



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

March 19, 2013

HERITAGE YOUTH SERVICES: TIMPVIEW RTC- 602300069  
P.O. BOX 117  
SPANISH FORK, UT 84660

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

Capacity : 12  
Population Served: Males - - age 12-17

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for Heritage Youth Services, Timpview RTC, located at 200 N. Anderson Lane, Lindon, UT 84042 is continued through February 2014.

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) 651-5380, or Carol Lancaster, Out-of-State Certification Analyst, at (916) 838-5751.

Sincerely,

**MEI YUK KUNG**  
Program Chief

C: Rosalind Hyde, Deputy Compact Administrator, ICPC/Out-of-State Placement & Policy Unit

**FACILITY EVALUATION REPORT**

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

<b>FACILITY NAME:</b>	HERITAGE YOUTH SERVICES: TIMPVIEW RTC	<b>FACILITY NUMBER:</b>	602300069
<b>ADMINISTRATOR:</b>	LYNN LOFTIN	<b>FACILITY TYPE:</b>	731
<b>ADDRESS:</b>	200 NORTH ANDERSON LANE	<b>TELEPHONE:</b>	(801) 785-1761
<b>CITY:</b>	LINDON	<b>STATE:</b>	UT
<b>CAPACITY:</b>	12	<b>ZIP CODE:</b>	84042
<b>TYPE OF VISIT:</b>	Case Management <i>-Re-cert.</i>	<b>CENSUS:</b>	7
<b>MET WITH:</b>	Lynn Loftin, Executive Director; Odell Erickson, Quality Assurance	<b>DATE:</b>	02/14/2013
		<b>TIME BEGAN:</b>	01:30 PM
		<b>TIME COMPLETED:</b>	05:00 PM

**NARRATIVE**

1 PURPOSE OF VISIT:

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4 As mandated by California law, this on-site visit was performed on February 14, 2013 by the undersigned

5 analyst to assess and determine Heritage Timpview's continued eligibility and suitability for certification by the

6 California Department of Social Services (CDSS.)

7

8 The CDSS requires that in order for an out-of-state group home to be initially certified and annually certified

9 thereafter, the group home shall be in substantial compliance with California's Title 22 licensing regulations as

10 they apply to children's group home facilities in the state of California as well as to be licensed and in good

11 standing with the licensing laws and regulations of the state the facility is located, in this case, the state of

12 Utah.

13

14 CERTIFICATION HISTORY:

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16 Timpview Residential Treatment Center (RTC) was initially certified by the CDSS on September 3, 2011.

17

18 FACILITY AND PROGRAM INFORMATION:

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20 Timpview RTC is under Heritage Youth Services, a non-profit 501(c)(3) corporation. The facility is a 12-bed

21 community type group home operated from a single family home type dwelling located in somewhat of a rural

22 area (city of Lindon, Utah), approximately 45 miles south from Salt Lake City. The program offered is that of a

23 sexual accountability program. The facility is licensed for 12 beds. At the time of visit, the census was seven

24 - - none of which were foster placements from California. The facility serves lower functioning male youth

25 ages 12-17.

**SUPERVISOR'S NAME:** Mei Yuk Kung **TELEPHONE:** (916) 327-8763

**LICENSING EVALUATOR NAME:** Carol Lancaster **TELEPHONE:** (916) 838-5751

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/19/2013

*Carol Lancaster*

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

**FACILITY REPRESENTATIVE SIGNATURE:**

*CDJJC-*

**DATE:** 03/19/2013

**FACILITY EVALUATION REPORT (Cont)**CCLD Regional Office, 744 P STREET, MS 8-3-54  
SACRAMENTO, CA 95814**FACILITY NAME:** HERITAGE YOUTH SERVICES: TIMPVIEW  
RTC**FACILITY NUMBER:** 602300069**VISIT DATE:** 02/14/2013**NARRATIVE**UTAH LICENSING INFORMATION

The facility is licensed in Utah to provide residential treatment for 12 male youth clients age 12-17 years old. The current license is good for the period May 1, 2012 through April 30, 2013. Although the undersigned analyst attempted to contact the Utah licensing analyst several times to confer on the facility, this was not met with success as of the writing of this report. Indications are, however, that the facility is in good standing.

OTHER OVERSIGHT AGENCY INFORMATIONHealth Department

The facility's kitchen and the food service operation is under the Utah County Health Department (Establishment #49-004722.) The facility's current food service permit is good through December 31, 2013.

Fire Marshal

The facility was last issued a Certificate of Fire Clearance by the Utah County Fire Marshall, 51 S. University Ave., Suite 120, Provo, Utah 84601. Phone: (801) 851-8348 The clearance was issued 10/4/2012 and is good through October 4, 2013.

FACILITY, PHYSICAL PLANT REVIEW:

The facility and grounds were toured. With the exception of the following, the physical plant was found to be clean, safe, sanitary and in good repair with adequate food, furniture, household supplies and equipment:

- The seal on the refrigerator door in the kitchen was separating from the surface it was adhered to; thus, was in poor condition and needs repair.
- Numerous kitchen cupboards and drawers were missing knobs, or hinges, or simply not closing, fitting or opening/operating safely; thus, requiring some repair.
- There was a cracked/broken window in a downstairs room used as a lounge or visiting area or something of the like

**SUPERVISOR'S NAME:** Mei Yuk Kung**TELEPHONE:** (916) 327-8763**LICENSING EVALUATOR NAME:** Carol Lancaster**TELEPHONE:** (916) 838-5751**LICENSING EVALUATOR SIGNATURE:****DATE:** 03/19/2013


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

**FACILITY REPRESENTATIVE SIGNATURE:****DATE:** 03/19/2013


**FACILITY EVALUATION REPORT (Cont)**

**FACILITY NAME:** HERITAGE YOUTH SERVICES: TIMPVIEW  
RTC

**FACILITY NUMBER:** 602300069

**VISIT DATE:** 02/14/2013

**NARRATIVE**

1 ADMINISTRATION, PLAN OF OPERATION AND PROGRAM REVIEW:  
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3 Odell Erickson has been hired as Quality Assurance. Odell comes to Heritage Youth Services with extensive  
4 education and prior experience in the field which should be of benefit to the agency.  
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7 SCOPE AND STATUS OF RECERTIFICATION REVIEW:  
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9 ● Entrance interview with Lynn Loftin, Executive Director and Odell Erickson, Quality Assurance.  
10 ● Collection of relevant and updated organizational and program information material.  
11 ● Review and discussion of staff training and background clearances.  
12 ● Touring the facility and grounds included examining for medications being safely stored, first aid supplies  
13 being on hand, proper recordkeeping of medications; toxics and sharp knives being safely locked away,  
14 fire drill log examined.  
15 ● Note: No client interviews and client records were reviewed as there were no CA clients in placement.  
16 ● Introductions to staff on duty, including the house therapist and discussion of program/treatment.  
17  
18  
19 FINDINGS, VIOLATIONS AND PLAN OF CORRECTION:  
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21 The facility appears to be operating adequately and offering a good program for clients. Re-Certification  
22 approved but is contingent on follow through by repairing the cracked window, refrigerator door seal and the  
23 loose or poorly operating kitchen cupboard drawers and cabinets. Please provide evidence of repairs in  
24 writing by April 15, 2013. Failure to provide adequate evidence of same by due date may result in  
25 certification status being revisited.  
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**SUPERVISOR'S NAME:** Mei Yuk Kung

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

**LICENSING EVALUATOR NAME:** Carol Lancaster

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

**LICENSING EVALUATOR SIGNATURE:**

**DATE:** 03/19/2013



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**DATE:** 03/19/2013

