



CDSS

WILL LIGHTBOURNE  
DIRECTOR

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



EDMUND G. BROWN JR.  
GOVERNOR

November 15, 2016

CINNAMON HILLS YOUTH CRISIS CENTER – 602300079  
770 E. ST. GEORGE BLVD  
ST. GEORGE, UT 84770

SUBJECT : Certification by the California Department of Social Services (CDSS)

CAPACITY : 164 Male and Female Youth, Ages 12 - 17

Pursuant to California Family Code, Section 7911 et al., this is official notification that certification for Cinnamon Hills Youth Crisis Center located at 770 E. St. George Blvd, St. George, UT 84770 is continued through September 2017.

Certification will be reviewed annually or more often should non-compliance with California Title 22 licensing standards as they apply to California group homes become questionable or at issue. Additionally, serious incidents must be reported to the CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he/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

While certified, 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) 651-5380; or Certification Analyst Ron Leslie at (916) 654-0956

Sincerely,

*Original signature on file and to be mailed to Cinnamon Hills*

MARYJO TOBOLA, PROGRAM MANAGER  
Children’s Residential Program  
Community Care Licensing

C: Christina Oliver, Manager, Out-of-State Placement and Policy Unit

**FACILITY EVALUATION REPORT**

<b>FACILITY NAME:</b>	CINNAMON HILLS YOUTH CRISIS CENTER	<b>FACILITY NUMBER:</b>	602300079
<b>ADMINISTRATOR:</b>	B.L. WILLIAMS	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	770 E. ST. GEORGE BLVD	<b>TELEPHONE:</b>	(435) 986-8649
<b>CITY:</b>	ST. GEORGE	<b>STATE:</b> UT	<b>ZIP CODE:</b> 84770
<b>CAPACITY:</b>	164	<b>CENSUS:</b>	<b>DATE:</b> 07/26/2016
<b>TYPE OF VISIT:</b>	Case Management	<b>UNANNOUNCED</b>	<b>TIME BEGAN:</b> 09:30 AM
<b>MET WITH:</b>	Ben Nickle, Administrator		<b>TIME COMPLETED:</b> 01:00 PM

**NARRATIVE**1  
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25FOLLOW-UP FACILITY INSPECTION

On July 25th and 26th, 2016, CDSS Analyst Ron Leslie conducted an unannounced inspection/visit to Cinnamon Hills Youth Crisis Center (CH). The inspection was conducted to validate the CDSS recommended changes to the CH program in compliance with California Title 22 regulations. Several program adjustments were agreed upon by CH and CDSS during an Informal Conference call stemming from complaint investigations dated 10/16/15, 12/7/15 and 3/10/16. Specific findings from those investigations can be found under reports dated 3/10/16 and 7/22/16.

At the conclusion of the informal conference, both parties agreed to several program adjustments which were to be illustrated on Cinnamon Hills revised program statement as an acceptable plan of correction. The final revised program statement was approved April 22, 2016. CDSS unannounced inspection time-frame was scheduled to allow CH to administer the revised program changes.

INSPECTION FINDINGS

The following are the inspection findings regarding several of the more egregious recommended program changes:

- **Cautionary Status Sleeping Conditions:** Changes verified. Portable, pull-out frames are now used to allow effective monitoring of at risk youth while sleeping. Option was confirmed as comfortable and acceptable.
- **Restroom/Shower Use:** Changes verified as written in program statement.
- **Time-out protocol:** Changes verified. Youth are provided complete chairs and adequate meals as stated on the program statement.

