



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

May 21, 2013

MINGUS MOUNTAIN: FARRINGTON HOUSE- 602300061
P.O. BOX 26485
PRESCOTT VALLEY, AZ 86312

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

Capacity : 9 Population served: Female youth age 14 -17

Pursuant to California Family Code, Section 7911 et al., this is official notification that CDSS certification for the Mingus Mountain Academy's Farrington House is continued through April 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

FACILITY NAME:	MINGUS MOUNTAIN: FARRINGTON HOUSE	FACILITY NUMBER:	802300061
ADMINISTRATOR:	JESSICA HINES	FACILITY TYPE:	731
ADDRESS:	100 S. DEWEY ROAD	TELEPHONE:	(602) 335-2089
CITY:	DEWEY	STATE:	AZ
CAPACITY:	9	ZIP CODE:	86327
TYPE OF VISIT:	Case Management <i>(Re-cert)</i>	CENSUS:	9
MET WITH:	Amber Gerds, Team Leader, Jessica Hines, Quality Assurance	UNANNOUNCED	
		DATE:	05/10/2013
		TIME BEGAN:	12:30 PM
		TIME COMPLETED:	02:15 PM

NARRATIVE

1 On site re-certification visit conducted on today's date by the undersigned analyst. The purpose of today's
2 visit was to insure the facility:

- 3 • has adequate and appropriate resources to provide safe, suitable 24-hour residential care, supervision
4 and treatment services to youth/clients in care.
- 5 • is in substantial compliance with California licensing standards and regulations as well as being licensed
6 and in good standing with the licensing authorities of the state of geographical location -- in this case, the
7 state of Arizona..

8

9 The Mingus Mountain Farrington House, initially certified April 29, 2009, is one of two satellite group homes
10 affiliated with the 115- bed Mingus Mountain Academy (MMA.) Farrington House serves as an extension of
11 the MMA program, offering step-down care while continuing day programming at MMA. Much more
12 home-like, Farrington House is located approximately 200 yards off a two-way highway in semi-rural Dewey,
13 AZ, surrounded by other ranch style homes with horses and other animals. Transitional living are the focus --
14 the goal being to prepare the young women in care for adulthood and living independently.

15

16 The 2600 square foot home has five bedrooms and two baths. Four of the bedrooms accommodate two
17 clients; one bedroom is for a single client. At the time of this year's visit, the census was nine. Four of its
18 residents are California placements: Two placed by Shasta County Probation; one by Alameda County
19 Probation and one by San Francisco County Probation. At the time of visit, residents were away at school.

20

21 Records provided by the facility reflect that a fire inspection was last conducted on May 8, 2012 by the Central
22 Yavapai Fire District. No violations were noted on the report. The facility is fire inspected annually and has a
23 fire sprinkler system. Under Arizona fire codes, the facility is required to do fire drills three times monthly --
24 one on each shift.

25

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

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

LICENSING EVALUATOR SIGNATURE:



DATE: 05/21/2013

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 05/21/2013

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: MINGUS MOUNTAIN: FARRINGTON HOUSE****FACILITY NUMBER: 602300061****VISIT DATE: 05/10/2013****NARRATIVE**

1 The facility is licensed in the state of Arizona by the Arizona Department of Health Services, Division of
 2 Licensing Services, Office of Behavioral Health Licensing, as a Level 2 Behavioral Health Residential Agency
 3 (Lic. #BH-1122.) The most recent license was issued April 5, 2012 and is effective from May 1, 2012 through
 4 April 30, 2012. MMA representatives reported that its license was recently extended for another year by
 5 Arizona License; however, the actual license has not been received. When received, MMA was requested to
 6 provide a copy of the current license.
 7

8 Farrington House is included in MMA's accreditation by the Joint Commission which was last issued August
 9 14, 2010 and is customarily valid for up to 36 months.
 10

11 No programmatic or physical plant changes have occurred since being certified last year.
 12

SCOPE OF RE-CERTIFICATION REVIEW:

- 14 ● Entrance interview with Amber Gerds, Team Leader and Jessica Hines, QA Manager.
- 16 ● Collection of updated and current organizational and program information material.
- 17 ● Tour/physical inspection of facility and grounds.
- 18
- 19

COMMENTS AND RECOMMENDATIONS:

21 Based on today's visit and observations and the review of updated material relative to the operation of the
 22 facility, re-certification is approved.
 23

24 The home presents as being safe, sanitary and in good repair. Medications, toxics and dangerous items are
 25 all secured in locked storage. It was clean, orderly, well furnished and supplied. Its license, personal rights
 26 and diagrams illustrating exits/evacuation routes and meeting place were properly posted.
 27

28 The facility appears to be providing the young women in who live there with good step-down care in addition
 29 to the opportunity to learn valuable transitional living skills including, but not limited to, food shopping, meal
 30 planning, cooking, housekeeping, participating in community events, volunteering and even gaining outside
 31 work experience through seeking and holding jobs.
 32

SUPERVISOR'S NAME: Mel Yuk Kung**TELEPHONE: (916) 327-8763****LICENSING EVALUATOR NAME: Carol Lancaster****TELEPHONE: (916) 838-5751****LICENSING EVALUATOR SIGNATURE:****DATE: 05/21/2013****I acknowledge receipt of this form and understand my appeal rights as explained and received.****FACILITY REPRESENTATIVE SIGNATURE:****DATE: 05/21/2013**