



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

Community Care Licensing Division
Statewide Children's Residential Program
744 P Street, Sacramento, CA 95814



EDMUND G. BROWN JR.
GOVERNOR

July 7, 2016

RITE OF PASSAGE: SIERRA SAGE ACADEMY- 602300001
2560 BUISINESS PARKWAY, STE B
MINDEN, NV 89423

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

Capacity : **50** Population served: Female Adolescents; ages 13-17

Pursuant to California Family Code, Section 7911 et al., this is notification that certification for Rite of Passage Sierra Sage Academy is continued through July 2017.

Certification will be re-reviewed annually or more often should non-compliance with California Title 22 licensing standards as they apply to California Group homes become questionable or at issue. Additionally, serious incidents must be reported to the CDSS Out-of-State Placement Policy Unit for each child in care regardless of whether he 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

While certified, 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 Certification Analyst Carol Lancaster at (916) 838-5751.

Sincerely,

Original Signed by

MaryJo Tobola, Manager I
Children's Residential Program
Community Care Licensing

C: CDSS CFSD/Deputy Compact Administrator/Out-of-State Placement and Policy Unit

FACILITY EVALUATION REPORT

FACILITY NAME:	RITE OF PASSAGE: SIERRA SAGE ACADEMY	FACILITY NUMBER:	602300001
ADMINISTRATOR:	REBEKAH GRAHAM	FACILITY TYPE:	731
ADDRESS:	100 ROSASCHI ROAD	TELEPHONE:	(775) 463-5111
CITY:	YERINGTON	STATE:	NV
CAPACITY:	50	ZIP CODE:	89447
TYPE OF VISIT:	Case Management : <i>Re-cert</i> , UNANNOUNCED	DATE:	07/08/2016
MET WITH:	Rebekah Graham, Program Director; Lawrence Howell, Executive Director	TIME BEGAN:	09:00 AM
		TIME COMPLETED:	01:00 PM

NARRATIVE

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2 This is the second and complete report for the facility's annual re-certification inspection conducted by the
3 undersigned with the California Department of Social Services pursuant to California Family Code section
4 7911.1(c)
5
6 The inspection was conducted on July 1, 2016, at the conclusion of which, the facility was presented with and
7 signed an initial report
8
9 **FACILITY'S CAPACITY: 50 CENSUS AT TIME OF VISIT: 27 female**
10
11 **AGENCIES / ENTITIES WITH YOUTH CURRENTLY PLACED AT FACILITY:**
12
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14 The youth at the facility are all from California placed by the agency indicated:
15
16 ● Monterey County Probation (4)
17 ● Kern County Probation (2)
18 ● Sacramento County Probation (1)
19 ● Nevada County Probation (1)
20 ● Sonoma County Social Services (1)
21 ● Sonoma County Probation (1)
22 ● Los Angeles County Probation (8)
23 ● San Joaquin County Probation (1)
24 ● San Joaquin County Social Services (6)
25 ● San Benito County Probation (1)
● California Private Placement (1)

SUPERVISOR'S NAME: MaryJo Tobola

TELEPHONE: (916) 263-4723

LICENSING EVALUATOR NAME: Carol Lancaster

TELEPHONE: (916) 838-5751

LICENSING EVALUATOR SIGNATURE:

DATE: 07/08/2016

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

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 07/08/2016

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: RITE OF PASSAGE: SIERRA SAGE ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 07/08/2016

NARRATIVE1
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32**ADMINISTRATION; PLAN OF OPERATION; PHYSICAL PLANT OVERVIEW / CHANGES:**

The facility has been operating as Sierra Sage Academy with female adolescent clients for approximately eleven months now. With the change in population, Rebekah Graham as the program director and slow, steady population growth, the facility has been much less eventful than in years past. Ms. Graham believes careful screening is key to maintaining a manageable population and the undersigned is in agreement.

The campus, buildings and amenities look better than ever. Capital improvements, which began several years ago, are completed for the most part. Ms. Graham and her staff are getting the girls involved in many new things -- from participating in 4-H raising rabbits to facilitating and participating in community events. Indicators point to much improved relations within the community.

