



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

**Monitoring Summary
Residential**



Facility Name The Anchor at Rolling Hills	License Number K85-0052876	Subtype Residential	Visit Type Full	Purpose of Visit Permit	Visit Date 1/07/2016	Visit Time 10:00 AM
Owner Name Ronald Mays		Treatment	Case Status Permit		Permit Expiration 1/31/2016	
Director Ronald Mays	Licensed Capacity 16	Total Resident Census 8		Total Staff Employed	MFP 6	
Location Address 1007 Rolling Hills Lane			City Ada		State Oklahoma	Zip 74820
Mailing Address 1000 Rolling Hills Lane			City Ada		State Oklahoma	Zip 74820

Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date 5/20/2015	Fire Inspection Date 12/21/2015	Environmental Inspection Date
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Residents Present/Direct Care Staff

Shelters

Type	Residents	Staff	Age Group	Residents	Staff
Treatment	six	one			
Treatment	one	one			

Personnel file review ▾

Resident file review ▾

Policy review

Monitoring Report - Residential Child Care Facility

Facility Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Type of Visit Full	Purpose of Visit Permit	Visit Date 1/07/2016	Visit Time 10:00 AM
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Corrections of non-compliance from previous visit:

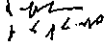
Discussion

I attest that all items on the monitoring checklist were found to be in compliance at the time of the monitoring visit unless marked otherwise. Census of eight residents at the time of monitoring visit. Licensing personnel made contact with program to address request for increase in capacity from 16 to 32. Building previously used for group home license has been inspected by fire Marshall and reported to meet occupancy requirements. Space is adequate to house additional 16 residents and a walk through was conducted by licensing personnel today. Prior to increase being approved there are minor repairs that are going to take place such as shatter

Plan of Correction

Requirement and Description	Noncompliance (NC) Observed	Plan To Correct	Date	NRS
110-3-154.3(e)(2)(C) - the dosage, date and time given, and signature of the person who administered it;	Morning medication not administered to resident as prescribed due to medication not being accessible.	Prescribed medications will be administered to residents as ordered.	1/07/2016	

Based on today's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed 
Director or Staff In Charge


Licensing staff

Witness

Monitoring Report - Residential Child Care Facility

Facility Name	License Number	Subtype	Type of Visit	Purpose of Visit	Visit Date	Visit Time
The Anchor at Rolling Hills	K85-0052676	Residential Treatment	Full	Permit	1/07/2016	10:00 AM

Discussion:

proof glass being replaced in two bedrooms and soap dispenser mounted in bathroom. Tornado drill is due this spring. Personnel and resident reviews were completed during contact. Fire inspection approval that includes date performed and address of each building involved dated 12-21-15. Fire extinguisher located in 1001 building expire this month. Licensing personnel obtained original request for license form that names Ronald Mays as the Executive Director/Designated Agent for this program. List of current Board Members was obtained reflecting authorization to obligate the business. Revision checklist was reviewed with program director Candy Little and executive director Ron Mays.



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

**Monitoring Summary
Residential**



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Facility Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential	Visit Type Full	Purpose of Visit Permit	Visit Date 3/02/2016	Visit Time 10:00 AM
Owner Name Ronald Mays	Treatment		Case Status Permit	Permit Expiration 1/31/2016		
Director Ronald Mays	Licensed Capacity 32	Total Resident Census 24		Total Staff Employed	MFP 6	
Location Address 1007 Rolling Hills Lane			City Ada	State Oklahoma	Zip 74820	
Mailing Address 1000 Rolling Hills Lane			City Ada	State Oklahoma	Zip 74820	
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date 5/20/2015	Fire Inspection Date 12/21/2015		Environmental Inspection Date		

Residents Present/Direct Care Staff

Shelters

Type	Residents	Staff	Age Group	Residents	Staff
Residential	eleven	two			
Residential	eleven	two			

Personnel file review ▾

Resident file review ▾

Policy review

Monitoring Report - Residential Child Care Facility

Facility Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Type of Visit Full	Purpose of Visit Permit	Visit Date 3/02/2016	Visit Time 10:00 AM
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Corrections of non-compliance from previous visit:

Discussion

I attest that all items on the checklist were monitored and found to be in compliance at the time of the monitoring visit unless marked otherwise. Census of 24 residents at the time of monitoring visit. Twenty two residents were on site with staff, one was in therapy session and one was on site visiting doctor. Revision checklist was reviewed with program director Sherri Chandler and executive director Anthony Guild. Licensing personnel will mail a notice to comply form to be completed regarding serious non-compliances observed during this monitoring visit. Program is wanting to increase capacity and licensing personnel will consult with supervisor to address decision regarding this request. Request for license including addendum identifying new CEO Anthony Guild and program director Sherri Chandler were obtained, Licensing personnel provided QE application form to be completed adding program to current GAO.

