		TMENT OF HUI oring Summar lesidential			ORI ATIONAT OKIDES ANCRITEGOT
Facility Name The Anchor at Rolling Hills K8 Owner Name Ronald Mays Director Ronald Mays Location Address 1007 Rolling Hills Lane Mailing Address 1000 Rolling Hills Lane	5-0052676 Subtype 5-0052676 Residential Treatment Licensed Capacity 16	Visit Type Full Case Status Permit Total Resident Co 8 City Ada City Ada	Purpose of Visit Permit	Visit Date 1/07/2016 Permit Expiratio 1/31/2016 taff Employed State Oklahoma State Oklahoma	MEP 6 Zip Zip 74820 Zip Zip 74820
Health Inspection Required to be paid for by OKDHS?	Health Inspection Date		pection Date 21/2015	Environmen	ital Inspection Date
	Direct Care Staff Residents Staf six to one one to one	annan sin sina sina sina si	Sr Age Group	nelters Ré	sidents Staff
Personnel file review Y	•	t file review ♀ 58E (OCC-58) 0		Policy rev	view

Monitoring Report - Residential Child Care Facility

License Number	Subtype	Type of Visit	Purpose of Visit	Visit Date	Visit Time
K85-0052676	Residential	Full	Permit	1/07/2016	10:00 AM
	reament				

Corrections of non-compliance from previous visit:

Discussion

I attest that all items on the monitoring checklist were found to be in compliance at the time of the monitoring visit unless marked otherwise. Census of eight residents at the time of monitoring visit. Licensing personnel made contact with program to address request for increase in capacity from 16 to 32. Building previously used for group home license has been inspected by fire Marshall and reported to meet occupancy requirements. Space is adequate to house additional 16 residents and a walk through was conducted by licensing personnel today. Prior to increase being approved there are minor repairs that are going to take place such as shatter

Requirement and Description Noncompliance (NC) Observed Plan To Correct Date

Description				
dosage, date and time given,		Prescribed medications will be administered to residents as ordered.	1/07/2016	947947676779 9 4999999
		· · · · · · · · · · · · · · · · · · ·		

Based on today's visit, the Items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

-pr 416 NO ł

Signed

Director or Staff In Charge

Licensing staff

Witness

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Page 2

Page 2 of 3

NRS

,	Monitorin	g Report - Resl	dential Child Care	Facility		•
Facility Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Type of Visit Full	Purpose of Visit Permit	Visit Date 1/07/2016	Visit Time 10:00 AM
Discussion						
proof glass being replaced in the resident reviews were complete involved dated 12-21-15. Fire e for license form that names Ror was obtained reflecting authoriz executive director Ron Mays.	ed ouring contact. Hi Extinguisher located hald Mays as the Ext	re inspection ap in 1001 building ecutive Director/	proval that includes expire this month. I Designated Agent for	date performed and Licensing personnel or this program List	address of a obtained orly	each building pinal request
			•			
						~
Revised November 14, 2012		07LC058E (Q0	CC-58) CCMASS			

Page 3 of 3

	OKLAHO			Summar		VICES		CALANDAR CALIFORNIA
Eacility Name The Anchor at Rolling Hills	icense Number (85-0052676	Subtype Residential	Visit T Full	уре	Purpose Permit	of Visit	Visit Date 3/02/2016	Visit Time 10:00 AM
Owner Name Ronald Mays	d	Treatment	Case Permi		<u></u>	···. · · · · · · · · · · · · · · · · ·	Permit Expiration 1/31/2016	
Director Ronald Mays	Licensed 32	Capacity	Total F 24	Resident Co	ensus	Total Sta	ff Employed	MFP 6
Location Address 1007 Rolling Hills Lane			Ada				State Oklahoma	74820
Malling Address 1000 Rolling Hills Lane			City Ada				State Oklahoma	Zip 74820
Health Inspection Required to be paid for by OKDHS?	Health Insp	ection Date		Fire Ins	pection D	ate	Environment	al Inspection Date
No	5/20/20	15		12/2	21/2015			
Residents Present	t/Direct Car	e Staff		•		She	lters	
Type		lents Sta	計画 44.7 行 20.999		Aco C v			dante staff

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Туре	Residents : Staff	Ano Grown Packanie - Groff
Residential	eleven to two	
Residential	eleven to two	

Personnel file review 🛩	Resident file review Y	Policy review
Revised November 14, 2012	07LC058E (OCC-58) CCMASS	Page 1

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Monitoring Report - Residential Child Care Facility

Facility Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Type of Visit Full	Purpose of Visit Permit	Visit Date 3/02/2016	Visit Time 10:00 AM	

Corrections of non-compliance from previous visit:

Discussion

I altest that all items on the checklist were monitored and found to be in compliance at the time of monitoring visit unless marked otherwise. Census of 24 residents at the time of monitoring visit. Twenty two residents were on site with staff, one was in therapy session and one was on site visiting doctor. Revision checklist was reviewed with program director Sherri Chandler and executive director Anthony Guid Licensing personnel will include to complete during this monitoring visit. Program is wanting to increase capacity and licensing personnel will consult with supervisor to address decision non-mail and the request. Request for license including addendum identifying new CEO Anthony Guid and program director Sherri Chandler were obtained, Licensing personnel will consult with supervisor to address decision regarding addendum identifying new CEO Anthony Guid and program director Sherri Chandler were obtained, Licensing personnel of QE application form to be completed adding program to current GAO.

Description	Noncompliance (NC) Observed	Plan To Correct	Date	NRS
10-3-153.1(h)(1)(C)(ii) - each applicant prior to employment, including all aregivers, substitutes, upport staff, and any other erson employed by the acility or program; or	Five personnel hired prior to receiving preliminary or complete criminal history check results.	Program will receive preliminary and/or complete approved criminal history chèck results for each individual prior to hire.	3/02/2016	
10-3-153.1(0)(1)(B) = a staff formation sheet, provided	Two personnel without staff information forms completed	Personnel will complete staff Information form and maintain in file.	3/02/2016	

Based on today's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed

ASAN

Director or Staff In Charge

Licensing staff

Witness

Revised November 14, 2012

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Monitoring Report - Residential Child Care Facility

by OKDHS: for each employee. Documentation of rights and grievance documentation of notifying 3/02/2016 110-3-154(e)(1)(1) - signed documentation of rights and grievance provided written copies of the free resident files reviewed. Documentation of notifying 3/02/2016 provided written copies of the facility's policies on resident's rights, grievance procedures, behavior management policies, trips away from the facility, use of volunteers, and frequency of reports to the parent or custodian; and Documentation of notifying 3/02/2016 Based on today's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. At La 1	Facility Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Ty Full	уре	Purpose of Visit Permit	1	it Date 2/2016	1	t Time 0 AM
Dy/OKDHS: for each employee. Decumentation of rights and grievance Decumentation of notifying 110-3-154(e)(1)(J) - signed Decumentation of rights and grievance Decumentation of notifying documentation that the resident and parents or custodian have been provided written copies of the facility's policies on resident's rights, grievance procedures, behavior management policies, trips away from the facility, use of volunteers, and frequency of reports to the parent or custodian; and Decumentation of notifying 3/02/2016 Based on today's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. Signed MM			Plan of Co	rrection			11			
110-3-154(e)(1)(J) - signed Documentation of rights and grievance Documentation of notifying 3/02/2016 documentation that the resident and parents or custodian have been footification not located in three resident Documentation of notifying 3/02/2016 fields reviewed. fields reviewed. maintained in their respective Signed 3/02/2016 Based on loday's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. Signed A::Wait Milesting Milesting			ance (NC) Obs	erved	-	Plan To Correct		Date	e	NRS
documentation that the resident and parents or custodian have been provided written copies of the facility's policies on resident's rights, grievance procedures, behavior management policies, trips away from the facility, use of volunteers, and frequency of reports to the parent or custodian; and Inotification not located in three resident residents of their rights and grievance procedures will be maintained in their respective files. Based on today's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. Signed AHAL MM				的思考这些				S & D &		
must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.	documentation that the resident i parents or custodian have been provided written copies of the facility's policies on resident's rig grievance procedures, behavior management policies, trips away	and notification not k files reviewed. hts,		esident	residen grievan maintair	ts of their rights and ce procedures will b		3/02/2	016	
must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.	Based on today's visit, the items ma	irked identify areas of nor	-compliance with	the Licensin	a Require	ements for Residential	Chik	1 Care For	Sities	and
	must be corrected. These and/or emergency order of closure.	future violations of licens	ling requirements	may result	in the re	vocation of your licen	se or	the issual	nce of	80 80
Director or Staff In Charge Licensing staff	signed <u>' ' ' ' ''</u>)	M						
	Director or Staff	In Charge			Lice	ensing staff	••••••			

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OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Licensing 6128 E 38th Suite 402 Tulsa, OK. 74135 (918) 933-4617 • www.okdhs.org



March 8, 2016

Sherri Chandler 1000 Rolling Hills Lane Ada, OK. 74820

Re: Anchor at Rolling Hills K8500-52676

Dear Sherri Chandler:

This letter is to confirm the monitoring visit of March 2, 2016. During this visit licensing personnel observed the following non-compliances with licensing requirements.

