

FACILITY EVALUATION REPORT

FACILITY NAME:	GEORGE JUNIOR REPUBLICAN IN PENNSYLVANIA	FACILITY NUMBER:	602300028
ADMINISTRATOR:	LASASSO, RICK	FACILITY TYPE:	731
ADDRESS:	P.O. BOX 1058	TELEPHONE:	(724) 458-9330
CITY:	GROVE CITY	STATE:	PA
CAPACITY:	470	ZIP CODE:	16127
TYPE OF VISIT:	Case Management	CENSUS:	539
MET WITH:	Andrea Donatucci	UNANNOUNCED	
		DATE:	05/13/2008
		TIME BEGAN:	09:00 AM
		TIME COMPLETED:	04:00 PM

NARRATIVE

1 PURPOSE OF VISIT
2
3 George Junior Republic (GJR) is seeking re-certification with the State of California, Department of Social
4 Services, Community Care Licensing Division, Out-of-State Certification Unit. The purpose of this visit is to
5 verify the facility is in compliance with California Group Home Licensing Standards in order to become
6 re-certified.
7

8 CALIFORNIA PLACING AGENCIES:
9
10 San Francisco County is the only California agency contracted for services with GJR at this time. During the
11 time of visit, there were a total of 8 California youth in placement.
12

13 FACILITY, PHYSICAL PLANT AND PROGRAM REVIEW CHANGES:
14
15 A tour of the GJR campus was conducted which included visits to the specialized living units and on-grounds
16 Campus Group Home (living units). All buildings, grounds, and homes furniture, fixtures and equipment
17 appeared to be safe, clean and in good repair. No issues of concern.
18

19 The most recent fire inspection was conducted by the Pine Township Engine Company of Grove City on
20 November 20, 2007. No deficiencies were noted.
21

22 GJR has not made any significant changes within their program structure since last year.
23 (See LIC 809 C continued)
24
25

SUPERVISOR'S NAME: Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Olaniyan Akyeem**TELEPHONE:** (916) 324-9250**LICENSING EVALUATOR SIGNATURE:****DATE:** 05/21/2008

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 05/21/2008

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: GEORGE JUNIOR REPUBLICAN IN PENNSYLVANIA

FACILITY NUMBER: 602300028

VISIT DATE: 05/13/2008

NARRATIVE

1 LOCAL STATE LICENSING / COMPLAINT(S) ISSUES:

2
3 The last licensing inspection was conducted by the Commonwealth of Pennsylvania Department of Public
4 Welfare Office of Children, Youth and Families on November 27-30, 2007. The visit resulted in a few areas of
5 deficiencies related to children's record keeping and overnight fire drills. A corrective action plan was
6 provided in January 2008. On 5/21/2008, contact was made to the licensing representative who reported that
7 GJR is currently operating under full licensing status and there are no pending legal issues. GJR has not had
8 any substantiated complaints within the last year.
9

10 ADMINISTRATIVE AND PLAN OF OPERATION:

11
12 Administrative review revealed no issues related to intake procedures, licensing capacity, or program
13 services.
14

15 SCOPE OF CERTIFICATION REVIEW:

16
17 Certification review covered the following areas: Programming; intake and discharge procedures; discipline
18 policy; emergency intervention techniques; medical procedures and records review; facility file review; staff
19 interviews; observation of program and daily activities; criminal record review; personal rights; food services;
20 staff trainings; emergency disaster plan; fire clearance; and all issues pertaining to physical plant.
21

22 OUT-OF-STATE CERTIFICATION FINDINGS, VIOLATIONS AND PLAN OF CORRECTIONS:

23
24 1. Medical Records - Please provide additional follow-up to the previous letter sent to San Francisco County
25 on April 8, 2008 regarding your request for "medical consent". Provide a signed copy for the child record file.
26
27 Facility appears to be operating in substantial compliance with California licensing standards at this time. No
28 other deficiencies noted.
29

30 CERTIFICATION DECISION:

31 Re-certification recommended
32

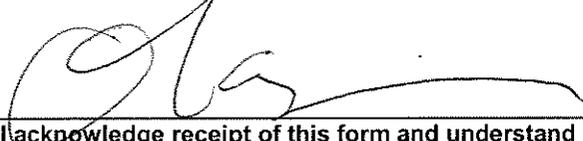
SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Olaniyan Akyeem

TELEPHONE: (916) 324-9250

LICENSING EVALUATOR SIGNATURE:



DATE: 05/21/2008

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/21/2008