Plan of Correction

Requirement and Description	Noncompliance (NC) Observed	Plan To Correct	Date	NRS
110-3-153.1(h)(1)(C)(ii) - each applicant prior to employment, including all caregivers, substitutes, support staff, and any other person employed by the facility or program; or	Five personnel hired prior to receiving preliminary or complete criminal history check results.	Program will receive preliminary and/or complete approved criminal history check results for each individual prior to hire.	3/02/2016	
110-3-153.1(e)(1)(B) - a staff information sheet provided	Two personnel without staff information forms completed.	Personnel will complete staff information form and maintain in file.	3/02/2016	

Based on today's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed AS
Director or Staff In Charge

M
Licensing staff

Witness

Monitoring Report - Residential Child Care Facility

Facility Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Permit	Visit Date 3/02/2016	Visit Time 10:00 AM
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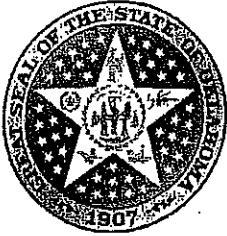
Plan of Correction				
Requirement and Description	Noncompliance (NC) Observed	Plan To Correct	Date	NRS
by OKDHS for each employee. 110-3-154(e)(1)(J) - signed documentation that the resident and parents or custodian have been provided written copies of the facility's policies on resident's rights, grievance procedures, behavior management policies, trips away from the facility, use of volunteers, and frequency of reports to the parent or custodian; and	Documentation of rights and grievance notification not located in three resident files reviewed.	Documentation of notifying residents of their rights and grievance procedures will be maintained in their respective files.	3/02/2016	

Based on today's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed AS
Director or Staff in Charge

W
Licensing staff

Witness



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Licensing
6128 E 38th
Suite 402
Tulsa, OK. 74135
(918) 933-4617 • www.okdhs.org



**Child Care
Services**

March 8, 2016

Sherri Chandler
1000 Rolling Hills Lane
Ada, OK. 74820

Re: Anchor at Rolling Hills K8500-52676

Dear Sherri Chandler:

This letter is to confirm the monitoring visit of March 2, 2016. During this visit licensing personnel observed the following non-compliances with licensing requirements.

Personnel hired prior to program receiving required criminal history review results.

Section 153.1. Personnel (h) (1) (C) page 10

Personnel without staff information forms completed.

Section 153.1. Personnel (o) (1) (B) page 15

Documentation of rights and grievance notification not located in resident files reviewed.

Section 154 Social Services (e) (1) (J) page 18

Please use the enclosed "Notice to Comply" form to document how the program will correct and maintain compliance with the above referenced licensing requirements. Please submit the original document to this office by March 18, 2016.

If you have any questions please do not hesitate contacting me.

Sincerely,

A handwritten signature in black ink, appearing to read "Wayne Flanagan".

Wayne Flanagan
Program Field Representative I
Residential Licensing - Southeastern Region
405-214-4168 (Office) 405-397-9672 (Cell)

Cc: Anthony Guild -- Designated Agent


ROLLING HILLS
 H O S P I T A L

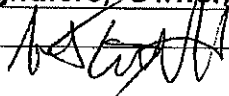
NOTICE TO COMPLY

Name of Facility	K8	County
Anchor at Rolling Hills	500-52676	Pontotoc
Date of Visit	PLAN OF CORRECTION	
March 2, 2016		

Section 153.1. Personnel (h) (1) (C) Page 10	Personnel hired prior to program receiving required criminal history review results
<ul style="list-style-type: none"> • Effective March 2, 2016 <ul style="list-style-type: none"> ○ All current and future Rolling Hills Hospital employees must have the appropriate DHS background screening completed and documented in their employee file. <ul style="list-style-type: none"> ▪ No Department, nor position, will be exempt from background screening. ○ All candidates for employment at Rolling Hills Hospital must meet the current DHS background screening requirements and standards in order to be hired. ○ New employees will be scheduled to begin initial hospital orientation once the DHS background check is complete and documented in his/her employee file. <ul style="list-style-type: none"> ▪ The CEO or COO will authorize all new employees entering orientation to ensure the DHS background screening is complete. ○ Acadia Corporate employees, with potential patient contact, must have the results of the preliminary background check in his/her employee file prior to their first day at Rolling Hills Hospital. <ul style="list-style-type: none"> ▪ Corporate employees who will be at Rolling Hills Hospital greater than thirty (30) days must have the results of the complete background screening. 	