Personnel hired prior to program receiving required criminal history review results. Section 153.1. Personnel (h) (1) (C) page 10

Personnel without staff information forms completed. Section 153.1. Personnel (o) (1) (B) page 15

Documentation of rights and grievance notification not located in resident files reviewed. Section 154 Social Services (e) (1) (J) page 18

Please use the enclosed "Notice to Comply" form to document how the program will correct and maintain compliance with the above referenced licensing requirements. Please submit the original document to this office by March 18, 2016.

If you have any questions please do not hesitate contacting me.

Sincerely,

Wayne Flanagan Program Field Representative I Residential Licensing - Southeastern Region 405-214-4168 (Office) 405-397-9672 (Cell)

Cc: Anthony Guild – Designated Agent



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Notice to Comply



1				
	Name of facility	K8	County	1
	Anchor at Rolling Hills	· · ·	obunty	ĺ
E		500-52676	Pontotoc	

This facility has been found in violation of the Oklahoma Child Care Facilities Licensing Act or in violation of licensing requirements for a child care facility. State statute requires that you complete a plan of correction. This form must be submitted to OKDHS by <u>3-18-16</u> (date).

Refer to instructions on the back. The non-compliance(s) are documented on the attached report.

Licensing staff

3-8-16

Licensing staff	Date
Plan of correction	Date

Attach additional pages if necessary.

These and/or future violations of licensing requirements may result in an emergency order to close the facility, the revocation or denial of the license of the facility, cancellation of the Child Care Provider Contract, reduction of Stars certification level, or the filing of an injunction. Violations of Stars certification criteria may result in the reduction of Stars certification level.

Owner, director, or primary caregiver Date

ROLLING HILLS

NOTICE TO COMPLY

Name of Facility	K8	County
Anchor at Rolling Hills	500-52676	Pontotoc
Date of Visit	PLA	N OF CORRECTION
March 2, 2016		

Section 153 Page 10	.1.Personnel (h) (1) (C)	Personnel hired prior to program receiving required criminal history review results
• Effec o	appropriate DHS backgrour documented in their employ	osition, will be exempt from
o		ent at Rolling Hills Hospital must meet I screening requirements and standards
0	orientation once the DHS bo documented in his/her emp • The CEO or COO will o	eduled to begin initial hospital ackground check is complete and loyee file. authorize all new employees entering he DHS background screening is
0	have the results of the prelim employee file prior to their fin Corporate employees	es, with potential patient contact, must ninary background check in his/her st day at Rolling Hills Hospital. who will be at Rolling Hills Hospital days must have the results of the d screening.

ROLLING HILLS

Section 153.1.Personnel (o) (1) (B) Page 15	Personnel without staff information forms completed
 Effective March 2, 2016 All current and future Rollin current and appropriate DI documented in their emploi and current Rolling Hills for compliance. All current Rolling Hills for compliance. All staff not hav Form in their er the form. Once 	g Hills Hospital employees must have the HS Staff Information Form completed and
Section 154 Social Services (e) (1) (J) Page 18	Documentation of rights and grievances notification not located in resident files reviewed
Care Adolescent Unit will in	arge packets of patients from the Acute clude a copy of the Patient Rights and upon admission to Rolling Hills Hospital

Signature/Owner, [Director, Primary Caregiver	Date
ASCAN		3/16/16

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Revised November 14, 2012	Personnel file review 🗸	Type Treatment	idents	Health Inspection Required to be paid for by OKDHS?	Mailing Address 1000 Rolling Hills Lane	Location Address 1007 Rolling Hills Lane	Director Sherri Chandler	Cowner Name Rolling Hills Hospital LLC	The Anchor at Rolling Hills K8	
071.CD58E	Resident file review	Residents_Staff 24 to 5	Present/Direct Care Staff	Health Inspection Date	Ada Ada	Aday	Licensed Capacity Jeta 32	11		OKLAHOMA DEPARTMENT OF HUM Monitoring Summary Residential
07LC058E (OCC-58) CCMASS	review ~		()	Fire Inspectión Date 12/21/2015			tesideint Census	Status	Purpose of Visit Permit	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Monitoring Summary Residential
Page 1	Policy review	Residents . Staff	helters	Environmental Inspection Date	State Oklahoma 74820	State Oklahoma 74820	Folat Staff Employed MFP	liation	Visit Time 9:30 AM	

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Page 1 of 2

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Revised November 14, 2012	Director or Staff in Grasge	Stared ASAMA	Based on today's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of locaring requirements may result in the revocation of your license or the issuance of an emergency order of closure.	, ,	 110-3-157(h)(1) - At least one	Requirement and		Discussion Permit visit this date. Reviewed new personnel files on paper format this date	Corrections of non-compliance from previous visit; Personnel files are compliant this date.		Facility Name The Anchor at Rolling Hills	
	ff in Grage		narked identify areas of f future violations of i		One sink in bathroom #20 is not operable.	Noncompliance		new personnel files o	ce from previous vi	**************************************	License Number K85-0052676	Monitorin
07LC058E (OCC-58) COMASS		Qui	non-compliance with t censing requirements		#20 is not operable.	Noncompliance (NC) Observed	Plan of Correction	n paper format this d	SŤ.	Treatment		Monitoring Report - Residential Child Care Facility
-58) COMASS	A Licer	Angla-kapar	he Licensing Require may result in the rev		Will repair.	Dig 1	ection	ate.	c .	6	Type of Visit P Full Pe	tial Child Care Fa
Page 2	Licensing staff		ments for Residential ocation of your licen			Plan To Correct					Purpose of Visit Permit	CIIIV
62			Child Care Facilities We of the Sectore of		5/28/2016	Date				Ł	Visit Date Visit Time 5/18/2016 9:30 AM	
			and J			NRS						

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Revised January 30, 2018		Kesidents Present/Direct Care	12/21/2015	Fire Inspection Date	No	paid for by OKDHS?	Personnel file review V	Mailing Address 1000 Rolling Hills Lane	Location Address 1007 Rolling Hills Lane	Sherri Chandler	Owner Name Rolling Hills Hospital LLC	Program Name The Anchor at Rolling Hills Ki	
	24 to 6	Peci Care Statt		Fire Drill Date	>		Resi			Licensing Capacity		License Number Su K85-0052676 Resi	ORLAHOMA DI Residential Child C
Residential Child Care Facilities Summary				Date		Health Inspection Date	Resident file review V	Ada	Ada Ada	Potal 24	Case Status Permit	Subtype Visit Type Residential Full Treatment	ORLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
mary 07LC058E (OCC 58) eXpedite	danio añu	Shelters	5/09/2016	Tornado Drill Date		Environmenta	have			Resident Census		Purpose of Visit Permit	N <u>SERVICES</u> foring Summary
8) eXpedite	Xesidents : S			Date		Environmental Inspection Date	Policy review	State Oklahoma	State Oklahoma	6 MFP	Permit Expiration 1/31/2016	Visit Date 7/07/2016	
	 San							Zip 74820	Zip 74820	۰ <i>۳</i>	9	Visit Time 10:45 AM	

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Revised January 30, 2016		Discussion Permit visit this date. Reviewed 2 resident files, both were compliant. Reviewed 16 new personnel files, all were compliant.	Corrections of non-compliance from previous visit: Sinks are operable.	Program Name The Anchor at Rolling Hills	
		2 resident files, both	nce from previous	License Number K85-0052676	Residential C
Residential Child Care Facilities Summary 07EC058E (OCC 58) sXpedite		were compliant. Re	s visit:	Subtype Residential Treatment	Residential Child Care Facilities-Monitoring Summary
clines Summary D		viewed 16 new per		Full	04 HUMAN SERV
71-00582 (000 58) (rsonnel files, all wer		Purpose of Visit Permit	Summary
sXipeidite		e compliant.		t Visit Date 7/07/2016	
	, 			Visit Time 10:45 AM	

