PACIFIC INLAND OFFICE

State of California
Community Care Licensing Division
3737 Main Street, Suite 600, Riverside, California 92501

Telephone (951) 782-4207 Fax (951) 782-4967

FACSIMILE

DATE: 2-22-05

TO: [redacted] FROM: E. H. Barus

DEPARTMENT: _____ PHONE: (951) 782-3279

FAX NUMBER: ([redacted]

PHONE: [redacted]

MESSAGE / DESCRIPTION OF ITEM SENT:

Copies of complaint + case management visits conducted on 2-17-05 per your request.

Thank you

TOTAL NUMBER OF PAGES SENT _____ (INCLUDING COVER PAGE)

HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
3737 Main Street, Suite 600, Riverside, CA 92501

GRAY DAVIS, Governor

March 3, 1999

CEDU School
3500 Seymour Road
Running Springs, CA 92382
Facility #: 366402761

Dear Licensee:

This is in reply to your request for a waiver for the above named facility.

California Code of Regulations, Title 22, Division 6, provides that a licensee/applicant may request a waiver from a specific regulation. Section 84087(6) requires that no more than two children shall share a bedroom.

SPECIFIC REQUEST

To allow 4 children to share a bedroom, with the exception of Upper Higdon Dorm, 6 children to a room, and Lower Higdon Dorm, 12 children to the lower level, 4 children to each section.

After giving serious consideration to your request;

_X_ We are granting this waiver request under the following conditions:

1. There are treatment advantages to the shared bedroom arrangement and the needs of the children who share bedrooms are compatible.
2. All bedrooms are large enough to accommodate all children, their furniture, and their belongings with enough additional space for easy access throughout the rooms.
3. All placement agencies or authorized representatives have approved the situation and continue to support the shared living arrangement.
4. Individual needs and services plans for each child shall be kept current and shall indicate whether the child continues to benefit from the shared living arrangement.

This waiver: _X_ Is subject to review at the discretion of the licensing agency.

This document must be available for review at the facility premises. If you have any questions about this waiver, call Jeanine Holmes, Licensing Program Supervisor, at (909) 782-4946.

ROBERT GONZALEZ
Manager
Inland Empire Office

SM/rd
FILE COPY

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES

HEALTH AND WELFARE AGENCY
COMMUNITY CARE LICENSING

March 15, 1993

Community Care Licensing
2010 Iowa Ave., Suite 102
Riverside Ca, 92507

FACILITY NAME: CEDU SCHOOLS
FACILITY NUMBER: 360911145

CEDU Schools
3500 Seymour Rd.
Running Springs, Ca 92382

Dear Licensee:

This is in reply to your request for a waiver for your facility.

California Code of Regulations, Title 22, Division 6, Section 84087(b) or requires that no more than two children shall share a bedroom. You have asked for a waiver from the above requirement to allow 4 children to share a bedroom, with the exception of upper Higdon Dorm 6 children to a room, and lower Higdon Dorm 12 children to the lower level 4 children to each section.

In accordance with section 80024(b), we are granting the waiver. The waiver is valid for the term of the license and is subject to review at the discretion of the licensing agency.

We are granting the waiver under the following conditions:

1. There are treatment advantages to the shared bedroom arrangement and the needs of the children who share bedrooms are compatible.

2. All bedrooms are large enough to accommodate all children, their furniture, and their belongings with enough additional space for easy access throughout the rooms.

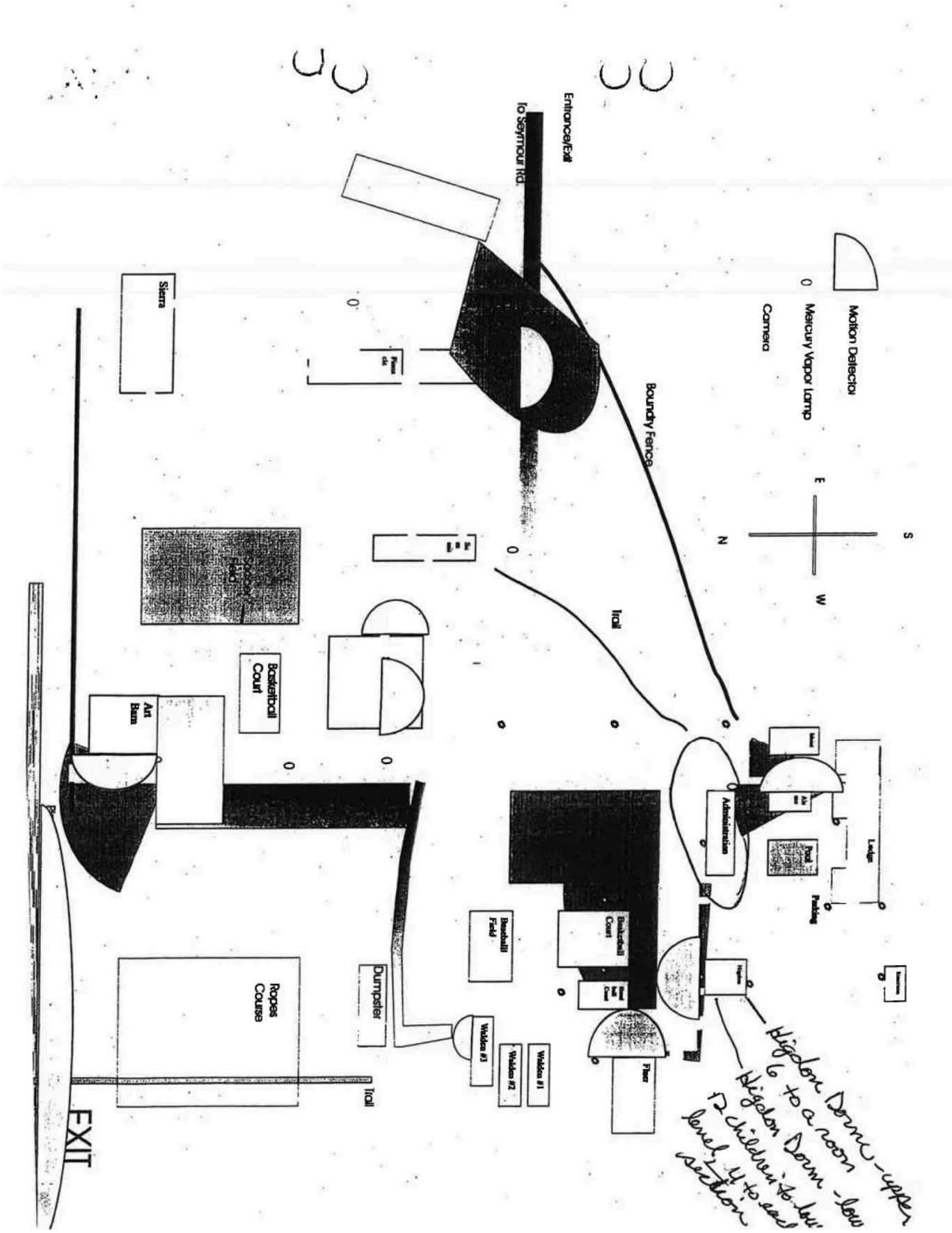
3. All placement agencies or authorized representatives have approved the situation and continue to support the shared living arrangement.

4. Individual needs and services plans for each child shall be kept current and shall indicate whether the child continues to benefit from the shared living arrangement.

Failure to comply with the conditions may result in termination of the waiver. If you have any question on this waiver, please feel free to call 782-4200.

ROBERT GONZALES
Licensing Program Supervisor
Riverside District Office

GS/dtb



40 40

CEDU
SCHOOL
Post Office Box 1176
Running Springs, CA 92382
Telephone: 714-867-2722
Facsimile: 714-867-9483

July 23, 1992

Mr. Glen Smith
Department of Social Services
Community Care Licensing
3600 Lime Street, Suite 625
Riverside, California 92501

Re: CEDU School

Dear Mr. Smith:

CEDU School hereby requests a waiver of Section 84087 of Title 22, specifically requesting a waiver to allow CEDU to house four adolescents in those rooms hereby designated in the attached schematic.

CEDU is a co-educational, year-round boarding school established to serve adolescents ages nine through eighteen years with special needs. The educational philosophy at CEDU is defined as "experiential education" in its broadest and most encompassing sense. True education involves and stimulates the total child. The keystone of an excellent education is a deep knowledge and acceptance of one's self. It facilitates the developed ability to respond anew to all situations and phases of life.

CEDU education must engage the students physically, mentally and emotionally. Education must be personal and release the expression of the individual with the end goal to build self reliance. This philosophy, while based on a self-help concept, does rely also on a community of concerned people working together to help themselves and each other. The majority of the activities at the school take place with the students working together in group activities as well as that time which is personal to the individual. Whether these activities are educational, recreational or peer oriented, it requires that togetherness which is conducive to the conduct of our philosophy.

Because of the school emphasis on our philosophies and the importance of the group, as well as the peer concept, the program will be more effective if we can carry those concepts into the living arrangements as well.

In making this request, all relevant factors listed as guidelines for a waiver in the Residential Care Evaluator's Manual will be addressed.

The Evaluator's Manual defines a "short-term placement" as one which is 18 months or less in duration and not intended to be permanent. CEDU, being primarily an educational facility, has a program which extends past the 18-month period, but for not more than 24 months. We define our program not necessarily as a long-term program, but one which leads to the successful completion of the educational program. There are circumstances in which the length of stay is shorter.

The waiver must be consistent with the program's philosophy:

CEDU education is based on the knowledge of "relationship," ecology and interrelatedness. CEDU's classes must be integrated and demonstrate the various curriculum and subject matter's interrelatedness. The "Emotional Growth Curriculum," "Academic Curriculum" and "Work Ethic/Leadership/Service Curriculum" must be integrated, with each part relating to the whole. The philosophy of education within CEDU is about assisting the child in releasing, liberating and expressing their total self -- creatively, intellectually, physically, emotionally, socially and spiritually.

As students progress through the program, they are expected to demonstrate behaviors and attitudes that exert a positive influence over other students in residence. The successful implementation of this concept requires that a focus be both on the individual and on the individual within the group.