ROLLING HILLS HOSPITAL
ROLLING HILLS
HOSPITAL

Section 153.1. Personnel (o) (1) (B) Page 15	Personnel without staff information forms completed
<ul style="list-style-type: none"> • Effective March 2, 2016 <ul style="list-style-type: none"> ○ All current and future Rolling Hills Hospital employees must have the current and appropriate DHS Staff Information Form completed and documented in their employee file. <ul style="list-style-type: none"> ▪ All current Rolling Hills Hospital employee files will be reviewed for compliance. <ul style="list-style-type: none"> • All staff not having the current DHS Staff Information Form in their employee file will be asked to complete the form. Once completed it will be appropriately documented in their employee file. 	
Section 154 Social Services (e) (1) (J) Page 18	Documentation of rights and grievances notification not located in resident files reviewed
<ul style="list-style-type: none"> • Effective March 2, 2016 <ul style="list-style-type: none"> ○ All current and future discharge packets of patients from the Acute Care Adolescent Unit will include a copy of the Patient Rights and Grievances Notices signed upon admission to Rolling Hills Hospital 	

Signature/ Owner, Director, Primary Caregiver	Date
	3/16/16



OKLAHOMA DEPARTMENT OF HUMAN SERVICES

**Monitoring Summary
Residential**



Facility Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential	Visit Type Full	Purpose of Visit Permit	Visit Date 5/18/2016	Visit Time 9:30 AM
Owner Name Rolling Hills Hospital LLC	Licensed Capacity 32	Treatment	Care Status Permit	Total Resident Census 24	Permit Expiration 1/31/2016	MIFP 6
Director Sherril Chandler	Location Address 1007 Rolling Hills Lane		City Ada	Total Staff Employed 165	State Oklahoma	Zip 74820
Mailng Address 1000 Rolling Hills Lane			City Ada	State Oklahoma	State Oklahoma	Zip 74820
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date	Fire Inspection Date 12/21/2015	Environmental Inspection Date			

Residents Present/Direct Care Staff

Shelters

Type	Residents	Staff	Age Group	Residents	Staff
Treatment	24	to 5			

Personnel file review ✓

Resident file review ✓

Policy review

Revised November 14, 2012

07LC058E (OCC-58) CCM/ASS

Page 1

Monitoring Report - Residential Child Care Facility

Facility Name	License Number	Subtype	Type of Visit	Purpose of Visit	Visit Date	Visit Time
The Anchor at Rolling Hills	K85-0052676	Residential	Full	Permit	5/18/2016	9:30 AM

Corrections of non-compliance from previous visit:
Personnel files are compliant this date.

Discussion

Permit visit this date. Reviewed new personnel files on paper format this date.

Plan of Correction				
Requirement and Description	Noncompliance (NC) Observed	Plan To Correct	Date	NRS
110-3-157(b)(1) - At least one flush toilet, hand sink, and bathtub or shower in good working condition is available for each six residents. Bathrooms are convenient to sleeping quarters, living, and recreation rooms.	One sink in bathroom #20 is not operable.	Will repair.	5/28/2016	

Based on today's visit, the items marked identify areas of non-compliance with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These areas for future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed: ASL/AM
Director or Staff in Charge

Douglas Johnson
Licensing staff
Witness



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary



Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Permit	Visit Date 7/07/2016	Visit Time 10:45 AM
Owner Name Rolling Hills Hospital LLC		Case Status Permit	Permit Expiration 1/31/2016			
Director Sherril Chandler	Licensing Capacity 48	Total Resident Census 24	MFP 6			
Location Address 1007 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820			
Mailing Address 1000 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820			

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date	Environmental Inspection Date
Fire Inspection Date 12/21/2015	Fire Drill Date 5/04/2016	Tornado Drill Date 5/09/2016

Type	Residents : Staff	Age Group	Residents : Staff
Treatment	24 to 6		
Residents Present/Direct Care Staff Shelters			

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Permit	Visit Date 7/07/2016	Visit Time 10:45 AM
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Corrections of non-compliance from previous visit.
 Sinks are operable.