Page 2 of 3

	Signed Mulful Director or Staff in Charge	Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the ohecklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.		Requirement and Description		Program Name The Anchor at Rolling Hills K85-0052676	<u>0</u> Residen
Witness	Toensing staff	observed and found to be in con fy areas of non-compliance (NC) with rected. These and/or future violation in the second	· · · · · · · · · · · · · · · · · · ·	Noncempliance (NC) Observed	Plan of Correction	aber Subtype Visit Type Residential Treatment	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities—Monitoring Summary
	Omgele-Ryper	npliance unless docum In the Licensing Requirer fons of licensing require closure.		Plan to Correct		Purpose of Visit Permit	ERVICES Ing Summary
		ented othern ments for Res ments may r		Dale		Visit Date 7/07/2016	
		<i>i</i> ise on idential esult in		NRS		Visit Time 10:45 AM	

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Residential Ohild Care Facilities Summary 071_C058E (OCC 58) eXpedite

Revised January 30, 2016

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Xpedite	ny 07LC058E (OCC 58) eXpedite	Residential Child Care Facilities Summary	esidential Child C		Revised January 30, 2016
				24 to 6	Treatment
Residents : Staff	Group	Age	nts : Staff	/A	Туре
	Shelters		ff	Present/Direct Care Staff	Residents Present/
U	Tornado Drill Date 5/09/2016		Fire Drill Date 8/03/2016	8/ 8/	Fire Inspection Date 12/21/2015
spection Date	Environmental Inspection Date	n Date	Health Inspection Date		Health Inspection Required to be paid for by OKDHS? No
Policy review 🔲	Polic	e review 🗸	Resident file review		Personnel file review <
State Oklahoma 74820	- (0	City Ada			Mailing Address 1000 Rolling Hills Lane
State Oklahoma 74820		City Ada			Location Address 1007 Rolling Hills Lane
6 6	Census	Total Resident Census 24	Licensing Capacity 48	Licens 48	Director Sherri Chandler
Permit Expiration 1/31/2016		Case Status Permit			Owner Name Rolling Hills Hospital LLC
Visit Date Visit Time 9/20/2016 10:00 AM	Purpose of Visit 9 Periodic 9	Visit Type Full	er Subtype Residential Treatment	License Number K85-0052676	Program Name The Anchor at Rolling Hills
Human Services Child Care Services	<u>RVICES</u> ng Summary	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care FacilitiesMonitoring Summary	<u>OMA DEPARTM</u> Child Care Fa	<u>OKLAH</u> Residential o	



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Program NameLicense NumberSubtypeVisit TypePurpose of VisitVisit DateVisit TimeThe Anchor at Rolling HillsK85-0052676ResidentialFullPeriodic9/20/201610:00 AMTreatment
Corrections of non-compliance from previous visit:
Discussion Permit visit this date. Reviewed 2 resident files this date, files were compliant. Reviewed 19 new personnel files on paper format.
Facility has 3 staff who have completed prudent parent training.
Revised January 30, 2016 Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite

	Signed Director or Staff in Charge	Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected . These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.	340:110-3-157(j)(7) - (7) Floors, walls, ceilings, Boys Bu doors, and windows are maintained in good basebou condition.	 340:110-3-153.1(m)(3)(E) - (E) When residents are in care on the facility premises or on any program sponsored field trip, at least one staff is present who has current documentation of certification in age-appropriate first aid and care staff complete training in first aid and CPR, including infant and child when appropriate, within 90-calendar days of employment. Child care staff maintain current training in CPR and first aid thereafter. 	Requirement and Description Nonco		Program Name License Number Si The Anchor at Rolling Hills K85-0052676 Re Tr	<u>OKLAHOMA DE</u> Residential Child C
Witness	Licensing staff	and found to be in com non-compliance (NC) with hese and/or future violatic an emergency order of c	Boys Building #1 has missing baseboard in room 705.	One staff does not have CPR/FA training from approved source within required time frame.	Noncompliance (NC) Observed	Plan of Correction	Subtype Visit Type Residential Full Treatment	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care FacilitiesMonitoring Sumn
	Creed magning	pliance unless documented otherwise on the Licensing Requirements for Residential ons of licensing requirements may result in losure.	Will repair.	Will complete training. Will not be left alone with residents until training is completed.	Plan to Correct		Purpose of Visit Visi Periodic 9/2	<u>RVICES</u> Ig Summary
		nted otherwis ents for Resio lents may res	9/30/2016	10/04/2016	Date		Visit Date 9/20/2016	
		se on Iential sult in	.	6	NRS		Visit Time 10:00 AM	

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Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite

Revised January 30, 2016

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Program Name The Anchor at Rolling Hills Owner Name Rolling Hills Hospital LLC Director Sherri Chandler Location Address 1007 Rolling Hills Lane Mailing Address 1000 Rolling Hills Lane	License Number K85-0052676 Licensing 48	Number Subtype 2676 Residential Treatment Licensing Capacity 48	Visit Type Purp Full Period Case Status Permit Total Resident Census Ada City Ada	Purpose of Visit Periodic Census	Visit Date 11/17/2016 9 Permit Expiration 1/31/2017 State Oklahoma
Location Address 1007 Rolling Hills Lane			City Ada		Okla Okla
Mailing Address 1000 Rolling Hills Lane			City Ada		Stat Okli
Personnel file review		Resident file review	review	P	Policy review
Health Inspection Required to be paid for by OKDHS? No		Health Inspection Date 10/27/2016	1 Date	Environmental Inspection Date	Inspe
Fire Inspection Date 12/21/2015	Fire 10/2	Fire Drill Date 10/25/2016		Tornado Drill Date 10/25/2016)ate
Residents Present/Direct Care)irect Care Staff			Shelters	
Туре	Residents : Staff	s : Staff	Age	Age Group	Residents
Treatment	29 to 7				

Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite

Revised January 30, 2016

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Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite

Revised January 30, 2016

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	Periodic visit this date. Reviewed 27 new personnel files on paper format. Viewed the following facility vehicle: Black Nissan Quevehicle appears to meet licensing requirements. Facility also has a silver Nissan quest that was not viewed this date as it was off campus during the visit. Reviewed 4 resident files, files were compliant. Facility reports no grievances for the residents reviewed	Discussion	Previous staff from last visit now has current CPR/FA from approved source. Room 705 has	Corrections of non-compliance from previous visit	Program Name The Anchor at Rolling Hills
	ved 27 new personnel f sing requirements. Faci ewed 4 resident files, fil		now has current CPR/F/	ance from previous vi	License Number K85-0052676
	iles on paper form lity also has a silve es were compliant		A from approved s	isit:	Subtype Residential Treatment
	at. Viewed the Pr Nissan quest L Facility report		ource. Room 7(Visit Type Full
	following facility vehi that was not viewed s no grievances for t	•••••••••••••••••••••••••••••••••••••••	05 has all baseboards repaired		Purpose of Visit Periodic
	cle: Black Nissan Quest, this date as it was off he residents reviewed.		s repaired.		Visit Date 11/17/2016
	an Quest, iewed.				Visit Time 9:30 AM

OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities--Monitoring Summary

The contract of Visit Data To Correct 11/17/20 Dom will be cleaned. Dom will be cleaned. Dom will submit required round information to g unless documented censing Requirements to licensing requirements to licensing requirements to	Signed Director or Staff in Charge	Based on today's visit, all items were observed and found to be in compliance the checklist. The items marked identify areas of non-compliance (NC) with the Lio Child Care Facilities and must be corrected . These and/or future violations of liber revocation of your license or the issuance of an emergency order of closure.	340:110-3-153.1(h) - (h) Background investigations - general.	340:110-3-153.1(g)(1) - (1) References. The program obtains a minimum of three references for all staff prior to employment.	340:110-3-157(j)(7) - (7) Floors, walls, ceilings, doors, and windows are maintained in good condition.	2	Requirement and Description		Program Name License Number The Anchor at Rolling Hills K85-0052676	<u>OKLAH</u> Residential (
Purpose of Visit Visit Date Periodic Visit 11/17/2016 Periodic Correct Date Bathroom will be cleaned. 11/17/2 baseboards. 11/17/2 Will obtain references. 11/2/17/2 background information to the OBI Requirements for Resons of licensing Requirements for Resons of licensing requirements may r losure.	g staff	erved and found to be in comp eas of non-compliance (NC) with ted . These and/or future violatic ince of an emergency order of c	One new staff does not have documentation that required background checks were submitted	No documentation that references were completed for one staff.	Girls day room has small hole behind the door. Room 704 has baseboards torn off the walls. Boys dorm has baseboard missing in the hallway, and 2 holes behind the doors in the hallway.	Boys bathroom #9 has what appears to be feces on the floor.	Noncompliance (NC) Observed	Plan of Correction		OKLAHOMA DEPARTMENT OF HUMAN SERVICES Ential Child Care Facilities—Monitoring Sur
Date //2016 //2016 //2016 //11//7/2 /////////////////////////////	Ungla Rynu	pliance unless document the Licensing Requiremen ons of licensing requiremen losure.	Facility will submit required background information to the OBI	Will obtain references.	Will repair walls and baseboards.	Bathroom will be cleaned.	Plan to Correct		e of Visit	<u>rvices</u> ig Summary
Visit Time 9:30 AM 9:30 AM 9:30 AM 9:30 AM 9:30 AM 9:016 NRS 9:016 NRS		ed otherwise on hts for Residential nts may result in	11/17/2016	11/24/2016	12/17/2016	11/17/2016				