The above is a small elaboration as to the importance of both the individual and the group concept and their interaction to the successful implementation of CEDU's philosophy. There are distinct advantages to having more than two students/residents to a room in this setting. The positive peer pressure which is taught and encouraged provides a number of checks and balances among the students/residents. The expectation is that they will support each other, both educationally as well as philosophically, and not engage in negative behaviors without letting others know. Having four to a room makes for less chances of negative actions occurring. The group dynamic has a better opportunity to work when there are more than two residents to a room. CEDU has been in existence for 25 years and has utilized living arrangements of four to a room, which has clearly proven to be effective in upholding the CEDU philosophy.

The sleeping areas must be large enough:

The bedrooms designated for four to a room (see attached) are each with adequate space for four roommates. The beds are "captain's bed style" with ample storage space available for each student. There is also adequate dining space, school study space and activity space available within the facility.

The waiver must be appropriate for the program's specific client group:

As stated above, group strategies (as well as individual strategies) are most effective within this modality within the educational field. CEDU believes that extending the group philosophy into the sleeping quarters will be more effective in assisting with better behaviors, school disciplines and the extension of the CEDU philosophy.

The facility must make adequate provisions for privacy:

The need for privacy, personal hygiene and study has been taken into account. There is a minimum of one bathroom for each six students and ample facilities are available, such as sinks, showers, toilets, etc. There are also other study areas available within the facility.

CEDU believes that having four residents to a room fits into our philosophy and enhances the supervision and care of the student/residents. CEDU believes that this living arrangement will assist all of our students/residents in becoming involved with our program, assist in their educational endeavors and in their personal lives. Precedent for this type of arrangement has been set in California as like waivers have been granted for similar facilities such as Walden House of San Francisco and Phoenix House of California.

Thank you for your attention to this request. A timely response will be most appreciated.

Sincerely,

Ronald Cook
President

RC:jkb

CEDU FAMILY OF SERVICES
SPECIAL EDUCATION TEACHER
JOB DESCRIPTION

SUMMARY: Under the supervision of the Academic Director, provides for the instructional and educational needs of students with social, behavioral, emotional or family difficulties.

ESSENTIAL FUNCTIONS AND RESPONSIBILITIES include the following:

1. Delivers the daily instructional and non-instructional activities of the academic program.
2. Teaching a variety of curricular subjects, primarily English and Social Science.
3. Managing portfolios of student work in your classes to reflect student progress and individual goals/objectives specified on the IEP.
4. Case Carrier for approximately 10 students to maintain monitoring file (with NPS coordinator) of class work and other evidence to reflect progress on IEP goals/objectives.
5. Evaluating student's present level of performance and developing curricular goals/objectives with the assistance of the NPS Coordinator, other teachers, and Achievement testing.
6. Participate in faculty meetings, parent or family meetings, special school events and graduation activities.
7. Academic member of interdisciplinary team (teacher, team leader, counselors, family resource coordinator) responsible for coordinating all student programs.

SUPERVISORY RESPONSIBILITIES: NONE

QUALIFICATIONS:

EDUCATION and/or EXPERIENCE: California Special Education Credential (SH or LH) or a California Single Subject Credential in English or Social Studies and be willing to pursue a Special Education Credential or a Multiple Subject Credential and be willing to pursue a Special Education Credential or has a Bachelor's degree in English or Social Studies, passed CBEST, and is willing to enroll in a Special Education program (must complete 9 quarter or 6 semester units in Special education each year to renew a Special Education Waiver).

LANGUAGE SKILLS: The ability to communicate with students, faculty and parents, both verbally and in writing.

MATHEMATICAL SKILLS: Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

REASONING ABILITY: Ability to solve practical problems and deal with a variety of situations within standardized company procedures. Must possess good judgment in decision making skills. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

OTHER SKILLS AND ABILITIES: Special Education Experience including knowledge of Individual Education Programs, Transition Plans and Positive Behavior Interventions Experience with SED and/or BD populations. Knowledge of Multiple Intelligence theory and ability to deliver curriculum in multiple modalities. The ability and willingness to share personal emotional growth experiences with students and faculty. Must have CPR certification as well as CPI Behavior Management training. Must possess a valid CA Class B license and auto insurance.

_____ _____

Employee Signature Date

_____ _____

Supervisor/Manager Signature Date

The above statements are intended to describe the general nature and level of work being performed by people assigned to the job. This job description is not intended to be an exhaustive list of all responsibilities, duties, and skills required of employees so classified.

Employees are employed at the will of the Company and employment can be terminated at any time, for any reason, with or without cause or notice by either the employee or the Company. Additionally, the Company reserves the right to change an employee's position, title, job responsibility, or compensation level at any time, within its sole discretion, with or without cause or notice.

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

DETAIL SUPPORTIVE INFORMATION

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU	366402761	2-17-05

I.

(1) [redacted] 13yr old @ CEDU 6mo

Not visited CEDU prior to enrollment
"I was @ SUWS in Idaho. I graduated from there. Then me my mom & my sister came to down the street @ Giant Oaks. The next day I moved in."

(2) When first get here could not call grandmother or could not call his one sister. You can't call friends til the 3rd level. Now @ 6 mo, still cannot call his friends. He can call relatives & sister.
Stated usually a person present, staff, is present takeing notes. First few phone calls are on speaker phones & staff present. Staff dials call for clt. Usually you don't receive phone calls. Calls now are not on speaker phone, but staff still present & taking notes.

(3) When 1st arrived, had visitors? Arrived Aug & had visit w/ parents in Sept & visit w/all three (one sister) Dec. Stated from Aug → Dec. could not call or visit w/ sister.

(4) Visits from parents on campus are w/o staff. Connor stated he just notifies staff where on campus going. Stated staff did not interrupt visits.

(9) [redacted] does not take meds. Not aware of any days meds not passed.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) E. H-Baez DATE 2-17-05

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU	366402761	2-17-05

The [redacted] - 14 yr old @ CEDU about 1 yr

(1) is from Chicago
Did not have opportunity to visit campus prior to enrollment.
Stated his father brought him directly to CEDU & left him here. Was getting into trouble @ home w/ drugs & was arrested for that.

(2) [redacted] has 1 sister. Stated not allowed to have any contact w/ anyone other than parents from 3-5 or 7 mo. Now that he's on 2nd level, not allowed to s/w friends, but can talk to relatives. Calls are not private. Staff sometimes on speaker phone, ~~on~~ Staff take notes re conversation. Could not talk to only sister for 3 mo.

(3) When 1st arrived @ CEDU stated about 1½ mo on 2
(4) mo could not get visits. For 4 mo, not able to see his only sister for 4 mo.
now 2nd level, guest. Visits @ campus staff usually are not present ~~but do~~ & do not disrupt visit.

(9) [redacted] does not take meds.
Stated a lot of times kids don't get meds because nurse forgets.
Stated there may have been a day kids did not get meds.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) E. H. Barry DATE 2-17-05

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU	366402761	2-17-05

III [redacted] Escorts brought here from San Marcos to CEDU. 13 @ CEDU since 1-25-05 from San Diego CA but came from San Marcos Tx @ San Marcos TX center. Stated it was a lock down fac + was there 1 mo for eval. Was there 12-27 to 1-27-05 + arrived @ CEDU 1-27-05,

(1) Stated he did not have opportunity to visit CEDU before he came here. He had never seen CEDU before

(2) Stated he gets call 1X/week for 15 min. Stated he is on Discovery phase, first phase. Has 2 sisters, but can only talk to parents. Stated probably 1 more mo before he can talk to sisters or anybody else. Stated sometimes if having a hard time, on speaker. Staff is present. Staff dials call.

(3). Parents can visit here in about 5 weeks more. Cannot get to see sisters until next level ~~Sisters are~~ (Has not had visit)

(9) Takes meds. 3 for mood disorder + 2 for stomach Presently taking only 3 for mood disorder. Stated has missed dose 3X's since here because nurse didn't come. One time had to get doubled Not experienced whole day W/o meds. 3 other times missed dose Has not experienced any black-outs completed.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) E. H Baez DATE 2-17-05

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ABC

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HEALTH AND HUMAN SERVICES AGENCY

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU	366402761	2-17-05

IV [redacted] 13 yrs old @ CEDU 5 mo

(1) Stated never came to CEDU before came here. Parents brought her to CEDU after she had ran away from home. Home is in Moreno Valley. Stated she was physically verbally abusive to parents.

(2) Stated has only 1 brother 20 yr old. She cannot call brother since here or relatives or friends. She can only talk to her parents. Calls are not private, staff is present listening.

(3) Parents came to visit in Dec. Visits are private + staff does not disrupt visits. Presently cannot receive any visits other than parents. Does not know until when.

(4) She does not take meds

Stated there has been 2 black outs since she came. One was 1 day + other was ½ day. Staff had flashlight. Had generator.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) E. H. Baez DATE 2-17-05

LIC 812 (11/02) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION)

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FACILITY NAME: Cedu School [redacted] | FACILITY NUMBER: 366402761 | DATE(S) OF VISIT: 2-17-05

16 yrs. ~~2~~ 8 months

no I did not visit at my mom's here. I knew I was going to be coming HK the night before

no I did not tour the facility

I was allowed phone calls ~~after~~ the first week. I received a call from my mom or dad 7 days after placement. I am only can call once a wk. Mom, dad, sometimes sister, & grandma. They record 3 things I talk about.

after the 1st month I can ~~my~~ family visit only mom & dad ~~not siblings~~. But now I can. After 4 mos. I can see them.

I go off campus around the area. The first couple on campus and only ~~one~~ one home visit every 5 wks.

You can be with staff or ~~i~~ away from them. There are no disruptions

Yes. I take meds. I don't know ADHD Depression. After Thanksgiving my meds were not given for 1 or 2 days because of the snow. Nurses only have the keys and they are the only ones that have access staff also has access.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign): Richard Leglaire | DATE: 2-17-05

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
Cedu School	366402761	2-17-05

Blackouts there has been a lot of blackouts like 1/2 a dozen. Last like an 10 or 2 hrs. Generators are put on. I can get a 150 a week. But physically can't have it. They control it.

2 on mail - Read it before sending it out.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) Leticia Leglesia DATE 2-17-05

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FACILITY NAME [redacted] FACILITY NUMBER DATE(S) OF VISIT

14 yrs. 4 mos.

