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

CIVIL PENALTY ASSESSMENT

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS	DATE: 02/17/2005
FACILITY ADDRESS: 3500 SEYMOUR ROAD	CITY: RUNNING SPRINGS
STATE: CA	ZIP CODE: 92382
LICENSEE(S)/OPERATOR: CEDU SCHOOL, INC.	FACILITY NUMBER: 366402761

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1546, 1568.0822, 1569.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) 84172 and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s)

A Facility Evaluation Report (LIC 809) was issued on **02/17/2005** giving notice that failure to correct the above violation(s) would result in a civil penalty.

☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of **$0.00** is assessed for the period from through .

☐ A civil penalty of $50 per violation per day, up to a maximum of $150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.

☒ Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **$150.00** is assessed for **02/17/2005**, the day the deficiency was cited.

☒ All Facility Types: **Second citation** within a 12 month period; an immediate civil penalty of $150 per violation then $50 per day per violation until corrections are made.

☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically Ill (RCF-CI): **Third citation** within 12 month period; an immediate civil penalty of $1,000 per violation then $100 per day per violation until corrections are made.

☐ Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): **Third citation** within 12 month period; an immediate civil penalty of $150 per violation then $150 per day per violation until corrections are made.

☐ Violations which result in injury, sickness, or death: An immediate civil penalty of $150 per violation and then $150 per day per violation until corrections are made.

YOU WILL RECEIVE A BILL IN THE MAIL.

DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

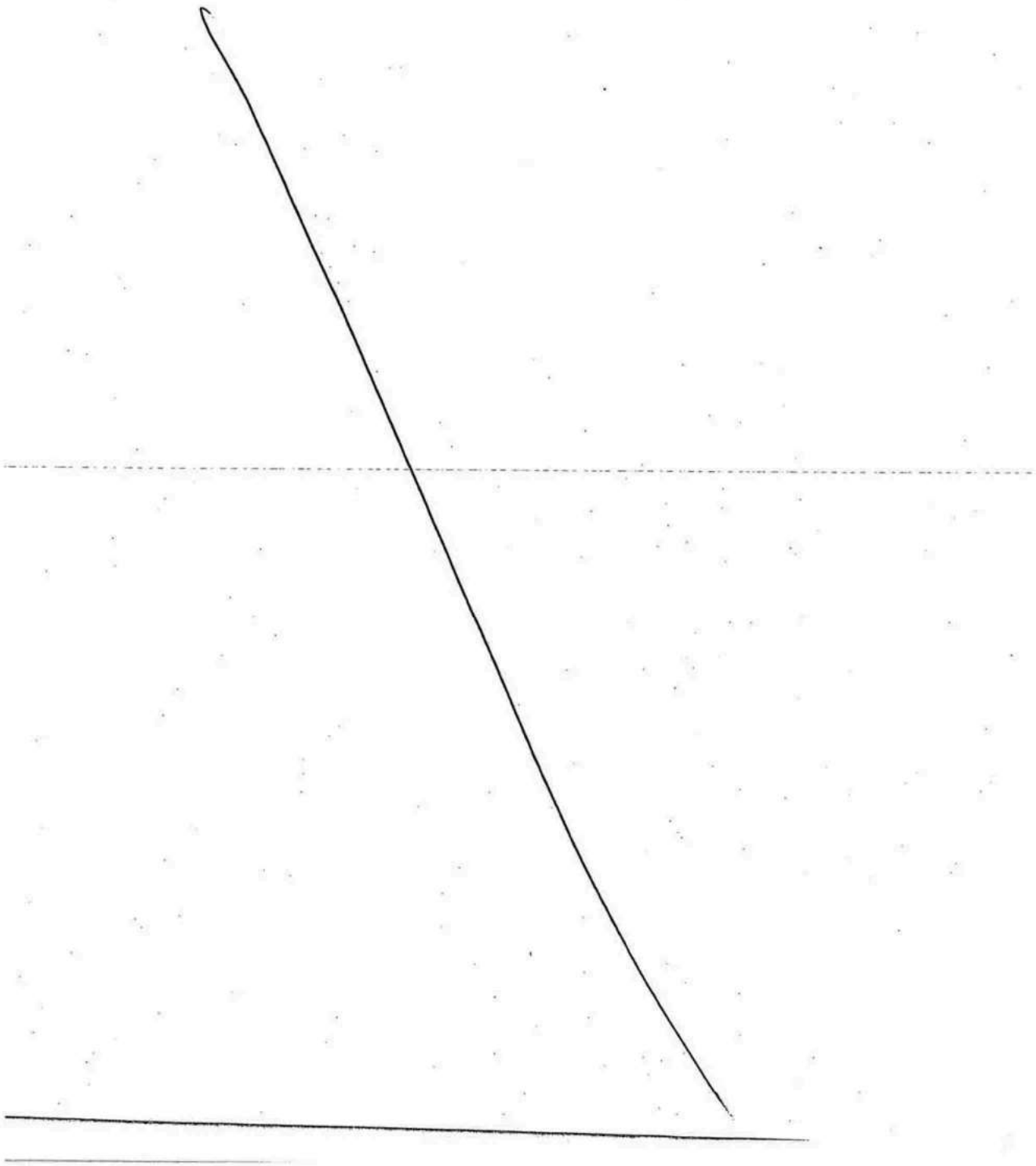
NAME OF LICENSING PROGRAM ANALYST: Elvia Baris, Elvia Baris	NAME OF FACILITY REPRESENTATIVE/TITLE: Tauni Cobb
SIGNATURE OF LICENSING PROGRAM ANALYST: E. H. Baris Elvia Baris	SIGNATURE OF FACILITY REPRESENTATIVE: Tauni Cobb
SUPERVISOR REVIEW/SIGNATURE (FOR INTERNAL USE ONLY)	TITLE: Risk Manager / DATE: 2/17/05

LIC421 (FAB) - (10/02)

Will be appealed; based on client interviews

FACILITY REPRESENTATIVE SIGNATURE: Dawn Cobb DATE: 02/17/2005

LIC9099 (FAS) - (06/04)



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

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/22/2004** and conducted by Evaluator Elvia Baris

PUBLIC

COMPLAINT CONTROL NUMBER: 198976

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	**FACILITY NUMBER:**	366402761
DIRECTOR:	DR. GEORGE CONDAS	**FACILITY TYPE:**	730
ADDRESS:	3500 SEYMOUR ROAD	**TELEPHONE:**	(909) 867-2722
CITY:	RUNNING SPRINGS **STATE: CA**	**ZIP CODE:**	92382
CAPACITY:	174 **CENSUS: 114**	**DATE:**	11/01/2004
	Complaint UNANNOUNCED	**TIME VISIT BEGAN:**	09:20 AM
MET WITH:	David LePere	**TIME COMPLETED:**	4:50PM

ALLEGATION(S):

CODE 13 - Medication - Medical Staff left medication, insulin/needles unattended and accessible to clients. Dr. Simpson, Medical Director, wrote a letter to Administrator regarding the safety concern.

INVESTIGATION FINDINGS:

LPA Baris to facility for 10 day visit regarding complaint # 198976. Interviews were conducted with 2 nurses, Medical Director, HR Representative and Director for Middle and High School. Incident reports for 7/31/04 for client #1 were also considered regarding this allegation. Interviews confirmed that the insulin was accessible to clients to self administer the insulin. Only three clients are receiving insulin. Staff on duty on 7/31/04 was not aware that client #1 was not on insulin. Client did self administer the insulin with the staff observing. The incident report states the approximate time of incident was 4 PM. The nurse was not informed regarding client #1 self administering the insulin until 5:20 PM when the nurse came on campus. At that time, Dr. Keith Simpson was called and 911 was called.

Based on the evidence, this allegation is substantiated.

A review of records on 11/1/04 indicates that except for board president #2, all facility staff or other individuals who require caregiver background checks have received criminal record and child abuse index check clearances or exemptions.

Substantiated

Estimated Days of Completion:

SUPERVISOR'S NAME: Frankie Shelton

LICENSING EVALUATOR NAME: Elvia Baris **TELEPHONE:** (951)782-4207

LICENSING EVALUATOR SIGNATURE: E. H. Baris **TELEPHONE:** (951)782-3279 **DATE:** 11/01/2004

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 11/01/2004

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

COMPLAINT INVESTIGATION REPORT (Cont)

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

VISIT DATE: 11/01/2004

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)	
Type A 11/02/2004 Section Cited 80019(a) Criminal Record Clearance	Per LIC 309, Board President is not fingerprint cleared. *****Civil Penalties are being accessed	Facility will have Board President fingerprinted and copy of livescan sent to CCL by due date.	
Type A 11/02/2004 Section Cited 80019(f) Criminal Record Clearance	Staff # 3, 4 and 5 are not associated to the facility. Although records showed that these staff were fingerprinted, they were not livescanned and there is no record for these clients. *****Civil Penalties are being assessed	Facility will have staff livescanned by due date. Staff cannot work until they are cleared and associated to the facility.	
Type A 11/02/2004 Section Cited 80075(n)(1) Health Related Services	Clients had access to insulin/medication. Per review of records, facility was cited on 3/10/04 for medication accessible to clients. *****Civil Penalties are being assessed	Facility will submit plan of action to ensure that medication is kept in a safe & locked place that is not accessible to persons other than employees responsible for supervision of centrally stored medication.	
Type A 11/02/2004 Section Cited 80063(a) Accountability	Staff was not aware that client was not insulin dependent and allowed client to self administer insulin.	Facility will submit plan of action to for staff to ensure which clients are allowed to self administer medications before allowing clients to take medication.	

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: Frankie Shelton

LICENSING EVALUATOR NAME: Elvia Baris **TELEPHONE:** (951)782-4207

LICENSING EVALUATOR SIGNATURE: E. H. Baris **TELEPHONE:** (951)782-3279

DATE: 11/01/2004

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 11/01/2004

LIC9099 (FAS) - (06/04)

Page: 2 of 1

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

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS	ZIP CODE:	92382
	STATE: CA		
CAPACITY:	174	CENSUS: 114	DATE: 11/01/2004
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 09:20 AM
MET WITH:	David LePere		TIME COMPLETED: 4:50PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

LPA Baris to facility for 10 day visit on complaint # 198976. During the course investigation, other issues regarding incident reports were addressed. Other issues also arose during the course of the investigation. The following pages note the deficiencies being cited in accordance with Title 22, Division 6, Chapters 1 and 5.

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: Frankie Shelton

LICENSING EVALUATOR NAME: Elvia Baris — **TELEPHONE:** (951)782-4207

LICENSING EVALUATOR SIGNATURE: E H. Baris — **TELEPHONE:** (951)782-3279 — **DATE:** 11/01/2004

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

FACILITY REPRESENTATIVE SIGNATURE: — **DATE:** 11/01/2004

LIC809 (FAS) - (09/04)

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

FACILITY EVALUATION REPORT (Cont)

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

VISIT DATE: 11/01/2004

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 11/02/2004 Section Cited 80063(a) Accountability	Interviews with nursing staff revealed that due to shortage of nursing staff, nurses are preparing medication to be despensed by other staff. Nursing staff is not aware of what staff is trained on the methods for dispensing of medications. Nursing staff was also not aware of procedures for destruction of medication.	Facilty will submit plan of action to ensure that nursing staff is informed of all medication procedures and identify what staff is trained to dispense medication.
Type A 11/02/2004 Section Cited 80087(h) Buildings and Grounds	Incident report of 10/4/04 indicates during dorm chores, client #1 was attempting to sqiurt other clients with cleaning solution. Incident report of 9/18/04 indicates that client #2 disclosed that she had drank some diluted blue cleaner and some lemon cleaner during dorm clean-up time.	Facility will submit plan of action to ensure that chemicals or other toxic substances are inaccessible to clients. Present giving clients cleaning chemicals and rotating through the area is not acceptable.
Type A 11/02/2004 Section Cited 80078(a) Responsibility for Providing Care and Supervision	Incident report of 7/27/04 indicates that clients #3 & 4 engaged in sexual intercourse on campus on the night of 7/26/04.	Facility will submit plan of action to ensure that clients are provided supervision to meet their needs by due date.
Type A 11/02/2004 Section Cited 80078(a) Responsibility for Providing Care and Supervision	Incident report of 8/20/04 indicates that client #5 and 6 engaged in consensual sexual behaviorsleeping in the lodge as a support student. Client #5 was a support student for client #6.	"

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: Frankie Shelton

LICENSING EVALUATOR NAME: Elvia Baris **TELEPHONE:** (951)782-4207

LICENSING EVALUATOR SIGNATURE: E. H. Baris **TELEPHONE:** (951)782-3279 **DATE:** 11/01/2004

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 11/01/2004

LIC809 (FAS) - (09/04)