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Revised January 30, 2016 Residen

Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite

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Signed

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the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential the revocation of your license or the issuance of an emergency order of closure. Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on

	Requirement and Description		Program Name The Anchor at Rolling Hills
pr			License Number K85-0052676
prior employment	Noncompliance (NC) Observed	Plan of Correction	Subtype Residential Treatment
		ection	Visit Type Full
	Plan to Correct		Purpose of Visit Visit Date Periodic 11/17/2016
	Date		Visit Date 11/17/2016
	NRS		Visit Time 9:30 AM

	eXpedite	av 07LC058E (OCC 58) eXpedite	Residential Ohild Care Facilities Summary	Residential Child C	30, 2016	Revised January 30, 2018
	j,				16 to 5	Treatment
Staff	Residents : S	Group	Age	Residents : Staff	P.	[Jype
		Shelters		Staff	/Direct Care	Residents Present/Direct Care
		- 1/19/2017		1/09/2017		12/21/2015
	ate	Tornado Drill Date		Fire Drill Date		Fire Inspection Date
				10/27/2016		No
	Environmental Inspection Date	Environmental	n Date	Health Inspection	d B B B B B B B B B B B B B B B B B B B	Health Inspection Required to be paid for by OKDHS?
در	Policy review	Po	e review	Resident file review		Personnel file review V
Zip 74820	State Oklahoma		City Ada			Mailing Address 1000 Rolling Hills Lane
Zip 74820	State Oklahoma	•	Ada			Location Address 1007 Rolling Hills Lane
ס	6 MFP	Census	Total Resident Census 16	Licensing Capacity	48	Director Sherri Chandler
on	Permit Expiration 1/31/2017		Case Status Permit	-		Owner Name Rolling Hills Hospital LLC
Visit Time 11:00 AM	Visit Date 1/26/2017	Purpose of Visit Permit	Visit Type Full	76 Subtype Residential Treatment	License Number K85-0052676	Program Name The Anchor at Rolling Hills
	👋 - John Try	ing Summary	ENT OF HUMAN S citities—Monitor	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary	Residen	

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Revised January 30, 2016	Permit visit this date. Discussed that a 3rd 6 month permit will be recommended effective 1/31/17. Reviewed 15 new personnel files this date files were compliant. Facility has requested a fire inspection, but they have nd yet came out. Facility contacted fire while licensing was at facility and were advised that the fire would be out at 9am in the morning to complete an inspection. Facility reports that fire inspector stated they are nunning behind on their inspections at this time. Discussed that facility will need to provide the approved inspection to licensing prior to the permit being recommended for the facility.	Discussion	Walls have been repaired. Personnel files are compliant including background requests. Facility had	Presenting of non-ninvaliance from	Program Name License Number The Anchor at Rolling Hills K85-0052676	
Residential Child Care Facilities Summary 07LC058E	Discussed that a 3rd 6 month permit will be recommended effective 1/31/17. Reviewed 15 new personnel files this date Facility has requested a fire inspection, but they have not yet came out. Facility contacted fire while licensing was at facil it the fire would be out at 9am in the monling to complete an inspection. Facility reports that fire inspector stated they are air inspections at this time. Discussed that facility will need to provide the approved inspection to licensing prior to the ended for the facility.		are compliant including backg		turnber Subtype 376 Residential Treatment	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
tolities Sunnary D	nended effective 1// e not yet came out. plete an inspection. Il need to provide th		round requests. Fa		Full	OF HUMAN SERVI es—Maniforing S
7LCIJ58E (OCC 58) eXpedite	31/17. Reviewed 18 Facility contacted : Facility reports that le approved inspect				Purpose of Visit Permit	<u>CES</u> Summary
×Xpedite	eviewed 15 new personnel files this date contacted fire while licensing was at faci reports that fire inspector stated they are ved inspection to licensing prior to the		clean resident rooms and bathrooms.		Visit Date 1/26/2017	
	es this date was at facility of they are or to the		throoms,		Visit Time 11:00 AM	

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Page 2 of 3

	Signed Director or Staff in Charge	ASGAA	Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.	340:110-3-157(n) - (n) Fire safety. The facility complies with the state fire marshal's office regulations for construction and fire safety and is inspected annually by the state fire marshal's office or its designee.	Requirement and Description		Program Name The Anchor at Rolling Hills K85-0052676	<u>OKU</u> Residentia
Wimess	Licensing staff		bserved and found to be in com areas of non-compliance (NC) with rected. These and/or future violation submerse of an emergency order of a	Last fire inspection was completed on Facility has previously requested an inspectic called again this date t request inspection age advised they will come 1/27/17, and facility wi provided copy to licent when completed.	Noncempliance (NC) Observed	Plan of Correction	er Subtype Visit Type Residential Treatment	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care FacilitiesMonitoring Summary
	50 20	Omargan	pliance unless documents In the Licensing Requirement ons of licensing requirement dosure.	 r Facility has previously requested an inspection, and called again this date to request inspection again. Fire advised they will come out on 1/27/17, and facility will provided copy to licensing when completed.	Plan to Correct		Purpose of Visit Visit Date Permit 1/26/2017	<u>RVICES</u> ng Summary
******			id otherwise on Is for Residential Its may result in	1/31/2017	Date NRS		Date Visit Time 11:00 AM	

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Residential Child Care Facilities. Summary 07LC058E (OCC 58) expedite

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Revised January 30, 2018		Treatment	Туре	Residents Present/Direct Care	1/27/2017	Fire Inspection Date	No	paid for by OKDHS?	Personnel file review V	Mailing Address 1000 Rolling Hills Lane	Location Address 1007 Rolling Hills Lane	Director Sherri Chandler	Courrer Manne Rolling Hills Hospital LLC	Program Name The Anchor at Rolling Hills	
			Residents : Staff	Irect Care Staff	3/08/2017	Fire Drill Date	10/27/2016	to be Health Inspection	Resident file			Licensing Capacity 48		Littense Nutriber Subtype K85-0052676 Residential Treatment	ORDAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite	· · · · · · · · · · · · · · · · · · ·		Age Groun					n Date	Preview V	City Ada	City Ada	Total Resident Census 26	Case Status Permit	Full Per	<mark>ENI OF HUMAN SERVI</mark> cilibes—Moniforing ;
07L0058E (000 58)			-	Shelters	3/26/2017	Tornado Drili Date		Environmental	단			sus		Purpose of Visit Periodic	<u>CES</u> Summary
} eXpedite		1,	Racidante - c			ate	_	Environmental Inspection Date	Policy review	State Oklahoma	State Oklahoma	9 6-101.	Permit Expiration 7/31/2017	Visit Date. 3/28/2017	
		1 EETC	No.							Zip 74820	Zip 74820		3	Visit Time 10:15 AM	

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	074c0j58E (OCC 58) eXpedite	Residential Child Care Facilities Summary 07±0058E	idential Child Care	e	Revised January 30, 2016
		ι			
wed resident	oth off site during today's visit. Reviewed resident	cility vehicles were b	id procedures. Fa	d medication policy an files.	Permit visit this date. Discussed medication policy and procedures. Facility vehicles were both off site files. Reviewed new personnel files.
				1 1	Facility has updated fire inspection.
-			Visit	ance from previous visit	Corrections of non-compliance
Visit Tarrie 10:15 AM	Purpose of Visit Visit Date Periodic 3/28/2017	Visit Type Full	Subtype Residential Treatment	License Number K85-0052676	Program Name The Anchor at Rolling Hills
	<u>Arces</u> Summary	ORLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care FacilitiesMonitoring Summary	hild Care Faci	<u>ortatio</u> Residental C	