Three living halls are operating: Unity, Justice and Legend. Legend is being used only occasionally when clients need to take time away, need less stimuli and/or closer supervision.

The target program length has been reduced to six months.

INFORMATION AND COMPLAINTS: NEVADA / TRIBAL LICENSING

Contact and communications with Yerington Paiute Tribal Licensing authorities confirmed the facility is in good standing with that agency. There are been no complaint investigations since the population change. The facility's license is good through August 11, 2016. The week previous, Tribal Licensing conducted their annual inspection and review and although their report is still pending, the inspection was reported to have gone well with no serious deficiencies.

HEALTH DEPARTMENT INSPECTION/CLEARANCE:

A food service survey was conducted May 9, 2016 by an Environmental Health Specialist with the Department of Health & Human Services, Public Health Service, Phoenix Area Indian Health Service agency. The facility's cafeteria, located in the Education and Administration Building was built in 2014. It consists of a dining area, public and staff restrooms and a full service commercial kitchen.

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FACILITY EVALUATION REPORT (Cont)CCLD Regional Office, 744 P STREET, MS 8-3-54
SACRAMENTO, CA 95814

FACILITY NAME: RITE OF PASSAGE: SIERRA SAGE ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 07/08/2016

NARRATIVE

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2 The kitchen operates seven days a week and serves breakfast, lunch and dinner to students and staff. The
3 kitchen was noted to appear very well organized and efficiently operated. Out of 54 areas evaluated, only one
4 was noted out of compliance and immediately corrected. (Sanitizer solution concentration, which is mixed
5 with water and used on cloths to wipe down surfaces, was tested and found not to be of adequate strength;
6 thereby, creating a potential risk of cross contamination.)
7
8 (Note: The undersigned notes that this year's survey was much better than last year's.)
9
10 Water supply and sewer systems services are provided by the Yerington Paiute Tribe and are tested and
11 monitored on a continuous basis.
12
13
14 **FIRE INSPECTION**
15
16 Armstrong Inspection Services, Inc. was retained by Rite of Passage to conduct a fire and safety inspection
17 which was performed on August 27, 2015. Minor deficiencies were subsequently cleared through a plan of
18 correction.
19
20 **EMERGENCY DISASTER PLAN:**
21
22 During the undersigned's tour of the facility, I noted floor plans denoting exit routes being prominently posted
23 in each building.
24
25 **MISC. INFORMATION/COMMENTS:**
26
27 Sierra Sage Academy is in the process of becoming PREA (Prison Rape Elimination Act) compliant/certified;
28 having undergone an intensive three day inspection and evaluation June 27-29, 2016. The PREA report will
29 be provided to the facility with results within 30 days.
30
31 The facility is also undergoing CARF accreditation (Council on Accreditation for Residential Facilities.) The
32 inspection portion of the process is scheduled for August 2016.

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DATE: 07/08/2016

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SACRAMENTO, CA 95814

FACILITY NAME: RITE OF PASSAGE: SIERRA SAGE ACADEMY

FACILITY NUMBER: 602300001

VISIT DATE: 07/08/2016

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32**SCOPE OF CERTIFICATION REVIEW:**

- Collection of updated documents and program material; review of same. (Prior to visit)
- Entrance interview and program discussion with Program Director Rebekah Graham.
- Tour of buildings and grounds.
- Introduction and discussion with medical staff in medical office to determine medication safekeeping, dispensing, disposal and recordkeeping practices and procedures.
- Examination of cafeteria and dining room just prior to lunch being served to the clients: Menu was posted; areas looked clean; food looked fresh and appetizing.
- Examination of living units: Furniture, bedding, decor, bathroom amenities and supplies appeared all adequate. Personal rights were prominently posted. Cleaning supplies and toxics properly stored in locked closets.
- Sample of files reviewed.
- Exit interview with Ms. Graham, and Lawrence Howell, ROP Executive Director.

FINDINGS:

Facility was found to be clean, safe, sanitary and in good repair. No physical plant or health and safety deficiencies.

Facility staffing appears adequate; however, will need to grow and keep up with the facility's client census as it continues to grow. Fully staffing the facility with an adequate number of Therapeutic/Case managers (i.e., group home social worker) appears to be a little challenging. Efforts to recruit, hire and retain continue. Facility states their objective is to have three as well as a supervisor over these positions.

One deficiency (reference LIC 809D): No needs and services plan for client #1 (Reference LIC 811 for client's identity.) When a child is accepted for placement, a facility social worker is responsible for working with the child and the child's authorized representative in the development of needs and services plans. (Initial and modifications/updated plans every six months.) Additionally, record of same with signatures is required to be developed, presented to authorized representative and signed off within 30 days. Signed copies of needs and services plans to be maintained in each client's file.

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FACILITY EVALUATION REPORT (Cont)

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

FACILITY NAME: RITE OF PASSAGE: SIERRA SAGE ACADEMY
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 602300001
VISIT DATE: 07/08/2016

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/31/2016 Section Cited 84070(c)(1)	1 Children's Records/Needs and Services Plan: 2 3 Child was placed at facility 4/22/2016 and there 4 was no evidence in her file that a needs and 5 services plan has been developed to date. 6 7	1 Facility to respond in writing and direct response to 2 the undersigned by July 31, 2016. Response to 3 address how the deficiency was corrected and the 4 facility shall provide their policy and procedures for 5 the development of needs and services plans with 6 said policies to be in compliance with CA Title 22 7 group home regulations.
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	1 2 3 4 5 6 7	1 2 3 4 5 6 7

Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.

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FACILITY EVALUATION REPORT (Cont)

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FACILITY NUMBER: 602300001

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32**CERTIFICATION DECISION:**

Re-certify through July 31, 2017. Certification decision is contingent on facility responding and correcting the one deficiency cited. Plan of correction to be received by the undersigned on or before July 31, 2016.

This report and the facility's re-certification letter was e-mailed to Rebekah Graham and Lawrence Howell on July 8, 2016. Please sign and date the bottom of each LIC 809 page where indicated and return signed report which acknowledges receipt only as soon as possible.

If certified facility wishes to appeal the deficiency cited, please submit an appeal letter indicating so and the reason for the appeal. Direct the appeal along with a copy of the report *within 10 days* to:

MaryJo Tobola, Out-of-State Program Manager
CDSS CCLD Children's Residential
744 P Street, M.S. 8-3-54
Sacramento, CA 95814

MaryJo.Tobola@dss.ca.gov

SUPERVISOR'S NAME: MaryJo Tobola

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DATE: 07/08/2016



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DATE: 07/08/2016

CLIENT/RESIDENT'S RECORDS REVIEW (RESIDENTIAL)

INSTRUCTIONS: Click on all documents found during the review. Any unmarked documents shall be recorded on the Facility Evaluation Report (LIC809) with a plan of correction date. File this form in the facility file.

FACILITY NUMBER 602300001	FACILITY NAME RITE OF PASSAGE: SIERRA SAGE ACADEMY
LICENSE REPORT (LIC809) DATE 07/05/2016	TYPE OF VISIT Case Management - Other

AD: ADMISSION AGREEMENT MA: MEDICAL ASSESSMENT CF: CONSENT FORMS WR: WEIGHT RECORD	ID: I.D. AND EMERGENCY INFORMATION ANS: APPRAISAL & NEEDS SERVICE PLAN IR: IMMUNIZATION RECORD TB: TB TEST	CSDMR: CENTRALLY STORED MEDICATION DESTRUCTION RECORD SCR: SAFEGUARDS FOR CASH RESOURCES SPV: SAFEGUARDS FOR PROPERTY/VALUABLES LIC613, LIC613B, OR LIC613C: PERSONAL RIGHTS CRI: CASH RESOURCE INFO
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REF. #	NAME	DATE OF BIRTH	DATE OF ADMISSION	DISCHARGE DATE	REVIEWED DOCUMENTS
	<input type="checkbox"/> AMB	<input type="checkbox"/> SOURCE OF INCOME	<input type="checkbox"/> CRI DATE	<input type="checkbox"/> BALANCE	
1	Teresa Fletcher	07/07/1999	04/22/2016		<input checked="" type="checkbox"/> AD <input type="checkbox"/> ANS <input type="checkbox"/> SPV <input checked="" type="checkbox"/> MA <input checked="" type="checkbox"/> IR <input type="checkbox"/> LIC613 <input checked="" type="checkbox"/> CF <input checked="" type="checkbox"/> TB <input type="checkbox"/> LIC613B <input type="checkbox"/> WR <input checked="" type="checkbox"/> CSMDR <input type="checkbox"/> LIC613C <input checked="" type="checkbox"/> ID <input type="checkbox"/> SCR <input type="checkbox"/> CRI
	<input type="checkbox"/> Yes <input type="checkbox"/> Other			\$0.00	
COMMENTS ABOUT Teresa Fletcher: Client placed by Sonoma County Social Services; however, since being placed at ROP, client was arrested and is presently being detained in San Luis Obispo County Juvenile Hall. While on an ROP outing in that jurisdiction, client assaulted a staff and another client while she was trying to jump out of the transport van clients and staff were driving in. Client may still return to ROP. No needs and services plan.					
2	Alyssa McCord	03/29/2000	11/19/2015		<input checked="" type="checkbox"/> AD <input type="checkbox"/> ANS <input type="checkbox"/> SPV <input checked="" type="checkbox"/> MA <input checked="" type="checkbox"/> IR <input type="checkbox"/> LIC613 <input checked="" type="checkbox"/> CF <input checked="" type="checkbox"/> TB <input type="checkbox"/> LIC613B <input type="checkbox"/> WR <input checked="" type="checkbox"/> CSMDR <input type="checkbox"/> LIC613C <input checked="" type="checkbox"/> ID <input type="checkbox"/> SCR <input type="checkbox"/> CRI
	<input type="checkbox"/> Yes <input type="checkbox"/> Other			\$0.00	
COMMENTS ABOUT Alyssa McCord : Placed by San Joaquin County Social Services.					
3					<input type="checkbox"/> AD <input type="checkbox"/> ANS <input type="checkbox"/> SPV <input type="checkbox"/> MA <input type="checkbox"/> IR <input type="checkbox"/> LIC613 <input type="checkbox"/> CF <input type="checkbox"/> TB <input type="checkbox"/> LIC613B <input type="checkbox"/> WR <input type="checkbox"/> CSMDR <input type="checkbox"/> LIC613C <input type="checkbox"/> ID <input type="checkbox"/> SCR <input type="checkbox"/> CRI
	<input type="checkbox"/> Yes <input type="checkbox"/> Other			\$0.00	
COMMENTS ABOUT Ref #3:					
4					<input type="checkbox"/> AD <input type="checkbox"/> ANS <input type="checkbox"/> SPV <input type="checkbox"/> MA <input type="checkbox"/> IR <input type="checkbox"/> LIC613 <input type="checkbox"/> CF <input type="checkbox"/> TB <input type="checkbox"/> LIC613B <input type="checkbox"/> WR <input type="checkbox"/> CSMDR <input type="checkbox"/> LIC613C <input type="checkbox"/> ID <input type="checkbox"/> SCR <input type="checkbox"/> CRI
	<input type="checkbox"/> Yes <input type="checkbox"/> Other			\$0.00	
COMMENTS ABOUT Ref #4:					
5					<input type="checkbox"/> AD <input type="checkbox"/> ANS <input type="checkbox"/> SPV <input type="checkbox"/> MA <input type="checkbox"/> IR <input type="checkbox"/> LIC613 <input type="checkbox"/> CF <input type="checkbox"/> TB <input type="checkbox"/> LIC613B <input type="checkbox"/> WR <input type="checkbox"/> CSMDR <input type="checkbox"/> LIC613C <input type="checkbox"/> ID <input type="checkbox"/> SCR <input type="checkbox"/> CRI
	<input type="checkbox"/> Yes <input type="checkbox"/> Other			\$0.00	
COMMENTS ABOUT Ref #5:					

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

LICENSING EVALUATOR SIGNATURE: *Carol Lancaster* DATE: 07/08/2016

Original Signed by Carol Lancaster