



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814



EDMUND G. BROWN JR.
GOVERNOR

April 07, 2014

HERITAGE YOUTH SERVICES: BIRDSEYE RTC- 602300068
P.O. BOX 117
SPANISH FORK, UT 84660

ATTN: C. Lynn Loftin, Executive Director

SUBJECT: **RE-CERTIFICATION BY THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS)**
Group Home Capacity: 12
Population Served: Male youth ages 12-17

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for Birdseye Residential Treatment Center is continued through April 2015.

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 health or safety of a child

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

If you have any questions please contact me at (916) 654-0118, or Carol Lancaster, Out-of-State Certification Analyst, at (916) 838-5751.

Sincerely,

FERNANDO SANDOVAL
Staff Services Manager II
Children's Residential Program

STATE OF CALIFORNIA WELFARE AND HUMAN SERVICES AGENCY
FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
CCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: HERITAGE YOUTH SERVICES: BIRDSEYE RTC FACILITY NUMBER: 602300068
ADMINISTRATOR: C. LYNN LOFTIN FACILITY TYPE: 731
ADDRESS: 19675 S HWY 89 TELEPHONE: (801) 798-9077
CITY: BIRDSEYE STATE: UT ZIP CODE: 84629
CAPACITY: 12 CENSUS: 8 DATE: 03/13/2014
TYPE OF VISIT: Case Management - *Re-Cert.* UNANNOUNCED TIME BEGAN: 09:36 AM
MET WITH: Lynn Loftin, Executive Director; Odell Erickson, Quality Assurance TIME COMPLETED: 04:52 PM

NARRATIVE

1
2 PURPOSE OF VISIT:
3
4 Annual on-site re-certification visit pursuant to California Family Code Section 7911 et al.
5
6 CERTIFICATION HISTORY
7
8 Birdseye Residential Treatment Center (RTC) has been certified by the California Department of Social
9 Services, Community Care Licensing Division (CDSS-CCLD) as an out-of-state group home provider since
10 March 2, 2011.
11
12 CALIFORNIA PLACING AGENCIES:
13
14 The facility is certified for 12 beds. At the time of visit, client census was 8. There are currently two 14-year
15 old California foster youth in placement - - both placed by San Francisco County Social Services. The
16 remainder are Utah placements.
17
18 POPULATION SERVED: FACILITY AND PROGRAM INFORMATION:
19
20 Population served is male youth age 12-17 who struggle with inappropriate and illegal sexual behavioral
21 problems.
22
23 The program offered is that of a sexual accountability program with a program design length of 39 weeks.
24 Clients typically complete it in nine to twelve months.
25
The physical plant is a modern two-story home plus basement that adds up to approximately 10,000 square
feet. Located approximately 30 miles south of Provo, Utah, the home is situated on 55 rural acres in the
mountain community of Birdseye, Utah.

SUPERVISOR'S NAME: ~~Mei Yuk Kung~~ *Fernando Sandoval*

TELEPHONE: (916) ~~927-8769~~

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751 *651-5590*

LICENSING EVALUATOR SIGNATURE:

DATE: 04/04/2014

Carol Lancaster

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/04/2014

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: HERITAGE YOUTH SERVICES: BIRDSEYE
RTC

FACILITY NUMBER: 602300068

VISIT DATE: 03/13/2014

NARRATIVE

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EDUCATIONAL PROGRAM SERVICES:

Birdseye has educational programming on-site that provides an individualized academic program through Park City Independent School using a curriculum designed to meet the individual needs of each student. School accreditation is under the Northwest Association of Accredited Schools. Current accreditation is good through June 30, 2014.

UTAH LICENSING INFORMATION:

The facility is licensed to provide residential treatment for 12 male youth clients ages 12-17 years old by the Utah Department of Human Services, Office of Licensing (License #20603.) The current license is good for the period May 1, 2013 to April 30, 2014.

Through contact with the facility's assigned licensing evaluator, it was learned that the facility's annual visit was just recently completed; there were no major violations; the facility is in good standing with Utah Licensing and they have been complaint free over the last year.

FIRE CLEARANCE:

A Certificate of Fire Clearance issued January 24, 2014 by the Utah County Fire Marshal reflects the facility to be in substantial compliance with fire regulations adopted by Utah County. This clearance is good through January 24, 2015.

OTHER OVERSIGHT AGENCIES:

The facility's meal service is under the authority of the Utah County Health Department. The current permit to operate a food service establishment is good through December 31, 2014.

The facility has a private well on the property. A certificate of analysis from Chemtech-Ford Laboratories of Sandy, Utah dated September 6, 2013 reflects the water to be within safe and acceptable limits.

SUPERVISOR'S NAME: ~~Wen-Yek Kuang~~ *Fernando Sandoval*

TELEPHONE: (916) ~~927-8763~~ *651-5280*

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 04/04/2014

Carol Lancaster

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FACILITY REPRESENTATIVE SIGNATURE:

DATE: 04/04/2014

FACILITY EVALUATION REPORT (Cont)

CCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: HERITAGE YOUTH SERVICES: BIRDSEYE
RTC

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SCOPE OF RECERTIFICATION REVIEW:

- Entrance interview with Lynn Loftin, Executive Director and Odell Erickson, Quality Assurance.
- Collection of relevant and updated organizational and program information material.
- Facility tour - - inside and out, to include (but not limited to) examination of:
 - Food supply, kitchen appliances, cooking and serving amenities; meal menus.
 - Furniture, bedding, household supplies.
 - Safe, locked storage of toxics, sharp knives and medications.
 - Adequate recordkeeping system for medication.
 - First aid kits and supplies being readily available.
 - Fire drill log examined.

FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:

The facility was clean, safe, sanitary and in good repair with the following exceptions:

1. In the bathroom on the main floor near the dining area, a tile was missing in the window sill of the tile wall of the bathtub.
2. The vanity counter top with sink of the main bathroom was in poor condition (cracked and splitting.)

Re-certification is approved contingent on the facility bringing the areas described above into compliance through repair or replacement. Upon completion, evidence of correction shall be provided to the undersigned within 30 days.

SUPERVISOR'S NAME: ~~Mei Yuk Kung~~ *Fernando Sandoval*

TELEPHONE: (916) ~~327-8763~~

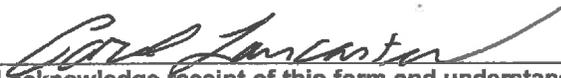
657-5380

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

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