No I did not visit. Before I was at Ascent Program Wilderness Program in Idaho. My I did not tour the facility I was allowed calls 1 every wk. I can talk to my mom, grandparents, & sisters. I was only talk to my grandparents. My calls are monitored. They just listen on calls. Staff monitor them. No. I am not allowed to call cousins or friends. Just write to them. 4 mos. after I can see my sisters. My uncle can't visit me because he molested me. I am allowed private visits w/ family. Usually in dorms on campus. Staff are in the house with the students. There are no disruptions during visits. They stay away. After 6 mos. I am allowed to visit off campus. I can't stay over.

I take ~~Pr~~ Nexium for ~~Acid~~ Acid Reflux
Melatonin for sleep at night.

I went a day w/out my meds due to the heavy snow. There was a few times when we had blackouts. Water leakage in the dorms like a month ago. We all had to stay in the house for like 10/15 min. They say they use a backup generator.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) [signature] DATE 2-17-05

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DETAIL SUPPORTIVE INFORMATION VII

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC 809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
[redacted]		

14yrs. 8/04

Re tour or visit was given. I was at home for 2yrs. My mom & dad told me I was coming here. Not until a wk. I could call mom & dad I can call relatives now until 6 mos. brothers, sisters, cousins, aunts, etc. My calls are monitored staff. they write down what you talk about. Not until a month I was able to visit w/ parents. I am not sure who is restricted from visiting me. They can visit, my brothers & sisters can visit me not until 6mos. There are Discovery, Quest, Challenge, New Horizons, Summit. Certain privileges are given until I pass a level. Visits are private no disruptions. Staff are usually far away my visits are off campus. 1st one was 2 days, overnights, home visits.

I am taking amenda, Synthroid, Neurontin, Strattera, to help me calm and control my anger.

It went one day w/out my meds. it was at at medical appt on the coast. not that no there has not. There was a time when there was a leak out when it was storing. Without electricity for 2hrs. They left us in the rooms

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) DATE

LIC 812 (11/02) (PERSONAL, CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION) PAGE ___ OF ___ PAGES

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VIII

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
[redacted]		

17yrs. 9mos.

No visit nor tour was given. Ascend Program Wilderness (WE program. ~~Ascend~~ I went home for a WK. My mom & dad brought me here. No - I was not allowed to phone call until a WK with my mom. I called my dad a month later once every WK. I can call my mom & dad on Fridays. ~~So~~ I am pretty sure I could but I haven't asked Sedu. My calls are monitored. They listen and write ~~by~~ staff not able to visit, visitors until 2 mos. My mom & grandma. Friends cannot visit. There are private visits, no interruptions. Staff are always on campus. ~~and~~ When you advance you get off-campus, home visits, evening passes.

I am taking Luvox for OCD = Obsessive compulsive Disorder. During 12/04. ~~Your~~ my meds were not given to me for 2 days. The snow was really bad. The nurse has the key to get to the meds. No one else has access. 4 nurses. Claudia, Bee, Mary, Amy none were here to make it. 2 blackouts one at 3am & not sure about the other. We were put in one big room. One of the two heaters busted there was no H2O water. We went 3 days without the water during 12/04. This happened in 1 of the complexes.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) DATE

LIC 812 (11/02) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION) PAGE ___ OF ___ PAGES

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU	366402761	2-17-05

(1) Shea Dorm - Middle School boys Dorm
4 bunk beds to a room
8 bedrooms total w/ 4 beds to a room

(2) Alamo HS 4 girls dorm - currently vacant
duplex of 2 bedrooms w/ 4 bunk beds ea
passageway thru laundry room
(next to lodge)

(3) Irvine HS dorm attached to lodge
(a) 5 bunk beds sectioned by wall, 3 + two
called "5 man" instead of #'s
(b) "tile room" 4 bunk beds
* water damage in hall from pipe
(c) ski room 4 ~~bedroom~~ bunk beds
(d) tub room 4 bunk beds

1ST level and 2

* Wasserman or old admin
water damage, closed - mold

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign)
E. H. Barry

DATE 2-17-05

LIC 812 (11/02) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION)

PAGE ___ OF ___ PAGES

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

DETAIL SUPPORTIVE INFORMATION

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC 809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU	366402761	2-17-05

(4) Higdon 1st - HS girls dorm
4 bunk beds then
elevated floor + 4 bunk beds } 1st floor
& & bathroom #2 leaky shower
& damaged floor cracked / uneven
other side is 4 bunk beds
5 bunk beds } 2nd floor
other side 4 bunk beds

(5) ~~Floor~~ Fluor - Middle school girls - 6 rms 4 beds ea
rm #3 has 3 beds
in 5 + 1 w/ 3 beds
4 bunk beds

(6) South Walden - currently no beds

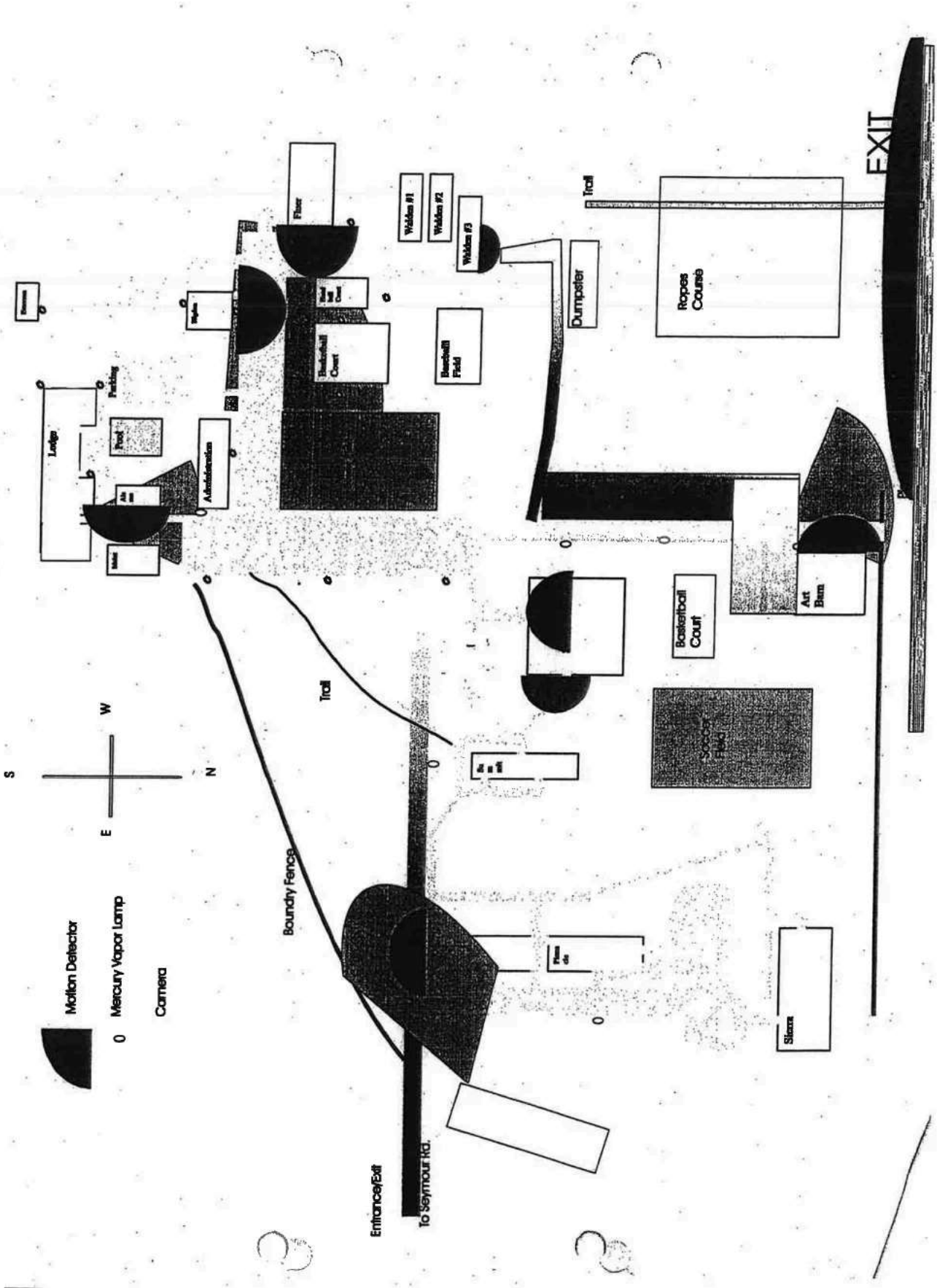
(7) Middle Walden - 5 bdrms w/ 4 beds ea

8 North Walden - 6 bdrms w/ 4 beds ea

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) DATE

LIC 812 (11/02) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION)

PAGE ___ OF ___ PAGES


EXIT
Trail
Dumpster
Ropes Course
Basketball Court
Art Barn
Soccer Field
Trail
Boundry Fence
Entrance/Exit
To Seymour Rd.
Motion Detector
Mercury Vapor Lamp
Camera
N
S
E
W

Control Number 19-CR-20050215165713
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland; Pacific Inland, 3737 Main Street ; 3737 Main Street Suite 600 Riverside; Riverside, Ca, CA 92501; 92501

CONTACT SHEET

This form is intended to document contacts concerning the facility identified below. Such contacts may include notification of corrections by the facility. Limit the information to public information. File on the top right side of the facility folder. Enter t/c (telephone call) or o/v (other visit) in the first column. Enter the contact date in the second column. Under Summary of Contacts enter relevant information including action taken and follow up. Enter initial and last name after each entry.

FACILITY NAME	FACILITY NUMBER
CEDU SCHOOL-MAIN CAMPUS	366402761

Contact Type	Date		Summary of Contacts
o/v	02/17/2005	1 2 3	LPA Baris and Leticia Legleiu to facilty for 10 day complaint vist, complaint # 165713, and case management visit. Complaint investigation was completed at time of visit.
t/c	02/18/2005	1 2 3	LPA Baris contacted RP [redacted] and provided complaint investigation findings. [redacted] requested copy of report. Advised him that I would have to check with my supervisior (Frankie has report), and would be contacting him. Frankie approved for documents to be submitted to RP.
t/c	02/22/2005	1 2 3	LPA Baris received call from RP [redacted] regarding request for complaint investigation findings. Obtained report from Frankie and faxed public reports to RP at [redacted] as requested. Both Frankie and Sergio were notified that copy of documents were sent.
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	
		1 2 3	

LIC185 (FAS) - (5/99) - (PUBLIC)

Control Number 19-CR-20050215165713
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland; Pacific Inland, 3737 Main Street ; 3737 Main Street Suite 600
Riverside; Riverside, Ca, CA 92501; 92501

DETAIL SUPPORTIVE INFORMATION

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME:	FACILITY NUMBER:	DATE(S) OF VISIT:	COLLATERAL VISIT?
CEDU SCHOOL-MAIN CAMPUS	366402761	02/17/2005	○ Yes ● No

Client interviews per LPA Baris:

[redacted] 13 years old, at CEDU for 6 months:
[redacted] stated he had not been to CEDU prior to enrollment.
Regarding phone calls, stated he could not call his grandmother or his only sister. Also cannot call friends until 3rd level. During phone calls, staff is present and taking notes. Some calls may be on speaker phone.
Regarding visits, stated he arrived in August and had visit with parents in Sept, but did not have visit from his only sister until December. Staff did not interrupt visits.
[redacted] does not take meds and is not aware of any days meds were not passed.

