



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
Community Care Licensing Division – Statewide Children’s Residential Program
744 P Street, MS 8-3-54 Sacramento, CA 95814



EDMUND G. BROWN JR.
GOVERNOR

February 13, 2012

Mr. Donald Usher, Business Development Manager
Devereux Viera
8000 Devereux Drive
Viera, Florida 32940

Dear Mr: Usher

SUBJECT: CERTIFICATION BY THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)

Pursuant to California Family Code, Section 7911 et al., this is official notification that effective this date, Devereux Viera located at; 8000 Devereux Drive, Viera Florida, is certified as meeting California Group Home licensing standards. Certification is valid through February 2013.

California licensing standards require that all serious incidents continue to be reported to CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he or she is a California placement. Incident reporting shall include the following:

- a. Deaths
- b. Suicide attempts
- c. Suspected physical, sexual or psychological abuse
- d. Epidemic outbreaks and catastrophes
- e. Injuries and illnesses that require hospitalization or medical treatment (beyond first aid)
- f. Use of restraint (whether or not they result in an injury to a child)
- g. Any unusual incident or absence that threatens the physical or emotional health or safety of a child

Certification will continue to be reviewed annually. We will be following our Department policy which authorizes us to inspect facilities with or without appointment as necessary.

If you have any questions or would like to discuss this report further, please contact me at: (916) 838-5875.

Sincerely,

OLANIYAN AKYEEM
Out-of State Program Analyst

C: Rosalind Hyde, Deputy Compact Administrator, ICPC/Out-of-State Placement & Policy Unit

FACILITY EVALUATION REPORT

FACILITY NAME: DEVEREUX VIERA	FACILITY NUMBER: 602300049
ADMINISTRATOR: GINA LEES	FACILITY TYPE: 731
ADDRESS: 8000 DEVEREUX DRIVE	TELEPHONE: 3212429100
CITY: VIERA	STATE: FL
CAPACITY: 32	ZIP CODE: 32940
TYPE OF VISIT: Case Management - Other	CENSUS: 108
MET WITH: Lindsey Phillips, Director of External Affairs	UNANNOUNCED
	DATE: 02/03/2012
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 03:45 PM

NARRATIVEPURPOSE OF VISIT:

As mandated by California law, this annual review was performed by the undersigned analyst for the purpose of re-certification by the California Department of Social Services (CDSS) to verify the facility continues to:

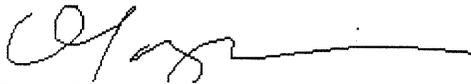
- have adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision and treatment services to youth/clients in care.
- remain in substantial compliance with California licensing standards and regulations as well as remaining licensed and in good standing with the licensing authorities of the state of geographical location -- in this case, the state of Florida.

CALIFORNIA PLACEMENTS AND PLACING AGENCIES:

Devereux is a dually licensed program with both, Residential Treatment Programs and an on grounds Mental Health hospital. At the time of visit, there was one (1) California youth placed under the jurisdiction of California Department of Social Services. The placement was placed through the Los Angeles Department of Children and Family Services. The other California youth is a dual diagnosis referral who was placed through Sacramento County Probation, but has an IEP through Sacramento County Mental Health and was placed as a 26.5 Educational referral. This placement is funded through Mental Health.

FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW AND CHANGES:

As of June, 1, 2011, Devereux officially closed the Enterprise Shelter program (unit 5) for services to the local community, and has since reopened the unit as the "Enterprise Residential Treatment Program" for purpose of serving California youth.

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:**

DATE: 02/03/2012

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 02/03/2012

This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 744 P STREET, MS 19-50
SACRAMENTO, CA 95814**FACILITY NAME:** DEVEREUX VIERA**FACILITY NUMBER:** 602300049**VISIT DATE:** 02/03/2012**NARRATIVE**

1 The Pioneer House, Unit #6 has remained the same as last year and continues to serve California
2 youth.
3

4 Both Programs are licensed by the Florida Department of Children's and Families and are
5 compatible with California Group Home Licensing Standards under Title 22, Division 6.
6

7 Inspections of both Enterprise and the Pioneer House common areas revealed no issues of
8 concern. All furniture and equipment appeared to be functional and in good repair.
9

FIRE CLEARANCE:

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13 The most recent fire clearance was conducted on January 24, 2012 by the Brevard County Fire
14 Rescue Department. The Comprehensive Emergency Management Plan inspection was approved
15 and is valid through January 2013.
16

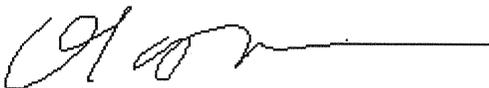
LOCAL STATE LICENSING / COMPLAINTS ISSUES:

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18
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20 The most recent annual review of Devereux was conducted by the Florida Department of Children
21 and Families on May 11, 2011. A valid copy of the facility license was received which has an
22 expiration date of July, 2012. In the last year, Devereux has not had any substantiated complaints
23 in the last year.
24

ADMINISTRATIVE, PLAN OF OPERATION, PROGRAM REVIEW AND CHANGES:

25
26
27 Devereux has made the following administrative changes since last year:
28

29
30 Business Development Manager - Donald Usher assumed the role that was formerly performed by
31 Gina Lees.
32

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:****DATE:** 02/03/2012**I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 02/03/2012

FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 744 P STREET, MS 19-50
SACRAMENTO, CA 95814**FACILITY NAME:** DEVEREUX VIERA**FACILITY NUMBER:** 602300049**VISIT DATE:** 02/03/2012**NARRATIVE**

1 Risk Management - Alan Lidenmuth assumed the role that was formally performed by Fernando
2 Vinagre. Jennifer Nance now provides Risk Management Support.
3

4 CLIENT(S) SERVICES AND PERSONAL RIGHTS REVIEW:
5

6
7 An interview was conducted with one (1) CA youth who reported that he was doing good in his
8 program here at Devereux. There were no complaints or issues of concern related to personal
9 rights.
10

11 SCOPE AND STATUS OF RECERTIFICATION REVIEW:
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- 13
14 ● Entrance interview with Lindsey Phillips, Director of External Affairs
15 ● Collection of updated and current licensing documents, organizational and program information
16 material.
17 ● Review and discussion of administrative changes, oversight and visit plan and placement status
18 of CA youth
19 ● Sample of client files reviewed.
20 ● Sample of personnel files reviewed.
21 ● Client interview.
22 ● Staff interviews
23

24 OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:
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26 No deficiencies noted.
27
28

29 CERTIFICATION DECISION: Recommend Re-certification
30
31
32

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916)654-0118**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 838-5875**LICENSING EVALUATOR SIGNATURE:**

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