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Page 2 o

Based on today's visit, all items were observed and found to be in compliance unless documented atherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential the revocation of your license or the issuance of an emergency order of closure. MAA Signed Director or Staff in Charge Under Staff	v40:110-3157(()(0) - (9) All areas used by residents are well-lighted	ortu: 110-3-107(I)(7) - (7) Floors, walls, callings, doors, and windows are maintained in good condition.	information sheet, for each employee	such as being present at the facility during the hours of operation or present with the children in care while off-site, when the individual has criminal history:	Requirement and Description		Program Name The Anchor at Rolling Hills K85-0052676	
tere obs lentify an correct the issua		ĝs,		ninal en,			License Number 85-0052676	<u>OKLA</u> sidential
erved and found to eas of non-complianc ted. These and/or fu nce of an emergence	Girts linit bathioom #6 juss one light bilb that is not working	Boys unit room 606 has profanity carved into wood around the window. Small baseboard just outside the kitchen in the group/dining area is missing.	arc over was no complete as ina	Une personnel tile reviewed this date had criminal history restrictions.	Noncompliance (NC) Observed	Plan of Correction	Subtype Residential Treatment	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
to be in comp ance (NC) with future violatio ancy order of a licensing staff	is ane light	profanity the window. Iside the Ig area is	no as unato Yes or noto Uninal	ved this date ictions.) Observed	ection	Full	FHUMAN SE
plianice unless docui the Licensing Requining ins of licensing requinities losure. Umg.laform	Will repair light	Will remove profanity.	ill the future all personnel files rwill be samplets upen supployment	Employee prohibition never be c at any time unit.	Plan to Correct		Purpase of Visit Periodic	<u>avices</u> ng Summary
mented of ements for	10			idents en's	Date		Visit Date 3/28/2017	
therwise o r Residenti nay result	3/31/2017	4/07/2017	3282017	3/28/2017	lie			
₩, ₩, ⊇,				×	NRS		Visit Time 10:15 AM	

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Revised January 30, 2018

Residential Ohild Care Facilities Summary 07LC058E (OCC 58) eXpedite

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Revised May 28, 2012	These and/or futu the revocation or of Stars certification reduction of Stars ASAAN Own	340:110-3-153.1(k)(1)(A) - (A) access to children, such as being present at the facility during the hours of operation or present with the children in care while off-site, when the individual has	Requirement and Description		Ang Deforman	The hon-compliance	This facility has been found requirements for a child care for OKDHS by 3/28/2017	Name of facility The Anchor at Rolling Hills	
	These and/or future violations of licensing requirements may result in an emergency order to close the facility, the revocation or denial of the license of the facility, cancellation of the Child Care Provider Contract, reduction of Stars certification level, or the filing of an injunction. Violations of Stars certification criteria may result in the reduction of Stars certification level, Maintain this form in your compliance file for 120 days. ASAM Owner, director, or primary caregiver 3/28/2017 Date Date	340:110-3-153.1(k)(1)(A) One personnel file reviewed this date had - (A) access to children, criminal history restrictions. such as being present at the facility during the hours of operation or present with the children in care while off-site, when the individual has	Noncompliance Observed	Licensing staff		The hon-compliance(s) are documented on the . Monitoring form, LSSI, and personnel file review	This facility has been tokind in violation of the Oktahoma Child Care Facilities Licensing Act or in violation of licensing requires that you complete a plan of correction. This form must be submitted to OKDHS by 3/28/2017 (date).	ills	Notice
07LC037E (OCC-37) CCMASS	ents may result in an er cancellation of the Chil on. Violations of Stars c im in your compliance fil 3/28/2017 Date	Employees with criminal prohibitions or restrictions will never be on site with residents at any time on the children's unit.	Plan of			rm, LSSI, and personnel file revi	ia Child Care Facilities Li rat you complete a plan of c		Notice to Comply
, aðs	nergency order to close the facility, d Care Provider Contract, reduction entification oriterta may result in the e for 120 days.	hibitions or restrictions will nts at any time on the	Plan of Correction	Date		ew dated 3/28/2017	Licensing Act or in violation of licensing foundation of licensing foundation for the submitted to	License Number Cou K85-0052676 Pont	
*************	e the facility, lot, reduction / result in the	3/28/2017	Date				on of licensing ce submitted to	County Pontotoc	Composition

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Page 1 of 2

	Notice to Comply
Name of facility The Anchor at Rolling Hills	s License Number County K85-0052676 Pontotoc
Requirement and Description	Noncompliance Observed Plan of Correction Date
criminal history:	
These and/or futur the revocation or c of Stars certification reduction of Stars.) A Stark	These and/or future violations of ficensing requirements may result in an emergency order to close the facility, the revocation or denial of the license of the facility, cancellation of the Child Care Provider Contract, reduction of Stars certification level, or the filing of an injunction. Violations of Stars certification criteria may result in the reduction of Stars certification level. Maintain this form in your compliance file for 120 days.
Own	Owner, director, or primary caregiver Date
Revised May 28, 2012	12 07LC037臣(OCC-37) CCMASS Page

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Revised January 30, 2016

Residential Child Care Fadilities Summary 071-0058E (OCC 58) eXpedite

Signed Director or Staff in Charge	KAN	Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.	340:110-3-165(4)(A) - (A) Exits are not blocked. Buil one eme doo		s, walls, ceilings, ained in good	adaity has current, written dients ingrits policy that loop supports and protects all residents, which is available for residents, parents or custodians, staff, and licensing staff to review.		rovided staff	Requirement and Description		Program Name The Anchor at Rolling Hills K85-0052676	<u>OKLAHON</u> Residential Chi
. <u>Licensing staff</u>		ved and found to be in comp s of non-compliance (NC) with d. These and/or future violation te of an emergency order of cl	Building that houses dining room, has one door that is designated as an emergency exit blocked. The exit door has a lighted emergency exit	Girls restroom #6 continues to have a Light will be repaired light that is not operable.	Resident Room 606 continues to have Will remove profanity. profanity on the window frame.	roquinements listed.	not meet all of the	One staff does not have completed	Noncompliance (NC) Observed	Plan of Correction	Subtype Visit Type Residential Treatment	OKLAHOMIA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
myan way		Illance unless documented the Licensing Requirements ns of licensing requirements osure.	hasBarrier will be removed from the exit door immediately.	Light will be repaired	Will remove profanity.		vorn. Will update resident rights	Will complete staff information	Plan to Correct		Purpose of Visit Visit Date Permit 5/17/2017	<u>vices</u> g Summary
1		otherwise on for Residential may result in	5/17/2017	6/01/2017	6/01/2017		6/17/2017	6/01/2017	Date NRS		te Visit Time 7 9:25 AM	

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Residential Onld Care Facilities Summary 07LC058E (OCC 58) expedite

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based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations, of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. Signed Mark Director or Staff in Charge Licensing staff U-offer U-of		Requirement and Description		Program Name The Anchor at Rolling Hills
Items were obse aiked identify are nse or the issuan Charge	<u>8 ≤ 0 ⊖ %</u>			License Number K85-0052676
rved and found to as of non-complian ed. These and/or f ce of an emergen Lin	secured with screws to prevent the door from opening. Staff reports the lock on the door is broken and this was done to prevent residents from exiting without permission.	Noncompliance (NC) Observed sign on the inside of the building. On the arderior of the building a board is	Plan of Correction	Subtype Residential Treatment
to be in comp ance (NC) with 1 r future violation ancy order of clo ancy order of clo ticensing staff	or, or,	building. On	rection	Full
liance unless doct the Licensing Requins of licensing requinsure. Owngleußsund		Plan to Correct		Purpose of Visit Permit
tless documented otherwise on sing Requirements for Residential nsing requirements may result in 6,		Date		Visit Date 5/17/2017
rwise on esidential result in		NRS		Visit ⁻ Time 9:25 AM

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Residential Child Care Facilities Summary, 07LC058E (OCC 58) expedite.