Page: 2 of 1

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

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **10/22/2004** and conducted by Evaluator Elvia Baris

PUBLIC

COMPLAINT CONTROL NUMBER: 198976

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	**FACILITY NUMBER:**	366402761
DIRECTOR:	DR. GEORGE CONDAS	**FACILITY TYPE:**	730
ADDRESS:	3500 SEYMOUR ROAD	**TELEPHONE:**	(909) 867-2722
CITY:	RUNNING SPRINGS **STATE: CA**	**ZIP CODE:**	92382
CAPACITY:	174	**CENSUS: 114**	**DATE:** 11/01/2004
	Complaint	**UNANNOUNCED**	**TIME VISIT BEGAN:** 09:20 AM
MET WITH:	David LePere		**TIME COMPLETED:** 4:50PM

ALLEGATION(S):

1 CODE 13 - Nursing staff have told parents she has been taking controlled medications home with her to destroy

4 CODE 19 - Staffing ratio during the weekend are including the administrator who is not supervising clients

INVESTIGATION FINDINGS:

1 LPA Baris conducted interviews with four nursing staff, Medical Director, Human Resources Representative
2 and director for High School and Middle School. Records for work scheduled and LIC 500 were also reviewed.
3 Regarding the first allegation, there was not enough evidence to prove or disprove the allegation. The ex-head
4 nurse was not available to interview.
5 Regarding the second allegation, interviews showed that the administrator is not on site on weekends on a
6 regular basis. There was not enough information on the allegation to be able to prove or disprove the
7 allegation.
8 Based on the evidence, these two allegations are found to be inconclusive.
9
10
11
12
13

Inconclusive **Estimated Days of Completion:**

SUPERVISOR'S NAME: Frankie Shelton **TELEPHONE:** (951)782-4207

LICENSING EVALUATOR NAME: Elvia Baris **TELEPHONE:** (951)782-3279

LICENSING EVALUATOR SIGNATURE: E. H. Baris **DATE:** 11/01/2004

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 11/01/2004

LIC9099 (FAS) - (08/04)

Page: 1 of 1

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

CIVIL PENALTY ASSESSMENT

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS	DATE: 11/01/2004
FACILITY ADDRESS: 3500 SEYMOUR ROAD	CITY: RUNNING SPRINGS
STATE: CA	ZIP CODE: 92382
LICENSEE(S)/OPERATOR: CEDU SCHOOL, INC.	FACILITY NUMBER: 366402761

LICENSED FACILITY

Civil penalties can be assessed against any facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1548, 1568.0822, 1569.99. You are hereby notified that a civil penalty has been assessed.

The above facility has been found in violation of the California Code of Regulations, Title 22, Divisions 6, and/or 12, Section(s) 80075(n)(1) and/or California Health and Safety Code, Chapters 3, 3.01, 3.2, 3.4, and 3.5 Section(s)

A Facility Evaluation Report (LIC 809) was issued on **11/01/2004** giving notice that failure to correct the above violation(s) would result in a civil penalty.

☐ Because you failed to make the corrections specified on the LIC 809, a civil penalty of **$0.00** is assessed for the period from through .

☐ A civil penalty of $50 per violation per day, up to a maximum of $150 per day will be assessed. This will continue until correction(s) are made to comply with the licensing laws, regulations, and approval of the California Department of Social Services or authorized licensing agency.

☒ Because you repeated a violation of the same subsection within a 12 month period, an immediate civil penalty of **$150.00** is assessed for **11/01/2004**, the day the deficiency was cited.

☒ All Facility Types: **Second citation** within a 12 month period; an immediate civil penalty of $150 per violation then $50 per day per violation until corrections are made.

☐ Residential Care Facility for the Elderly (RCFE), Residential Care Facility for the Chronically ILL (RCF-CI): **Third citation** within 12 month period; an immediate civil penalty of $1,000 per violation then $100 per day per violation until corrections are made.

☐ Family Child Care Homes (FCCH), Child Care Centers (CCC), Community Care Facility (CCF): **Third citation** within 12 month period; an immediate civil penalty of $150 per violation then $150 per day per violation until corrections are made.

☐ Violations which result in injury, sickness, or death: An immediate civil penalty of $150 per violation and then $150 per day per violation until corrections are made.

YOU WILL RECEIVE A BILL IN THE MAIL.

DO **NOT** SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST: Elvia Baris	NAME OF FACILITY REPRESENTATIVE/TITLE: David LePere
SIGNATURE OF LICENSING PROGRAM ANALYST: E. H. Baris	SIGNATURE OF FACILITY REPRESENTATIVE: David LePere
SUPERVISOR REVIEW/SIGNATURE (FOR INTERNAL USE ONLY)	TITLE: School Director — DATE: 11-1-04

LIC421 (FAS) - (10/02)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main Street Suite 800
Riverside, Ca, 92501

CIVIL PENALTY ASSESSMENT (Unlicensed and Criminal Background)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS	DATE: 11/01/2004
FACILITY ADDRESS: 3500 SEYMOUR ROAD	CITY: RUNNING SPRINGS
STATE: CA	ZIP CODE: 92382
LICENSEE(S)/OPERATOR: CEDU SCHOOL, INC.	FACILITY NUMBER: 366402761

UNLICENSED FACILITY

Civil penalties can be assessed against any unlicensed facility which fails to take corrective action within prescribed time periods, per California Health and Safety Code Sections 1547, 1568.03, 1568.0821, 1569.48, and 1596.891. You are hereby notified that a civil penalty has been assessed.

Your facility has been found operating without a license. This is in violation of the California Health and Safety Code Sections 1508, 1568.03, 1569.10, or 1596.80. A Notice of Operation in Violation of Law or Denial of Application was issued on giving notice that failure to submit a completed application or cease operation could result in a civil penalty.

☐ Because you failed to file a completed application or cease operation, a civil penalty of **$0.00** is assessed for the period from through

- ☐ Residential Care Facility for the Elderly (RCFE): Since a completed application was not submitted by the 15th day, on day 16 from date of notice or letter, $100 per resident per day is being assessed retroactively. From day 16, $200 per resident per day is being assessed until a completed application is submitted or operations cease (if you have not had a previous application denied).
- ☐ Residential Care Facility for the Chronically Ill (RCF-CI): An immediate civil penalty of $100 per resident per day is being assessed. If a completed application is not submitted by the 15th day, on day 16 from date of notice or letter, $200 per resident per day is being assessed until a completed application is submitted or operations cease (if you have not had a previous application denied).
- ☐ Child Care Center, Family Child Care Home, Community Care Facility: since a completed application was not submitted by the 15th day, on day 16 from the date of notice or letter, $200 per day is being assessed until a completed application is submitted or operations cease (if you have not had a previous application denied).

CRIMINAL BACKGROUND CLEARANCE (Immediate)

Civil penalties can be assessed for failure to comply with the requirement for fingerprinting and other criminal background requirements, per California Health and Safety Code Sections 1522, 1568.09, 1569.17, 1596.871 and 1596.8712. You are hereby notified that a civil penalty has been assessed.

A Facility Evaluation Report (LIC 809) was issued on **11/01/2004** giving notice that your facility has been found in violation of the fingerprinting criminal background clearance requirements.

- ☒ $100 Immediate Civil Penalty per person for failure to obtain a DOJ criminal record clearance or an exemption.
- ☒ $100 Immediate Civil Penalty per person for failure to request that a previously cleared or exempted person be associated to the facility.
- ☐ $100 Immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Exclusion)".
- ☐ $100 Immediate Civil Penalty per parent/authorized representative for failure to provide "Family Child Care Home Addendum to Notification of Parents' Rights (Regarding Reinstatement)".
- ☐ $100 Immediate Civil Penalty per parent/authorized representative for failure to obtain signature indicating receipt of Addendum.
- ☐ $100 Immediate Civil Penalty for failure to provide signed addendum to the Department when requested.

4 Number of Persons X $100 = **$400.00** Total Penalty

YOU WILL RECEIVE A BILL IN THE MAIL. DO NOT SEND MONEY UNTIL YOU RECEIVE YOUR BILL!

NAME OF LICENSING PROGRAM ANALYST: Elvia Barie	NAME OF FACILITY REPRESENTATIVE/TITLE: David LePere
SIGNATURE OF LICENSING PROGRAM ANALYST: E. H. Barie	SIGNATURE OF FACILITY REPRESENTATIVE: [signature]
NAME OF DEPARTMENTAL REVIEWER AND TITLE	TITLE: School Director / DATE: 11-1-04

LIC421A (FAS) - (10/05)

EXPLANATION TO OPERATOR

UNLICENSED FACILITY

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

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

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS STATE: CA	ZIP CODE:	92382
CAPACITY:	174	DATE:	06/01/2004
TYPE OF VISIT:	Case Management CENSUS:	TIME BEGAN:	11:15 AM
MET WITH:	Bill Shea UNANNOUNCED	TIME COMPLETED:	4:20PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

LPA's Alison Harris and Elvia Baris to facility for case management visit. The purpose of the visit was to assist the San Bernardino Sheriff's Department with any licensing information as needed during their serving of a search warrant.

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: Frankie Shelton

LICENSING EVALUATOR NAME: Elvia Baris TELEPHONE: 909-782-4207

LICENSING EVALUATOR SIGNATURE: E. H. Baris Alison Harris TELEPHONE: 909)782-3279 DATE: 06/01/2004

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

FACILITY REPRESENTATIVE SIGNATURE: 6/1/04 DATE: 06/01/2004

LIC809 (FAS) - (4/96)

Page: 1 of 1

LIS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 9797 Main Street
Riverside, CA 92501

COMPLAINT INVESTIGATION REPORT

This is an official report of an unannounced visit/investigation of a complaint received in our office on **01/05/2004** and conducted by Evaluator Elvia Baris

PUBLIC

COMPLAINT CONTROL NUMBER: 198105

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	**FACILITY NUMBER:**	366402761
DIRECTOR:	DR. ~~JAMES POWELL~~ George Condas	**FACILITY TYPE:**	730
ADDRESS:	3500 SEYMOUR ROAD	**TELEPHONE:**	(909) 867-2722
CITY:	RUNNING SPRINGS	**STATE: CA**	**ZIP CODE:** 92382
CAPACITY:	174	**CENSUS:**	**DATE:** 05/03/2004
	Complaint	UNANNOUNCED	**TIME VISIT BEGAN:** 10:20 AM
MET WITH:	Bill Shea		**TIME COMPLETED:** 4:00 PM

ALLEGATION(S):

Client's personal mail is read by the facility.

Clients do not have an infirmary or isolation room.

INVESTIGATION FINDINGS:

LPA's Elvia Baris and Lami Dogonyaro conducted client and staff interviews. Client interviews corroborated the allegation that their incoming and outgoing mail is read by the facility. Clients are not allowed to seal their outgoing mail. Additionally, LPA observed one of the client files that was reviewed contained an unsealed outgoing letter. Another file contained a sealed letter that was postmarked in 2003 and was not given to the client.

Per staff and client interviews, part of the lodge is used as an isolation room. During the tour of the facility on 1/14/04, some clients were also observed in the lodge area laying on couches. Per administrator Dr. Condas, at time of a flu outbreak , there was not enough room in the lodge to accommodate the number of ill clients and a dorm was used for ill clients. Per client interviews, the girls were placed in the Shea (boy's dorm) during the day and had to walk back to and from the girls room in the snow to their dorm.

Based on the preponderance of the evidence, the above allegations are substantiated.

Substantiated **Estimated Days of Completion:**

SUPERVISOR'S NAME: Frankie Shelton **TELEPHONE:** 909-782-4207

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

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

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

FACILITY REPRESENTATIVE SIGNATURE: 5/3/04 **DATE:** 05/03/2004

LIC9099 (FAS) - (8/00)

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

COMPLAINT INVESTIGATION REPORT (Cont)

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

VISIT DATE: 05/03/2004

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/18/2004 Section Cited 84172(e) Personal Rights	Staff and client interviews revealed that clients had their incoming mail as well as outgoing mail read. LPA found one outgoing letter in client file unsealed. Client interviews revealed that clients are not allowed to seal outgoing mail. Another client file contained a sealed letter postmarked in 2003 that was not delivered to client.	Facility will have staff training on personal rights. The facility will submit schedule of training to be provided by due date and "specific areas" of personal rights covered in training. Copy of sign in sheets to be provided to CCL when traing is done.
Type B 05/17/2004 Section Cited 80087(d) Buildings and Grounds	Staff and client interviews revealed that the lodge has rooms with couches that are used to isolate ill clients. During a recent outbreak of a flu epidemic, a boys dorm was also used to isolate ill female clients during the day.	The rooms with couches are not acceptable for isolation areas. The facility will designate an isolation room with appropriate accomodations for use by ill clients. This area will be equipped to allow the ill clients to stay overnight until they are well enough to return to their dorms.