Discussion

Permit visit this date. Reviewed 2 resident files, both were compliant. Reviewed 16 new personnel files, all were compliant.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Permit	Visit Date 7/07/2016	Visit Time 10:45 AM
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Plan of Correction						
Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	MRS		

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

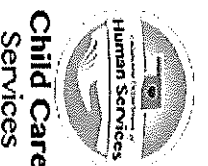
Signed *Shawn Padgett*
 Director or Staff in Charge

Angela Boyer
 Licensing staff

 Witness



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities--Monitoring Summary



Child Care
Services

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 9/20/2016	Visit Time 10:00 AM
Owner Name Rolling Hills Hospital LLC	Licensing Capacity 48		Case Status Permit	Total Resident Census 24	Permit Expiration 1/31/2016	MFP 6
Director Sheri Chandler	Location Address 1007 Rolling Hills Lane	City Ada	State Oklahoma	City Ada	State Oklahoma	Zip 74820
Mailing Address 1000 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820			

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date	Environmental Inspection Date
Fire Inspection Date 12/21/2015	Fire Drill Date 8/03/2016	Tornado Drill Date 5/09/2016

Residents Present/Direct Care Staff		Shelters	
Type	Residents : Staff	Age Group	Residents : Staff
Treatment	24 to 6		

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities--Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 9/20/2016	Visit Time 10:00 AM
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Corrections of non-compliance from previous visit:

Discussion

Permit visit this date. Reviewed 2 resident files this date, files were compliant. Reviewed 19 new personnel files on paper format. Facility has 3 staff who have completed prudent parent training.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities--Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 9/20/2016	Visit Time 10:00 AM
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Plan of Correction

Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NRS
340-110-3-153.1(m)(3)(E) - (E) When residents are in care on the facility premises or on any program sponsored field trip, at least one staff is present who has current documentation of certification in age-appropriate first aid and cardio-pulmonary resuscitation (CPR). All other child care staff complete training in first aid and CPR, including infant and child when appropriate, within 90-calendar days of employment. Child care staff maintain current training in CPR and first aid thereafter.	One staff does not have CPR/FA training from approved source within required time frame.	Will complete training. Will not be left alone with residents until training is completed.	10/04/2016	
340-110-3-157(d)(7) - (7) Floors, walls, ceilings, doors, and windows are maintained in good condition.	Boys Building #1 has missing baseboard in room 705.	Will repair.	9/30/2016	

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed  Director or Staff in Charge

Licensing staff 

Witness _____



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary



Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 11/17/2016	Visit Time 9:30 AM
Owner Name Rolling Hills Hospital LLC		Case Status Permit		Permit Expiration 1/31/2017		
Director Sherri Chandler	Licensing Capacity 48	Total Resident Census		MFP 6		
Location Address 1007 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820			
Mailing Address 1000 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820			

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date 10/27/2016	Environmental Inspection Date
Fire Inspection Date 12/21/2015	Fire Drill Date 10/25/2016	Tornado Drill Date 10/25/2016

Residents Present/Direct Care Staff		Shelters	
Type	Residents : Staff	Age Group	Residents : Staff
Treatment	29 to 7		

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities--Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 11/17/2016	Visit Time 9:30 AM
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Corrections of non-compliance from previous visit:

Previous staff from last visit now has current CPR/F/A from approved source. Room 705 has all baseboards repaired.

Discussion

Periodic visit this date. Reviewed 27 new personnel files on paper format. Viewed the following facility vehicle: Black Nissan Quest, vehicle appears to meet licensing requirements. Facility also has a silver Nissan quest that was not viewed this date as it was off campus during the visit. Reviewed 4 resident files, files were compliant. Facility reports no grievances for the residents reviewed.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 11/17/2016	Visit Time 9:30 AM
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Plan of Correction

Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NRS
340:110-3-157(h) - (h) Bathrooms. Bathrooms are maintained in a clean and sanitary condition with adequate ventilation.	Boys bathroom #9 has what appears to be feces on the floor.	Bathroom will be cleaned.	11/17/2016	
340:110-3-157(j)(7) - (7) Floors, walls, ceilings, doors, and windows are maintained in good condition.	Girls day room has small hole behind the door. Room 704 has baseboards torn off the walls. Boys dorm has baseboard missing in the hallway, and 2 holes behind the doors in the hallway.	Will repair walls and baseboards.	12/17/2016	
340:110-3-153.1(g)(1) - (1) References. The program obtains a minimum of three references for all staff prior to employment.	No documentation that references were completed for one staff.	Will obtain references.	11/24/2016	
340:110-3-153.1(h) - (h) Background investigations - general.	One new staff does not have documentation that required background checks were submitted.	Facility will submit required background information to the OBI	11/17/2016	X

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed *A. Spindel* Director or Staff in Charge
 Licensing staff *Angela Payne*
 Witness *Wagon*

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 11/17/2016	Visit Time 9:30 AM
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Plan of Correction

Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NRS
	prior employment			

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed AS [Signature] Amylee Royce
 Director or Staff in Charge
 Licensing staff

Witness [Signature]



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary



Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Permit	Visit Date 1/26/2017	Visit Time 11:00 AM
Owner Name Rolling Hills Hospital LLC			Case Status Permit	Permit Expiration 1/31/2017		
Director Sherrl Chandler	Licensing Capacity 48	Total Resident Census 16	City Ada	State Oklahoma	Zip 74820	
Location Address 1007 Rolling Hills Lane	City Ada	State Oklahoma	City Ada	State Oklahoma	Zip 74820	
Mailing Address 1000 Rolling Hills Lane						

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date 10/27/2016	Environmental Inspection Date
Fire Inspection Date 12/21/2015	Fire Drill Date 1/09/2017	Tornado Drill Date 1/19/2017

Residents Present/Direct Care Staff		Shelters	
Type	Residents : Staff	Age Group	Residents : Staff
Treatment	16 to 5		

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name	License Number	Subtype	Visit Type	Purpose of Visit	Visit Date	Visit Time
The Anchor at Rolling Hills	K85-0052676	Residential Treatment	Full	Permit	1/26/2017	11:00 AM

Corrections of non-compliance from previous visit:

Walls have been repaired. Personnel files are compliant including background requests. Facility had clean resident rooms and bathrooms.

Discussion

Permit visit this date. Discussed that a 3rd 6 month permit will be recommended effective 1/31/17. Reviewed 15 new personnel files this date files were compliant. Facility has requested a fire inspection, but they have not yet come out. Facility contacted fire while licensing was at facility and were advised that the fire would be out at 9am in the morning to complete an inspection. Facility reports that fire inspector stated they are running behind on their inspections at this time. Discussed that facility will need to provide the approved inspection to licensing prior to the permit being recommended for the facility.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Permit	Visit Date 1/26/2017	Visit Time 11:00 AM
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Plan of Correction						
Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NRS		
340:110-3-157(n) - (n) Fire safety. The facility complies with the state fire marshal's office regulations for construction and fire safety and is inspected annually by the state fire marshal's office or its designee.	Last fire inspection was completed on 12/21/15	Facility has previously requested an inspection, and called again this date to request inspection again. Fire advised they will come out on 1/27/17, and facility will provide copy to licensing when completed.	1/31/2017			

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed ASignel
 Director or Staff in Charge

Donna Brown
 Licensing staff

Witness _____



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary



Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 3/28/2017	Visit Time 10:15 AM
Owner Name Rolling Hills Hospital LLC			Case Status Permit		Permit Expiration 7/31/2017	
Director Sherril Chandler	Licensing Capacity 48	Total Resident Census 26	City Ada	State Oklahoma	Zip 74820	MFP 6
Location Address 1007 Rolling Hills Lane	Mailing Address 1000 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820	State Oklahoma	Zip 74820

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date 10/27/2016	Environmental Inspection Date
Fire Inspection Date 1/27/2017	Fire Drill Date 3/08/2017	Tornado Drill Date 3/26/2017

Residents Present/Direct Care Staff		Shelters	
Type	Residents : Staff	Age Group	Residents : Staff
Treatment	26 to 6		

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name	License Number	Subtype	Visit Type	Purpose of Visit	Visit Date	Visit Time
The Anchor at Rolling Hills	K85-0052676	Residential Treatment	Full	Periodic	3/28/2017	10:15 AM

Corrections of non-compliance from previous visit.
 Facility has updated fire inspection.

