate and complete initial and annual training was explained. Recently hired staff are in the process of completing required orientation and appear to be doing well. New staff were described as inquisitive and engaging. In addition to the required training, staff are given additional coaching and opportunities for retraining during monthly staff meetings. Management is responsive to all staff’s concerns. The Program Director’s door is open and the Director will make time to talk to staff to address any concerns or questions. The staff member confirmed COVID precautions still being taken. As a result, community outings are limited to activities where youth can remain masked and where social distancing can be practiced. Direct care staff can communicate with clinical staff and provide feedback regarding the youths’ progress in meeting their treatment goals. Shift notes also aid in communication among direct care staff members. This staff member enjoys interacting with youth and particularly enjoys witnessing youth grow and learn new skills. No changes or areas of improvement were recommended by this staff member.

Observations
Upon arrival, a service provider was on site installing additional cameras on campus. COVID precautions remain in practice. Prescreening and temperature checks conducted for all visitors. Staff and visitors are masked on campus. Youth mask while in the community, meals are still being transported to the campus and limited family on site visitation occurs on the weekend.

Corrective Actions and Timeframes:
Please submit the following to verify compliance.
Within 45 days of receipt of this report **Adapt – Deer Creek** 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@odhsoha.state.or.us.

Licensing Coordinator’s Signature: Mary D Torres Date: 2/28/23

Manager Review: _____ Date: 2-27-2023