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: Frankie Shelton
LICENSING EVALUATOR NAME: Elvia Baris
LICENSING EVALUATOR SIGNATURE: Elvia Baris
TELEPHONE: 909-782-4207
TELEPHONE: 909)782-3279
DATE: 05/03/2004

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

FACILITY REPRESENTATIVE SIGNATURE: 5/3/04
DATE: 05/03/2004

LIC9099 (FAS) - (4/94)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

FACILITY EVALUATION REPORT

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste. 400
Riverside, CA 92501

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS STATE: CA	ZIP CODE:	92382
CAPACITY:	174		
TYPE OF VISIT:	Case Management CENSUS: 128	DATE:	05/03/2004
MET WITH:	Bill Shea ; Director UNANNOUNCED	TIME BEGAN:	10:00 AM
		TIME COMPLETED:	04:00 PM

DEFICIENCY INFORMATION FOR THIS PAGE: Type B

CIVIL PENALTY INFORMATION: Penalty Assessed

COMMENTS/DEFICIENCIES

LPA's Naomi Plair-Lopez and Elvia Baris to facility for case management visit. The purpose of the visit is to complete the annual evaluation visit that commenced on 3/10/04 and address other issues that arose out of the investigation for complaint # 198105. The following pages note the deficiencies cited in accordance with Title 22, Division 6, Chapters 1 and 5.

A review of records on ~~5/7/04~~ 5/3/04 indicates that all facility staff or other individuals who require caregiver background checks have received criminal record and child abuse index check clearances or exemptions.

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: Frankie Shelton TELEPHONE: (909)782-4207

LICENSING EVALUATOR NAME: Naomi Plair-Lopez TELEPHONE: (909)320-2103

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

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

FACILITY REPRESENTATIVE SIGNATURE: 5/3/04 DATE: 05/03/2004

LIC809 (FAS) - (4/99)

Page: 1 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste. 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

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

VISIT DATE: 05/03/2004

Deficiency Type / POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/17/2004 Section Cited 80075(l).	Health Related Services -(1)The licensee shall maintain copies of unexpired first aid and CPR certificates documenting the training required in Section 80075(l) Staff 1,2,4,6,7,13, and 14 did not have current first aid certifications. Staff files reflect the deficiency of current First Aid Certification.	Staff completed training and were certified at time of 5/3/04 facility visit
Type B 05/17/2004 Section Cited 80069(c)(1)	T.B.Test result not in file # 1,5, and 10	Copies of documentation will be placed in client files and are to be provided to CCL.
Type B 05/17/2004 Section Cited 80068(e)	Admission Agreement not signed by Authorized Rep. for file #8	Copies of documentation will be placed in client files and are to be provided to CCL.
Type B 05/17/2004 Section Cited 84068 (a)(d)	Needs and Services Plan not signed by either Authorized Representative or minor for file #3,6,7,&10	Copies of documentation will be placed in client files and are to be provided to CCL.

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: Frankie Shelton **TELEPHONE:** (909)782-4207

LICENSING EVALUATOR NAME: Naomi Blair-Lopez **TELEPHONE:** (909)320-2103

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

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

FACILITY REPRESENTATIVE SIGNATURE: 5/3/04 **DATE:** 05/03/2004

LIC809 (FAE) - (4/98)

Page: 2 of 1

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

FACILITY EVALUATION REPORT (Cont)

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

VISIT DATE: 05/03/2004

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/17/2004 Section Cited 80076(a)Health Related Services	One night staff to 30 clients. Night staff is not allowed to give medications to clients. When clients are ill, they need to wait for nurse to come on duty.	Facility will have trained staff available to clients that can assist as needed with self administration of prescriptions and nonprescription medications. Contact to urgent care and/or nurse will be made and documented for assessing need for medical treatment.
Type B 05/17/2004 Section Cited 80075 (b)(7) Health-Related Services	There are no written doctor orders for nonprescription medications and no labels on the nonprescription orders.	Facility will provide training to staff on medications to include the documentation and administering of medications. Facility will submit schedule of training to CCLwith topics to be covered by due date and copy of sign in sheet with topics covered when training is done.
Type B 05/17/2004 Section Cited 80022(h) Plan of Operation	Facility program statement states, "At time of intake, the child and parents or placing agent are informed of the child's personal rights. All parties sign the procedures, rules, policies and rights form when them become part of the child's file. These rights shall not be violated." The facility has violated the client's rights. Additionally, client files show that the documents stated were not reviewed/signed by stated parties.	Facility will submit a plan of action to address this intake issue and hold the responsible party accountable. Facility will submit plan of action to CCL by due date.
Type B 05/17/2004 Section Cited 80061(b) Reporting Requirements	Facility had an outbreak of flu sometime in November 2003 and did not submit an incident report to licensing.	Facility will provide staff training on incident report writing/requirements. Facility will submit schedule of training and topics to be covered to CCL by due date and copy of sign in sheet with topics covered when training is done.

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: Frankie Shelton
TELEPHONE: 909-782-4207

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

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

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

FACILITY REPRESENTATIVE SIGNATURE: 5/3/04
DATE: 05/03/2004

LIC909 (PAS) - (4/96)

Page: 2 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste. 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

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

VISIT DATE: 05/03/2004

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 05/17/2004 Section Cited 80026(h)	No client's files contain Safeguards for Cash Resources	Copies of documentation will be placed in client files and are to be provided to CCL.
Type B 05/17/2004 Section Cited 84070 (b)(5)	Immunization Record missing in files #5&10	Copies of documentation will be placed in client files and are to be provided to CCL.
Type B 05/17/2004 Section Cited 80075(n)(7)	Files#1,2,3,5,&10 do not contain Current Centrally Stored Medication records	Copies of documentation will be placed in client files and are to be provided to CCL.
Type B 05/10/2004 Section Cited 84077(2)	Minors receive no allowance	Facility will review it's

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: Frankie Shelton **TELEPHONE:** (909)782-4207

LICENSING EVALUATOR NAME: Naomi Plair-Lopez **TELEPHONE:** (909)320-2103

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

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

FACILITY REPRESENTATIVE SIGNATURE: 5/3/04 **DATE:** 05/03/2004

LIC809 (FAR) - (4/98)

Page: 2 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Island, 8737 Main St. Ste. 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

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

VISIT DATE: 05/03/2004

Deficiency Type / POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 05/05/2004 Section Cited 84801(c)(1)	Inappropriate use of physical restraint intervention. Minors are being physically restraint for verbal refusal.	Review Emergency Intervention Policy and retrain Staff. Documentation will be sent to CCL
Section Cited		
Section Cited		
Section Cited		

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: Frankie Shelton
LICENSING EVALUATOR NAME: Naomi Plair-Lopez **TELEPHONE:** (909)782-4207
LICENSING EVALUATOR SIGNATURE: E.H. Barry **TELEPHONE:** (909)320-2103 **DATE:** 05/03/2004

I acknowledge receipt of this form and understand my appeal rights as explained and received.
FACILITY REPRESENTATIVE SIGNATURE: 5-3-04 **DATE:** 05/03/2004

LIC809 (FAB) - (4/96)

Page: 2 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. #600
Riverside, CA 92501

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	368402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS STATE: CA	ZIP CODE:	92382
CAPACITY:	174	CENSUS: 121	DATE: 03/10/2004
TYPE OF VISIT:	Annual/Random	UNANNOUNCED	TIME BEGAN: 10:00 AM
MET WITH:	Bill Shea		TIME COMPLETED:

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Penalty Notice Given

COMMENTS/DEFICIENCIES

Licensing Program Analysts (LPAs), Elvia Baris, Lami Dogonyaro, Naomi Plair-Lopez and James Baca made an unannounced visit to the Group Home to conduct an annual evaluation. During review, LPAs interviewed children, staff, toured facility and reviewed client and staff records.

LPA's noted several areas of concern. LPAs Dogonyaro, Baris and Baca made an unescorted visit to the kitchen to discuss an area of concern regarding food services. During visit LPA interviewed kitchen staff. It was disclosed that some children are provided "racquetball" meals. During questioning of staff, it was revealed "racquetball" lunches (Called so due to the children being made to stay on the racquet ball quarts when acting out) consists of a piece of fruit, a cheese sandwich and a bottle of water. Kitchen staff also revealed this meal is provided for lunch and dinner and the child will get oatmeal for breakfast. When asked where these children are, staff directed LPAs to the location where two children were delivering the meals.

Upon arrival to an previously undisclosed room in a facility dorm, one child was observed to be on a one on one status with a staff for not wanting to participate with school or other activities. This child was made to remain in a utility room that had no furniture except for a staff chair, a small desk, a game table and several unlocked cleaning supplies. LPAs, viewed her during meal time. Upon entry, the child had an orange, a bottle of water and a cheese sandwich that consisted of only cheese and bread. This sandwich was placed on the floor in front of the child who had refused to sit at the desk. The child was observed sitting on the floor in front of the utility closet containing cleaning items. The meal was delivered by two children from the kitchen and when LPAs arrived, there were three children in the room in addition to the one child, who were talking to the staff. These children were sitting on the floor also and were eating their lunches which consisted of turkey, bacon, cheese, lettuce and tomato sandwiches with seasoned fries and fruit. This child has reportedly been on this meal for lunch and dinner for at least three days. LPA requested

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: Frankie Shelton **TELEPHONE:** 909-782-4207

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

LICENSING EVALUATOR SIGNATURE: E. H. Baris **DATE:** 03/10/2004

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/10/2004

LIC900 (FAB) - (4/06)

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CP

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. #300
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

VISIT DATE: 03/10/2004

NARRATIVE/COMMENTS

Administration to come to the location and then informed them of the situation. The child was then provided a regular lunch by the Middle School Director.

It must also be noted that this child reportedly is made to sleep in staff office/utility room in the evening as she is on a one to one observation and there is only one staff assigned to the dorm.

Due to time constraints, this visit is being extended. LPA's will return at a later time to review children's records and to discuss any record violations which may be observed at that time.

According to the California code of Regulations, Title 22, division 6, Chapters 1 and 5 the attached deficiencies were observed and cited.

Exit interview conducted.

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: Frankie Shelton
TELEPHONE: (909)782-4946

LICENSING EVALUATOR NAME: Eliva Baris
TELEPHONE: (909) 782-3279

LICENSING EVALUATOR SIGNATURE: E. H. Baris **DATE:** 03/10/2004

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/10/2004

LIC809 (FAS) - (4/98)

Page: 2 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. #900
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

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

VISIT DATE: 03/10/2004

Deficiency Type / POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/12/2004 Section Cited 80072(a)(3)	PERSONAL RIGHTS: Child #1 was not provided appropriate meals for at least three days. This is reportedly a usual practice for any children who do not comply with the facility program.	REGULAR MENUS WILL BE SERVED TO ALL STUDENTS
Type A 03/12/2004 Section Cited 80075(n)(1)	HEALTH RELATED SERVICES: The following medications were observed unlocked and accessible to children in the following areas: A. Irvine Ski Dorm, LPA observed Lamasil at 1% Cream, Rx# 171548C unlocked and on top of bathroom shelf in children's dorm. B. Tub Dorm: LPA observed Aluminum Dab-O-Mat, Rx# 182944 unlocked and in child's cabinet.	Item removed during walk through by staff and provided to nurse. Item removed during walk through by staff and provided to nurse.
Type A 03/12/2004 Section Cited 80087(h)	BUILDINGS AND GROUNDS: LPA observed the following toxins accessible to children in the specified areas: A. Cleaning solution found in kitchen cabinet which has a broken lock. Several children were noted in the area with no staff present. B. Cleaning solutions observed by child in Fiuer Dorm who was on a one to one with staff.	LOCK WILL BE REPLACED ON CABINET WITH 3 DAYS CLEANING SOLUTION IN FLUOR WILL BE PUT AWAY

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: Frankie Shelton **TELEPHONE:** (909)782-4946

LICENSING EVALUATOR NAME: James Baca **TELEPHONE:** (909) 782-6647

LICENSING EVALUATOR SIGNATURE: E. H. Baca **DATE:** 03/10/2004

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/10/2004

LIC809 (FAB) - (4/98)

Page: 3 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. #600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

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

VISIT DATE: 03/10/2004

Deficiency Type / POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 03/12/2004 Section Cited 80087(a)	BUILDINGS AND GROUNDS: Facility is in need of general repair in the following areas: A. South Walden has floor boards in the laundry area that are loose and could fall through floor. B. South Walden has two inch hole on door leading to outside of facility. This could allow animals, pest and elements to enter the dorm. Area currently has snow. C. North Walden has tiles broken in two separate shower areas. These areas could cause an injury to children in care.	FLOORING TO BE REPLACED WITHIN NEXT 30 DAYS FLOORING TO BE REPLACED WITHIN NEXT 30 DAYS
Type A 03/12/2004 Section Cited 80065(d)	PERSONNEL REQUIREMENTS: LPAs observed children present in dorms with regular staff and no facility manager present.	TRAINING TO BE CONDUCTED WITHIN 30 DAYS ON RESPONSIBILITIES FOR FACILITY DUTIES
Type A 03/12/2004 Section Cited 80088(f)(1)	FIXTURES, FURNITURE, EQUIPMENT AND SUPPLIES: Facility does not covers on trashcans to prevent infestation of insects and animals.	REPLACED OF ALL UNCOVERED TRASHCANS IN 30 DAYS

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: Frankie Shelton
TELEPHONE: (909)782-4946

LICENSING EVALUATOR NAME: James Baca
TELEPHONE: (909) 782-6647

LICENSING EVALUATOR SIGNATURE: E. H. Baca **DATE:** 03/10/2004

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

FACILITY REPRESENTATIVE SIGNATURE: [signature] **DATE:** 03/10/2004

LIC809 (FAB) - (4/99)

Page: 4 of 4

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 9727 Main Street
Riverside, CA 92501

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DR. GEORGE CONDAS	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS STATE: CA	ZIP CODE:	92382
CAPACITY:	174	CENSUS: 105	
TYPE OF VISIT:	Case Management	UNANNOUNCED	
MET WITH:	Dr. George Chondas and Bill Shea	DATE:	01/13/2004
		TIME BEGAN:	09:30 AM
		TIME COMPLETED:	4:20 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

LPA's Elvia H. Baris and Lami Dogonyaro to facility for case management visit in regards to various incident reports. Interviews were conducted with two clients and three staff. The following pages note the deficiencies cited in accordance with Title 22, Division 6, Chapters 1 and 5.