Discussion

Permit visit this date. Discussed medication policy and procedures. Facility vehicles were both off site during today's visit. Reviewed resident files. Reviewed new personnel files.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 3/28/2017	Visit Time 10:15 AM
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Plan of Correction						
Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NPRS		
340:110-3-153.1(k)(1)(A) - (A) access to children, such as being present at the facility during the hours of operation or present with the children in care while off-site, when the individual has criminal history;	One personnel file reviewed this date had criminal history restrictions.	Employees with criminal prohibitions or restrictions will never be on site with residents at any time on the children's unit.	3/28/2017			X
340:110-3-155.101(D)(B) - (B) DHS provided staff information sheet for each employee.	One staff was not complete as the individual did not answer yes or no for the question regarding criminal history.	In the future all personnel files will be complete upon employment.	3/28/2017			
340:110-3-157(D)(7) - (7) Floors, walls, ceilings, doors, and windows are maintained in good condition.	Boys unit room 606 has profanity carved into wood around the window. Small baseboard just outside the kitchen in the group/dining area is missing.	Will remove profanity.	4/07/2017			
340:110-9-157(k)(9) - (9) All areas used by residents are well-kept.	Girls unit bathroom tile has one light bulb that is not working.	Will repair light.	3/31/2017			

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

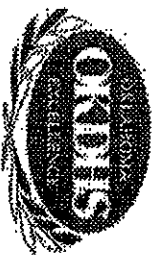
Signed ASGWAH
 Director or Staff in Charge

Angela Riva
 Licensing Staff

Witness _____



Notice to Comply



Name of facility The Anchor at Rolling Hills	License Number K85-0052676	County Pontotoc
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This facility has been found in violation of the Oklahoma Child Care Facilities Licensing Act or in violation of licensing requirements for a child care facility. State statute requires that you complete a plan of correction. This form must be submitted to OKDHS by 3/28/2017 (date).

The non-compliance(s) are documented on the Monitoring form, LSSI, and personnel file review dated 3/28/2017

Angela

Licensing staff

3/28/2017

Date

Requirement and Description	Noncompliance Observed	Plan of Correction	Date
340:110-3-153.1(k)(1)(A) - (A) access to children, such as being present at the facility during the hours of operation or present with the children in care while off-site, when the individual has	One personnel file reviewed this date had criminal history restrictions.	Employees with criminal prohibitions or restrictions will never be on site with residents at any time on the children's unit.	3/28/2017

These and/or future violations of licensing requirements may result in an emergency order to close the facility, the revocation or denial of the license of the facility, cancellation of the Child Care Provider Contract, reduction of Stars certification level, or the filing of an injunction. Violations of Stars certification criteria may result in the reduction of Stars certification level. Maintain this form in your compliance file for 120 days.

A Swan

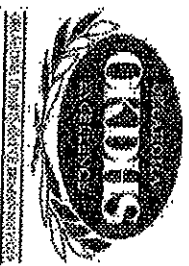
3/28/2017

Owner, director, or primary caregiver

Date



Notice to Comply



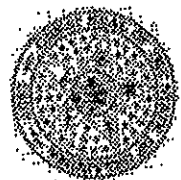
Name of facility: The Anchor at Rolling Hills License Number: K85-0052676 County: Pontotoc

Requirement and Description	Noncompliance Observed	Plan of Correction	Date
criminal history:			

These and/or future violations of licensing requirements may result in an emergency order to close the facility, the revocation or denial of the license of the facility, cancellation of the Child Care Provider Contract, reduction of Stars certification level, or the filing of an injunction. Violations of Stars certification criteria may result in the reduction of Stars certification level. Maintain this form in your compliance file for 120 days.

A. Smith

Owner, director, or primary caregiver _____ Date: 3/28/2017



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary



Program Name The Anchor at Rolling Hills		License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Permit	Visit Date 5/17/2017	Visit Time 9:25 AM
Owner Name Rolling Hills Hospital LLC		License Capacity 48	Case Status Permit	Total Resident Census 21		Permit Expiration 7/31/2017	MFP 6
Director Sherrl Chandler	Location Address 1007 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820	City Ada	State Oklahoma	Zip 74820
Mailing Address 1000 Rolling Hills Lane	Resident file review <input checked="" type="checkbox"/>		Health Inspection Date		Environmental Inspection Date		
Personnel file review <input checked="" type="checkbox"/>	Health Inspection Required to be paid for by OKDHS?	10/27/2016	Fire Drill Date	Tornado Drill Date			
No	Fire Inspection Date	5/02/2017	Shelters		Residents : Staff		
1/27/2017	Residents Present/Direct Care Staff		Age Group		Residents : Staff		
	Type	Residents : Staff					
Treatment		21 to 6					

