

FACILITY EVALUATION REPORTOut of State Cert, 744 P Street, M.S. 19-50
Sacramento, CA 95814

FACILITY NAME: SILVER STATE ACADEMY	FACILITY NUMBER: 602300001
ADMINISTRATOR: LAWRENCE HOWELL	FACILITY TYPE: 731
ADDRESS: 100 ROSASCHI ROAD	TELEPHONE: (775) 463-5111
CITY: YERINGTON	STATE: NV
CAPACITY: 225	ZIP CODE: 89447
TYPE OF VISIT: Case Management - Annual Continuation	CENSUS: UNANNOUNCED
MET WITH: Christopher Ellison	DATE: 06/28/2007
	TIME BEGAN: 11:00 AM
	TIME COMPLETED: 05:00 PM

NARRATIVE

1 PURPOSE OF VISIT:
2 Rite of Passage at Silver State Academy (ROP/SSA) is seeking re-certification with the State of California,
3 Department of Social Services, Community Care Licensing Division, Out-of-State Certification Unit. The
4 purpose of this visit is to verify the facility is in compliance with California Group Home Licensing Standards in
5 order to become re-certified.
6

7 CALIFORNIA PLACING AGENCIES:
8 ROP / SSA are currently contracted for services with 10 California county placing agencies at this time. The
9 following agencies are as follows: Alameda, Butte, Imperial, Los Angeles, Sacramento, San Bernardino, Santa
10 Clara, Santa Cruz, San Mateo and San Joaquin. During the time of visit, there were a total of 92 California
11 youth in placement. The overall census was 208.
12

13 FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW CHANGES:
14 A tour of the campus was conducted which included a visit to the medical and records office, gymnasium,
15 concerns unit and all living units. A visit to "Freedom Hall" living unit revealed an issue with capacity. It
16 appears that the room assigned to two students is located on the Concerns side of the building. The two
17 students do not have full access to their rooms until after 8:00 pm when concerns is over for the day. For this
18 reason, the two students are required to sit on a couch in the dayroom until the room becomes available.
19

20 There have not been any significant program changes since last year. However, administration has
21 implemented several interventions to closely monitor the use of physical restraints. Some of the changes
22 include: use of prone restraints, administrative reviews following use of restraints, revised monthly statistical
23 data reviews to monitor use of restraints and special incidents. Other changes include the implementation of
24 "Guided Group Meeting" (GGM) on the Concerns Unit. GGM's are group counseling
25

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 324-9250**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/02/2007

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 07/02/2007

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: SILVER STATE ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 06/28/2007

NARRATIVE

1 sessions that takes place daily on the main stream living units. GGM's have now been implemented into the
 2 concerns unit so students can continue addressing behavior / issues while away from the main living units.
 3 All buildings, grounds, furniture, fixtures and equipment appeared to be safe, clean and in good repair. No
 4 issues of concern.
 5
 6 LOCAL STATE LICENSING / COMPLAINT(S) ISSUES:
 7 ROP/SSA was visited by the Yerington Indian Paiute Tribal Social Services and Licensing Agency on
 8 February 1, 2007. A tour of the campus was conducted at that time and revealed no issues of concern.
 9 ROP/SSA is currently operating at full licensing capacity according to the Tribal Licensing Agency.
 10
 11 ADMINISTRATIVE AND PLAN OF OPERATION:
 12 Administrative review revealed no issues related to intake procedures, licensing capacity, or program
 13 services.
 14
 15 SCOPE OF CERTIFICATION REVIEW:
 16 Certification review covered the following areas: Programming; intake and discharge procedures; discipline
 17 policy; emergency intervention techniques; medical procedures and records review; facility file review; staff
 18 interviews; observation of program and daily activities; criminal record review; personal rights; food services;
 19 staff trainings; emergency disaster plan; fire clearance; and all issues pertaining to physical plant.
 20
 21 OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTIONS:
 22 ROP is required to prepare a Plan of Correction (POC) that will resolve the following issues:
 23
 24 1. Personal rights - Freedom Hall currently does not have the availability of beds to accommodate two
 25 students. Currently students do not have the right to access their room as other students on the unit.
 26
 27 2. Medical follow-up - Student Athlete K.F. has a chipped tooth with possible nerve exposure.
 28 (Needed schedule dental visit).
 29
 30 CERTIFICATION DECISION:
 31 Re-certification recommended
 32

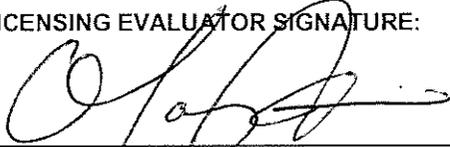
SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 324-9250

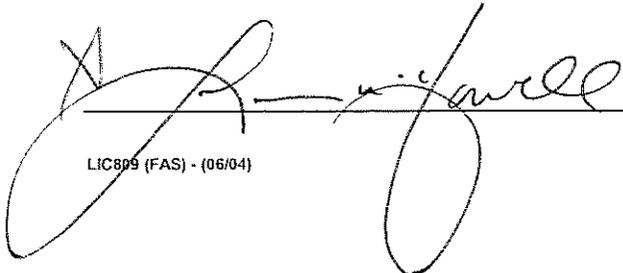
LICENSING EVALUATOR SIGNATURE:



DATE: 07/03/2007

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 07/03/2007

DETAIL SUPPORTIVE INFORMATION

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

PUBLIC

FACILITY NAME:	FACILITY NUMBER:	DATE(S) OF CONTACT:	COLLATERAL VISIT?
SILVER STATE ACADEMY	602300001	05/15/2007	No

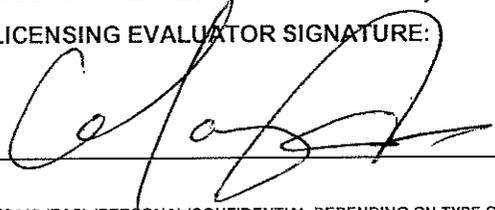
1 On 6/28/2007 an Annual Visit was conducted at ROP / Silver State Academy. This visit also included follow-up
2 interviews with five (5) Student Athletes (S/A) who discussed their experiences while assigned to the Concerns
3 Unit. S/A's were asked specifically about restroom breaks during thier exercise segments and/or at regular
4 program activity time. Interviews revealed that 5 of the 5 S/A's reported that they had no issues with being
5 allowed to use the restroom facilities and had no knowledge of S/A urinating in their pants. However, 1 of the 5
6 S/A reported that he could see this being an issue because restroom breaks are sometimes taken as a group, at
7 a set time, and you may be asked to wait for that time. In the end , he reported that "if you really, really needed
8 to go, you could."

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LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 324-9250

LICENSING EVALUATOR SIGNATURE:



DATE: 07/17/2007