A review of staff records on 1/13/04 indicate that all individuals who require background checks have received criminal record and child abuse index check clearances or exemptions.

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: Frankie Shelton TELEPHONE: 909-782-4207

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

LICENSING EVALUATOR SIGNATURE: E. H. Baris DATE: 01/13/2004

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 01/13/2004

LIC500 (PAS) - (4/98)

Page: 1 of 1

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STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

FACILITY EVALUATION REPORT (Cont)

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

VISIT DATE: 01/13/2004

Deficiency Type / POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)	
Type B 01/27/2004 Section Cited 80067(a) Responsibility for Providing Care and Supervision	1 2 3 4 5 6 7	Per review of incident reports, incident report of 12/05/03 involved 2 clients who had various sexual encounters without any staff knowledge. Another incident report of 7/27/03 involved 2 other clients that had sexual encounters on several occasions without staff knowledge. Review of past months incident reports shows a pattern of incidents where clients were involved in physical altercations (08/16/03), boy's breaking in to office (11/16/03) and other incidents that show that staff supervision is inadequate.	1 2 3 4 5 6 7	Facility will amend their staff supervision ratios to accommodate the needs of the clients in placement.	cw
Type B 01/27/2004 Section Cited 80072 (a) Personal Rights	1 2 3 4 5 6 7	Incident report of 8/7/03 shows client was "threatening to run off campus." Client was placed in a team control position to prevent him from running.	1 2 3 4 5 6 7	Facility will have staff training on personal rights. Schedule of training and topics discussed will be sent to licensing by due date. Copy of training roster to follow.	cw
Type B 01/27/2004 Section Cited 84022(a) Plan of Operation	1 2 3 4 5 6 7	Incident report of 08/07/03 (same as above) resulted in a sprained shoulder to client as a result of a Team Control Position. Other incident reports show that clients are put in escort or restraints by one staff. Review of CPI shows that these holds are to be considered only on smaller children. Facility has not submitted response to their proposed Emergency Intervention Plan sent by CCL to facility on 6/03.	1 2 3 4 5 6 7	Facility will not do any restraints until EI Plan is approved. Facility will submit plan of action to be used during the interim that the EI is approved.	cw
Type B 01/27/2004 Section Cited 80010(a)Limitations on Capacity and Ambulatory Status	1 2 3 4 5 6 7	On 11/21/03, CCL received a letter dated 10/20/03 requesting age exception for client #1 who turned 18 on June 2, 2003.	1 2 3 4 5 6 7	Facility will submit requests for age exceptions with ample time prior to clients needing age exceptions.	cw

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: Frankie Shelton
LICENSING EVALUATOR NAME: Elvia Baris
TELEPHONE: 909-782-4207
LICENSING EVALUATOR SIGNATURE: E. H. Baris
TELEPHONE: 909)782-3279
DATE: 01/13/2004

I acknowledge receipt of this form and understand my appeal rights as explained and received.
FACILITY REPRESENTATIVE SIGNATURE:
DATE: 01/13/2004

LIC809 (FAB) - (4/00)

Page: 2 of 1

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
ADDRESS: 3500 SEYMOUR ROAD
FACILITY TYPE: 730
CITY: RUNNING SPRINGS
TELEPHONE: (909) 867-2722
STATE: CA
ZIP CODE: 92382
CAPACITY: 174
CENSUS:
DATE: 07/02/2002
MET WITH:
TIME BEGAN: (reissued JM 7/18/03
TIME COMPLETED: 10:22 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
LICENSING EVALUATOR NAME: ~~Gretchen Guillen~~
TELEPHONE: 909 320-2025
LICENSING EVALUATOR SIGNATURE:
TELEPHONE: 909 320-2058
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

Page 1

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:
Type A

FACILITY NUMBER: 366402761
VISIT DATE: 07/01/2002
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 800
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
Re issued 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 discuss CCL accordingly within 10 days if we plan to appeal Jason 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: Geraniella **DATE:** 07/01/2002

I acknowledge receipt of this form and understand my appeal rights as explained and received.
FACILITY REPRESENTATIVE SIGNATURE: Jason Powell **DATE:** 07/01/2002
7/18/03

LIC9099 (FAS) - (4/96)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 800
Riverside, CA 92501

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS		FACILITY NUMBER:	366402761
DIRECTOR:	DR. JAMES POWELL		FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD		TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS	STATE: CA	ZIP CODE:	92382
CAPACITY:	174	CENSUS:	DATE:	07/18/2003
TYPE OF VISIT:	Office	ANNOUNCED	TIME BEGAN:	10:20 AM
MET WITH:	Bill Shea, Dr. Powell, D. Wallace much & Yeargo Condas		TIME COMPLETED:	11:45 AM

DEFICIENCY INFORMATION FOR THIS PAGE: Type A

CIVIL PENALTY INFORMATION: Not Applicable

COMMENTS/DEFICIENCIES

AN OFFICE CONFERNCE WAS HELD ON THIS DATE WITH REPRESENTATIVES FROM CEDU SCHOOL. THE PURPOSE OF THIS MEETING WAS TO DISCUSS PERSONAL RIGHTS, REPORTING REQUIREMENTS AND CARE AND SUPERVISION ISSUES.

ALSO AT THIS TIME CEDU STAFF WAS GIVEN REVISED LIC 9099s DATED 07/01/02 AND 07/02/02. THE LIC 9099s FOR COMPLAINT #196077 SUPERSEDE THE ONE'S DATED 07/01/02 AND 07/02/02.

ANOTHER ISSUE DISCUSSED AT THIS TIME WAS THE AWOL OF CLIENTS #3 AND #4 ON 08/23/02. THE SPECIAL INCIDENT REPORT SUBMITTED TO CCL STATED THAT THEY WERE MISSING AT APPROXIMATELY 7:00a.m. HOWEVER, AFTER CONDUCTING AN INVESTIGATION REGARDING THIS MATTER, IT WAS DETERMINED THAT THE CLIENTS LEFT MUCH EARLIER THAN WHAT WAS REPORTED. STAFF DID NOT ADEQUATELY CHECK TO SEE IF CLIENTS WERE IN THEIR BEDS. CCL INSPECTED THE DORM THAT CLIENTS #3 AND #4 RESIDED IN. IT HAS TWO DOORS UPSTAIRS THAT BOTH ACCESS THE OUTSIDE. THERE IS NO STAFF UPSTAIRS AT NIGHT AND CLIENT'S ARE ABLE TO LEAVE THE DORM WITHOUT STAFF KNOWLEDGE. DUE TO THE HIGH VOLUME OF AWOLS IN AN AREA THAT IS VERY REMOTE AND CAN HAVE INCLEMENT WEATHER, CCL IS REQUIRING THAT THE FACILITY RECTIFY THIS PROBLEM AS SOON AS POSSIBLE.

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, TELEPHONE: 909 782-4207;

LICENSING EVALUATOR NAME: Christina Jaramillo TELEPHONE: 909 782-4207;

LICENSING EVALUATOR SIGNATURE: Jaramillo DATE: 07/18/2003

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 07/18/2003

7/18/03

LIC809 (FAS) - (4/96)

Page: 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NUMBER: 366402761
VISIT DATE: 07/18/2003

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 08/18/2003 **Section Cited** 80078(a)RESPONSIBILITY FOR PROVIDING CARE AND SUPERVISION **Section Cited**	ON 09/23/02, CLIENTS #3 AND #4 LEFT THE FACILITY AND WERE MISSING FOR SEVERAL HOURS BEFORE THE FACILITY STAFF KNEW OF THEIR ABSENCE. THEY WERE ABLE TO LEAVE BY USING THE TWO DOORS THAT ACCESS THE OUTSIDE WITHOUT STAFF KNOWLEDGE.	THE FACILITY WILL RECTIFY THE PROBLEM OF CLIENTS ABILITY TO LEAVE THE DORMS AT NIGHT WITHOUT STAFF KNOWLEDGE. At this Time Cedu has received this document and plans to appeal the deficiency James N Gould 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, **TELEPHONE:** 909 782-4207;
LICENSING EVALUATOR NAME: Christina Jaramillo **TELEPHONE:** 909 782-4207;
LICENSING EVALUATOR SIGNATURE: Jaramillo **DATE:** 07/18/2003

I acknowledge receipt of this form and understand my appeal rights as explained and received.
FACILITY REPRESENTATIVE SIGNATURE: James N Gould PhD **DATE:** 07/18/2003

LIC809 (FAS) - (4/96)

DEPARTMENT OF SOCIAL SERVICES

NONCOMPLIANCE CONFERENCE SUMMARY

NAME AND ADDRESS OF FACILITY: CEDU 3500 Seymour Rd; Running Springs

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:
366402761	3/10/99	174	Licensed	G. H.

LICENSEE NAME(S): Jim Powell, Administrater

NAME AND FACILITY NUMBER OF OTHER COMMUNITY CARE, CHILD DAY CARE, RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, OR HEALTH FACILITIES LICENSED TO OR OWNED BY APPLICANT(S) WITHIN THE LAST FIVE YEARS:

A. CEDU 366402061 B. _____ C. _____

D. _____ E. _____ F. _____

DATE OF CONFERENCE:	LICENSING PROGRAM ANALYST:	LICENSING PROGRAM MANAGER:
2/13/03	Christina Gutiérrez	Florence Manos

Present at meeting:

NAME	TITLE
Arthur Carter	Regional Manager
Florence Manos	Local Unit Mgr
Gretchen Guillen	L.P.A.
Jim Powell	Administrater for CEDU
Bill Shea	Administrater for CEDU
David Wohlgemuth	CEDU Attorney
Christina Gutiérrez	L.P.A.

This Noncompliance Conference was called to discuss the following issues or deficiencies:

Lack of Care + Supervision, Reporting requirements, Physical Plant, & Emergency Intervention Plan.

C 9111 (12/93)

Licensee agreed to do the following in order to bring the facility into compliance no later than the following dates:

Reporting Requirements - any SIRs that need more clarifica will be sent to Mr. Carter & he will contact Mr. Powell to advis him of needed information. Mr. Carter will also advise of Mr. Powell of SIRs that are not reportable.

Lack of Care + Supervision - CEDU looking into surveillance camera outside of cottages and/or other options, i.e. Alarm system etc. Contact Running Spring fire dept. regarding eliminating some exits on cottages. Another consideration would be to hire additional staff. More frequent, random inspections being conducted at cottages also to observe if toxins & other hazardous items being accessible.

Physical Plant - Maintenance work being conducted, Hayden cottage will be re-inspected by CEDU staff for needed repairs.

Emergency Intervention Plan, AWOL Policy & Staff Training plans have been submitted & will be reviewed by CCL.

Licensee has been advised that failure to complete the above agreed upon actions by the dates will result in this Department taking the following action(s):

CCL attorney reviewed.

☐ A detailed letter regarding this conference will be mailed to the licensee within 5 calender days.

As the licensee, I understand and will comply with the plan of action described on this form.