Revised January 30, 2016

Residential Child Care Facilities Summary 07LCO56E (OCC 58) sXpedite

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Permit	Visit Date 5/17/2017	Visit Time 9:25 AM
<p>Corrections of non-compliance from previous visit Repaired baseboard in dining area. No non-compliances this date with background checks that were reviewed.</p>						

Discussion

Permit visit this date. Reviewed 10 new personnel files. Reviewed 3 resident files. Discussed that two of the non-compliances in the physical facility were also noted on the previous visit in March. AJ reports that this is due to a change in the building maintenance personnel. Facility vehicles were not viewed as they were not on the premises during the visit. Supervisor, Wendy Argo, and licensing worker, Angela Poyner, discussed the criminal background process for employees with AJ Guild and Greg Foster. It was recommended that the DHS background process only be utilized for personnel who will be employed at the licensed child care facility. Mr. Guild stated that he would like to utilize other staff (that work at the adult program) as back up personnel. Mr. Foster agreed to provide a complete list of all employees by June 1, 2017, that could possibly work at the licensed program so that we can insure all needed personnel files have been reviewed and meet licensing requirements. Mr. Guild volunteered to provide a written plan that will ensure that only DHS approved personnel will work on the licensed child care facility.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Permit	Visit Date 5/17/2017	Visit Time 9:25 AM
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Plan of Correction

Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NRS
340:110-3-153.1(o)(1)(B) - (B) DHS provided staff information sheet for each employee.	One staff does not have completed information sheet.	Will complete staff information form.	6/01/2017	
340:110-3-154.1(a) - (a) Rights of residents. The facility has current written clients rights policy that supports and protects all residents, which is available for residents, parents or custodians, staff and licensing staff to review.	Resident rights do not meet all of the requirements listed.	Will update resident rights form.	6/17/2017	
340:110-3-157(0)(7) - (7) Floors, walls, ceilings, doors, and windows are maintained in good condition.	Resident Room 606 continues to have profanity on the window frame.	Will remove profanity.	6/01/2017	
340:110-3-157(0)(9) - (9) All areas used by residents are well-lighted.	Girls restroom #6 continues to have a light that is not operable.	Light will be repaired.	6/01/2017	
340:110-3-165(4)(A) - (A) Exits are not blocked.	Building that houses dining room, has one door that is designated as an emergency exit blocked. The exit door has a lighted emergency exit	Barrier will be removed from the exit door immediately.	5/17/2017	

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed _____

Director or Staff in Charge

Licensing staff

Witness

Revised January 30, 2016

Residential Child Care Facilities Summary 07LC039E (OCC 58) expedite



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary



Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 7/17/2017	Visit Time 10:48 AM
Owner Name Rolling Hills Hospital LLC		Case Status Permit	Permit Expiration 7/31/2017			
Director Shert Chandler	Licensing Capacity 48	Total Resident Census 8	MFP 6			
Location Address 1007 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820			
Mailing Address 1000 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820			

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date 10/27/2016	Environmental Inspection Date
Fire Inspection Date 1/27/2017	Fire Drill Date 5/02/2017	Tornado Drill Date 1/19/2017

Residents Present/Direct Care Staff		Shelters	
Type	Residents : Staff	Age Group	Residents : Staff
Treatment	8 to 2		

Revised January 30, 2016

Residential Child Care Facilities Summary 071C058E (CCC 58) expires

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 7/17/2017	Visit Time 10:48 AM
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Corrections of non-compliance from previous visit.
 Previous profanity in Room 606 was removed from the window frame. Light were all operable. Dining room did not have any barriers across exits. Resident rights were updated.