Revised January 30, 2016

Revised January 30, 2016		Treatment 8	Туре	Residents Present/Direct Care	1/27/2017	Fire Inspection Date	No	paid for by OKDHS?	Personnel file review V	Mailing Address 1000 Rolling Hills Lane	Location Address 1007 Rolling Hills Lane	Director Sherri Chandler	Owner Name Rolling Hills Hospital LLC	Program Name L The Anchor at Rolling Hills K8	
		8 to 2	Residents : Staff	oct Care Staff	5/02/2017	Fire Drill Date	10/27/2016	be Health Inspection Date	Resident file review			Licensing Capacity 48		License Number Subtype K85-0052676 Residential Treatment	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite			Age Group					on Date	lie review 🗸	City Ada	City Ada	Total Resident Census 8	Case Status Permit	Full P	OKLAHOMA DEPARTMENT OF HUMAN SERVICES antial Child Care FacilitiesWonitoring Sur
07LCQ58E (OCC 58) #	1		oup	Shelters	1/19/2017	Tornado Drill Date		Environmental Inspection Date	Pai			sus	7	Purpose of Visit Periodic	<u>KES</u> Summary
Xpedile			Residents : Staff			8		ispection Date	Policy review		State Oklahoma	6 Mirp	Permit Expiration 7/31/2017	Visit Date 7/17/2017 1	v2//11
			a							乙的 74820	Zip 74820			Visit Time 10:48 AM	

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Revised January 30, 2016	Permit visit this date. Reviewed 10 new personnel files. Reviewed 2 resident files. F facility director Provided a copy of the addendum for the new director to complete.	Discussion	Previous profanity in Room 606 was removed from the window frame. Light were all operable. Dining exits. Resident rights were updated.	Corrections of non-compliance from previous visit	Program Name The Anchor at Rolling Hills	
	10 new personnel files. y of the addendum for t) was removed from the lated.	ince from previous v	License Number K85-0052676	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
Residential Child Care Facilities Summary 07LC058E	Reviewed 2 reside		window frame. Lig	<i>li</i> sit	Subtype Residential Treatment	OKLAHOMA DEPARTMENT OF HUMAN SERVICES ential Child Care Facilities-Monitoring Sur
slikes Summary D	ert files. Facility v		ht were all operab		Visit Type Full	35 HUMAN SERV ssMonitoring 1
71:CÜ38E (OCC 58) sXpedite	Facility vehicles are off site this date. Sheily Schwake is the		le. Dining room did n		Purpose of Visit Periodic	<u>CES</u> Summary
Xpeidite	is date. Shelly Sch		room did not have any barriers across		e of Visit Visit Date 7/17/2017	
	wake is the		I's across		Visit Time 10:48 AM	

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	340:110-3-157(j)(7) - (7) Floors, walls, ceilings, doors, and windows are maintained in good condition.	not limited to, resident's rights, grievance procedures, behavior management princies, trips away from the facility, use of volunteers, and frequency of reports to the parents	340:110-3-154(a)(7) - (7) The program documents, by the resident's and parents' signatures, that the resident and parents have been provided written contes of the moment's policies that policies, but is	340:110-3-153.1(o)(1)(B) - (B) DHS provided staff information sheet, for each employee.	Requirement and Description		Program Name The Anchor at Rolling Hills K85-0052676	<u>OKLAI</u> Residential
· ·	Room 606 has drug related graffiti on the trim around the window. Room 600 has a large area of peeling paint. Hallway on Anchor II has large area of peeling paint near ceiling.		Admission paperwork does not have resident signature or documentation of why signature was not obtained	2 staff did not complete all of the questions on the personnel Information sheet.	Noncompliance (NC) Observed	Plan of Correction	r Subtype Visit Type Residential Treatment	OKLAHOMA DEPARIMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
	Will make repairs to walls.		Will obtain signature of resident	Will complete personnel information sheets and send a copy to licensing worker.	Plan to Correct D		Purpose of Visit Visit Date Periodic 7/17/2017	<u>ig</u> Summary
	7/24/2017		7/24/2017	7/24/2017	Date NRS		te Visit Time 7 10:48 AM	

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the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the revocation of your license or the issuance of an emergency order of closure.

	j,	Signed
	Director or Staff in Charge	ŤŢ-
Winess	Licensing staff	angle by

Revised January 30, 2016

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Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements for Residential the revocation of your license or the issuance of an emergency order of closure. Signed Var Director of Staff in Charge With the Charge Staff		Requirement and Description		Program Name The Anchor at Rolling Hills
items were observ narked identify area must be corrected mose or the issuanc	Bar			License Number K85-0052676
e of an emergence	 Bathroom 6 in Anchor II has a large area of peeling paint on the wall next to the toilet.	Noncompliance (NC) Observed	Plan of Correction	Subtype Residential Treatment
to be in complia ance (NC) with the r future violations ency order of closu cloensing staff Licensing staff	 thas a large	<u>.</u>	rection	Visit Type Full
ance unless docu e Licensing Requir s of licensing requi sure ()/ທູງໂພໃຈທູນ)		Plan to Correct		Purpose of Visit Periodic
ess documented otherwise on ing Requirements for Residential sing requirements may result in س		Date		Visit Date 7/17/2017
idential suit in		NRS		Visit Time 10:48 AM

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Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite

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o7 Starf Res Joense	Revised September 2017	Treatment	Туре	Residents Present/Direct Care	1/27/2017	Fire Inspection Date	Plealth Inspection, Required to be paid for by OKDHS?	Decomposition of the second se	Mailing Address	Shelly Schwake	Rolling Hills Hospital LLC Director	The Anchor at Rolling Hills Cwner Name	
	1017 Residential Child Care Facilities Communication	Age Group Residents :	Staff	Staff 1/c	1/30/2018		Resident file review 🕢 Health Inspection Date Enviro		State	Total Resident Census	Case Status Licensed	Index Subtype Visit Type Purpose of Visit Visit Date Residential Full Periodic 1/30/2018	

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Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite

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Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite

Revised September 2017

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	Discussion Periodic visit this date. Reviewed new personnel files. Reviewed 4 resident files. Reviewed behavior incirvencies they use to transport juveniles. Viewed grey Nissan Quest van, the other vehicle was not on site. Vie	OKLAHOMA DEPARTMENT OF HUMAN SER Program Name License Number Child Care FacilitiesMonitoring Program Name License Number Subtype Visit Type The Anchor at Rolling Hills K85-0052676 Residential Visit Type Corrections of non-compliance from previous visit. Full Full Full Previous non-compliance with walls have been corrected. Resident files were compliant. Full Full
	new personnel files. Raniles. Viewed grey Niss	OKLAHOM Residential Chil License Number K85-0052676 K85-0052676 walls have been correct
	eviewed 4 resident file san Quest van, the oth	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care FacilitiesMonitoring Summary ense Number Subtype Visit Type Purpose -0052676 Residential Full Purpose from previous visit: Treatment Full Periodic s have been corrected. Resident files were compliant. State
	s. Reviewed behavior er vehicle was not on t	
	Reviewed new personnel files. Reviewed 4 resident files. Reviewed behavior incident logs. Facility reports they have two nsport juveniles. Viewed grey Nissan Quest van, the other vehicle was not on site.	CES Summary Purpose of Visit Visit Date Periodic 1/30/2018
	ports they have two	e Visit Time 9:45 AM

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Revised September 2017	Signed SLMUS Director or Staff in Cinarge	Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of documented non-compliance, or notice of substantiated complaint allegations.	doors, and windows are maintained in good condition.	adequate ventilation.	Requirement and Description Noncompliance (NC) Observed 340:110-3-153.1(o)(1)(B) - (B) DHS provided staff 6 staff information forms were either information sheet, for each employee. old forms or incomplete. 340:110-3-157(h) (h) Bathrooms Bathrooms 340:110-3-153.1(o)(1)(B) - (B) DHS provided staff 6 staff information forms were either Information sheet, for each employee. old forms or incomplete. 340:110-3-157(h) (h) Bathrooms Bathrooms are Building 1. Gate bathrooms are building 1. Gate bathrooms		The Anchor at Rolling Hills K85-0052676	
Winess Residential Child Care Fanilities Street		arved and found to be in compliance of non-compliance (NC) with the Lic and/or future violations of licensing ancy order of closure. Grievances mu ubstantiated complaint allegations.	Building 2: Room 605 has a small area of the sheetrock that torn away, Room 606 has a section of the baseboard that is missing from the wall, Room 601 has section of the	th clogged and a work order has been requested. Building 2: boys bathroom 6 has brown substance in the sink, on toilet, and a soiled towel is on the floor of shower. Boys #9 bathroom has brown substance on the toilet and bloor of shower scattered throughout the floor	Noncompliance (NC) Observed taff 6 staff information forms were either old forms or incomplete.	Plan.of Correction	nber Subtype Visit Type Residential Treatment	ORIAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care FacilitiesMonitoring Summary
	Omzerson Bynez:	a unless documented o ensing Requirements for requirements may result ust be requested within 30	All repairers will be made.	Barnooms will be deaned	Plan to (Will comec		Purpose of Visit Periodic	<u>RVICES</u> ng Summary
		documented otherwise on the equirements for Residential Child Care ints may result in the revocation of uested within 30-calendar days of the	2/28/2018	13131 B1973154	Date NRS 2/28/2018		Visit Date. Visit Time 1/30/2018 9:45 AM	