LICENSEE SIGNATURE: [signature] DATE: 2/13/03

MANAGER SIGNATURE: [signature] DATE: 2/13/03

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	**FACILITY NUMBER:**	366402761
DIRECTOR:	DR. JAMES POWELL	**FACILITY TYPE:**	730
ADDRESS:	3500 SEYMOUR ROAD	**TELEPHONE:**	(909) 867-2722
CITY:	RUNNING SPRINGS **STATE:** CA	**ZIP CODE:**	92382
CAPACITY:	174	**CENSUS:**	
TYPE OF VISIT:	Office	**DATE:**	02/13/2003
MET WITH:	JIM POWELL, BILL SHEA, D. WOHLGEMUTH	**TIME BEGAN:**	10:00 AM
	ANNOUNCED	**TIME COMPLETED:**	12:45 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

A NON-COMPLIANCE CONFERENCE WAS HELD ON THIS DATE. IN ATTENDANCE WERE BILL SHEA, JIM POWELL, DAVID WOHLGEMUTH, ARTHUR CARTER, FLORENCE MANOS, GRETCHEN GUILLEN AND CHRISTINA GUTIERREZ. THE FOLLOWING ISSUES WERE DISCUSSED: LACK OF CARE AND SUPERVISION, REPORTING REQUIREMENTS, PHYSICAL PLANT AND EMERGENCY INTERVENTION PLAN. THERE WERE OTHER ISSUES DISCUSSED AT THIS MEETING AND WILL BE RESOLVED AT A LATER 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: Florence Manos, **TELEPHONE:** 909 782-4207;

LICENSING EVALUATOR NAME: Christina Gutierrez **TELEPHONE:** 909 782-4126;

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 02/13/2003

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 02/13/2003

LIC809 (FAS) - (4/96)

Page: 1 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DR. JAMES POWELL	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS	STATE: CA ZIP CODE:	92382
CAPACITY:	174	CENSUS: 72	DATE: 01/09/2003
TYPE OF VISIT:	Case Management	UNANNOUNCED	TIME BEGAN: 10:15 AM
MET WITH:	Dr. Powell and Anthony Becker		TIME COMPLETED: 01:35 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

A CASELOAD MANAGEMENT VISIT WAS CONDUCTED ON THIS DATE. CCL STAFF PRESENT AT THIS VISIT WERE ARTHUR CARTER, R.M, FLORENCE MANOS, LUM, AND LPA's GRETCHEN GUILLEN AND CHRISTINA GUTIERREZ. CEDU STAFF PRESENT WERE DR. POWELL, ADMINISTRATOR AND TONY BECKER, PROGRAM DIRECTOR. THE PURPOSE OF THIS MEETING WAS TO DISCUSS CONCERNS REGARDING AWOLs, LACK OF CARE AND SUPERVISION, PHYSICAL PLANT AND REPORTING REQUIREMENTS. AN OFFICE MEETING WILL BE SCHEDULED WITHIN THE NEXT 30 DAYS TO DETERMINE THE PROPER CORRECTIVE ACTIONS REGARDING THE AREAS OF CONCERN.

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, **TELEPHONE:** 909 782-4207;

LICENSING EVALUATOR NAME: Christina Gutierrez **TELEPHONE:** 909 782-4126;

LICENSING EVALUATOR SIGNATURE: **DATE:** 01/09/2003

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 01/09/2003

LIC809 (FAS) - (4/96)

Page: 1 of 1

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	**FACILITY NUMBER:**	366402761
DIRECTOR:	DR. JAMES POWELL		
ADDRESS:	3500 SEYMOUR ROAD	**FACILITY TYPE:**	730
CITY:	RUNNING SPRINGS	**TELEPHONE:**	(909) 867-2722
	STATE: CA	**ZIP CODE:**	92382
CAPACITY:	174		
TYPE OF VISIT:	Case Management	**CENSUS:** 67	**DATE:** 01/09/2003
MET WITH:	DR Powell	UNANNOUNCED	**TIME BEGAN:** 10:15 AM
			TIME COMPLETED: 13:45 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

LPA s Gretchen Guillen, Christina Gutirrez, Local Unit Manager Florence Manos and Regional Manager Arthur Carter to facility for the purpose of completing annual visit evaluation. LPA Guillen discussed with facility administration the findings and possible solutions to problem areas found during annual review.

The following pages note the deficiencies being cited in accordance with Title 22, Division 6, Chapters 1 & 5.

The following forms are being left at the facility to be updated and returned to licensing by 02-09-03: LIC 308, 309, 500 and 610. Also Group Home regulations November 2000 and General regulations January 2001 are being left. LIC 9098 is being left to be returned with all corrections.

Results of interviews were discussed. This report must be filed in your facility for review. Copies of LIC 809's, 809's-D & 858 were provided. Appeal rights were also provided.

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 **TELEPHONE:** 909 320-2025

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

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/09/2003

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/09/2003

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
FACILITY NUMBER: 366402761
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: ~~12/17/2002~~ 09/04/08

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/24/2002 Section Cited 80075(e)Health Related Services	The following medications were not centrally stored and were found in every dorm without prescription labels and names of minors using medications. Monistat,Differin 0.17% topical, (continued below)	
Type A Section Cited	Differin gel .1%, Brevoxyl lotion,Benzoyl Peroxide 5%,Clindogel, Erythromycin 2%,Paternal eyedrops, Clindamycin 1%,Triaz 6% cleanser, antibiotic ear solution 10mgs., Benzac Acne wash 10%, Pro Active Solution Ery-Pads, Clearsail, Hydrocortisone 1%, Elocono .1% Retinamicro 0.1%, Clindamycin Phosphate1%.	All medications were removed from facility personnel. Facility will fax copies of correct labels to licensing by 01/19/03.
Type A 09/24/2002 Section Cited 80087(h) Building and Grounds	Cleaning Solutions, disinfectants and laundry detergents were found accessible to minors in all dorms. (continued below)	All cleaning solutions/supplies, disinfectants, laundry detergents were removed from all the dorms at time of visit. Facility will ensure that all cleaning agents are properly stored and ensure that (continue below)
Type A 09/24/2002 Section Cited 80087(h) Building and Grounds	Items found, Spray 'n' Wash, Shout wash gel, Purex laundry detergent, Arm and Hammer detergent, fabric softer, bleach, Fabric Care, Windex, Tide detergent	proper supervision by staff is in place at all times when minors are using any and all cleaning agents. Facility will submit location of secured any and all cleaning agents used to CCL by the POC date of 01/19/03.

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
TELEPHONE: 909 320-2025
LICENSING EVALUATOR NAME: Gretchen Guillen
TELEPHONE: 909 320-2058
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** ~~12/17/2002~~ 1/09/03 (08)

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 12/17/2002 1/09/03 (08)

LIC809 (FAS) - (4/96)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NUMBER: 366402761
VISIT DATE: 09/24/2002

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	Higden House- broken dresser, missing drawer	DRESSER REPAIRED AND ORDER REPLACED
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	Alamo Dorm- thermostat missing, exposed wires, no toilet paper in bathroom or available in storage room in dorm.	THERMOSTAT REPAIRED PAPER PRODUCTS ORDER AVAILABLE TO STUDENTS
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	Fluor Dorm- broken dresser drawer, broken cabinet door shower door handle missing	DRESSER REPAIRED CABINET DOOR REPAIRED SHOWER DOOR REPAIRED
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	North Walden- one toilet out of order, not flushing missing handle, broken dresser	TOILET REPAIRED HANDLE REPLACED DRESSER REPAIRED

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
LICENSING EVALUATOR NAME: Gretchen Guillen — **TELEPHONE:** 909 320-2025
LICENSING EVALUATOR SIGNATURE: — **TELEPHONE:** 909 320-2058 — **DATE:** 01/09/2003

I acknowledge receipt of this form and understand my appeal rights as explained and received.
FACILITY REPRESENTATIVE SIGNATURE: — **DATE:** 01/09/2003

LIC809 (FAS) - (4/96)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NUMBER: 366402761
VISIT DATE: ~~12/13/2002~~ 09/24/02

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/09/2002 Section Cited 80066(b)Personnel Requirements	No results of a TB test in file for staff member #16.	WILL FAX PROOF OF CORRECTION
Type B 10/09/2002 Section Cited 80066(a)Personnel Records	Copy of current drivers license not in file for staff #19.	WILL FAX PROOF OF CORRECTION
Type B 10/09/2002 Section Cited 80075(i)Health Related Services	No proof in file of first aid training or certificate for staff #7,11,14, 6, and 9.	WILL FAX PROOF OF CORRECTION
Type B 10/09/2002 Section Cited 80075(i)Health Related Services	The following staff have expired CPR/First Aid card in file #3,4,5, 9,13,17,19,20 &21..	WILL FAX PROOF OF CORRECTION

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
TELEPHONE: 909 320-2025

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

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/09/2003

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/09/2003

LIC809 (FAS) - (4/96)

Page: 5 of 5

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 92501

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NUMBER: 366402761
VISIT DATE: 09/24/2002

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	South Walden Dorm-Mini blinds is disrepair, needing replacement.	
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	South Walden Dorm bathrooms contain mildew . South Walden- bathroon vent cover in bathroom #2 is missing.	
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	South Walden- dresser drawer missing.	
Type B 10/09/2002 Section Cited 80087(a)Buildings & Grounds	Irvine- Tile dorm electrical outlet missing.	

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 **TELEPHONE:** 909 320-2025

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

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 01/09/2003

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 01/09/2003

...CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

Pacific Inland, 3737 Main St. Ste 600
Riverside, CA 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
t/c	09/24/2003	LPA Baris received phone call from [redacted] stated that the corporation has schools in other states and they run a wilderness activity. They always have male and female staff go on the trips because of their co-ed population. Now only female staff available to go on the trip. A group is slated to go on a wilderness trip in a few weeks. [redacted] stated the number of clients on trip varies, at most 10 clients. The clients are out in the wilderness for several days. [redacted] wanted to know how to get an employee cleared in CA since they are having problems getting male and female staff for trip probably due to schooling. They require that these staff that go on the trips be wilderness certified. LPA advised [redacted] he needs to have the staff livescanned and cleared. LPA also requested more information regarding these "wilderness trips". 1) How many clients on trips? 2) How many staff with clients? 3) What are the sleeping arrangements? 4) How long is the trip? 5) Where is the trip? 6) When is the trip? [redacted] stated he would let LPA know this information by tomorrow.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DR. JAMES POWELL	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS STATE: CA	ZIP CODE:	92382
CAPACITY:	174	CENSUS:	DATE: 09/24/2002
TYPE OF VISIT:		UNANNOUNCED	TIME BEGAN: 11:30am
MET WITH:	Dr. Powell		TIME COMPLETED: 3:15pm

DEFICIENCY INFORMATION FOR THIS PAGE: **CIVIL PENALTY INFORMATION:**

COMMENTS/DEFICIENCIES

LPAs S.Hudak, G.Guillen and LPS Florence Manos to facility for an unannounced site visit for the purpose of completing annual facility visit started on 07-18-02. The inspection consisted of facility grounds inside and out, ~~staff &~~ client records. Due to time constraints LPA will return at a later to complete annual review.

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 **TELEPHONE:** 909 320-2025

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

LICENSING EVALUATOR SIGNATURE: **DATE:** 09/24/2002

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 09/24/2002

LIC809 (FAS) - (4/96)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

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

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DR. JAMES POWELL	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS STATE: CA	ZIP CODE:	92382
CAPACITY:	174		
TYPE OF VISIT:	Case Management CENSUS: 115	DATE:	07/18/2002
MET WITH:	Bill Shea UNANNOUNCED	TIME BEGAN:	11:00 AM
		TIME COMPLETED:	04:15 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

LPAs L.Enea, L.Jeffers and G.Guillen to facility for an unannounced site visit for the purpose of completing annual facility visit started on 03-07-02. The inspection consisted of facility grounds inside and out, staff & client records. Due to time constraints LPA will return at a later to complete annual review.

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 TELEPHONE: 909 320-2025

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

LICENSING EVALUATOR SIGNATURE: _____ DATE: 07/18/2002

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

FACILITY REPRESENTATIVE SIGNATURE: _____ DATE: 07/18/2002

LIC809 (RAB) - (4/98)

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~~ Dr. Powell	**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
MET WITH:	Dr. Powell, Bill Shea.	**TIME BEGAN:**	14:35
		TIME COMPLETED:	15:20

ALLEGATION(S):

Code 2 Sexual Abuse- Resident#1 victimized 40 students (37 through incidents of sexual abuse and three through molestation)

Code 10 Neglect -Employee's of the facility may have known about the incidents, but failed to do nothing about it.

Code 19 Reporting Requirements-Facility did not report incidents of sexual abuse to licensing.