[redacted] 4 year old, at CEDU for about 1 year:
[redacted] also stated he did not have opportunity to visit campus prior to enrollment.
[redacted] also has only one sister and was not allowed to have any contact with anyone other than parents from about 2, 5 or 7 months. Presently he's on 2nd level and not allowed to talk to friends, but can talk to relatives. Also stated calls are not private.Staff sometimes have calls on speaker phone or take notes regarding conversation. [redacted] stated he could not talk to his only sister for about 3 months.
Stated when first arrived at CEDU about 1 1/2 month or two he could not get visits. For 4 months he was not able to see his only sister. He's now on second level, Quest and can get visits at campus. Staff are usually not present and do not disrupt visits.
[redacted] does not take meds, but stated a lot of times kids don't get meds because the nurse forgets. He stated there may have been a day when kids did not get meds.

[redacted] 13 years old at CEDU since 1/26/05:
Client originally from San Diego, but came to CEDU from San Marcos Texas. Stated he had been at San Marcos Treatment Center, a lock down facility, for evaluation fro evaluation from 12/27/04 to 1/27/05. He was transported by escorts from there to CEDU on 1/27/05. He had not been to CEDU before.
Client stated he gets a call 1 time per week for 15 minutes. He is on Discovery Phase, first phase. He has 2 sisters, but can only talk to his parents. He estimated it would be probably one more month before he can talk to his sisters or anybody else. Stated if he is having a hard time, the call is on the speaker. Staff is always present during calls. Staff dials for him.
Parents can visit him in about 5 more weeks. He cannot get to see his sisters until he reaches the next level.
[redacted] takes meds, 3 for mood disorder. [redacted] stated he has missed his dose three times since he has been her because the nurse did not come. One time he had to get double dose for this. Three other times he had missed his dose completely. He has not experienced a whole day without meds.
[redacted] reported no black-outs experienced since his stay at CEDU.

LICENSING EVALUATOR NAME: Elvia Baris, Elvia Baris
TELEPHONE: 909)782-3279; (951)782-3279
LICENSING EVALUATOR SIGNATURE: E. H. Baris
DATE: 02/18/2005

Control Number 19-CR-20050215165713
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland; Pacific Inland, 3737 Main Street ; 3737 Main Street Suite 500 Riverside; Riverside, Ca, CA 92501; 92501

DETAIL SUPPORTIVE INFORMATION (Cont)

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME:	FACILITY NUMBER:	DATE(S) OF VISIT:	COLLATERAL VISIT?
CEDU SCHOOL-MAIN CAMPUS	366402761	02/17/2005	No

Client interviews by LPA Baris continued:
[redacted] 13 years old, at CEDU 5 months:
[redacted] originally from Moreno Valley, CA. [redacted] stated her adoptive parents brought her to CEDU after she had ran away from home. She stated she was physically and verbally abusive to her parents. She had never been to CEDU before her enrollment.
[redacted] only and one 20 year old brother. She cannot call her brother, relatives or friends since she has been at CEDU. She can only talk to her parents. Calls are not private, staff is listening.
[redacted] stated her parents came to visit her in December. The visits are private and staff does not disrupt visits. Presently she cannot receive any visits other than her parents. She did not know until when this would change.
[redacted] does not take meds.
She stated that there have been 2 blackouts since she came. One was one day long and the other was 1/2 day, but they had a generator and stated darkness was not a problem.

Client interviews by LPA Leticia Legleiu:
[redacted], 16 years old at CEDU 8 months:
[redacted] stated he did not visit CEDU prior to enrollment. He knew he was going to CEDU like the night or 2 before. He did not like the facility. Stated he was allowed phone calls the first week. He can call once a week to his mom and dad, sister and grandma. They record 3 things I talk about.
Stated the first visit was with mom and dad only, no siblings. After 6 months he could get visits from siblings. Visits can now be off campus around the area. The first couple were on campus and only one home visit every 5 weeks.
Regarding visits, he stated you can be with staff or away from them. There are no disruptions.
[redacted] stated he took meds for ADHD and depression. He stated that after Thanksgiving, his meds were not given for 1 or 2 days because of the snow. The nurses are the only ones that have the keys and they are the only ones that have access. Staff also has access.
Regarding black-outs, he stated there has been a lot of blackouts, like a half dozen. The last one was 1 or 2 hours, but the generators are put on.
[redacted] stated that his mail is read before it is sent out.

LICENSING EVALUATOR NAME: Elvia Baris, Elvia Baris
LICENSING EVALUATOR SIGNATURE: E. H. Baris
TELEPHONE: 909)782-3279; (951)782-3279
DATE: 02/18/2005

Control Number 19-CR-20050215165713
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland; Pacific Inland, 3737 Main Street ; 3737 Main Street Suite 600 Riverside; Riverside, Ca, CA 92501; 92501

DETAIL SUPPORTIVE INFORMATION (Cont)

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME:	FACILITY NUMBER:	DATE(S) OF VISIT:	COLLATERAL VISIT?
CEDU SCHOOL-MAIN CAMPUS	366402761	02/17/2005	No

Client interviews by LPA Leticia Legleiu continued:
[redacted] 16 years old, at CEDU 6 1/2 months:
Stated no prior visits to CEDU prior to enrollment. She was in Ascent Wilderness Program in Idaho before. She did not tour the facility prior.
Regarding calls, she was allowed calls once a week. She can talk to her mom, grandparents and sisters. Stated calls are monitored by staff. She is not allowed to call cousins or friends, just write to them. She can see her sisters in 4 months.
She stated she is allowed private visits with her family usually indoors on campus. There are no disruptions during visits. After 6 months she is allowed to visit off campus.
[redacted] takes Nexium for acid reflux and Malotin for sleep at night., She stated she went a day without meds due to the heavy snow,. There were two times when they had blackouts, but they have a back-up generator.

[redacted] 14 years old, at CEDU since August 2004:
[redacted] stated there was no tour or visit prior to enrollment.
It was a week before she could call her mom and dad. Stated she can call her relatives now but had to wait 6 months to call brothers, sisters, cousins and aunts, etc. Stated her brothers and sister can visit her until 6 more months.
[redacted] stated that visits are private and without disruptions.
Client stated she was taking several medications to keep her calm and control her anger. She stated she went one day without her meds.
Per client, there was a blackout when it was snowing for about 2 hours.

Eric

[redacted] 17 years old, at CEDU 9 months:
[redacted] also reported no prior visit to CEDU prior to enrollment. He came form the Ascend Wilderness Program. This was a 6 week program. After that he went home for a week. His parents brought him to CEDU.
[redacted] was not allowed a phone call until a week later with his mom. He called his dad a month later. [redacted] stated the calls are monitored. Staff listen to calls and write notes. Not able to visit sisters until 2 months, Friends cannot visit. Visits are private and no staff interruptions.
[redacted] stated he is taking Luvox for Obsessive Compulsion Disorder. Stated during 12/04 his meds were not given to him for two days. The snow was really bad. The nurse has the key to get the meds, No one else had access. Stated there are 4 nurses, Claudia, Dee, Mary and Amy. None of then were able to make it.
[redacted] stated there had been two blackouts and one of the water heaters had busted in December in one of the complexes.

LICENSING EVALUATOR NAME: Elvia Baris, Elvia Baris
TELEPHONE: 909)782-3279; (951)782-3279
LICENSING EVALUATOR SIGNATURE: E. H. Baris
DATE: 02/18/2005

LIC812 (FAS) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION) - (4/96)

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STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
Cedu School	366402761	2-17-05

Randy Beasley, Counselor I
- no training or certificate on file
- no equivalent experience or degree in Counseling
- Voluntary experience may apply

Kenneth Borg, Counselor III
- resume meets qualifications
- no training on file
- ~~no degree on file~~

Leslie Brotherton, Counselor I — started as night staff counselor + promoted as day counselor
- no training or certificate on file
- no equivalent experience or degree in Counseling

notes BA in Engl but no copy of transc

Marcos Fino, Teacher in Spanish
- B.A. in Spanish
- No active credential on file, expired 10/04
- no evidence of active pursuit of credential through accredited course work

Maren Cota, Teacher
- Teacher Credential on file, expires 3/1/05

Kathy Seim
- Teacher Credential for Level II Education Specialist Instruction Credential / Mild/Moderate Disabilities, expires 10/8/08

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) | DATE

LIC 812 (11/02) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION)

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STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

DETAIL SUPPORTIVE INFORMATION

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU	366402761	2-17-05

Karen S. Willick

Ken Buxton - teacher (exemption)
no teaching cert. on file - emerg longterm single subject teaching permit expires 6-30-96
no evidence of active pursuit of credential thru accredited course work.

Debra Calkins - Mr. Carter - has degree + student teaching, letter stating will be elig for mult. subject teaching credential, but no copy of credential on file

O.K.

Kathy Ann Seini - Spec Ed Teacher
O.K.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) E. H. Bens DATE 2-17-05

LIC 812 (1/02) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION) PAGE ___ OF ___ PAGES

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Inland Empire Office, 3737 Main St Ste 600
Riverside,Ca, CA 92501

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on 04/12/2002 and conducted by Evaluator Gretchen Guillen

CONFIDENTIAL

COMPLAINT CONTROL NUMBER: 196077

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DOYLE, PATRICIA	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS STATE: CA	ZIP CODE:	92382
CAPACITY:	174 CENSUS:	DATE:	07/02/2002
		TIME BEGAN:	(reissued JM 7/18/03
MET WITH:		TIME COMPLETED:	10:20 Am ↓ 11:45 Am

ALLEGATION(S):

Personal Rights -Facility staff did not immediately take corrective action when made aware of sexual misconduct by clients #1 & #2.