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Residential Child Care Facilities Summary 07LO058E (OCC 58) eXpedite

Page 3 cr 4

Revised September 2017	checklist. The items marked identi Facilities and must be corrected your license or the issuance of an documented non-compliance, violat Signed	Program Name The Anchor at Rolling Hills License Numbe Requirement and Description 40: r10-3-157(n). (n) Fire safety the balay outputs with the state fire marshals arrive regulations for construction and fire safety and is or its designee.	
Witness Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite	checklist. The Items marked identify areas of non-compliance (NC) with the Licensing Requiremented otherwise on the Facilities and inust be corrected. These and/or future violations of licensing requirements for Residential Child Care your license or the issuance of an emergency order of closure. Grievances must be requested within 30-calendar days of the documented non-compliance, violation of star criteria, or notice of substantiated complaint allegations. Signed WMA Director or Staff in Charge Licensing staff	Residential Child Care Facilities - Monitoring Summary Libense Number Subtype: Residential Visit Type Purpose of Visit Visit Date Visit Time Visit Correction Periodic 1/30/2018 9:45 AM On Noncompliance (NC) Observed Plan to Correction 1/30/2018 9:45 AM Visit Interatment Baseboard that is loose from the wall. Plan to Correct Date Noncompliance (NC) Observed Visit Interschort Baseboard that is loose from the wall. Plan to Correct Date NRS Interschort and fire implection was 1/27.47. Facility will request a new fire 2/01/2018 NRS Interschort and fire implection was 1/27.47. Facility will request a new fire 2/01/2018 NRS	OKLAHOMA DEDADTRACHT OF THE

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Page 4 Mr J

Form 07LC080E CCMASS May 15, 2012 may continue on next page, page 1

	Lice Name of facility Date 1/30/2018 Street address 1007 Rolling Hills Lane Facility does not have a reported to licensing im
MMA O Owner or director O Staff in charge	OKLAHOMA DEPARTMENT OF HIJMAN SERVICES Licensing Services Supplemental Information Name of facility Image: County Date 9-45 AM Date 9-45 AM Street address 9-45 AM 1007 Rolling Hills City Street address 9-45 AM 1007 Rolling Hills City Facility does not have any weapons on site. Discussed that any changes in regard reported to licensing immediately. reported to licensing immediately. .
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Ongene	NT OF HURAAN S Distriction for the formation of the forma
4. Lícensíny staff Witness	AN SERVICES
0g staff ∞ss	Type of contact Field 74820
	Supplemental Information License Number Res-0052676 Type of contact Field Pointotoc State Ovianome 74820

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	Treatment 13 to 7	Type Resid	ant/Direct Care St	1/27/2017	Fire Inspection Date		red to be	Personnel file review	Malling Address 1000 Rolling Hills Lane	Location Address 1007 Rolling Hills Lane	Shelly Schwake 48	Rolling Hills Hospital LLC	Program Name The Anchor at Rolling Hills K85-0052676	
		Residents : Staff Age Grown		4/26/2018	Fire Drill Date	10/27/2016	Date	1	City Ada	City	48 Total Resident Census	Case Status Licensed	nther Subtype Visit Type P Residential Full Full P	OKIAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summa
	Kesidents : Staff		Shellers	5/03/2018	Fornado Drill Date		Policy review		Oklahoma 74820 State Zp	3	SUS	Permit Expiration	Purpose of Visit Visit Date Visit Time enodic 5/08/2018 9:30 AM	7

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Residential Child Care Facilities Summary 07LC058E (OCC 58) eXpedite

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	Discussion Announced visit this date. Reviewed all personnel files this date. Viewed facility vehicles (2012 gray Nissan van, and 2012 Black Nissan Van). Viewed resident files and grievance/incident files. No changes to weapons policy. Facility has remodeled building III and is currently using buildings II and III. Discussed ICPC requirements and referred them to DHS ICPC to inquire if that process applies to treatment programs and private placements.	Corrections of non-compliance from previous visit Bathrooms were all observed to be clean. Repairs have been made to all previous holes in the walls	The Anchor at Rolling Hills	
	iewed all personnel files f ance/incident files. No ch ICPC requirements and r	iance from previous v I to be clean. Repairs ha	License Number K85-0052676	OKLAHON Residential Ch
	his date. Viewed ta langes to weapons eferred them to DH	ve been made to a	Subtype Residential Treatment	ORLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summa
	acility vehicles (20 policy. Facility ha S ICPC to inquire	I previous holes in	Visit Type Full	35 HUMAN SERVI 25-Monitoring :
	Viewed facility vehicles (2012 gray Nissan van, and 2012 Black Nissan Van). weapons policy. Facility has remodeled building III and is currently using nem to DHS ICPC to inquire if that process applies to treatment programs and		Purpose of Visit Peniodic	<u>CES</u> Summary
	, and 2012 Black I g III and is curren es to freatment pr	Facility has current fire inspection.	Visit Date 5/08/2018	
		speciion.	Visit Tim e 9:30 AM	

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Revised September 2017

Residential Child Care Facilities Summary 07L0958E (OCC 53) eXpedite

Page 2 of 3

Signed Director or Staff in Charge	Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. Grievances must be requested within 30-calendar days of the documented non-compliance, or notice of substantiated complaint allegations.	documented within four program business days after admission; and	340:110-3-157(j)(7) - (7) Floors, walls, ceilings, doors, and windows are maintained in good condition.	evelopment. Staff meet the requirements for professional development specified in (1) - (7) of this subsection.	Party, 110-3-103,1(g)(3) - (3) Performance evaluation. Each employee has a written performance evaluation at least annually maintained in the employee's personnel record.	Requirement and Description		Program Name The Anchor at Rolling Hills K85-0052676	
Licensing staff	ved and found to be in compliant if non-compliance (NC) with the Lic id/or future violations of licensing icy order of closure. Grievances m stantiated complaint allegations.	Zinual realment plans, and one review does not have signatures required	Building II Bathrooms 6 and 9 both have a small area about the shower that has peeling sheetrock.	Decumentation of required training hours was not available to review for all staff.	2017 Evaluations were not available for all staff.	Noncompliance (NC) Observed	Plan.of Correction	r Subtype Visit Type Residential Treatment Full	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
Angla Eynes	ce unless documented otherwise on the ensing Requirements for Residential Child requirements may result in the revocatio ust be requested within 30-calendar days o	Will obtain required signatures	Repairs were made during the visit today.	Will obtain documentation of total training hours for all staff and provide to licensing	In the future, evaluations will be completed each employment year.	Plan to Correct		Purpose of Visit Visit Date Periodic 5/08/2018	<u>rvices</u> ig Summary
ł	arwise on the sidential Child Care the revocation of alendar days of the	5/15/2018	5/08/2018	Sur Viza ta	5/08/2018	Date NRS		Date. Visit Time D18 9:30 AM	

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OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities—Monitoring Summary

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-rogram Name	License Number	からかっ	1			Shire Shire
I ne Anchor at Rolling Hills	K85-0052676	<u> </u>	Full	Periodic	Visit Date	Visit Time
Owner Name					8/1//2018	10:10 AM
Rolling Hills Hospital LLC			Case Status		Permit Expiration	Ä
Director	t inarcine	2222F				
Shelly Schwake	48	48	17	<i>iensus</i>	MFP	
Location Address			City		<u>د ا</u>	
Mailing Address			Ada	********	Oklahoma	7/800
1000 Rolling Hills Lane					State	Zin
Daronnal Sia ander 13					Oklahoma	74820
Health menerion Donistruct	~	Resident file review I	Review J		Policy review	
paid for by OKDHS?		Health Inspection Date	Date	Environmental Inspection Date	ispection Date	
No	4/05/2018	018				
The inspection Date	Fire D	Fire Drill Date				