INVESTIGATION FINDINGS:

The purpose of this Complaint Investigation Report # 196077 is to finalize the above referenced complaint, initiated on 04/22/02 by this analyst.

On May 13,2002 a follow-up visit was conducted to the facility with a team of licensing staff, Local Unit Manager Frankie Shelton, RIS Investigator Michael Jackson, Licensing Program Analyst Lisa Enea, Gerald Farr, Naomi Plair-Lopez & Gretchen Guillen. Frankie Shelton and Michael Jackson met with and interviewed Dr. James Powell and Anthony Becker to inquire of allegations of client-on-client sexual abuse. During their interviews with Dr.Powell and Mr.Becker it was determined that both persons were fully aware of incidents and/or accusations relating and/or involving on at least one or more occasions that client #1 sexually perpetrator against other clients. It was further determined that approximately twelve to fourteen clients approached facility staff relaying their concerns of unwanted advances against them by client #1. Clients came to staff and staff did nothing about the client-on-client sexual abuse/harassment. Interviews determined that Dr.Powell and Mr.Becker did not take appropriate steps/measures to protect and to ensure the health and safety of all clients. Therefore, based of the information obtained the allegation of sexual abuse is substantiated.

Substantiated **Estimated Days of Completion:**

USE LIC 809 FOR ALL CITATIONS

SUPERVISOR'S NAME: Florence Manos **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

LIC9099 (FAS) - (5/00)

Page: 1 of 1

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:
Type A

FACILITY NUMBER: 366402761
VISIT DATE: 07/02/2002

NARRATIVE/COMMENTS

In regards to the allegation of Reporting Reqirements-Facility did not report incidents of sexual abuse to licensing, the allegation is Substantiated based on the following information:

On April 5,2002, clients #3 (See Confidential Names List) disclosed in a RAP session that client #1 was forcing clients to expose themselves in the dorms . CEDU Administration did not verbally report this information to Community Care Licensing within the mandated time frame . CEDU Administration Anthony Becker conducted an internal investigation on April 8,2002, and determined that 19 clients had been sexually violated by client #1 & 2. CEDU administration again failed to verbally notify Community Care Licensing of the incidents within the mandated time frame, not until April 12,2002 , was Community Care Licensing notified of any incidents involving sexual misconduct perpetrated by client # 2 & on April 17,2002 for client #1. In total Community Care Licensing was notifed of four of the nineteen victims involved in the sexual abuse via incident reports.

It is noted the CEDU Administration was under going investigation by the Twin Peaks Police Department for the sexual abuse incidents. However, Licensing was not aware or informed by the facility of this investigation. Licensing was contacted by Detective Wyatt of Twin Peaks Police Department.

In total, Community Care Licensing was notifed of four of the nineteen victims involved in the sexual abuse via incident reports. It is clear that the CEDU Administration did not take the incidents seriously. On April 17, 2002 @ 11:58 am, Dr.Powell left a message on LPA Gretchen Guillen's voice mail regarding a an incident involving clients #4 & 5, Sheriffs was notifed, boys involved in sex plays. One parent pushing investigation. Later @ 3:08 PM Dr.Powell called again and left the following message Client #6 disclosed to staff (staff's name was not provided) that client#6 involved in sex plays with another boy (client #2) and Tony Becker reported to CPS K.West. It is also clear that Mr. Becker failed to inquire or follow-up on a parents concern regarding inappropriate pictures.

Additionally, at least two parents confirmed that CEDU Administration (Dr.Powell, Anthony Becker, Gregory Hitchcock) was told about the sexual acts involving unwanted advances,sexual abuse, physical abuse and harassment by clients #1 & 2.

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 **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

LIC9099 (FAS) - (4/96)

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPAR
COMMUNITY CARE LIC
Inland Empire Office, 37
Riverside,Ca, CA 92501

COMPLAINT INVESTIGATION REPORT (Cont)

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

FACILITY NUMBER

VISIT DATE: 0

NARRATIVE/COMMENTS

Community Care Licensing obtained information through facility floor notes confirming that many CEDU employees and facility administration (Dr.James Powell, Anthony Becker, Patricia Doyle, Gregory Hitchcok, Vicki Smith, Russ Decker, Travis Peck, Diane Brown, Paul Steve Orenelas, Jaime Stiansen, Eliseo Hernandez, Stephen Krachuck, Danielle Krachuck, Richard Dewsnap, Robert Fainberg, Beth Hallmark, Shyara Harris, Meldoy Houston, Janine Lepere, Stephanie, Mark McGreevy, Travis Peck, Robert Pope, Stephen Reynolds, Michael Sargent, Joseph Weaver, Priscilla Blanchard, Judy Goryan, Salle Marguerite,Daniel Casella, Karl Kent, D.Boyer & Sherry Thornton) had full knowledge of clients #1 & 2 (See Confidential Names List 811) inflicting physical abuse, unwanted advances and/or sexual assaults to approximately fifteen minors residing at CEDU Main Campus. On February 2,2002 CEDU employee's documented in facility floor notes the physical abuse (a blanket party) that took place in the dorms, and on April 4,2002 floor notes were written regarding client #1 demanding that a client pull his pants down so that client #1 could make fun of him. Also, client #1 was placed on full escort and was not allowed to leave the Challenge room all night, his food was brought to him and staff escorted client #1 to the dorms to get his belongings for the night. On April 5,2002 client #3 (See Confidential Names List 811) disclosed in RAP session that client #1 is forcing minors to expose themselves in the dorms. The following dates of April 10 & 17, 2002 documented four other minors reported to CEDU employees of the inappropriate sexual conduct taking place in the dorms.

On April 4, 2002 it was documented by CEDU Evening Floor staff that client #2 was following the same inappropriate sexual misconduct as client #1 against several clients residing at CEDU, Also that same night client #2 was placed on a two person escorts per hour rotation. On April 12,2002, CEDU Administration faxed incident reports concerning client #2, which disclosed that on March 31,2002, while in the dining room in the boys bathroom client #2 had shoved client #7 against the wall, requesting to see his penis, client #7 resisted, client #2 pushed client #7 into the toilet seat where another client was seated. Client #2 continued to grab at client #7 until client #7 pushed past client #2 and left the bathroom.
On April 15,2002, Community Care Licensing received Incident reports of sexual abuse occurring on several occasions between the months of February to April 2002 involving client #2 as the perpetrator to clients # 7,8. On April 25,202 CEDU administration mailed to Communtiy Care Licensing incident reports, that on April 18,2002 client #9 disclosed to CEDU staff Robert Fainberg, that on more than one occasion,(dates were various) client #2 had slapped and grabbed client #9 buttocks.

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 **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

LIC9099 (FAS) - (4/96)

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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: 07/02/2002

Type A

NARRATIVE/COMMENTS

Additional citations are forthcoming, which will be delivered at a Noncompliance meeting scheduled for July 22,2002. The presence of the Chief Executive Officer and/or President of CEDU is mandatory. The meeting will address areas of concern regarding: Supervision, Client Rights and Plan of Operation. If any additional information is needed please contact Community Care Licensing Regional Manager Mr.Arthur Carter at (909)782-6642.

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
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

LIC9099 (FAS) - (4/96)

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

Deficiency Type POC Due Date / Section Number		DEFICIENCIES		PLAN OF CORRECTIONS(POCs)
Type A 07/02/2002 Section Cited 80072(a)(3) Personal Rights	1 2 3 4 5 6 7	Facility violated the personal rights of the minors in their care, by ignoring the repeated disclosures of inappropriate sexual conduct in the dorms by clients # 1& 2 at various times and by multiple victims.	1 2 3 4 5 6 7	At the time this document has been delivered to Cedu and due to the magnitud of the information provided at this time Cedu will be appealing all of the cited deficiencies, within the 10 day time frame
Type A 07/02/2002 Section Cited 80078(a) Responsibility For Providing Care And Supervision	1 2 3 4 5 6 7	Facility failed to protect the minors in care, by not having the proper supervision to protect the multiple victims of the inappropriate sexual conduct that occurred in the dorms by clients #1 & 2. CEDUs supervision struture is known as "Roaming" staff. Communtiy Care Licensing has determined that Roaming and/or Roamer staff coverage does not provide for appropriate supervision for the CEDU facility due to the large capacity and the physical struture of the dorm units. No direct supervison is provided. The main staff office (near the pit) is approximately 200 yards from the client dorms. It is also noted that the dorms do not contain any form of immediate, direct communication to staff in the event of an emergency. Using dorm heads (clients) as a means to act in behalf of staff is not appropriate and violates the regulation. Also noted, client #1 was a "dorm head" and yet client #1 was the primary abuser.	1 2 3 4 5 6 7	
Type A 07/02/2002 Section Cited 80065 Personal Requirements(a)(m)	1 2 3 4 5 6 7	Facility employees received information from multiple victims on various dates, dating back to February 2002, of the inappropriate sexual conduct taking place in the dorms and dinning room by clients #1 & 2. Facility employee's failed the multiple victims by not making any attempts to contact Children's Protective Services or Community Care Licensing on behalf of the victims at the time of the first disclosure.	1 2 3 4 5 6 7	
Type A 07/02/2002 Section Cited 80064(a)(2)(3)	1 2 3 4 5 6 7	Facility Administrator failed to take the necessary actions needed to provide the proper care and supervision for the multiple victims of clients #1 & 2 to prevent unwanted advances and sexual abuse, facility Administrator also failed to report the sexual abuse to Children's Protective Services & Community Care Services at the time of the first disclosure of abuse by clients #1 & 2.	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: Florence Manos **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

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

LICENSEE/APPEAL RIGHTS (Cont)

Facility Name: CEDU SCHOOL-MAIN CAMPUS

Facility Number: 366402761

APPEAL PROCEDURES FOR APPLICANTS/LICENSEES

One of your rights, as an applicant or licensee, is to file an appeal if you disagree with an action taken by the licensing agency. There are certain steps you must follow in order to ensure your concerns are heard.

WHEN CAN YOU APPEAL?

If you disagree with a citation

If you have been assessed a civil penalty

If you application is denied or action is being taken to revoke your license

WHAT ARE THE LEVELS OF APPEAL?

Although there can be four levels of formal appeal of a licensing decision. you must start at the first level. This is to encourage review of your appeal as quickly as possible and to ensure that the decisions of licensing staff are reviewed by the appropriate supervisor. Any appeal made to the next level should include a clear explanation provided by you, the appeal review will be limited to the documents on which earlier decisions were based. Levels of appeal are as follows:

1. The ~~Licensing Program~~ Supervisor (LPS) or county equivalent. Local Unit Manager – Florence Manos
2. The ~~District Manager~~ (DM) or county equivalent. Regional Manager – Arthur Carter
3. The ~~Regional Manager~~ (RM). Program Administrator - Colleen Anderson
4. The Deputy Director, Community Care Licensing Division Martha Lopez

HOW AND WHEN DO YOU APPEAL?

If you disagree with a citation or penalty, file your appeal, with the Supervisor listed on the licensing report, in writing, within 10 days from the date you received the report or penalty assessment notice.

If you disagree with the decision made by the LPS, the second level of appeal must be made to the District Manager. The request for review must be made in writing after you receive the written decision from the LPS.

If you disagree with the decision made by the DM, the third level of appeal must be made to the Regional Manager. The request for review must be made in writing after you receive the decision made by the DM.

If you disagree with the decision made by the RM, the fourth level of appeal must be made to the Deputy Director. The request for review must be made in writing after you receive the decision made by the RM.

For denied application, follow the appeal instructions on the letter you were sent. For actions to suspend or revoke a license. follow the appeal instructions in the material served upon you by mail or in person.

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

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
t/c	05/20/2002	LPA Gullen faxed four 809's & one detail supportive regarding complaint #196077 to CEDU.
t/c	05/21/2002	LPA left message for Dr.J.Powell & Anthony Becker that lic 809 forms were being faxed over with need to return back with signature.
t/c	05/28/2002	LPA left message for Dr.Powell to sign and return 809's. LPA spoke with A.Becker regarding forms that need to be signed and returned. Facility has only signed and returned fax cover sheet sent by LPA Gullen.

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

Page: of

MAY-20-2002 17:07 P.01/05 P.2

Inland Empire Office

State of California
Community Care Licensing Division
3737 Main Street, Suite #600, Riverside, California 92501
Telephone (909)782-4207 FAX (909)782-4967

Facsimile

684-5540

DATE: 5-20-02

TO: Dr. James Powell FROM: Gretchen Guillen

DEPARTMENT: _____ FAX #: 909-867-9483

Message /Description of Item Sent: Issues of Concern Needs to be addressed and returned to CCL.

If you have any questions please check.