Reporting Requirements-Facility did not report in a timely manner to CCL the sexual misconduct involving clients.

INVESTIGATION FINDINGS:

This report # 196077 finalizes the above referenced complaint initiated on 04/22/02 .

Personal Rights-
Facility staff was aware of incidents/accusations that client #1 displayed unwanted behavior of a sexual nature towards other clients. Approximately 12 to 14 clients approached facility staff relaying their concerns of unwanted sexual advances against them by client #1. Facility staff did not immediately take these complaints seriously and viewed client #1's behavior as "horseplay." The violation of personal rights is substantiated. Facility floor notes documented CEDU staff's awareness of client #1's & 2's sexual misconduct towards clients residing at CEDU Main Campus. On 4/4/02, floor notes indicated that client #1 demanded that another client pull his pants down so client #1 could make fun of him. On 4/5/02, client #3 disclosed in RAP session that client #1 was intimidating minors to expose themselves in the dorms. On 4/10/02 & 4/17/02, it was documented that four other minors complained to staff about the sexual misconduct taking place in the dorms.

Substantiated

Estimated Days of Completion:

SUPERVISOR'S NAME: Florence Manos 7/18/03 TELEPHONE: 909 320-2025

LICENSING EVALUATOR NAME: ~~Gretchen Guillen~~ TELEPHONE: 909 320-2058

LICENSING EVALUATOR SIGNATURE: DATE: 07/02/2002

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 07/02/2002 7/18/03

LIC 9099

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Inland Empire Office, 3737 Main St Ste 600
Riverside,Ca, CA 92501

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
FACILITY NUMBER: 366402761
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 07/01/2002
Type A
reissued on 7/18/03

NARRATIVE/COMMENTS

On 4/4/02, CEDU Evening Floor staff documented that client #2 engaged in sexual misconduct towards several clients. On 4/12/02, CEDU staff faxed incident reports to CCL. These reports documented that on 3//31/02, client #2 shoved client #7 against the bathroom wall and demanded to see his penis. This was not reported in a timely manner.

On 4/15/02, CCL received reports of client sexual misconduct occurring on several occasions between February and April 2002 involving client #2 as the aggressor of clients # 7 & #8. On 4/25/02, CEDU mailed CCL an incident report stating that on 4/18/02, client #9 disclosed to staff that on more than one occasion, client #2 slapped and grabbed client #9's buttocks.

Reporting Reqirements-The allegation that facility staff did not report in a timely manner the incidents of client sexual misconduct is substantiated.

On 4/5/02, client #3 disclosed in a RAP session that client #1 intimidated clients to expose themselves in the dorms. This was not reported by phone to CCL within the next working day. Staff member Becker conducted an internal investigation on 4/8/02, and determined that 19 clients had been sexually harassed by clients #1 & 2. CEDU staff failed to verbally notify CCL of the incidents within the required time frame. Staff did not notify CCL of a pending investigation being conducted by Twin Peaks Police Department. #Other incidents involving clients #1 & 2 were also not reported in a timely manner.

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: Florence Manos 7/18/03 **TELEPHONE:** 909 320-2025

LICENSING EVALUATOR NAME: ~~Gretchen Guillen~~ **TELEPHONE:** 909 320-2058

LICENSING EVALUATOR SIGNATURE: **DATE:** 07/02/2002

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 07/02/2002

7/18/03

LIC9099 (FAS) - (4/96)

Page: 2 of

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Inland Empire Office, 3737 Main St Ste 600
Riverside,Ca, CA 92501

COMPLAINT INVESTIGATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:

FACILITY NUMBER: 366402761
VISIT DATE: 07/01/2002
reissued on 7/18/03

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 07/01/2002 Section Cited 80072(a)(3)PERSONAL RIGHTS	FACILITY STAFF DID NOT IMMEDIATELY TAKE CORRECTIVE ACTION WHEN MADE AWARE OF SEXUAL MISCONDUCT OF CLIENTS #1 & #2. FACILITY STAFF THOUGHT THAT CLIENT'S BEHAVIOR WAS HORSEPLAY.	FACILITY STAFF SHALL IMMEDIATELY TAKE SERIOUSLY AND FOLLOW-UP ON ALL CLIENT COMPLAINTS REGARDING SEXUAL ACTIVITY.
Type B 07/01/2002 Section Cited 80060 REPORTING REQUIREMENTS	FACILITY STAFF DID NOT REPORT IN A TIMELY MANNER TO CCL THE COMPLAINTS OF SEXUAL MISCONDUCT INVOLVING CLIENTS #1 AND #2.	FACILITY SHALL REPORT ALL CLIENT COMPLAINTS AND INCIDENTS REGARDING SEXUAL ACTIVITY IN A TIMELY MANNER. I have received the document and will review its contents and address CCL accordingly within 10 days if we plan to appeal James Powell PhD

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: Florence Manos 7/18/03 **TELEPHONE:** 909 320-2025

LICENSING EVALUATOR NAME: ~~Gretchen Guillen~~ **TELEPHONE:** 909 320-2058

LICENSING EVALUATOR SIGNATURE: **DATE:** 07/01/2002

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 07/01/2002

7/18/03

LIC9099 (FAS) - (4/98)

Page: 3 of 7

Advertisement

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main Street Suite 600
Riverside, Ca, CA 92501

PROOF OF CORRECTION

FACILITY NAME:	FACILITY NUMBER:	LICENSING EVALUATOR:
CEDU SCHOOL-MAIN CAMPUS	366402761	Elvia Baris

This form shall be used in conjunction with the Licensing Report (LIC 809) and is provided to the facility to verify the correction of deficiency(ies) cited in a licensing visit to your facility on **11/01/2004**. The use of this form will not prohibit the Licensing Evaluator from conducting follow-up visits to ensure that deficiencies are corrected. (See instructions on page 2).

PROOF OF CORRECTION

DEFICIENCY(IES) SECTION NUMBER	PICTURE	RECEIPT	PHOTO-COPY	*CERTIFICATION	OTHER	DATE CORRECTED
1. 80063(a)					X	11/04/04
2. ON GOING STAFF INSERVICE TRAINING						
3. ON DISPENSING MEDICATION.						
4.						
5.						
6.						
7.						
8.						
9.						

I certify, under penalty of perjury under the laws of the State of California, that the above is true and correct and that I have corrected all deficiencies above on or before the date(s) indicated.

SIGNATURE OF LICENSEE/FACILITY REPRESENTATIVE	DATE
[signature]	11/5/04

*Certification - this box may be checked if there is no other means to verify that the deficiency has been corrected. By signing this form, the licensee is self-certifying that the corrections have been made. If the certification is related to fingerprints, include the name(s) of the individual(s) for which the fingerprint card was submitted and insert the date submitted to the Department of Justice in the "Data Corrected" column.

PLEASE RETURN THIS FORM WITH YOUR PROOF OF CORRECTION(S)

LIC9099 (FAS) - (3/00)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Orange CCL, 770 The City Drive, Suite 7100
Orange, CA 92868

COMPLAINT REPORT

This form is intended to document complaints received in the licensing office. Unless the complaint is considered harassment, a licensing visit must be conducted within 10 calendar days after receipt of the complaint.

REPORT	
REPORTED	BY LETTER
COMPLAINANT NAME	Anonymous
ADDRESS / STREET	
CITY / ZIP CODE	
TELEPHONE NUMBER (DAY)	( )
TELEPHONE NUMBER (EVENING)	( )
RELATIONSHIP / INVOLVEMENT WITH FACILITY	
WAS ABUSE REPORT REQUIRED AND FILED?	NO
DOES COMPLAINANT WISH TO REMAIN ANONYMOUS?	YES

☐ URGENT ☐ PRIORITY ☐ RIS REFERL

PRIORTY NUMBER:

DISTRICT OFFICE	VISIT DUE DATE	CONTROL NUMBER
Orange CCL	11/01/2004	198976

FACILITY INFORMATION

TYPE OF FACILITY	FACILITY FILE NUMBER
730	366402761

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS

ADDRESS / STREET: 3500 SEYMOUR ROAD

CITY: RUNNING SPRINGS ZIP CODE: 92382

TELEPHONE NUMBER: (909) 867-2722

NATURE OF COMPLAINT (Separate complaint into specific allegations and assign one of the following complaint codes:)

1. Physical Abuse/Corporal Punishment
2. Sexual Abuse
3. Personal Rights
4. Unlicensed Care
5. Fire Clearance
6. Crimes
7. Physical Plant
8. Record Keeping
9. License
10. Neglect/Lack of Supervision
11. Food Service
12. False Statements
13. Medication
14. Financial Abuse
15. Level of Care
16. Qualifications
17. Financial Issues
18. Questionable Death
19. Other

COMPLAINT CODE		ALLEGATIONS	RESOLUTION CODE S	I	U
13	1 2 3	On 2 occasions medical staff left medications, (insulin), and needles out unattended, assessable to clients. Dr. Simpson wrote a letter to Dr. Condess, Administrator, regarding this serious safety concern and the incident occurred again	☒	☐	☐
13	1 2 3	Nursing staff have told parents she has been taking controlled medications home with her to destroy.	☐	☒	☐
19	1 2 3	Staffing ratio during the weekend are including the Administrator, who are not supervising clients.	☐	☒	☐
	1 2 3		☐	☐	☐
	1 2 3		☐	☐	☐
	1 2 3		☐	☐	☐
	1 2 3		☐	☐	☐
	1 2 3		☐	☐	☐

RECEIVED BY	DATE	TIME
Mike Valentine	10/22/2004	11:48 AM

LIC802 (FAS) - (3/99) (CONFIDENTIAL/PUBLIC DEPENDING ON TYPE OF INFORMATION)

Page: 1 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Orange CCL, 770 The City Drive, Suite 7100
Orange, CA 92868

COMPLAINT REPORT (Cont)

Number	VISIT DUE DATE	CONTROL NUMBER
	11/01/2004	198976
FACILITY NAME	**TYPE OF FACILITY**	**FACILITY FILE NUMBER**
CEDU SCHOOL-MAIN CAMPUS	730	366402761

DETAILS OF ALLEGATION(S) / DESCRIPTION OF INCIDENT(S)

On 10/20/04, received another call from Complainant, still Anonymous, that on 10/19, CEDU enrolled a client and didn't have the bed for this client so they used a roll away bed for him. Facility was over capacity.
Also Complainant stated that CEDU's Therapist has a complaint regarding his License and wanted to know if CEDU should have submitted a S.I.R. to Licensing.
Finally, COMPLAINANT INDICATED WAS GOING TO CONTACT THE MEDIA REGARDING CEDU.

PRE-INVESTIGATION CONTACT WITH COMPLAINANT		POST-INVESTIGATION CONTACT WITH COMPLAINANT	
DATE CONTACTED	**PERSON CONTACTED**	**DATE CONTACTED**	**PERSON CONTACTED**

HOW CONTACTED:	HOW CONTACTED:
***Not possible due to anonynous RP	******Not possible due to anonymous RP

SUMMARY OF OTHER CONTACTS / REPORTS

Complaint was completed at time of 10 day visit on 11/01/04....

FOLLOW-UP COMMENTS

LICENSING EVALUATOR'S SIGNATURE	DATE	LICENSING SUPERVISOR'S SIGNATURE	DATE
E.H. Barua	11/09/2004	E.H. Barua for Frankie Shelton	11/09/2004

Oct 14 04 02:45p PRINTING FAX NO. 714 703 2868 909 9882 P. 04/04 P-1

-To MIKE VALENTINE 714-703-2868

PER OUR DISCUSSION TODAY REGARDING CEDU SCHOOL AND AREAS OF CONCERN

1. ON 2 OCCASIONS MEDICAL STAFF LEFT MEDICATIONS (INSULIN) AND NEEDLES OUT AND UNATTENDED FOR CHILDREN TO USE

2. DR SIMPSON (MEDICAL DIRECTOR) WROTE A LETTER TO DR CONDESS (CEDU ADMINISTRATOR) WITH SERIOUS SAFETY CONCERNS REGARDING ABOVE ISSUES. WHILE THE INCIDENT OCCURRED AGAIN.

3. STAFF TO STUDENT RATIOS DURING THE WEEKDAYS ARE INCLUDING ADMINISTRATORS WHO ARE NOT SUPERVISING CHILDREN

4. ADMINISTRATORS AT MIDDLE SCHOOL HAS RECENTLY WRITTEN A LETTER OF RESIGNATION CITINGSAFETY CONCERNS

5. NURSING HAS TOLD PARENTS SHE HAS BEEN TAKING CONTROLLED DRUGS HOME WITH HER TO DESTROY

CEDU School
Health Care Services
Dispensing of Medications

PSYCHOTROPIC MEDICATIONS

CEDU School does not use medication as a means of behavioral control. Psychotropic medications--drugs or substances prescribed for behavior, emotional perception or thought disorders-- are used conservatively and under strict guidelines. Under no circumstances will there be standing orders for psychotropic medications.

For CEDU School students, psychotropic medications will be prescribed or reviewed by the consulting psychiatrist. When the use of psychotropic medication is recommended, prior consent of the student, parent, and placing agent (if involved) is obtained. The prescribing physician must specify in writing why medication is necessary and the expected results. The consulting psychiatrist will continue to see the student at regular intervals to review current functioning and the need for continued medication.

PRESCRIPTION MEDICATION

When medication is necessary for an ongoing medical problem or specific illness, the consulting physician prescribes the appropriate medication. The CEDU School nurse screens the prescription and confirms the schedule for dispensing. Staff are alerted to possible side effects and any special instructions are also given. Documentation of the prescription and dispensing of the medication is kept in the student's Medical File. When the nurse is not on the property to dispense prescription medications, they are dispensed by the nurse's aide or other staff trained by the nurse in the proper methods for dispensing medications. All medications are taken by the child in the presence of and under the supervision of the nurse or his/her designee. Children requiring injections self-administer those injections and are assisted by the nurse if necessary. Only staff specifically licensed or authorized by law shall administer injections or assist a child with an injection.

The dispensing of all medication shall be documented on the prescription medication sheet, initialed by the staff dispensing the medication, and filed in the child's medical file. All medications shall have specific or automatic stop orders.

Any errors in medication or refusal of prescribed medication shall be reported to the nurse and documented in the child's file.

STANDING ORDERS FOR NON-PRESCRIPTION MEDICATION

The consulting physician shall approve of specific over-the-counter nonprescription medications which are to be used on a PRN basis for common ailments, such as headaches. The standing orders shall include the presenting symptoms for which the medication is to be administered (i.e. headache, upset stomach, constipation, etc.), the dosage to be given, the time interval between doses, and the maximum number of doses in a twenty-four hour period. Any medication not included in the standing orders list must be specifically prescribed by a physician prior to use.

The dispensing of any non-prescription medication shall be documented in the child's medical file. If the condition or symptoms persist, an appointment is made with a consulting physician.

OF CALIFORNIA. HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SEI
COMMUNITY CARE LICENSING DIVISION

UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS: NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER
CEDU School	366402761	(909) 867-2722
ADDRESS	**CITY, STATE, ZIP**	
3500 Seymour Rd., Box 1176	Running Springs, CA 92382	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION
[redacted]	07/31/04	16	F	08/05/03

TYPE OF INCIDENT

☐ Unauthorized Absence	☐ Alleged Client Abuse	☐ Rape	☐ Injury-Accident	X Medical Emergency
☐ Aggressive Act/Self	☐ Sexual	☐ Pregnancy	☐ Injury-Unknown Origin	☐ Other Sexual Incident
☐ Aggressive Act/Another Client	☐ Physical	☐ Suicide Attempt	☐ Injury-From another Client	☐ Theft
☐ Aggressive Act/Staff	☐ Psychological	☐ Other	☐ Injury-From behavior episode	☐ Fire
☐ Aggressive Act/Family, Visitors	☐ Financial		☐ Epidemic Outbreak	☐ Property Damage
☐ Alleged Violation of Rights	☐ Neglect		☐ Hospitalization	☐ Other *(explain)*

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

On 07/31/04 at approx. 4:00pm, [redacted] indicated she did not feel well and requested permission to check her blood sugar. She went with staff Bethany Kelly and students, [redacted] and [redacted] to the nurse's office. [redacted] gave himself an insulin injection and [redacted] took his 4:00pm medication. [redacted] and [redacted] left the nurse's office and [redacted] told Bethany she needed to take her insulin. [redacted] asked [redacted] if she was diabetic and [redacted] replied she was. [redacted] got a needle and some insulin and gave herself an injection. After they departed the nurses office Bethany stated to staff Stacy Boron and Leslie Brotherton that [redacted] had given herself an insulin injection. When the school nurse, Helen Pandeli, arrived on campus at 5:20pm Stacy indicated to her that [redacted] had given herself an insulin injection. Helen indicated to Stacy that [redacted] was not diabetic and should not have insulin. Physician Dr. Keith Simpson, was called, and 911 was called. [redacted] was monitored by Helen and staff Elizabeth Fish until an ambulance arrived. [redacted] was transported to Mountains Community Hospital by ambulance. There it was determined by the physician that she was a threat to herself and the sheriff was notified. [redacted] was evaluated and it was determined she met the criteria for an involuntary hold. She was transported to Charter Oak Hospital on 08/01.

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

Bethany Kelly, CHS staff

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

Supervisor, parent, school nurse, emergency services and hospital staff notified.

MEDICAL TREATMENT NECESSARY? X YES ☐ NO IF YES, GIVE NATURE OF TREATMENT:

[redacted] was transported to the hospital by ambulance for evaluation and was given treatment by hospital staff.

WHERE ADMINISTERED:
Mountains Community Hospital Emergency Room

ADMINISTERED BY:
Hospital Staff

FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:
Clinician will follow up with attending Psychiatrist. The circumstances surrounding this incident are still under investigation.

LICENSEE/SUPERVISOR COMMENTS:

Reviewed by administrative staff.

NAME OF ATTENDING PHYSICIAN

	NAME AND TITLE	DATE
REPORT SUBMITTED BY:	Bethany Kelly, CHS Counselor Helen Pandeli, CEDU School Nurse	07/31/04
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE William Shea, Director of Business Operations	DATE 08/02/04

AGENCIES/INDIVIDUALS NOTIFIED *(SPECIFY NAME AND TELEPHONE NUMBER)*

☐ LICENSING	☐ ADULT/CHILD PROTECTIVE SERVICES	
☐ LOG TERM CARE OMBUDSMAN	☐ PARENT/GUARDIAN/CONSERVATOR [redacted]	
☐ LAW ENFORCEMENT	☐ PLACEMENT AGENCY	

OF CALIFORNIA HEALTH AND WELFARE AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

**Addendum to UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS: NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

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3500 Seymour Rd., Box 1176	Running Springs, CA 92382	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION
[redacted]	07/31/04	16	F	08/05/03

TYPE OF INCIDENT

- ☐ Unauthorized Absence
- ☐ Aggressive Act/Self
- ☐ Aggressive Act/Another Client
- ☐ Aggressive Act/Staff
- ☐ Aggressive Act/Family, Visitors
- ☐ Alleged Violation of Rights
- ☐ Alleged Client Abuse
- ☐ Sexual
- ☐ Physical
- ☐ Psychological
- ☐ Financial
- ☐ Neglect
- ☐ Rape
- ☐ Pregnancy
- ☐ Suicide Attempt
- ☐ Other
- ☐ Injury-Accident
- ☐ Injury-Unknown Origin
- ☐ Injury-From another Client
- ☐ Injury-From behavior episode
- ☐ Epidemic Outbreak
- ☐ Hospitalization
- X Medical Emergency
- ☐ Other Sexual Incident
- ☐ Theft
- ☐ Fire
- ☐ Property Damage
- ☐ Other *(explain)*

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

**On 08/02/04 a report was filed indicating a medical emergency with [redacted] due to her unstable blood sugar. She was transported to St. Bernardine's emergency room by ambulance. On 08/05/04 [redacted] disclosed to School Director, David LePere, that she had given herself an insulin injection at approx. 9:55pm the night on 07/30.

**Addendum to original report filed with Community Care Licensing on 08/02/04.

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

Clairesse Morse, Craig Dyberg, Night Staff

[redacted] CHS Student

**Disclosure of insulin injection made to David LePere

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

Supervisor, parent, school nurse, emergency services and hospital staff notified.