Treatment 2/02/2018 Residents Present/Direct Care Staff Solv I 17 to 9 Residents : Staff Fire Drill Date 9/11/2018 Age Group 9/03/2018 Tornado Drill Date Shelters Residents : Staff

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Residential Child Cars Facilities Summary 07LC058E (DCC 58) eXpedite

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Indext License Number Subtype Visit Type Purpose of Visit Visit Date. compliance from. previous visit. Periodic 9/17/2018 9/17/2018 compliance were observed with the physical facility. Personnel files were compliant. 9/17/2018 9/17/2018 Reviewed 7 new personnel files. Reviewed resident files. Viewed facility vehicles: Blue 2017 dodge van, what not on site. 9/17/2017 Reviewed 7 new personnel files. Reviewed resident files. Viewed facility vehicles: Blue 2017 dodge van, what not on site. 9/17/2018	Residential Child	ber Subtype Visit Type Purpose of Visit Residential Full Periodic Treatment	ance from previous visit.	No areas of non-compliance were observed with the physical facility. Personnel files were compliant.	Periodic visit this date. Reviewed 7 new personnel files. Reviewed resident files. Viewed facility vehicles: Blue 2017 dodge van, white E-150 van, and the Grey Nissan van (not in service). A Black 2017 grand caravan was in use during the visit and not on site.			
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	based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. Grievances must be requested within 30-calendar days of the documented non-compliance, or notice of substantiated complaint allegations. Marka A Signed Director or Staff in Charge. Licensing staff		340:110-3-154 - Social services	Requirement and Descrimtion	Program Name The Anchor at Rolling Hills	
	is were observ dentify areas of ted. These and of an emergend of notice of subs or notice of subs			8	License Number K85-0052676	OKLA Residential
Winess	ed and found to be non-compliance (NC d/or future violations 2/ order of closure, (stantiated complaint a tantiated complaint a	· ·	2 resident files reviewed had several 2 resident files reviewed had several treatment plans that were not signed by the patient and no documentation of why the resident did not sign the service plan.	Plan of Correction	Subtype Residential Treatment	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities-Monitoring Summary
mess	be in compliance NC) with the Lice Ins of licensing r Grievances mu nt allegations.			vrection	Visit Type Full	of HUMAN SER >s-Monitorin
	ie unless document ensing Requirements requirements may re ust be requested with ust be requested with		Plan to Correct Treatment plans will be signed by participants or reason why resident was unable to sign documented.		Purpose of Visit Periodic	<u>wrcs</u> g Summary
	ed otherwise (for Residentia sult in the rey in 30-calendar		Date or as mted.		Visit Date 9/17/2018	
	on the al Child Care location of days of the		2018 NRS		Visit Time 10:10 AM	

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Residential Child Care Facilities Summary

Revised November 2018

OKLAHOMA DEPARTMENT OF HUMAN SERVICES Number Subbyge Visit Type Purpose of Visit Visit Tupe License Number Subbyge Visit Type Purpose of Visit Visit Date Services K85-0052676 Trastment Full Case Status Periodic Visit Tume License Number Residential Full Top Purpose of Visit Visit Date Visit Tume License Number Residential Case Status Permit Expiration Visit Tume License Number Resident Census MFP State Zip License Number City City State Zip Age City City State Zip Age City State Zip Resident file review Policy review Zip Health Inspection Date Environmental Inspection Date Health Tornado Drill Date 1/30/2019 State Residents : Staff Age Group Residents : Staff Age Group Residents : Staff Age Group	Treatment	Туре	Residents Present/Direct Care Staff	1/30/2019	Fire Inspection Data	No	Health Inspection, Required to be	Personnal file review.	Mailing Address	Shelly Schwake	Director	Rolling Hills Hospital LLC		Program Name	
Visit Visit Date Visit Visit Date 2/2 1/2019 Permit Expiration Oklahoma Oklahoma Oklahoma State Oklahoma State Residents : Sta			ectCare Staff.	Fire Drill Date 1/30/2019			Hea			48 cupany	Licensing Canacity		Residential		<u>OKLAHOMA DEPARTM</u> Residential Child Care Fa
Visit Visit Date Visit Visit Date 2/2 1/2019 Permit Expiration Oklahoma Oklahoma Oklahoma State Oklahoma State Residents : Sta	dnois afru	1		Torr				Ada	Ada	22 City	Total Basidanto	Case Status	F		ENT OF HUMAN SERVICES cilities-Monitoring Sum
	Residents : Staff		Shelfere	nado Drill Date 18/2019		vironmental Inspection Date	Policy review			3 3		Permit Expiration	e of Visit Visit Date 2/21/2019		

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Residential Child Care Facilities Summary

Revised November 2018

Announced visit this date. Viewed all personnel files. Viewed facility vehicles (Blue dodge van, black dodge van). The white van is on transport, and they no longer have the gray van. Discussed orientation for new employees, facility has changed paperwork in the files and several items are no longer documented in the personnel files as completed. Facility states they are providing the training they just left this information off of the form.	Treatment plans had signatures. Discussion	The Anchor at Rolling Hills	
Viewed all personnel files. Viewed facility vehicles (Blue dodge van, black dodge van). The white van is on ger have the gray van. Discussed orientation for new employees, facility has changed paperwork in the files onger documented in the personnel files as completed. Facility states they are providing the training they just he form.	llance from previous visit: ures.	s K85-0052676	
is. Viewed facility i iscussed orientatic personnel files as	Visit	Subtype Residential Treatment	OKLAHOMA DEPARTMENT OF HUMAN SERVICES Residential Child Care Facilities—Monitoring Summary
vehicles (Blue do on for new emplo ; completed. Facil		Visit Type Full	OF HUMAN SERV
dge van, black dod yees, facility has ch ty states they are p		Purpose of Visit Periodic	<u>IICES</u> Summary
vack dodge van). The white van is on ty has changed paperwork in the files hey are providing the training they just		Visit Date 2/21/2019	
ifte van is on K in the files ling they just		Visit Time 9:30 AM	

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Pary Dary Dary Disc of Visit Visit Visit Date dic Visit Visit Date Correct Date r baseboards. 3/21/2019 Ioneach staff recuired will oblain recuired signatures. 3/21/20 Signatures. 3/21/20 Signatures. 3/21/20 Signatures. 3/21/20 Signatures. Solution Signatures. Solution	Revised November 2018	Based on today's visit, all items were observed and found to be in compliance un the checklist. The items marked identify areas of non-compliance (NC) with the Licens the revocation of your license or the issuance of an emergency order of closure within 30-calendar days of the documented non-compliance, or notice of substantiated o Market Director or Staff in Charge Licensing staff	340:110-3-154(e)(1)(J) - signed documentation the resident and parents were provided copies for program policies.		Requirement and Description 340:110-3-157()(7) - Floors, walls, ceilings, doors, and windows are maintained in good condition. 340:110-3-153 - Personnet		The Anchor at Rolling Hills K85-0052676	
ate 119 3/21/20 7/20 7/20 7/20 7/20 7/20 7/20 7/20 7	Residential Child Care Facilitie	irved and found to be in comp as of non-compliance (NC) with i ed. These and/or future violation ance of an emergency order o on-compliance, or notice of subst Orngation Licensing staff	for grievance and resident rights.	Inscrimentation of orientation training for 20 new staff did not have all the required training topics documented in the personnel files one staff did not have an evaluation for 2018. One staff did not have documentation of did not have documentation of	Noncompliance (NC) Observed Building II. Room 604 has missing baseboard. Building III Room 503 has missing baseboard.	Plan of Correction	Subtype Residential Treatment	<u>OKLAHOMA DEPARTMENT OF HUMAN SERVICES</u> Initial Child Care Facilities—Monitoring Sur
ate 119 3/21/20 7/20 7/20 7/20 7/20 7/20 7/20 7/20 7	6 Simmon	liance unless documer the Licensing Requirements of licensing requirement of closure. Grievances i antiated compliant allega	Will obtain signatures.	Will document all require training lopics for orientation for each staff Will obtain required references. Will obtain references. Will obtain documentation of require framing hous. Will complete evaluations	Plan to Correct Will repair baseboards.		Purpose of Visit Periodic	<u>ervices</u> ng Summary
		nted otherwise on ents for Residential ients may result in must be requested ations.	3/01/2019		1/2019		1sit Date Visit Time 121/2019 9:30 AM	

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Residential Child Care Facilities Summary

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