*Please sign and return to CCL address to G. Guillen 909-782-4967

TOTAL NUMBER OF PAGES SENT: 5 (including cover page)

1/24/02 James H Powell

- Baba -

MAY 28 2002 12:54 909 867 9483 PAGE.02

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Inland Empire Office, 3737 Main St Ste 500
Riverside,Ca, CA 92501

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	368402761
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: 05/20/2002
TYPE OF VISIT:	Office	UNANNOUNCED	TIME BEGAN:
MET WITH:	Dr James Powell		TIME COMPLETED:

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

During complaint investigation #196077, the investigative team found the following items listed below to be of concern with a need clarification as well as follow-up information. Please review the following pages and review each item. Each item will need to be addressed and returned to Community Care Licensing with attention to Local Unit Manager Frankie Shelton and LPA Gretchen Guillen by Friday June 7,2002. This information is being faxed to CEDU, and a copy will also be sent via certified mail.

*Camera Policy

* Written instructions to discontinue selling cameras and film.

*Location of Wal-Mart used to process facility film

*Written internal investigation results with conclusion

*Written Documentation regarding the Parent that called CEDU to report that she had film, that was given to her by her child to develop. Upon viewing photos, the child's parent felt that the pictures were inappropriate.

*Written Procedure regarding Reporting Requirements and who is responsible for determining what is reported and what isn't reported.

*Discharge / Expulsion Policy

*Information regarding "Dorm Heads"

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: Frankie Shelton TELEPHONE: 909782-4207

LICENSING EVALUATOR NAME: Gretchen Guillen TELEPHONE: 909 782-4157

LICENSING EVALUATOR SIGNATURE: DATE: 05/20/2002

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

FACILITY REPRESENTATIVE SIGNATURE: 5-28-02 DATE: 05/20/2002

LCASS (FAS) - (4/99) Page: 1 of 8

5/28/02

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS
FACILITY NUMBER: 366402781
DEFICIENCY INFORMATION FOR THIS PAGE:
VISIT DATE: 05/20/2002

No Deficiency Cited

NARRATIVE/COMMENTS

*The names of the 12-16 boys who first came forth regarding client #1 (See Confidential Names List 811)

*RAP Session Policy and Procedure.

*What type of training do staff receive on how to conduct RAP sessions, process RAP information and if necessary, Who reviews/process RAP notes?

*Which staff participate in RAP sessions

*All RAP notes for the past six months,

* Need all RAP session notes regarding discussion of incidents by 12-15 boys with involvement with *clients #1 (Refer to Confidential Names List 811)

*What constitutes Assualtive/Aggressive behaviors

*Written documenation acknowledging as to when the assualtive/ inappropriate sex acts came to CEDUs attention, Provide in detail with specifics of Who, What, When, Where,How and Why .

*Provide in writting Staff ratio and Supervision, Structure, Practice and Scheduling

*Policy on client on client relationships

*What constitutes broken agreements

*What are consequences for broken agreements

*Mail Policy (What reasons would mail be withheld)

*Unsupervised Time - Provide in detail with specifics of Who, What, When, Where, How and Why

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: Frankie Shelton — **TELEPHONE:** 909782-4207
LICENSING EVALUATOR NAME: Gretchen Guillen — **TELEPHONE:** 909 782-4157
LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 05/20/2002

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 05/20/2002

LIC809 (FAS) - (4/98)

Page: Incorrect data type for operator or @Function: Too expected at

5/28/02

5/28/02

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

FACILITY EVALUATION REPORT (Cont)

FACILITY NAME: CEDU SCHOOL-MAIN CAMPUS

FACILITY NUMBER: 366402761

VISIT DATE: 05/17/2002

DEFICIENCY INFORMATION FOR THIS PAGE:

No Deficiency Cited

NARRATIVE/COMMENTS

*The names of the 12-15 boys who first came forth regarding client #2 (See Confidential Names List 811)

* Need all RAP session notes regarding discussion of incidents by 12-15 boys with involvement with *clients #1 (Refer to Cofidential Names List 811)

*Written documenation acknowledging as to when the assualtive/ inapproriate sex acts came to CEDUs attention, Provide in detail with specifics of Who, What, When, Where,How and Why , for client #2 (See Confidenlial Names List 811)

*Describe in detail the importance of "The Wildrness Program" and its assistance with minors residing at CEDU and its effectiveness.

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: Frankie Shelton **TELEPHONE:** 909782-4207

LICENSING EVALUATOR NAME: Gretchen Guillen **TELEPHONE:** 909 782-4157

LICENSING EVALUATOR SIGNATURE: [signature] **DATE:** 05/17/2002

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

FACILITY REPRESENTATIVE SIGNATURE:________________ **DATE:** 05/17/2002

Page: Incorrect data type for operator or @Function: Text expected of 3

LIC809 (FAS) - (4/96)

[signature] 5/28/02

[signature] 5-28-02

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Inland Empire Office, 9737 Main St Ste 600
Riverside,Ca, 92501

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	~~DOYLE, PATRICIA~~ James Powell	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	(909) 867-2722
CITY:	RUNNING SPRINGS STATE: CA	ZIP CODE:	92382
CAPACITY:	174 CENSUS:	DATE:	05/13/2002
TYPE OF VISIT:	Annual UNANNOUNCED	TIME BEGAN:	12:30 PM
MET WITH:	Dr.James Powell	TIME COMPLETED:	03:15 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Not Applicable

COMMENTS/DEFICIENCIES

An unannounced site visit was made to the facility, on this date, by LPA Guillen for the purpose of completing annual facility visit started on 03-07-02. The inspection consisted of staff , client records. Due to time constraints LPA will return at a later to complete annual review.

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: Frankie Shelton **TELEPHONE:** 909782-4207

LICENSING EVALUATOR NAME: Gretchen Guillen **TELEPHONE:** 909 782-4157

LICENSING EVALUATOR SIGNATURE: **DATE:** 05/13/2002

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

FACILITY REPRESENTATIVE SIGNATURE: **DATE:** 05/13/2002

LIC559 (FAS) - (4/94)

Page: 1 of 1

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

FACILITY EVALUATION REPORT

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:** 03/07/2002
TYPE OF VISIT:	Annual	UNANNOUNCED	**TIME BEGAN:** 12:00pm
MET WITH:	Jim Powell, Ph.D Bill Shea		**TIME COMPLETED:**

DEFICIENCY INFORMATION FOR THIS PAGE:
No Deficiency Cited

CIVIL PENALTY INFORMATION:
Penalty Notice Given

COMMENTS/DEFICIENCIES

LPA Guillen to facility for annual visit. The facility was inspected inside and out, staff and client records reviewed, as well as administrative records. Also, client and staff interviews conducted.

The following pages note the deficiencies cited in accordance with Title 22, Division 6, Chapters 1 & 5:

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: Frankie Shelton **TELEPHONE:** 909782-4207

LICENSING EVALUATOR NAME: Gretchen Guillen **TELEPHONE:** 909 782-4157

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 03/07/2002

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 03/07/2002

LIC809 (FAS) - (4/96)

CEDU FAMILY OF SERVICES

MEMORANDUM

DATE: December 27, 2000

TO: Stephanie Morales, State of California

FROM: Patricia K. Doyle, Executive Director

RE: SECTION 84070(C)(2)

Students read and sign the Facility Complaint Procedures/Policies form at time of their enrollment. They are given a copy of this form if they request it. The form is also posted in the campus common areas as the two lodges and the family service/administration building where student frequents the premises on a daily basis.

We feel that this is appropriate to our students' access of information.

84070(c)(2)

CEDU FAMILY OF SERVICES

MEMORANDUM

DATE: December 27, 2000

TO: Stephanie Morales, State of California

FROM: James Powell, Ph.D.

RE: DEFFICIENCE 80075, PATTI DOYLE

Please accept this memo as notice that Patti Doyle will have completed her first aid training by February 1, 2001. A copy of her completed certificate will be forwarded to you.

80075(i)

CEDU FAMILY OF SERVICES

MEMORANDUM

DATE: December 27, 2000

TO: Stephanie Morales, State of California

FROM: James Powell, Ph.D.

RE: SECTION 84088(A)(2)

Please accept this as verification that an inspection was made and all beds in South Walden and Fluor dormitories have mattress pads.

CEDU FAMILY OF SERVICES

MEMORANDUM

DATE: December 27, 2000

TO: Stephanie Morales, State of California

FROM: James Powell, Ph.D.

RE: PROOF OF CORRECTION

Enclosed please find our Proof of Correction file and copies of the documents listed in the Narrative/Comments section of page nine, from the site visit you did with us on November 30, 2000. If you have any questions please call me. If you need to discuss this over the holidays, in my absence, please call either Patti Doyle or Bill Shea.

Happy Holidays.

STATE OF CALIFORNIA - HEALTH AND HUMA[illegible] ...RVICES AGENCY

CAL[illegible]NIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

Inland Empire Office, 3737 Main Street Ste 600
Riverside, CA 92501

PROOF OF CORRECTION

FACILITY NAME:	FACILITY NUMBER:	LICENSING EVALUATOR:
CEDU SCHOOL-MAIN CAMPUS	366402761	Stephanie Morales

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 **11/30/2000**. 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. 80088(e)(1)					✓	11/30/00
2. 80087(a), Irvine	✓					12/18/00
3. 80087(a), Hogdon (L.)	✓					12/18/00
4. 80087(a), Hogdon (U.)	✓					12/18/00
5. 80087(a), Hogdon (U)	✓					12/18/00
6. 80087(a), Mid. Walden	✓					12/18/00
7. 80087(a), So Walden	✓					12/18/00
8. 84088(a)(2), So Walden					✓	12/18/00
9. 80066(a), staff #7			✓			12/5/00

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
Patricia K. Doyle	12.28.00

*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)

LIC809B (FAS) - (3/00)

STATE OF CALIFORNIA - HEALTH AND HUM( )RVICES AGENCY

CAL( )IA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION
Inland Empire Office, 3737 Main Street Ste 600
Riverside, CA 92501

PROOF OF CORRECTION

FACILITY NAME:	FACILITY NUMBER:	LICENSING EVALUATOR:
CEDU SCHOOL-MAIN CAMPUS	366402761	Stephanie Morales

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 **11/30/2000**. 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

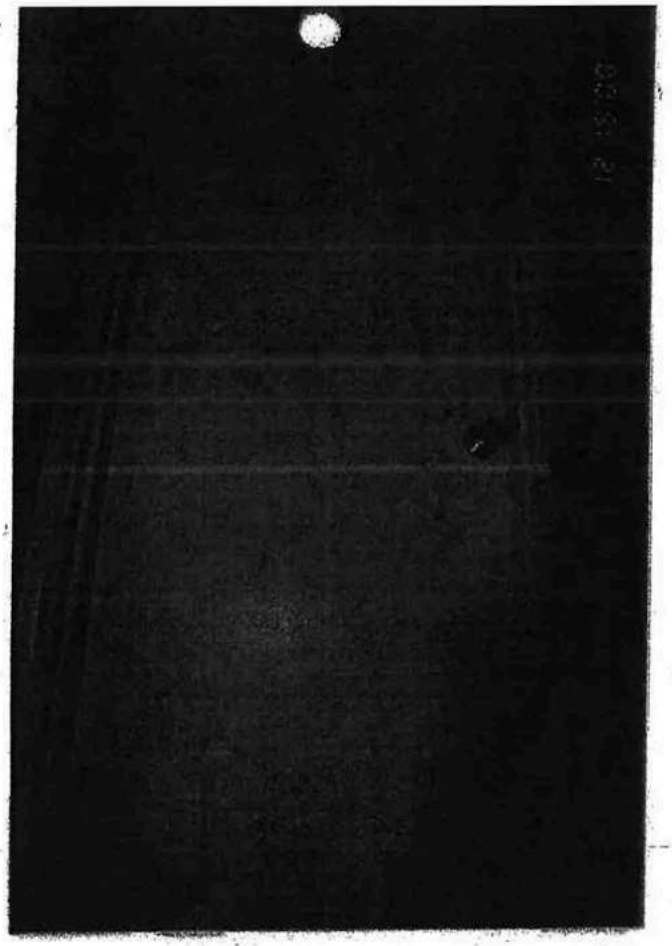
DEFICIENCY(IES) SECTION NUMBER	PICTURE	RECEIPT	PHOTO-COPY	*CERTIFICATION	OTHER	DATE CORRECTED
1. 80075 (i), Staff 1,6,9			✓			12/21/00
2. 84066(b)(1) Staff 1,3,5-10					✓	
3. 80069(a) Client 6&9			✓			12/14/00
4. 80069(c) client 4-10			✓			12/14/00
5. 80069(c)(1) client 1			✓			12/14/00
6. 84068.2(c)(d) client 5			✓			12/1/00
7. 80072(c) Client 2,5,9			✓			12/1/00
8. 84070(c)(2)					✓	
9. 84070(c)(2) Clients 2,5&9			✓			12/8/00

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
Patricia K Doyle	12.28.00

*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.

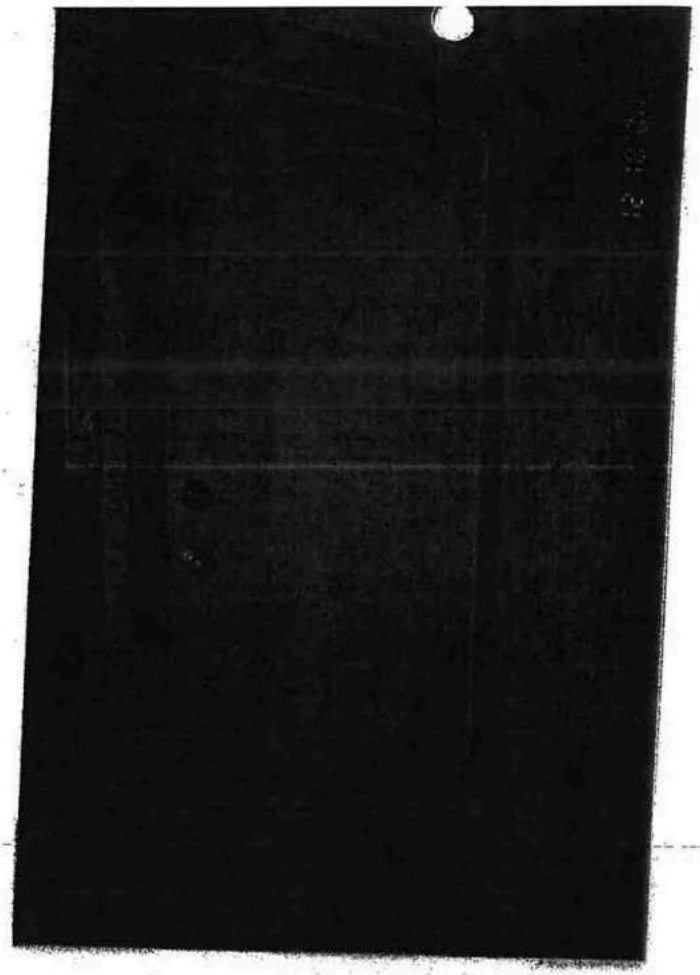
PLEASE RETURN THIS FORM WITH YOUR PROOF OF CORRECTION(S)



Irvine
Door

80087(a)

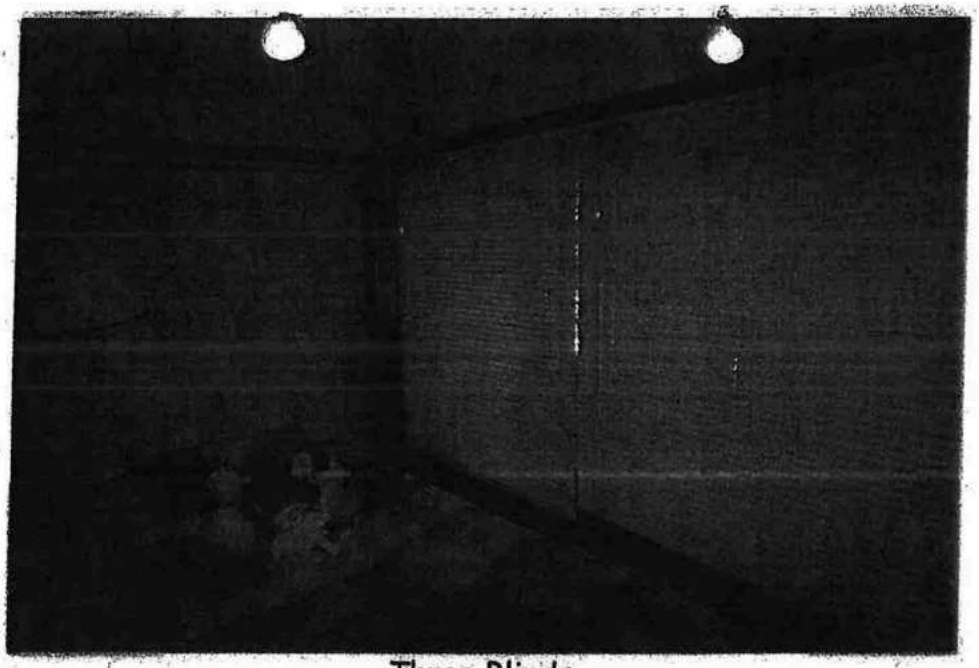
Hole
Lower Higdon
Bathroom
80087(a)



Middle Waldon
Door to Supply Cupboard

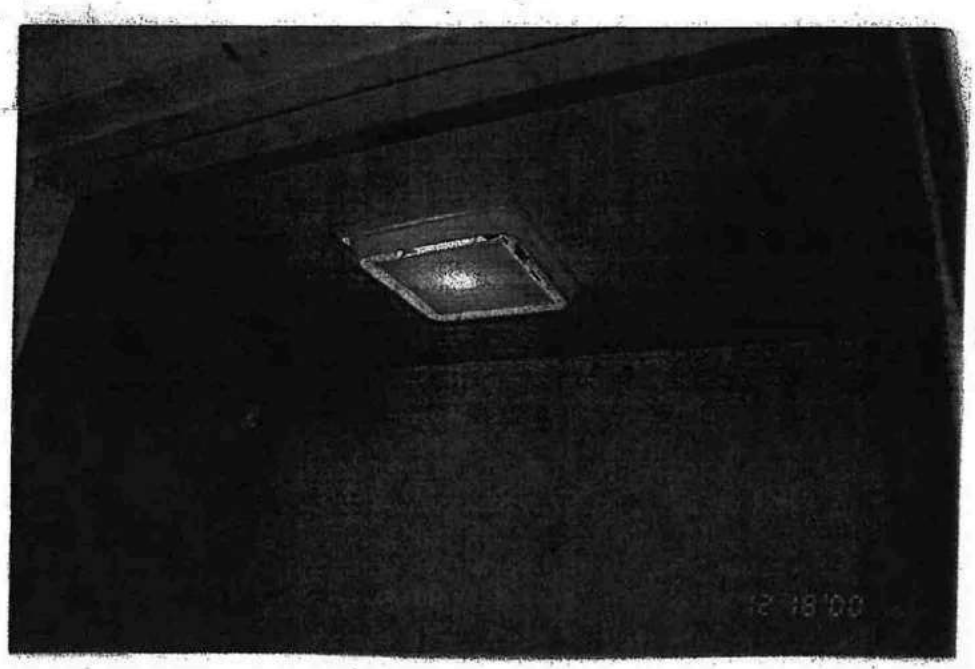
80087(a)

South Waldon
Bathroom Door
80087(a)



80087(a

Three Blinds
Upper Higdon



Upper Higdon
Vent and Light Cover

80087(a)

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 **09/13/2001** and conducted by Evaluator Naomi Plair-Lopez

PUBLIC

COMPLAINT CONTROL NUMBER: 195673

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	**FACILITY NUMBER:**	366402761
DIRECTOR:	DOYLE, PATRICIA	**FACILITY TYPE:**	730
ADDRESS:	3500 SEYMOUR ROAD	**TELEPHONE:**	9098672722
CITY:	RUNNING SPRINGS **STATE: CA**	**ZIP CODE:**	92382 0
CAPACITY:	174 **CENSUS: 119**	**DATE:**	09/24/2001
		TIME BEGAN:	10:30 AM
MET WITH:	Dr. Powell	**TIME COMPLETED:**	03:00 PM

ALLEGATION(S):

1 Code 19: Other
2 G.H. did not report to C.C.L. an SIR correctly. They reported that minors had gone AWOL (approx. 8-05-01) and were still missing
3 when they knew they were in custody with the police.
4
5
6
7
8
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10

INVESTIGATION FINDINGS:

1 LPA Plair-Lopez's review of facility's documentation /SIR. does show that facility did notify CCL of the AWOL incident. However
2 failed to give follow-up documentation which included that residents had AWOLLed to a friend of a staff's home, requesting the
3 person to take them down the mountain. The friend refused to take the girls down,and called the facility. Sheriff's dept. was
4 notified. Residents accosted the sheriffs, were arrested and taken away in handcuff's. Facility follow up report and documentation
5 findings will accompany this report.
6
7
8
9
10
11
12
13

Substantiated **Estimated Days of Completion:**

USE LIC 809 FOR ALL CITATIONS

SUPERVISOR'S NAME: Jeanine Batres **TELEPHONE:** 909-782-4946

LICENSING EVALUATOR NAME: Naomi Plair-Lopez **TELEPHONE:** 909)782-3279

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 09/24/2001

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 09/24/2001

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

FACILITY EVALUATION REPORT

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS		FACILITY NUMBER:	366402761
DIRECTOR:	DOYLE, PATRICIA		FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD		TELEPHONE:	9098672722
CITY:	RUNNING SPRINGS	STATE: CA	ZIP CODE:	92382 0
CAPACITY:	174	CENSUS: 119	DATE:	09/24/2001
TYPE OF VISIT:	Complaint	UNANNOUNCED	TIME VISIT BEGAN:	10:30 AM
MET WITH:	Dr. Powell		TIME COMPLETED:	03:45 PM

DEFICIENCY INFORMATION FOR THIS PAGE:
Type B

CIVIL PENALTY INFORMATION:
Penalty Assessed

COMMENTS/DEFICIENCIES

The following deficiencies are being cited and noted in accordance with CCL rules and regulations under Title 22 Division 6 Chapters 1 and 5 [illegible]

SUPERVISOR'S NAME: Jeanine Bates **TELEPHONE:** 909-782-4946

LICENSING EVALUATOR NAME: Naomi Blair-Lopez **TELEPHONE:** 909)782-3279

LICENSING EVALUATOR SIGNATURE: [signature] **DATE:** 09/24/2001

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

FACILITY REPRESENTATIVE SIGNATURE: [signature] **DATE:** 09/24/2001

LIC809 (FAS) - (4/98)

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

FACILITY EVALUATION REPORT (Cont)

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

FACILITY NUMBER: 366402761
VISIT DATE: 09/24/2001

POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
09/24/2001 Section Cited 84061(G) Reporting requirements	G.H. did not report to C.C.L. an SIR correctly. They reported that minors had gone AWOL (approx. 8-05-01) and were still missing when they knew they were in custody with the police.	Corrected at visit. Facility will submit supporting follow-up documentation on future incidents
Section Cited		
Section Cited		
Section Cited		

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: Jeanine Batres
TELEPHONE: 909-762-4946

LICENSING EVALUATOR NAME: Naomi Blair-Lopez
TELEPHONE: 909)762-3279

LICENSING EVALUATOR SIGNATURE: _____ **DATE:** 09/24/2001

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

FACILITY REPRESENTATIVE SIGNATURE: _____ **DATE:** 09/24/2001

LIC809 (FAB) - (4/96)

Page: 12 of 2

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 05/03/2001 and conducted by Evaluator Gretchen Guillen

PUBLIC

COMPLAINT CONTROL NUMBER:

FACILITY NAME:	CEDU SCHOOL-MAIN CAMPUS	FACILITY NUMBER:	366402761
DIRECTOR:	DOYLE, PATRICIA	FACILITY TYPE:	730
ADDRESS:	3500 SEYMOUR ROAD	TELEPHONE:	9098672722
CITY:	RUNNING SPRINGS STATE: CA	ZIP CODE:	92382 0
CAPACITY:	174 CENSUS: 174	DATE:	08/23/2001
		TIME BEGAN:	11:00 AM
MET WITH:	Dr. Jim Powell	TIME COMPLETED:	12:00 PM

ALLEGATION(S):

1 PERSONAL RIGHTS- Child also reported that satff (Ceasar) is verbally harassing him on an on going basis. .

INVESTIGATION FINDINGS:

1 The purpose of this Complaint Investigation Report is to finalize the above referenced complaint, initiated on 05/10/01.
2 Investigator M. Jackson conducted an unannounced complaint investigation visit on 05/10/01; through client and staff
3 interviews, the investigative findings for personal rights violation is substantiated.

Substantiated

Estimated Days of Completion:

USE LIC 809 FOR ALL CITATIONS

SUPERVISOR'S NAME: Jeanine Batres TELEPHONE: 909782-4946

LICENSING EVALUATOR NAME: Gretchen Guillen TELEPHONE: 909 782-4157

LICENSING EVALUATOR SIGNATURE: DATE: 08/23/2001

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

FACILITY REPRESENTATIVE SIGNATURE: DATE: 08/23/2001

LIC9099 (FAS) - (5/00)

1 of 66 Ad