

FACILITY EVALUATION REPORT

FACILITY NAME:	RITE OF PASSAGE Q HOUSE #5	FACILITY NUMBER:	602300047
ADMINISTRATOR:	RON WESTPHAL <i>Peter Woods</i>	FACILITY TYPE:	731
ADDRESS:	2706 E. VALLEY ROAD	TELEPHONE:	7752674564
CITY:	MINDEN	STATE:	NV
CAPACITY:	6	ZIP CODE:	89423
TYPE OF VISIT:	Case Management <i>(Re Cert.)</i>	CENSUS:	6
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 Monument Qualifying
 3 House ("Q" House #5) whereupon contact with new program administrator, Peter Woods, was established.
 4 Following introductions and an entrance interview, Mr. Woods assisted me throughout the visit. The visit
 5 consisted of 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.

14

15 Findings:

16

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.

21

22 Concerns

23

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

- 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.

SUPERVISOR'S NAME: Mei Yuk Kung

TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 323-1692

LICENSING EVALUATOR SIGNATURE:

838-5251

DATE: 08/29/2008

Carol Lancaster

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE:

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: RITE OF PASSAGE Q HOUSE #5

FACILITY NUMBER: 602300047

VISIT DATE: 06/27/2008

NARRATIVE

1 Concerns: (Continued)
2
3 Just subsequent to this analyst's on-site visit, copies of staff records related to the following were also
4 requested:
5 • First Aid and CPR training/certification -- evidence that all staff are current.
6 • Emergency intervention/crisis training and certification (Jireh? Pro-Act?) - - evidence that all staff are
7 current.
8 Despite repeated requests, no copies of said records have been provided to date.
9
10 Corrections Required:
11
12 1. Complete and provide a new "Application for Certification" (LIC 9203) form accurately reflecting the
13 facility's administrator (person in charge.)
14 2. Provide information relative to new administrator Peter Woods to include: Name and residence and
15 mailing address of the new administrator; date he assumed his position; description of his background
16 and qualifications, including documentation of education.
17 3. Provide a current personnel roster/work schedule which reflects staff to client ratio.
18 4. Provide training and certification records for personnel relative to:
19 • First Aid and CPR training/certification -- evidence that all staff are current.
20 • Emergency intervention/crisis training and certification (Jireh? Pro-Act?) - - evidence that all staff
21 are current.
22
23 RE-CERTIFICATION RECOMMENDATION / DECISION:
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25 Each item listed under the previous section must be satisfied for re-certification to occur - - said documents
26 and correspondence to be received by September 12, 2008.
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SUPERVISOR'S NAME: Mei Yuk Kung

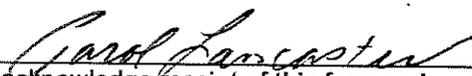
TELEPHONE: (916) 327-8763

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 08/29/2008



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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: