

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on 01/27/2010 and conducted by Evaluator Cynthia Jacobs

PUBLIC

COMPLAINT CONTROL NUMBER: 26-CR-20100127130945

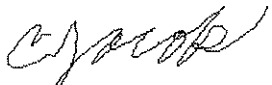
FACILITY NAME: CAMP RECOVERY CENTERS, THE	FACILITY NUMBER: 445200283
ADMINISTRATOR: PAIGE BOTTOM	FACILITY TYPE: 730
ADDRESS: 3192 GLEN CANYON ROAD, STE 1	TELEPHONE: (831) 438-1868
CITY: SCOTTS VALLEY	STATE: ZIP CODE: 95066
CAPACITY: 17	CENSUS: 14 DATE: 03/23/2010
	UNANNOUNCED TIME VISIT BEGAN: 10:20 AM
MET WITH: Cathy Hoyle	TIME COMPLETED: 12:40 PM

ALLEGATION(S):

- 1 Facility allows new hires to start work prior to receiving a criminal record clearance.
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INVESTIGATION FINDINGS:

- 1 (LPA) CYNTHIA JACOBS made an unannounced complaint inspection. LPA conduted interviews and the
- 2 reviewed facility files for the purpose of then above allegation.
- 3
- 4 Based on the information obtained during the course of the inspection, it has been determined that the above
- 5 allegation is substantiated. The findings of this complaint investigation are substantiatedThe following
- 6 deficiency is cited under the California Code of regulations Title 22 Division 6.
- 7 exit interview was conducted.
- 8
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Substantiated	Estimated Days of Completion:
SUPERVISOR'S NAME: Pat Story	TELEPHONE: (408) 324-2112
LICENSING EVALUATOR NAME: Cynthia Jacobs	TELEPHONE: (408) 313-3050
LICENSING EVALUATOR SIGNATURE: 	DATE: 03/23/2010

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

FACILITY REPRESENTATIVE SIGNATURE: 	DATE: 03/23/2010
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This report must be available at Child Care and Group Home facilities for public review for 3 years.

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CAMP RECOVERY CENTERS, THE
 DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 445200283
 VISIT DATE: 03/23/2010

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 03/25/2010 Section Cited 80019(e)(1)(2)	1 Facility allows new hires to start work prior to criminal record clearance. 2 All individuals subject to a criminal record review 3 pursuant to Health and Safety Code Section 1522 4 shall prior to working, residing or volunteering in a 5 licensed facility: 6 7 Obtain a California clearance or a criminal record exemption as required by the Department or Request a transfer of a criminal record clearance.	1 The facility will have the correction made by the due date 03-25-2010 2 The staff will ensure that all criminal records are 3 cleared or has an approved exemption to work 4 in the facility by CCL. 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	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.

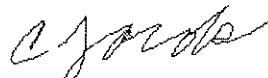
SUPERVISOR'S NAME: Pat Story

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Cynthia Jacobs

TELEPHONE: (408) 313-3050

LICENSING EVALUATOR SIGNATURE:



DATE: 03/23/2010

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 03/23/2010

CCLD Regional Office
2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131



02/12/2010

CAMP RECOVERY CENTERS, THE
445200283
P.O. BOX 66569
SCOTTS VALLEY, CA 95067

Letter of Deficiency Citations Cleared

Dear Licensee,

The following deficiencies, initially cited during a visit on 02/04/2010, have been cleared:

Section Cited: 80078 (a)	Date Due: 02/09/2010	
Plan of Correction: The facility will have the correction made by the due date.	Corrections: report	Clearance Date: 02/09/2010
Staff will also supervise the clients at all times. staff will develop and implement planned activities for the clients.		
Section Cited: 80072(a)(3)	Date Due: 02/09/2010	
Plan of Correction: The facility will have the correction made by the due date.	Corrections: report	Clearance Date: 02/09/2010
The staff will have retraining in emergency intervention. The facility will update the policy and procedure for care and supervision of the client, this new policy and procedure will be sent to CCI.		

LICENSING EVALUATOR NAME: Cynthia Jacobs

TELEPHONE: (408) 313-3050

LICENSING EVALUATOR SIGNATURE:

DATE: 02/12/2010

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Cleared POC Letter (FAS) - (04/05)

Page: 1 of 1

P

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

CLEARED DEFICIENCIES

CCLD Regional Office, 2500 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

FACILITY NAME: CAMP RECOVERY CENTERS, THE

FACILITY NUMBER: 445200283

VISIT DATE: 02/04/2010

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
02/09/2010 80078 (a)	1 2 3 The facility will have the correction made by the due date. 4 5 Staff will also supervise the clients at all times. staff will 6 develop and implement planned activities for the clients. 7	1 2 3 report 4 02/09/2010
02/09/2010 Section Cited 80072(a)(3)	1 2 The facility will have the correction made by the due date. 3 4 The staff will have retraining in emergency intervention. The 5 facility will update the policy and procedure for care and 6 supervision of the client, this new policy and procedure will be 7 sent to CCI.	1 2 3 report 4 02/09/2010
Section Cited	1 2 3 4 5 6 7	1 2 3 4
Section Cited	1 2 3 4 5 6 7	1 2 3 4

P



Response to Complaint Investigation Report CCL

The Camp Recovery Center
Scotts Valley, CA

Facility # 445200283

Visit Date: 2/4/2010

License Evaluator: Cynthia Jacobs

Supervisor Name: Pat Story

Corrective Action Due Date: 2/9/2010

Respondent(s) Name(s): Rebecca Cable, Melissa Preshaw

Adolescent Program Director: Rebecca Cable

Executive Director: John Peloquin VP / Melissa Preshaw

Deficiency Type/ Section/ Due Date	Deficiencies	Plan of Correction(s)
<p>Type B / 80078 (a) 2/9/10</p> <p>Clients behavior out of control</p>	<p>a) Staff to supervise clients at all times.</p> <p>b) Implement planned activities for the clients</p> <p>c) Staff will have training in emergency Intervention- Update policy and procedure for care/ supervision of client. Send new policy to CCL</p>	<p>A) New rounds sheets were implemented. * see attached staff are making rounds and noting client's presence every fifteen minutes.</p> <p>B) New schedule was implemented last month Jan with no un-structured time * see attached. Activity list attached</p> <p>C) See attached updated policy to include training in emergency Intervention</p>
<p>Type B / 80072 (a) (3)</p> <p>Client injured by another peer</p>		<p>C) 1 In-Service Staff training by Rebecca Cable 2/9/10 on Risk Assessment and Emergency Intervention policy and procedures.</p> <p>C) 2 Emergency Intervention Policy revised to include increased training of staff and training "trainers" – training to take place 2/22-2/23/10 and again on 2/24- 2/25 by Positive Control Systems. (see attached outline of training)</p>

Basic PCS Program

Our Programs

POSITIVE CONTROL SYSTEMS®

PROGRAM OUTLINE

Our training programs provide expertise in creating and maintaining a safe therapeutic environment, and de-escalating hostilities of clients during verbal or physical critical events. These courses are designed to qualify and certify staff and in-house trainers in appropriate methods of relating to, and handling "explosive" and "out-of-control" behaviors. The emphasis with our programs is on communication skills as our primary intervention method; the use of physical intervention is used as a last resort with safety and the immediate return to a cooperative state as the primary goals.

These are "how to" training programs. The focus is on technical application and appropriate de-escalation responses.

Each of our programs are custom designed to meet the needs and requirements of your staff and in-house trainers. We work closely with your agency to incorporate your philosophy and policies to determine the scope of the training program and emphasis on appropriate training requirements.

Intervention Assessment

Intent

- To evaluate situations in a realistic manner to decide if intervention is necessary and, if so, what responses are appropriate.

Assessment considerations

- Warning Signs of Escalation of Clients Involved
- Ethnic and Cultural Aspects
- Environment-Location, Objects, Proximities
- Bystanders
- Staff-Number, Capabilities, Limitations
- Decision Making Skills

Verbal Intervention and De-escalation

Intent

- De-escalate the situation to prevent physical crisis in a learning environment

Diffusing Considerations and Skills

- Listening Skills-matching, mirroring etc.
- Approaches-verbal and analogue, assertive levels, verbal and physical posturing.
- Don't become the target, separate the people from the problem
- Entanglements-Being part of the solution, non-judgmental approaches, professionalism
- Diffusing Model
- Setting Limits
- Presenting Choices
- Client Rights and Liability Issues

Physical Intervention and De-Escalation

Intent

- Safely bring a dangerous situation under immediate control without the appearance or use of excessive force.
- Immediate de-escalation the client(s) involved to the cooperative state to diffuse and resolve the conflicted situation.

Use of Force Considerations

- Last Resort – Applied when all efforts for verbal intervention fails, violence is occurring, or client(s) and/or staff are in immediate peril
- Clients protected
- Staff protected
- Liability requirements are met- Use of Force issues, legal and agency limitations, etc.

Staff Readiness

- Psychological Preparation
- Competence– Necessary skills and professional expertise
- Confidence – Accept recognition of personal “ability to do” safely and competently
- Commitment– Purpose and Resolve
- Art of Awareness – The SAFDA Model

Physical Techniques

- Just Enough is Enough
- Tailored to agency needs and policies
- Adaptable from individual to team applications
- Practical and appropriate non-abusive and non-pain compliance methods - a win-win situation for all parties
- Effective for all staff

De-escalation and Reporting

- Signs of de-escalation
- Stabilizing the client
- Stabilizing the environment
- Incident reporting

Testing and Certification

Intent

- To ascertain and certify that each participant is capable of safe and effective application of the skills taught in the courses presented and perform in accordance with the standards and policies set by your agency
- Tests are administered throughout the program to evaluate progress and identify skills needing more attention
- Certification is awarded to participants who complete the course(s) as outlined and demonstrate competent levels of expertise with the material covered

Re-certification

Intent

- To maintain high levels of expertise and insure that the staff and in-house trainers are able to continue to apply their skills; also, to update abilities and approaches in accordance with the agency's needs

THE CAMP RECOVERY CENTERS

CLINICAL EMERGENCY INTERVENTION PLAN

The following document is for The Camp Recovery Centers Programs and to be implemented as an emergency intervention plan.

1. The following is a list of eligible employees and the positions of qualified personnel trained to use emergency interventions:
 - All staff, who works with clients, will be trained to use the emergency interventions as specified.

General Provisions

2. The following is a description of continuum of emergency intervention, commencing with early intervention, specifying techniques utilized. This includes the following descriptions of each emergency intervention technique.

Description Of Technique	Time Limits Of Technique	Situations Not To Be Used	Expected Outcomes
Early Interventions			
Suggesting alternative behavior: Staff suggests or re-directs client to avoid further escalation by taking a timeout or other appropriate directives	N/A	N/A	Prevention of further escalation and allows time to make appropriate choices.
Supportive listening: Includes active listening to convey empathy while avoiding provocative responses.	N/A	N/A	De-escalates client to prevent further escalation.
Directive approach: Setting behavioral limits, which are clear and simple.	N/A	When a client is in an earlier stage of crisis so as to avoid provoking client and further escalation.	Provide guidance that promotes safety to clients when not in control of their emotions.
			Continued next page

Eliciting support from other colleague: Contacting therapist or other appropriate professional to help client de-escalate.	N/A	N/A	Provides alternate neutral person to help / aid in de-escalating the client
Emergency Interventions			
Removing bystanders: verbally directs other clients present to vacate to prevent potential risks.	N/A	N/A	Helps avoid further risk of escalation or potential harm to others.
Contacting emergency personnel: Dial local emergency agencies.	N/A	When other clients are at risk in the immediate area, or when client in crisis is not an innate threat to self.	Preventing situation from becoming more severe.

EMERGENCY INTERVENTIONS NOT USED BY THE CAMP RECOVERY CENTERS

The Camp Recovery Centers will not use seclusion or restraints as a part of the Emergency Intervention Plan. Any client's admission to The Camp Recovery Centers must meet certain criteria. These criteria must attempt to preclude any possibility of the client's threat to themselves or others, as clinical determined at the time of admission by the clinical team. If, at any time during a clients admission, it is determined that they no longer meet that criteria, he or she will be referred to an appropriate setting. If during an admission a client becomes an immediate threat to himself or other the other clients are to be safely cleared from the area and 911 called for assistance.

The following emergency intervention techniques **Will Not** be used on a client at any time.

- Aversive behavior modification including, but not limited to body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation and electric shock.
- Intentionally producing pain to limit a resident's movement, including but not limited to, arm twisting, finger bending, joint extensions, and headlocks.
- Methods of restricting a client's behavior or circulation.
- Corporal punishment.

- Placing blankets, pillows, clothing or other items over a clients head or face; body wraps with sheet or blankets.
 - The use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of facility personnel to control a client who is exhibiting assaultive behavior.
3. The following is a description of the circumstances and types of behaviors that may require the use of emergency interventions by The Camp Recovery Centers:
- It is reasonably foreseeable that The Camp Recovery Centers will utilize emergency interventions to prevent a client who exhibits assaultive behavior, from injuring or endangering himself, or others.
 - The Camp Recovery Centers program will use a continuum of interventions, starting with the least restrictive intervention. More restrictive interventions as identified in number 2 of this plan may be justified when less restrictive techniques have been attempted and were not effective and the client continues to present an imminent danger for injuring or endangering himself or others.

Examples of these circumstances:

- When a client presents as suicidal.
 - When a client is physically harming another person.
 - When a client is engaged in significant property destruction.
4. The following are procedures for using emergency interventions if more than one client requires emergency interventions at the same time:
- The staff will make reasonable attempts to deal with the situation while contacting other staff members either vocally or through the intercom system or by telephoning emergency professionals, i.e. 911, to intervene.
5. The following is the procedure for ensuring care and supervision are being maintained in facilities when all available facility personnel are required for the use of emergency interventions as specified in number 2 of this plan.
- Staff will notify and access on call personnel that are available 24-hours a day to provide support as needed and necessary.
6. The following are procedures for reintegrating the client back into the facility routine after an emergency intervention technique:
- The client will have contact with program coordinator to process emergency situation either by phone or personal contact.
 - The client will be informed by staff what the reasonable and appropriate expectations are for the remaining portion of the day. The client will then be assisted in drafting a contract specifying his or her intentions to comply with staff's reasonable and appropriate expectations.

- The client will then be kept under close supervision by staff to insure proper re-integration and to prevent further instance of crises.

When a client is a danger to self or others:

If the client presents as a serious danger to self or others and fails to respond to the earlier interventions as outlined, perform one or all of the following:

- Call for internal assistance
- Remove other clients from the area
- Continue to make attempts to verbally de-escalate the client while maintaining a safe distance.
- Contact appropriate emergency personnel by dialing emergency number **911**

The following is a list of external community resources to be used to assist facility personnel as posted in the facility and required by code:

Agency:	Number:
Scotts Valley Police Department	831-438-2326
Scotts Valley Fire Department	831-438-0211
Dominican Hospital, Santa Cruz	831-462-7700
Santa Cruz Police Department	831-471-1131
Santa Cruz Fire Department	831-420-5280
Campbell Police Department	408-866-2121
Campbell Fire Department	408-378-4010
Santa Clara Co. Valley Medical Ctr.	408-885-5000
Camp Medical Director (Dr. Stein)	831-588-8019
State Poison Control Center	800-662-9886
State Dept. of Health	408-277-1784

7. The following are criteria for assessing when The Camp Recovery Centers' Emergency intervention Plan needs to be modified or terminated:
 - Bi-Monthly meetings with relevant administration members to review the population being served and the appropriateness and feasibility of the Emergency Intervention Plan based on client population analysis.
 - Review of Emergency Intervention documentation and assess the effectiveness of the Emergency Intervention Plan.
 - Make any needed modification to the Emergency intervention Plan based on population or past documentation that were ineffective.
 - Inform and train staff on modifications to Emergency Intervention Plan.
8. The following are criteria for assessing when the facility does not have adequate resources to meet the needs of a specific client:

- Weekly treatment team meetings (Staffing)
- Review of Incident Reports
- Monthly facility inspections
- Personnel evaluations
- Bi-Monthly Management Meetings
- Daily Morning Meetings

General Policies

- It is the policy of The Camp Recovery Centers to never impose any form of corporal or unusual punishment on the clients.
- All pre-admission criteria will be reviewed, prior to a client admission. If pre-admission documentation and assessment reveal the possibility of harm to self or others, the admission will be declined and an appropriate referral will be given including but not limited to community resources. The referral will be documented on the pre-admission assessment form and the initial inquiry form.
- Spouses, parents, and/or authorized representative will be informed immediately if any disciplinary actions taken. This will include; need for discharge, relocation site in the event of a disaster, health changes (transfers to hospitals, police notification or transfer to psychiatric facility) to psychiatric facility)
- If a resident presents an immediate threat to self or other(s), the immediate judgment of the staff will be sufficient, with follow-up support from on-call supervisors.
- All interventions require a minimum of one staff and an observer.
- All emergency interventions will be documented on an Incident Report Form.
- Adolescents admitted to The Camp Recovery Centers will receive a written statement regarding the use of emergency interventions. This statement will be read to the client, regardless of their reading ability, to ensure that they understand the statement. The client will be asked to sign the statement and it will be placed in the client's chart.
- There will always be at least one on-call management person to cover for emergencies in addition to counselors that may be in for extra coverage.
- *The Camp Recovery Center will provide Emergency Training and retraining of all staff a minimum of twice a year, in accordance with CCL Section 80078(a). HR, risk management with CRC health will schedule and coordinate trainings, evaluations and compliance*
- *The Camp Recovery Center ensures that there are staff who will become trained trainers of the emergency Intervention Training guidelines, on all shifts.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 - 7:30	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up	Wake Up
7:30 - 8:00	Daily Living Skills	Daily Living Skills	Daily Living Skills	Daily Living Skills	Daily Living Skills	Daily Living Skills	Daily Living Skills
8:00 - 8:30	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Wake Up
8:35 - 9:00	Laundry/Room checks	Room checks	Laundry	Room checks	Room checks	Double scrub	Daily Living Skills
9:00 - 9:25	Goals Grp / Accountability / Pull Ups	Community Group (all)	Goals Grp / Accountability / Pull Ups	Goals Grp / Accountability / Pull Ups	Community Group (all)	Goals Grp / Accountability / Pull Ups	Breakfast
9:30 - 12:00	School	School	School	School	School	Group	Group
12:00 - 12:30	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
12:30 - 1:55	Physical Activity	Physical Activity	Physical Activity	Physical Activity	Physical Activity		
2:00 - 2:50	Feedback Group Assigned Jonah/Ron	Case Manager Group	Medical Director Group	Case Manager Group	Case Manager Group		
2:50 - 3:00	Break	Break	Break	Break	Break		
3:00 - 3:30	Gym Time	Gym Time Yoga 3:45-4:45	Gym Time	Gym Time Yoga 3:45-4:45	Gym Time		
4:30 - 5:00	Quiet Time/Assignments	Quiet Time/Assignments	Quiet Time / Assignments	Therapeutic Video	Quiet Time / Assignments		
5:00 - 5:30	Dinner	Dinner	Dinner	Dinner	Dinner		Dinner
5:30 - 6:00	Group	Group	Group	Group	Group		Check in
6:00 - 7:00	H & I / Outside meeting based on level	H & I / Outside meeting based on level	CBT/Cognitive Group	H & I / Outside meeting based on level	H & I meeting		Group
7:00 - 7:30	Level Group or Phone	Level Group or Phone	Level Group or Phone	Level Group or Phone	Level Group or Phone		Weekly Review
7:30 - 8:30	School	School	Spirituality Group	School	Approved Gender Movie / Split Group		12 Step Mock Meeting (peer led)
8:30 - 9:00	Medication TDA	Medication TDA	Medication TDA	Medication TDA	Medication TDA		Medication TDA
9:00 - 9:30	Reflections ML	Reflections ML	Reflections ML	Reflections ML	Reflections ML		Reflections ML
9:30 - 10:00	Room Time	Room Time	Room Time	Room Time	Room Time		Room Time
10:00	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out		Lights Out
							Family Visitation 12:30-2:30

Basic PCS Instructor

Our Programs

Positive Control Systems®

Basic Positive Control Systems® Instructor Program Outline

In-house Trainer Course

- To train certified staff to be fully competent in modeling and teaching the skills, principles and techniques of the client agency's custom program to other staff members.

Requirements

- In-depth understanding of the principles and techniques presented in the Basic Positive Control Systems® Program.
- Fully competent and skillful demonstration and application of the Basic Positive Control Systems® course materials
- Ability to convey the Basic Positive Control Systems® information clearly and precisely.
- Ability to use Bridged Teaching Methods.
- A clear understanding of the agency's intent and emphasis for using this material.

Certification

- Upon completion of the course, all participants who aptly demonstrate their knowledge and understanding of the curriculum and the ability to teach both content and intent for use of the Basic Positive Control Systems® materials, shall be awarded a certificate of completion and confirmation of instructor status and will be fully empowered to certify staff members they train at their facility.

Recertification

- To maintain levels of expertise and insure that the in-house trainers continue to uniformly teach the agency's custom program in accordance with the current needs of the agency staff.
-

COMPLAINT INVESTIGATION REPORTCCLD Regional Office, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

This is an official report of an unannounced visit/investigation of a complaint received in our office on
11/06/2009 and conducted by Evaluator Cynthia Jacobs

COMPLAINT CONTROL NUMBER: 26-CR-20091106100653

FACILITY NAME: CAMP RECOVERY CENTERS, THE	FACILITY NUMBER: 445200283
ADMINISTRATOR: PAIGE BOTTOM	FACILITY TYPE: 730
ADDRESS: 3192 GLEN CANYON ROAD, STE 1	TELEPHONE: (831) 438-1868
CITY: SCOTTS VALLEY	STATE: CA
CAPACITY: 17	ZIP CODE: 95066
	CENSUS: 15
	UNANNOUNCED
MET WITH: Wendy Nolen	DATE: 02/04/2010
	TIME VISIT BEGAN: 09:15 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

- 1 Delay by staff in contacting police after client request.
- 2 Facility out of ratio for staff to clients.
- 3
- 4
- 5
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- 7
- 8
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INVESTIGATION FINDINGS:

- 1 (LPA) CYNTHIA JACOBS made an unannounced complaint inspection. LPA interviewed staff and client (s),
- 2 there was a reviewed of facility files for the purpose of then above allegation.
- 3 Based on the information obtained during the course of the inspection, it has been determined that the above
- 4 allegation is inconclusive. The findings of this complaint investigation are inconclusive at this time.
- 5
- 6 As a result of this visit, there were no title 22 deficiencies observed.
- 7
- 8
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Inconclusive**Estimated Days of Completion:****SUPERVISOR'S NAME:** Pat Story**TELEPHONE:** (408) 324-2112**LICENSING EVALUATOR NAME:** Cynthia Jacobs**TELEPHONE:** (408) 313-3050**LICENSING EVALUATOR SIGNATURE:***C Jacobs***DATE:** 02/04/2010

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

FACILITY REPRESENTATIVE SIGNATURE:*Melissa J. Pustrow***DATE:** 02/04/2010

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CITY: SCOTTS VALLEY	STATE: ZIP CODE: 95066
CAPACITY: 17	CENSUS: 15
	UNANNOUNCED
MET WITH: Wendy Nolen	DATE: 02/04/2010
	TIME VISIT BEGAN: 09:15 AM
	TIME COMPLETED: 03:00 PM

ALLEGATION(S):

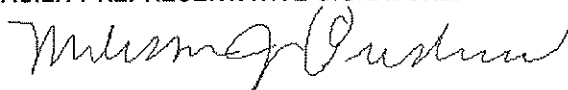
- 1 Clients behavior out of control without staff intervention.
- 2 Client received physical injury from another client.
- 3
- 4
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- 8
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INVESTIGATION FINDINGS:

- 1 Licensing Program Analyst (LPA) CYNTHIA JACOBS made an unannounced complaint inspection. LPA
- 2 interviewed staff and the client(s), there was a reviewed of facility files for the purpose of then above allegation.
- 3 The following deficiencies are cited under the California Code of regulations Title 22 Division 6 Chapters 1 & 5.
- 4 An exit interview was conducted. Based on the information obtained during the course of the inspection, it has
- 5 been determined that the above allegation is substantiated. The findings of this complaint investigation are
- 6 substantiated
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DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 445200283
VISIT DATE: 02/04/2010

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 02/09/2010 Section Cited 80078 (a)	1 client are running around banging on walls, 2 behavior is out of control. 3 4 The licensee shall provide care and supervision as 5 necessary to meet the client's needs. 6 7	1 The facility will have the correction made by the 2 due date. 3 4 Staff will also supervise the clients at all times. 5 staff will develop and implement planned activities 6 for the clients. 7
Type B 02/09/2010 Section Cited 80072(a)(3)	1 Client #1 was injured by another peer, leaving 2 marks around the clients neck. 3 4 To be free from corporal or unusual punishment, 5 infliction of pain, humiliation, intimidation, ridicule, 6 coercion, threat, mental abuse, or other actions of 7 a punitive nature, including but not limited to: 1 interference with the daily living functions, including 2 eating, sleeping, or toileting; or withholding of 3 shelter, clothing, medication or aids to physical 4 functioning. 5 6 7	1 The facility will have the correction made by the 2 due date. 3 4 The staff will have retraining in emergency 5 intervention. The facility will update the policy and 6 procedure for care and supervision of the client, 7 this new policy and procedure will be sent to CCI.
	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.

SUPERVISOR'S NAME: Pat Story

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Cynthia Jacobs

TELEPHONE: (408) 313-3050

LICENSING EVALUATOR SIGNATURE:

C. Jacobs

DATE: 02/04/2010

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

FACILITY REPRESENTATIVE SIGNATURE:

M. [Signature]

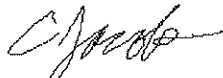
DATE: 02/04/2010

FACILITY EVALUATION REPORTCCLD Regional Office, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

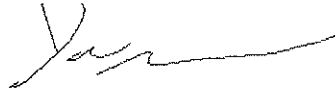
FACILITY NAME: CAMP RECOVERY CENTERS, THE	FACILITY NUMBER: 445200283
ADMINISTRATOR: PAIGE BOTTOM	FACILITY TYPE: 730
ADDRESS: 3192 GLEN CANYON ROAD, STE 1	TELEPHONE: (831) 438-1868
CITY: SCOTTS VALLEY	STATE: CA
CAPACITY: 17	ZIP CODE: 95066
TYPE OF VISIT: Office	CENSUS: UNANNOUNCED
MET WITH:	DATE: 12/08/2009
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 11:00 AM

NARRATIVE

1 LPA Cynthia Jacobs, LUM Pat Story held a conference at the San Jose Regional office. Representative from
2 the Camp Recovery Center; John Peloquin, Rebecca Cable, Marian Cherry, Melissa Preshaw and Cathy
3 Hoyle are in attendance. This conference was called to discuss the following issues or deficiencies:
4
5 1. Supervision of clients:
6 3. Submitting timely incident report to CCL
7 4. Send the transcripts to CCL of the experience for an Administrator.
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9 LPA will be submitting a packet for the facility to send the Incident Reports by Email.
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SUPERVISOR'S NAME: Pat Story**TELEPHONE:** (408) 324-2112**LICENSING EVALUATOR NAME:** Cynthia Jacobs**TELEPHONE:** (408) 313-3050**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/08/2009

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/08/2009

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

November 10, 2009

Ms. Cynthia Jacobs
Department of Social Services
Community Care Licensing Division
Central Regional Office
2580 North First Street
Suite 350, M.S. 29-07
San Jose, California 95131

RE: Camp Recovery Center

Dear Ms. Jacobs,

Pursuant to our discussion on November 3, 2009, the following reflects our corrective action steps taken in response to the incidents you have investigated. Please understand that the delay of this response was due because of the Executive Director, Bobby Stearns, had submitted his resignation during the time this corrective action was due.

Based upon your report, we understand that there were two central issues: (1) staffing ratios and (2) fighting & sexual activity.

1. Staffing Ratios

Patients will be accounted for by head counts and visual inspection every 15 minutes. There whereabouts are known and checked off on the rounds sheet. As a degree of oversight, we have three clinical techs for both the AM & PM shifts with two clinical techs on the nocturnal shift. Monday through Friday, there are two case managers with a clinical director with immediate oversight of the program followed with the Executive Director of the Camp. The clinical director is on call 24/7 with appropriate backup should she not be available.

As part of this review and submission, we are requesting that our program statement be amended to reflect an adjusted level of patient oversight and be moved from a 5:1 ratio to a 10:1 ratio. We will be formally requesting our program statement to be amended in accordance with this request.

2. Physical altercations

Violence is grounds for immediate discharge and police intervention. Staff is trained in communication and verbal de-escalation techniques. Anyone who is problematic or anger is rising is separated and a staff member is available to remove the others from the viewing area. Since the physical altercations, we have implemented the utilization of remote radios that are intended for enhanced coordination and responsiveness. Police are called, if necessary, and there is discharge for violent behavior. Programming is offered



THE CAMP RECOVERY CENTER

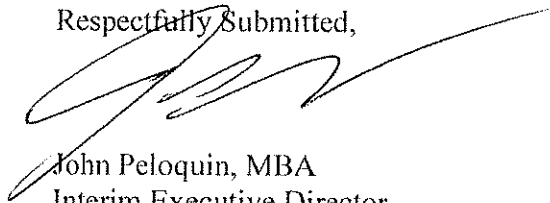
A Member of CRC Health Group

to help them to deal with anger management issues. A new group session will begin December 1, 2009.

There are behavioral consequences for infractions and if behavioral misconduct continues the patients may be discharged or transferred to a more appropriate level of care. We have reached out to our corporate quality management department and are coordinating the following training sessions: team building, protective action response without use of force, de-escalation techniques, incident reporting and documentation to better understand trends and behavior patterns, writing behavioral contracts to increase patient change and resistance management.

Should you have any questions or comments relative to these corrective steps, please do not hesitate to contact me.

Respectfully Submitted,



John Peloquin, MBA
Interim Executive Director
Vice President
CRC Health Group



THE CAMP
Recovery Center

FACILITY EVALUATION REPORTCCLD Regional Office, 2500 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

FACILITY NAME:	CAMP RECOVERY CENTERS, THE	FACILITY NUMBER:	445200283
ADMINISTRATOR:	PAIGE BOTTOM	FACILITY TYPE:	730
ADDRESS:	3192 GLEN CANYON ROAD, STE 1	TELEPHONE:	(831) 438-1868
CITY:	SCOTTS VALLEY	STATE:	CA
CAPACITY:	17	CENSUS:	15
TYPE OF VISIT:	Case Management	UNANNOUNCED	
MET WITH:	Bobby Stearns	DATE:	09/28/2009
		TIME BEGAN:	10:10 AM
		TIME COMPLETED:	04:30 PM

NARRATIVE

1 During the course of the LPA's inspection at the facility LPA observed incident report are not sent
2 timely to CCL. LPA reviewed files in the facility. The following deficiencies are cited under the
3 California Code of regulations Title 22 Division 6 Chapters 1 & 5. An exit interview was conducted and
4 appeal rights were reviewed and provided to staff.
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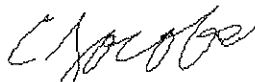
SUPERVISOR'S NAME: Pat Story

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Cynthia Jacobs

TELEPHONE: (408) 313-3050

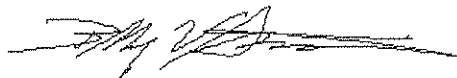
LICENSING EVALUATOR SIGNATURE:



DATE: 09/28/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/28/2009

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, 2580 N. FIRST STREET, STE. 350
SAN JOSE, CA 95131

FACILITY NAME: CAMP RECOVERY CENTERS, THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 445200283
VISIT DATE: 09/28/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 10/02/2009 Section Cited 80061(B)(1)	1 During the review of incident reports, it was 2 observed that some incidents were not reported to 3 CCL as required by regulation. 4 5 Upon the occurrence, during the operation of the 6 facility, of any of the events specified in (1) below, 7 a report shall be made to the licensing agency 1 within the agency's next working day during its 2 normal business hours. In addition, a written report 3 containing the information specified in (2) below 4 shall be submitted to the licensing agency within 5 seven days following the occurrence of such event. 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7 1 2 3 4 5 6 7	POC will be corrected by due date Submit report in a timely manner 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.

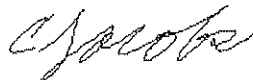
SUPERVISOR'S NAME: Pat Story

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Cynthia Jacobs

TELEPHONE: (408) 313-3050

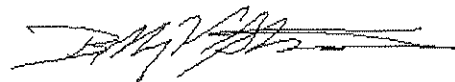
LICENSING EVALUATOR SIGNATURE:



DATE: 09/28/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/28/2009

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on 06/15/2009 and conducted by Evaluator Cynthia Jacobs

COMPLAINT CONTROL NUMBER: 26-CR-20090615163003

FACILITY NAME: CAMP RECOVERY CENTERS, THE	FACILITY NUMBER: 445200283
ADMINISTRATOR: PAIGE BOTTOM	FACILITY TYPE: 730
ADDRESS: 3192 GLEN CANYON ROAD, STE 1	TELEPHONE: (831) 438-1868
CITY: SCOTT'S VALLEY	STATE: ZIP CODE: 95066
CAPACITY: 17	CENSUS: 15
	UNANNOUNCED
MET WITH: Bobby Stearns	DATE: 09/28/2009
	TIME VISIT BEGAN: 10:10 AM
	TIME COMPLETED: 04:30 PM

ALLEGATION(S):

- 1 residents having sex. residents fighting.
- 2 not enough staff for client ratio
- 3 staff not trained properly Medication mismanagement.
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INVESTIGATION FINDINGS:

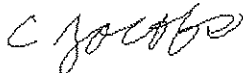
- 1 Licensing Program Analyst (LPA) CYNTHIA JACOBS made an unannounced complaint inspection. LPA
- 2 interviewed staff and the client(s), there was a reviewed of staffing and Incident files, for the purpose of above
- 3 allegation.
- 4 Based on the information obtained during the course of the inspection, it has been determined that the above
- 5 allegation is substantiated. The findings of this complaint investigation are substantiated
- 6 The following deficiencies are cited under the California Code of regulations Title 22 Division 6 Chapters 1 & 5.
- 7 An exit interview was conducted and appeal rights were reviewed and provided to staff.
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Substantiated **Estimated Days of Completion:**

SUPERVISOR'S NAME: Pat Story **TELEPHONE:** (408) 324-2112

LICENSING EVALUATOR NAME: Cynthia Jacobs **TELEPHONE:** (408) 313-3050

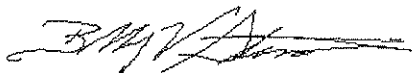
LICENSING EVALUATOR SIGNATURE:



DATE: 09/28/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/28/2009

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

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CAMP RECOVERY CENTERS, THE
 DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 445200283
 VISIT DATE: 09/28/2009

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/02/2009 Section Cited 80078(a)	1 RESPONSIBILITY FOR PROVIDING CARE AND 2 SUPERVISION 3 Lack of safety and supervision to the clients 4 fighting on campus 5 6 The licensee shall provide care and supervision as 7 necessary to meet the client's needs.	1 POC will be corrected by due date. 2 sufficient staff for the cottage 3 4 5 6 7
Type B 10/02/2009 Section Cited 80078(a)	1 RESPONSIBILITY FOR PROVIDING CARE AND 2 SUPERVISION 3 Resident client engaged in sexual activity 4 5 The licensee shall provide care and supervision as 6 necessary to meet the client's needs. 7 PERSONNEL REQUIREMENTS There is not adequate staffing during crisis / incident situation. Other clients are left unsupervised during incidents.	1 POC will be corrected by due date. 2 sufficient staff for the cottage 3 4 5 6 7 POC will be corrected by due date
Type B 10/09/2009 Section Cited 80065 (a)	1 2 The licensing agency shall have the authority to 3 require any licensee to provide additional staff 4 whenever the licensing agency determines and 5 documents that additional staff are required for the 6 provision of services necessary to meet client 7 needs. The licensee shall be informed in writing of the reasons for the licensing agency's determination. The following factors shall be taken into consideration in determining the need for additional staff.	1 2 3 4 5 6 7 POC will be corrected by due date
Type B 10/09/2009 Section Cited 80065 (b)	1 2 PERSONNEL REQUIREMENTS 3 Staff do not feel adequately trained to work the 4 population and meet clients needs 5 Facility personnel shall be competent to provide the 6 services necessary to meet individual client needs 7 and shall, at all times, be employed in numbers necessary to meet such needs.	1 2 3 4 5 6 7 POC will be corrected by due date

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

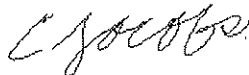
SUPERVISOR'S NAME: Pat Story

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Cynthia Jacobs

TELEPHONE: (408) 313-3050

LICENSING EVALUATOR SIGNATURE:



DATE: 09/28/2009

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 09/28/2009

FACILITY EVALUATION REPORT

FACILITY NAME:	CAMP RECOVERY CENTERS, THE	FACILITY NUMBER:	445200283
ADMINISTRATOR:	PAIGE BOTTOM	FACILITY TYPE:	730
ADDRESS:	3192 GLEN CANYON ROAD, STE 1	TELEPHONE:	(831) 438-1868
CITY:	SCOTTS VALLEY	STATE:	CA
CAPACITY:	17	CENSUS:	12
TYPE OF VISIT:	POC	UNANNOUNCED	DATE:
MET WITH:	Bobby Stearns	TIME BEGAN:	10:15 AM
		TIME COMPLETED:	11:00 AM

NARRATIVE

1 LPA Addison Church conducted an unannounced POC inspection. Met with Executive Director, Bobby
2 Stearns and toured the facility.
3
4 All deficiencies cited during Case Management inspection conducted on 11/06/08 have been corrected.
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6 No Title 22 deficiencies were cited during this visit.
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SUPERVISOR'S NAME: Pat Story

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Addison Church

TELEPHONE: (408) 309-9923

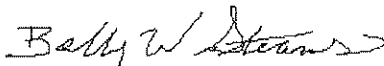
LICENSING EVALUATOR SIGNATURE:



DATE: 12/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 12/09/2008


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

FACILITY EVALUATION REPORT

FACILITY NAME: CAMP RECOVERY CENTERS, THE	FACILITY NUMBER: 445200283
ADMINISTRATOR: PAIGE BOTTOM	FACILITY TYPE: 730
ADDRESS: 3192 GLEN CANYON ROAD, STE 1	TELEPHONE: (831) 438-1868
CITY: SCOTTS VALLEY	STATE: CA
CAPACITY: 17	ZIP CODE: 95066
TYPE OF VISIT: Case Management	CENSUS: 12
MET WITH: Bobby Stearns	UNANNOUNCED
	DATE: 12/09/2008
	TIME BEGAN: 11:00 AM
	TIME COMPLETED: 12:00 PM

NARRATIVE

1 LPA Addison Church conducted an unannounced Case Management inspection .
2
3 Met with Executive Director, Bobby Stearns and reviewed status of the facility program statement
4 revision/update assignment.
5
6 Mr. Stearns reviewed staff changes: E.G., Denise Murphy, Program Coordinator is "not here anymore".
7
8 LPA toured the facility and met with and observed clients and staff.
9
10 As a result of this visit, no Title 22 deficiencies were cited.
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SUPERVISOR'S NAME: Pat Story**TELEPHONE:** (408) 324-2112**LICENSING EVALUATOR NAME:** Addison Church**TELEPHONE:** (408) 309-9923**LICENSING EVALUATOR SIGNATURE:****DATE:** 12/09/2008

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 12/09/2008

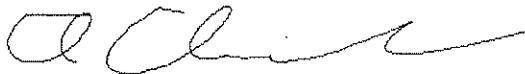
This report must be available at Child Care and Group Home facilities for public review for 3 years.

FACILITY EVALUATION REPORTCentral CA Child Res, 2580 N First Street, #350
San Jose, CA 95131

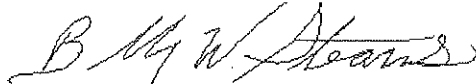
FACILITY NAME: CAMP RECOVERY CENTERS, THE	FACILITY NUMBER: 445200283
ADMINISTRATOR: PAIGE BOTTOM	FACILITY TYPE: 730
ADDRESS: 3192 GLEN CANYON ROAD, STE 1	TELEPHONE: (831) 438-1868
CITY: SCOTTS VALLEY	STATE: CA
CAPACITY: 17	ZIP CODE: 95066
TYPE OF VISIT: Case Management	CENSUS: 15
MET WITH: Bobby Stearns & Denise Murphy	UNANNOUNCED
	DATE: 11/06/2008
	TIME BEGAN: 10:00 AM
	TIME COMPLETED: 01:00 PM

NARRATIVE

1 LPA made unannounced site inspection. Met with Executive Director , Bobby Stearns and reviewed CCL
2 requirements, files/records.
3
4 Met with Program Coordinator, Denise Murphy and toured the facility.
5
6 As a result of this inspection, the following Title 22 deficiencies was found and cited.
7
8 Reviewed requirement to update facility program statement, Issued instructions and guidelines.
9
10 Issued LIC 308,309, and 500 to be updated and returned to CCL within 14 days.
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SUPERVISOR'S NAME: Pat Story**TELEPHONE:** (408) 324-2112**LICENSING EVALUATOR NAME:** Addison Church**TELEPHONE:** (408) 309-9923**LICENSING EVALUATOR SIGNATURE:****DATE:** 11/06/2008

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

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 11/06/2008

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CAMP RECOVERY CENTERS, THE
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 445200283
VISIT DATE: 11/06/2008

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/06/2008 Section Cited 80078(a)	1 BUILDINGS AND GROUNDS: 2 3 Electrical plug is missing in client room and wires 4 are exposed. 5 (a) The facility shall be safe and in good repair at 6 all times. 7	1 Will correct by POC due date. 2 3 4 5 6 7
Type A 11/17/2008 Section Cited 84088(c)(1)	1 FIXTURES, FURNITURE, EQUIPMENT , AND 2 SUPPLIES: 3 Client bed- Box spring/mattress is broken. 4 5 An individual bed shall be maintained in good 6 repair. 7	1 Will repair/replace by POC due date. 2 3 4 5 6 7
Type A 11/17/2008 Section Cited 80078(a)	1 BUILDINGS AND GROUNDS: 2 3 Plaster is broken in client bathroom near bathtub. 4 5 (a) The facility shall be in good repair at all times. 6 7	1 Will repair by POC due date. 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.

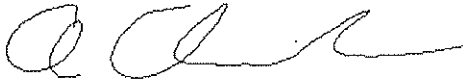
SUPERVISOR'S NAME: Pat Story

TELEPHONE: (408) 324-2112

LICENSING EVALUATOR NAME: Addison Church

TELEPHONE: (408) 309-9923

LICENSING EVALUATOR SIGNATURE:



DATE: 11/06/2008

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

FACILITY REPRESENTATIVE SIGNATURE:



DATE: 11/06/2008

All POC Have Been Cleared

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 COMMUNITY CARE LICENSING DIVISION
 Central CA Child Res, 2580 N First Street, #350
 San Jose, CA 95131

CLEARED DEFICIENCIES

FACILITY NAME: CAMP RECOVERY CENTERS, THE

FACILITY NUMBER: 445200283

VISIT DATE: 11/06/2008

POC Due Date / Section Number	PLAN OF CORRECTIONS(POCs)	Date Cleared / Comments
11/06/2008 80078(a)	1 2 3 4 Will correct by POC due date. 5 6 7	1 2 3 Cleared By Visit 4 12/09/2008
11/17/2008 Section Cited 84088(c)(1)	1 2 3 4 Will repair/replace by POC due date. 5 6 7	1 2 3 Cleared By Visit 4 12/09/2008
11/17/2008 Section Cited 80078(a)	1 2 3 4 Will repair by POC due date. 5 6 7	1 2 3 Cleared By Visit 4 12/09/2008
Section Cited	1 2 3 4 5 6 7	1 2 3 4