

FACILITY EVALUATION REPORT

FACILITY NAME: RITE OF PASSAGE Q HOUSE #4	FACILITY NUMBER: 602300005
ADMINISTRATOR: RON WESTPHAL Peter Woods	FACILITY TYPE: 731
ADDRESS: 2702 EAST VALLEY ROAD	TELEPHONE: (775) 267-9411
CITY: MINDEN	STATE: NV
CAPACITY: 6	ZIP CODE: 89423
TYPE OF VISIT: Case Management (Re-Cert.)	CENSUS: 8
MET WITH: Peter Woods, Program Manager	UNANNOUNCED
	DATE: 06/27/2008
	TIME BEGAN: 02:00 PM
	TIME COMPLETED: 06:00 PM

NARRATIVE

1 On 6/27/2008, the undersigned analyst conducted the referenced facility's annual recertification visit. The visit
2 began at ROP's Administrative Offices in Minden, Nevada; thereafter, continuing at the Qualifying House #4
3 (Job House) whereupon contact with new program administrator, Peter Woods, was established. Following
4 introductions and an entrance interview, Mr. Woods assisted me throughout the visit. The visit consisted of
5 the following:

- 6 • A personnel and client roster were obtained.
- 7 • Verification that the facility's Nevada group home license was up to date and posted.
- 8 • A tour of the physical plant (exterior and interior) was conducted.
- 9 • Safe storage of medications and adequate first aid supplies were checked.
- 10 • Adequate food and household supplies were verified.
- 11 • Facility sketches illustrating emergency exit routes were observed to be posted.
- 12 • Evidence of staff conducting random fire drills was provided.
- 13 • Interviews with four California clients in residence were conducted.

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15 Findings:

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17 The facility was found to be clean, safe, sanitary and in good repair and the clients and staff on duty appeared
18 to be appropriately participating and engaging in late afternoon programming. The California clients
19 interviewed all related their ROP experience (both at Silver State Academy and the "Q" House) as being
20 challenging and demanding but beneficial.

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22 Concerns

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24 Capacity Increase from 6 to 8: No prior approval or subsequent notification was made to CDSS-CCL.
25 Such a change being made without approval renders the facility out of compliance with California licensing standards.

SUPERVISOR'S NAME: Mei Yuk Kung

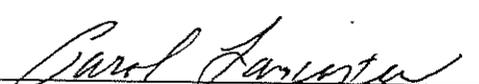
TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 323-1692

LICENSING EVALUATOR SIGNATURE:

DATE: 08/29/2008



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE:

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

FACILITY EVALUATION REPORT (Cont)Out of State Cert, 1700 9th Street, 2Nd Floor
Sacramento, CA 95814

FACILITY NAME: RITE OF PASSAGE Q HOUSE #4

FACILITY NUMBER: 602300005

VISIT DATE: 06/27/2008

NARRATIVE1 Concerns (continued)

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3 Change of Administrator (Program Manager) -- Ron Westphal to Peter Woods: Upon this change being
4 effected, notification to CDSS-CCLD should have been made within 10 days and should have included the
5 following:

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- Name and residence and mailing address of the new administrator.

- Date he assumed his position.

- Description of his background and qualifications, including documentation of education.

Just subsequent to this analyst's on-site visit, copies of staff records related to the following were also requested:

- First Aid and CPR training/certification -- evidence that all staff are current.

- Emergency intervention/crisis training and certification (Jireh? Pro-Act?) -- evidence that all staff are current.

Despite repeated requests, no copies of said records have been provided to date.

Corrections Required:

1. Complete and provide a new "Application for Certification" (LIC 9203) form accurately reflecting the facility's administrator (person in charge) and the facility's capacity.
2. Provide a fire clearance reflecting that the facility's capacity has been approved for eight ambulatory clients.
3. Provide information relative to new administrator Peter Woods to include: Name and residence and mailing address of the new administrator; date he assumed his position; description of his background and qualifications, including documentation of education.
4. Provide a new facility sketch (interior floorplan) of the group home identifying rooms and usage -- most notably those rooms that serve as client bedrooms and the number of beds in each.
5. Provide a current personnel roster/work schedule which reflects staff to client ratio.
6. Provide training and certification records for personnel relative to:
 - First Aid and CPR training/certification -- evidence that all staff are current.
 - Emergency intervention/crisis training and certification (Jireh? Pro-Act?) -- evidence that all staff are current.

SUPERVISOR'S NAME: Mei Yuk Kung

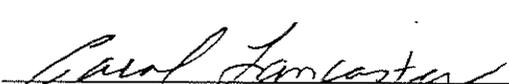
TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/29/2008



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FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: RITE OF PASSAGE Q HOUSE #4

FACILITY NUMBER: 602300005

VISIT DATE: 06/27/2008

NARRATIVE

1 RE-CERTIFICATION RECOMMENDATION / DECISION:
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3 Each item listed under the previous section (Corrections Required) needs to be satisfied in order for
4 re-certification to occur - - said documents and correspondence to be received by September 12, 2008.
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