**SUPERVISOR'S NAME:** Marisa Lopez**TELEPHONE:** (916) 651-0631**LICENSING EVALUATOR NAME:** Ronald Leslie**TELEPHONE:** 916-654-0956**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 07/26/2016

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

**FACILITY REPRESENTATIVE SIGNATURE:**

*Facility signature on file*

**DATE:** 07/26/2016

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

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 744 P STREET, MS 8-3-54  
SACRAMENTO, CA 95814**FACILITY NAME:** CINNAMON HILLS YOUTH CRISIS CENTER**FACILITY NUMBER:** 602300079**VISIT DATE:** 07/26/2016**NARRATIVE****INSPECTION FINDINGS (continue)**

- Footwear: Changes verified. California clients provided and option of open toe sandals or flat shoes.
- California Rights posted: Changes verified. Rights are posted in two library areas and the cafeteria.
- Physical Medical Evaluation Upon Admittance: Changes verified.
- Physical Activity Provided During Cautionary Status: Changes could not be verified or confirmed. CH will develop a log detailing the options provided to California clients to actively participate in physical activity while on Cautionary Status. CH will provide CDSS a one week sample of the newly developed log by August 8, 2016. CDSS may request review of this log in the future.
- Private Telephone Access: Private telephone communication has not been provided to a reasonable amount of California clients in placement. Many youth are unaware of their rights in this area while others have been informed that it is against policy to allow private calls (as was the prior process). A plan of correction has been developed to assure compliance. CH will conduct an information session for all California clients simultaneously to address California Personal Rights. A form will be developed and signed by all in attendance. A copy of this form will be sent to CDSS by August 8, 2016. Incoming California clients will be individually informed of their California Rights as part of the admittance process. The signed forms will be placed in their personal file.
- Further investigation found that two California clients were given private telephone access with legal representation within the last two weeks. No youth have been allowed to private telephone access with family members, government representative or any other listed on their approved contact list.
- Several rooms were verified to be available for private telephone calls. A room located in the therapist wing was exceptional as it contained a tinted see-through window as a safety precaution.
- A list of California clients who made private calls within following week will be provided to CDSS. Contact with some of those youths will be made to verify the stated action.

Interviews with several California clients showed an overwhelming satisfaction with the changes at CH. It appears Cinnamon Hills is displaying a distinct effort to comply with the regulations and standards set forth by California's Title 22 regulations.

**SUPERVISOR'S NAME:** Marisa Lopez**TELEPHONE:** (916) 651-0631**LICENSING EVALUATOR NAME:** Ronald Leslie**TELEPHONE:** 916-654-0956**LICENSING EVALUATOR SIGNATURE:****DATE:** 07/26/2016

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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 07/26/2016

**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** CINNAMON HILLS YOUTH CRISIS CENTER

**FACILITY NUMBER:** 602300079

**VISIT DATE:** 07/26/2016

**NARRATIVE**

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SCOPE OF VISIT:

- Entrance and exit interviews with Program Administrator Ben Nickles.
- Discussion of Program Statement revision.
- Buildings and grounds tour (Behavior Management areas).
- Five California clients records reviewed.
- Five California clients interviewed.
- Several documents provided to show proof of Title 22 compliance.

CERTIFICATION DECISION:

Continue certification. Non-compliance meeting not required.

**SUPERVISOR'S NAME:** Marisa Lopez

**TELEPHONE:** (916) 651-0631

**LICENSING EVALUATOR NAME:** Ronald Leslie

**TELEPHONE:** 916-654-0956

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 07/26/2016

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## All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION

### CLEARED DEFICIENCIES

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

**FACILITY NAME:** CINNAMON HILLS YOUTH CRISIS CENTER

**FACILITY NUMBER:** 602300079

**VISIT DATE:** 07/26/2016

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
08/08/2016 84072(B)(11)	<ol style="list-style-type: none"> <li>1</li> <li>2</li> <li>3 To provide confidential telephone calls as detailed in the</li> <li>4 Cinnamon Hills program revised statement. CH will provide a</li> <li>5 list of private calls made from 7/26/16 - 8/2/16. CDSS may</li> <li>6 contact youth or social worker on list to verify.</li> <li>7</li> </ol>	<ol style="list-style-type: none"> <li>1</li> <li>2</li> <li>3</li> <li>4</li> </ol> <p style="text-align: center;">11/15/2016</p> <p>POC cleared by documentation emailed to CCI detailing calls requested and made by CA youth.</p>
<b>Section Cited</b>	<ol style="list-style-type: none"> <li>1</li> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>6</li> <li>7</li> </ol>	<ol style="list-style-type: none"> <li>1</li> <li>2</li> <li>3</li> <li>4</li> </ol>
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