MEDICAL TREATMENT NECESSARY? X YES ☐ NO IF YES, GIVE NATURE OF TREATMENT:

[redacted] was transported to the hospital by ambulance for evaluation and was given treatment by hospital staff.

WHERE ADMINISTERED: St. Bernardine's Hospital Emergency Room

ADMINISTERED BY: Hospital Staff

FOLLOW-UP TREATMENT, IF ANY:

Stabilized, no follow up treatment indicated.

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:

Appropriate follow up visits with medical physicians and the school nurse will continue to monito[redacted]

LICENSEE/SUPERVISOR COMMENTS:

Reviewed by administrative staff.

NAME OF ATTENDING PHYSICIAN

	NAME AND TITLE	DATE
REPORT SUBMITTED BY:	Clairesse Smith-Morse, Night Staff	07/31/04
REPORT REVIEWED/APPROVED BY:	William Shea, Director of Business Operations	08/02/04

AGENCIES/INDIVIDUALS NOTIFIED *(SPECIFY NAME AND TELEPHONE NUMBER)*

☐ LICENSING	☐ ADULT/CHILD PROTECTIVE SERVICES	
☐ LOG TERM CARE OMBUDSMAN	☐ PARENT/GUARDIAN/CONSERVATOR [redacted]	
☐ LAW ENFORCEMENT	☐ PLACEMENT AGENCY	

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

DETAIL SUPPORTIVE INFORMATION

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC 809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU		11-1-04

Brandy Lockie LVN DOH - one week ago
Shift ~~PT~~ 2days/wk varies noon ⇒ 9:30pm
Does not know
Stated has not had to give meds to staff to dispense @ HS

For MS, gave meds to [redacted] (not sure of name)
Tues @ [redacted] PM
Stated refrig has had lock since she was hired.
Stated staff members have key to refrig lock in case clt needs insulin.
re destruction of meds: Helen told her to take label off from bottle. Helen told her she would take meds to Cindy (Dr. Simpson's wife) to destroy.

Mary Succuso - RN
LPA observed Mary give Meds to staff Bill Teacher
Mary does not know if Bill trained in med training
Nurses do not know what staff is trained in med training.

Mary was not aware what staff ~~Mary~~ Brandi to give/dispense meds -

~~Fri~~ MS + HS Fri nite someone unknown to Mary who left in med cups stapled w/names. Sat A.M. 2 meds left @ HS Only way to know if clts took meds was w/what meds left. Unknown what staff dispensed. Staff did not doc meds dispensed.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) DATE

LIC 812 (11/02) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION) PAGE ~~OF~~ PAGES

Mary has been initialing dispensing of meds even though she did not dispense only prepared to dispense for staff.

When wks outing ex wilderness prog, meds are given to staff. No documentation that meds were dispensed.

Dave should know, he used to do wilderness prog.

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU		11-1-04

(2) Dr Simpson is Med. director since 1989

Thurs. evening came w/ Wife Cindy to prep meds for Thurs nite + all day Fri.

Cindy is not RN or LVN, offering mgt. for his solo practice as internal med.

Cindy only filled in 1X on Thurs w/ Dr. Simpson.

Esper wrote letter to Dr. Condas? Spoke when [redacted] did. that put together a suggested protocol. Dave or Dr Condas will have copy.

Meds were not being left out, but rx box was accessible to clts.

Per Dr Simpson, not aware of any nurses taking meds home to destroy.

What were suggestions on letter?
" lock, it was a new hire; they put lock same day.

Clt @ middle school claimed this AM that she was on heroin prior to CEDU. She's been here 2 mo. Non Hx of any withdrawal symptoms. No tracks
Possible she did use LSD or heroin.
Cindy does class on alcohol + drug dependency for HS

Dr off 1 mi away + kids taken to off.
May clts taken 6 at a time, One staff from CEDU. Sees kids 1-2x's/week during day.

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) | DATE

LIC 812 (11/02) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION) PAGE ___ OF ___ PAGES

Thurs Helen put on admin lve ~~F/t~~ consistent + presistent inability to communicate med concerns + attending Dr. for Dr Simpson or Psy - Dr. Dave Scholl
another LVN just hired

Stated Helen had been here almost 1 yr + going on when 1st hired issue was primarily communication. Not fear for child's welfare but fear w/ Dr. welfare in medical issues.

Claudia was gone now back ~~3/4~~ P/T.

Clt taken to dr w/o Hx of meds, would have to call for info. Admin lve based on Dr. Simpson's feeling of discomfort.

Dec, other F/T nurse gone for 1 mo now med lve.

Now Mary only RN now, in process of hiring Teresa Anderson, RN.

David - for wilderness WFR (Wilderness first responder) re meds / 1st aid Dr. Simpson gives permission to give protocols incl dispensing of meds. Stated grid for dispensing meds is completed + given to nurse.

How do staff know what staff is trained on med dispensing? all floor mgrs + team leaders are trained + wilderness people too.

Do nurses have list of staff that can dispense meds? no Bill Miller is MS teacher, David did not know if he was trained to dispense meds.

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

65@HS
+ 49@MS
114

DETAIL SUPPORTIVE INFORMATION

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU		11-1-04

3) Dave LePere - HS director

~~Note~~ Night of 7-31-04 [redacted] was allowed by staff Cldiresse Smith Morse to take insulin.
DOH 5-21-04 Also Bethany Kelly
DOH 6-23-04 counselor, W-Sun 1:115 PM → 9:45PM

Per SIR 7-31-04, staff gave meds normal procedure nurse dispenses med
Staff was not aware [redacted] did not take insulin. 4PM [redacted] took insulin & staff did not inform nurse Helen Pandeli visited 5:20 PM when nurse came in, At that time RN Helen called Dr Keith Simpson + 911 was called.

No LIC 308 or 309 not accessible -
Letter from Dr. Simpson not accessible - per Dave I will get ~~the~~ docs tomorrow when Dr Condesin

CEDU fax# (909) 867-7084

Staff schedule

Any clt enrolled on 10-19-04? Christina Lopez only MS

Lay offs - 1) Joan Eaton admissions coord
2) Bill Shea - position elimination reorganizing support services
3) David Wohlegemuth - atty position eliminated now using corp atty
others ~~had~~ had hrs reduction.
no child care worker reduction or nursing
DEE is LVN only had 2 RNs, now 1, hiring RN presently interviewing

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) DATE

LIC 812 (11/02) (PERSONAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION) PAGE ___ OF ___ PAGES

School dir. for MS Brandi Elliott resigned 10-7-04
tel # [redacted] not sure what doing re this position

ratio for clts in W/E's? 10-1 during day
Stated admin not counted in ratios, only counselors + teachers.

MS admin: 1) Gudrun Stewart
2) David Le Pere (as of 10-7-04 due to Brandi resigning)
3) Dr. George Condas

HS admin: 1) Shyra Harris
2) David Le Pere
3) Dr. George Condas

Reg work schedule for both campuses

What is procedure to get locked meds for insulin dependent clts.

form for bed cks
reg beds? no, couches
[redacted] acting out - put in hse for more supervision
([redacted] no longer here)
Stephanie + Mary
there was 1 nite staff - form will tell # clts

Claudia McClintic ([redacted]) [redacted] - LVN - not took home meds or knew of nurse who did
disconnected Helen ([redacted]) [redacted] - RN
(even H/R has no other tel #) Dee Morton [redacted] - LVN
- not took meds home to destroy + not known of nurse who did

Advertisement

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HEALTH AND HUMAN SERVICES AGENCY

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FACILITY NAME	FACILITY NUMBER	DATE(S) OF VISIT
CEDU		11-1-04

Mary Succuro - RN (school nurse)
Helen Pandelli quit date unknown - and
David LaPier, dir of HS

~~Mary~~ Helen Pandelli was also RN

Mary's sched - M + T only also worked this last WE by self for 4 shifts due to shortage

Normal 2 F/T nurses - none now due to other RN on med leave, 2 PT nurses (LVNs) + asst Cindy

Part Develop. — asked to come to main office to sign in - advised will complete interview + then sign in

* staff dispensing meds:
Still have 2 P/T LVNs + 1 P/T RN Mary + filling in wife of Dr. Simpson, Cindy filling in
Shill be LVN @ none.
Dr Simpson is off campus @ office - Mary did not have tel #
Mary usually works middle school
Lodge is for HS only, Mary just came to drop forms for Nov Mtg.
Admin. does not want to give staff keys to meds.
Mary put meds out on cups w/ kids names + staff gave out meds. Normal procedure

6:30 AM 6:30 — 4:00 PM + 12:00 noon — 9:30 PM
usually 2 nurses, pour meds + give out

3 Kids on insulin in HS Nick Warren, Sam Miller + Angela Puris
Helen was mgr + one who knew how meds destroyed

SIGNATURE OF LICENSING EVALUATOR(S) (Print clearly and sign) | DATE

LIC 812 (10/97) NON-CONFIDENTIAL/CONFIDENTIAL DEPENDING ON TYPE OF INFORMATION | PAGE ___ OF ___ PAGES

CEDU's line into Simpson (909) 867-5828 office # or (909) 867-2280 off # also

Don't have replacement for Bill Shea yet.

Kids admin. insulin themselves, but RN observes.

Per David - George Condas here more often. He is sched here tomorrow. He was gone last wk, but wk before he was here + left early Fri.

Tauni Cobb attended licensing classes last wk. She will take Bill's spot on campus.

@ Jr Hi, no Kids on insulin.
All staff aware who is on insulin clts come into office

Dr. Simpson - clts on insulin selected not to threaten staff to not take insulin or OD

How did [redacted] not here anymore.
Per David she came w/ newer staff to test blood sugar. She told staff she needed insulin. The refrig was open + [redacted] took insulin to self admin. No nurse was present. ~~Staff died~~
Per Mary, staff did call you 3:30AM re [redacted] not feeling good blood sugar 65 + refusing to eat. Per Mary, she advised staff to food her + she was not diabetic.
Procedure for med destruction - Per Dr. Simpson, meds are flushed @ CEDU or Helen would take to his office to flush.

CEDU School
Health Care Services
Dispensing of Medications

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rec'd 11-1-04

CEDU Family of Services

Staff Training Record

Course Information: Staff training

Location: Olympus

Date: 10/19/04 **Time:** 1:30 pm

Title:

Instructor(s): David LePere + Helen Pandali

Description: Student updates, Meds training

Attendance Information:

	Name	Your Site	Signature
1	Steve McLaurin	HSEC	Steve P. McLaurin
2	Jan McGee	CHS	Jan McGee
3	Cristianne Quiros	CHS	Cristianne Quiros
4	Eric Doyle	CHS	
5	Pandelli Helen	CHS	Helen Pandelli
6	MIKE MARTIN	CHS	Mike Martin
7	Ryan Crochiere	CHS	Ryan Crochiere
8	PAUL DEVLIN	CHS	Paul Devlin
9	Shyra Harris	CHS	Shyra Harris
10	Mariko Percival	CHS	Mariko Percival
11	Jaime Stransen	CHS	Jaime Stransen
12	Priscilla Blanchard	CHS	Priscilla Blanchard
13	Joe Weaver	CHS	Joe Weaver
14			
15			
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Document Control Instructions:
Instructor: Give original completed form(s) to Lisa Trout, Professional Development, Sandpoint
Lisa Trout: CC: Site HR for Personnel Files

CEDU FAMILY of SERVICES
Staff Training Record

Topic: Use of Epi-pen **Date:** 8/31/04

For Department: all **Location:** Sierra **Duration:** 5 min

Facilitator(s): Helen Pandelli

Topics Discussed (list outline of topics)

① When to use, Calling 911, Disposal
Location of pens.

② Dispensing Meds

Staff Attending: PRINT NAME & SIGN NAME	SCHOOL	Staff Attending: PRINT NAME & SIGN NAME	SCHOOL
1. Dorian Sheehan		13.	
2. Cheryl Lincoln		14.	
3. Susan Bees		15.	
4. Tawon Harris		16.	
5. Christopher Hansen		17.	
6. Marcos Fino		18.	
7. Mike Martin		19.	
8. Victoria Gill		20.	
9. Karen Smart		21.	
10.		22.	
11.		23.	
12.		24.	

(1) **Trainer:** Give original/completed form to HR Rep (2) **HR Rep:** ☐Personnel files ☐HR Manager 1) Copy 2) Highlight names 3) File 4) HR Manager (3) **HR Mgr:** ☐Documented

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8/30/2004

CEDU FAMILY of SERVICES
Staff Training Record

Topic: Bloodborne Pathogens **Date:** 6-02-04

For Department: AM **Location:** Strum **Duration:** 1 hr

Facilitator(s): Claudia McClintic

Topics Discussed (list outline of topics)

Meds dispensing & bloodborne pathogens

Staff Attending: PRINT NAME & SIGN NAME	SCHOOL	Staff Attending: PRINT NAME & SIGN NAME	SCHOOL
1. Paul Decker	CHS	13.	
2. Joel Deaver	CHS	14.	
3. Christine Belcher Christe Belcher	CHS/CMS Night	15.	
4. CHARLES E. JAMES Charles E James		16.	
5. Renee Roulet	CMS	17.	
6. KRISTIE RICKTER Kristie Rickter	CMS	18.	
7. Russ Decker		19.	
8.		20.	
9.		21.	
10.		22.	
11.		23.	
12.		24.	

1) Trainer: Give original/completed form to HR Rep | (2) HR Rep: ☐Personnel files ☐HR Manager 3) File 4) HR Manager 1) Copy 2) Highlight names | (3) HR Mgr: ☐Documented

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CEDU FAMILY of SERVICES
Staff Training Record

Workshop Title: Bloodborne Pathogens Training Oshe **Date:** 5-25-04

For Department: _____ **Location:** _____ **Duration:** 1°

Facilitator(s): Claudia McClentic / Helen Paradeli

Topics Discussed (list outline of topics)

Meds dispensing & Bloodborne pathogens

Staff Attending: PRINT NAME	SCHOOL	SIGN NAME
1. Richard Dewsnap		
2. Kenton Clairmont		
3. Jacki Fussell		
4. Roxann Johnson		
5. Cristianne Quicos		
6. EDWINA KELLNER		
7. Eric Doyle		
8. MICHAEL BURKHARI		
9. Elizabeth Fish		
10.		
11.		
12.		

(1) **Trainer:** Give original/completed form to HR Rep | (2) **HR Rep:** Personnel files Training Notebook

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CEDU FAMILY of SERVICES
Staff Training Record

Topic: Bloodborne Pathogens **Date:** 5-10-04

For Department: _____ **Location** CEDU School **Duration:** 1°

Facilitator(s): Claudia McClintock

Topics Discussed (list outline of topics)

Blood Bourne Pathogens

Dispensing Meds

Staff Attending: PRINT NAME & SIGN NAME	SCHOOL	**Staff Attending:** PRINT NAME & SIGN NAME	SCHOOL
1. MEL CANNING Mel Canning		13.	
2. DIANE BRAUN Diane Braun		14.	
3. Roy Johnstone Roy Johnstone		15.	
4. Kathy Scim Kathy Scim		16.	
5. AL TUCH Al Tuch		17.	
6. Robin Dalton Robin Dalton		18.	
7.		19.	
8.		20.	
9.		21.	
10.		22.	
11.		23.	
12.		24.	

(1) **Trainer:** Give original/completed form to HR Rep | (2) **HR Rep:** ☐Personnel files ☐HR Manager 3) File 4) HR Manager 1) Copy 2) Highlight names | (3) **HR Mgr:** ☐Documented

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5/10/2004

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 9727 Main St. Ste. 000
Riverside, CA 92504

DETAIL SUPPORTIVE INFORMATION

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME:	FACILITY NUMBER:	DATE(S) OF VISIT:	COLLATERAL VISIT?
CEDU SCHOOL-MAIN CAMPUS	366402761	03/10/2004	○ Yes ● No

1 [redacted]
2
3 Length of time 8 months spent Christmas here.
4
5 Activities; We ACW Alternative curriculum Week we get to go to fields Trips , Dances,
6 Services.; Like they help up. we have to raps, Propheets, From the book of Propheets.
7 In the raps it's the appropriate place to confront people talk about things that bother you. How you got to CEDU
8 Not really like it here. I was doing drugs , sex, verbal abuse. To parent.
9 Attend school everyday.
10 Does not work.
11 NO CPI do on her. Seen them kicking things breaking windows Happens allot.
12 Staff restrain kids when they refuse to do things. They are not acting out or anything to hurt anyone.
13 They do not get
14 "Racquet meals" are now called "modified meals" since we left. Deserts are taken away.
15 Wanted to know if her friend was coming back. They got rid of her after we left. Her friend was happy that we
16 saw what happened to her.
17 She was only refusing.
18 They do not handle money.
19 Has a good relationship with Staff and kids at the group home.
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LICENSING EVALUATOR NAME: Naomi Plair-Lopez
TELEPHONE: (909)320-2103

LICENSING EVALUATOR SIGNATURE: E. H. Lopez
DATE: 05/03/2004

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main Street
Riverside, CA 92501

DETAIL SUPPORTIVE INFORMATION

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

FACILITY NAME:	FACILITY NUMBER:	DATE(S) OF VISIT:	COLLATERAL VISIT?
CEDU SCHOOL-MAIN CAMPUS	366402761	05/03/2004	○ Yes ● No

LPA Baris went to Kitchen and spoke with food service staff **Kathy Ayotte** and **Bob Cluney** to inquire if any racket ball lunches are being prepared. Per Kathy, Bob and client who was assisting, no raquetball lunches have been prepared since last visit from licensing. Bob Cluney informed LPA that he is the cousing to Dr. George Condas. LPA then proceeded to utility room of dorm where client was kept isolated on visit of 3/10/04 and fed racquet ball lunches. The room was empty. During this time, LPA was approached by staff by name of **Rick Alyassi.** LPA identified herself and showed picture ID. Rick stated he was counselor for the middle school and no clients from middle school were on discipline today. Subsequently, LPA went to upper area of lodge to check on medications. Spoke to **Helen Pandell, RN** who stated she was full timm, S-Thurs 12:30-9 PM. She stated other staff was Dolores Martin, LVN, full time, T-Sat 6:30-3 PM, Mary Succero, RN, part-time, workds 2 days a week on varied days and Diane (Glenda) Walters, LVN, part time, F-M on varied days. Not enough time to check on meds or interview further due to client waiting to be interviewed.

LPA Baris client interviews:

[redacted] 14 years old, [redacted], at facility since 08/02, no prior GH placements, @ Shae dorm.

Does not understand GH services and activities. Go to bowling barn, movies, Museum of Tolerance, educational and fun field trips. "No money for allowance unless you are in New Horizons, a level. At that time you can get your own money, but they don't give us money. Regarding fining, states that if client breaks something, the parents are contacted and the parents have to pay for the damages. Regarding school attendance, he stated he was out of school for 2 weeks due to restriction. Stated he was on restriction because he broke the sex agreement, can't hold hands, kiss, etc. [redacted] stated he had consentual sex with another boy, 14 or 15 years old. Stated the other boy had been in his dorm/room but is now in a different room. Only had sex with boy one time and felt uncomfortable talking about it, other boy's name is [redacted]. [redacted] stated both reported the incident at the same time. At time of incident, only he and [redacted] were the only ones in the room, usually there are 4 boys. The incident happened at night on 4/12/04. One night staff on duty, Mike Smith. Per[redacted] his door was closed. Clients are allowed to keep doors closed, they automatically close. During restriction spent time at Alpine with a staff doing physical assignments like cleaning, vacuuming dusting, raking, shoveling, etc. No school work during the day only during dorm time. No raquet ball lunches after last licensing visit. Discipline observed, has been personally restrained 20 some odd times. States one time could not recall when, last year 2 staff Scott Kretch and Munir Jones put him on the ground for refusing to go where he was directed. [redacted] stated he was not physically abusive to clients or staff at that time. Has not recently observed any restraints in a while. While on restriction, clients are not allowed to have any sweets, no laughing and no singing at any time and also have to sit on a hard chair. Raquet ball lunches are obsolete, but not they are called modified meals. Modified meals consist of not full course, will take some stuff out. Modified meals for not following agreements or dorm jobs. Stated relationshipw between staff and clients is good. Staff has helped him with relationship with his mom and their relationship. Client to client relationships is good. Shane feels program is meeting his needs besides his alcohol issue. No program to address this issue.

LICENSING EVALUATOR NAME: Elvia Baris **TELEPHONE:** 909)782-3279

LICENSING EVALUATOR SIGNATURE: E.H. Baris **DATE:** 05/03/2004