Discussion

Permit visit this date. Reviewed 10 new personnel files. Reviewed 2 resident files. Facility vehicles are off site this date. Shelly Schwake is the facility director. Provided a copy of the addendum for the new director to complete.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 7/17/2017	Visit Time 10:48 AM
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Plan of Correction						
Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NRS		
340:110-3-153.1(o)(1)(B) - (B) DHS provided staff information sheet, for each employee.	2 staff did not complete all of the questions on the personnel information sheet.	Will complete personnel information sheets and send a copy to licensing worker.	7/24/2017			
340:110-3-154(a)(7) - (7) The program documents, by the residents and parents' signatures, that the resident and parents have been provided written copies of the program's policies that includes, but is not limited to, resident's rights, grievance procedures, behavior management policies, trips away from the facility, use of volunteers, and frequency of reports to the parents.	Admission paperwork does not have resident signature or documentation of why signature was not obtained.	Will obtain signature of resident.	7/24/2017			
340:110-3-157(j)(7) - (7) Floors, walls, ceilings, doors, and windows are maintained in good condition.	Room 606 has drug related graffiti on the trim around the window. Room 600 has a large area of peeling paint. Hallway on Anchor II has large area of peeling paint near ceiling.	Will make repairs to walls.	7/24/2017			

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed MA
 Director or Staff in Charge

Angela Bowen
 Licensing staff

Witness _____

Revised, January 30, 2016

Residential Child Care Facilities Summary 071.CC33E (OCG 56) expert

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 7/17/2017	Visit Time 10:48 AM
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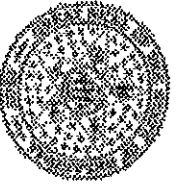
Plan of Correction

Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NRS
	Bathroom 6 in Anchor II has a large area of peeling paint on the wall next to the toilet.			

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure.

Signed YES
Director of Staff in Charge

Angela Rogers
Licensing staff
Witness



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities - Monitoring Summary



Program Name The Anchor at Rolling Hills		License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 1/30/2018	Visit Time 9:45 AM
Owner Name Rolling Hills Hospital LLC		Licensing Capacity 48		Case Status Licensed		Permit Expiration	
Director Shelly Schwake		Total Resident Census 22		MFP 3			
Location Address 1007 Rolling Hills Lane		City Ada	State Oklahoma	Zip 74820			
Mailing Address 1000 Rolling Hills Lane		City Ada	State Oklahoma	Zip 74820			

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date 11/01/2017	Environmental Inspection Date
Fire Inspection Date 1/27/2017	Fire Drill Date 1/30/2018	Tornado Drill Date 1/04/2018

Type	Residents : Staff	Age Group	Residents : Staff
Treatment	22 to 7		
Residents Present/Direct Care Staff			
Shelters			

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 1/30/2018	Visit Time 9:45 AM
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Corrections of non-compliance from previous visit.

Previous non-compliance with walls have been corrected. Resident files were compliant.

Discussion

Periodic visit this date. Reviewed new personnel files. Reviewed 4 resident files. Reviewed behavior incident logs. Facility reports they have two vehicles they use to transport juveniles. Viewed grey Nissan Quest van, the other vehicle was not on site.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities--Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 1/30/2018	Visit Time 9:45 AM
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Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NRS
340-110-3-153.1(o)(1)(B) - (B) DHS provided staff information sheet for each employee.	6 staff information forms were either old forms or incomplete.	Will correct and provide copies to licensing.	2/28/2018	
340-110-3-157(h) - (h) Bathrooms. Bathrooms are maintained in a clean and sanitary condition with adequate ventilation.	Building 1: Girls bathroom #6 toilet is clogged and a work order has been requested. Building 2: boys bathroom #6 has brown substance in the sink, on toilet, and a soiled towel is on the floor of shower. Boys #9 bathroom has brown substance on the toilet and toilet paper scattered throughout the floor.	Bathrooms will be cleaned.	1/31/2018	
340-110-3-157(i)(7) - (7) Floors, walls, ceilings, doors, and windows are maintained in good condition.	Building 2: Room 605 has a small area of the sheetrock that torn away, Room 606 has a section of the baseboard that is missing from the wall, Room 601 has section of the	All repairs will be made.	2/28/2018	

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. Grievances must be requested within 30-calendar days of the documented non-compliance, or notice of substantiated complaint allegations.

Signed: *[Signature]*
 Director of Staff in Charge

[Signature]
 Licensing staff

Witness: _____



Licensing Services Supplemental Information

Name of facility The Anchor at Rolling Hills		License Number K85-0052676	Type of contact Field
Date 1/30/2018	Time 9:45 AM	County Pontotoc	
Street address 1007 Rolling Hills Lane		City Ada	State Oklahoma
		Zip 74820	

Facility does not have any weapons on site. Discussed that any changes in regards to this should be reported to licensing immediately.

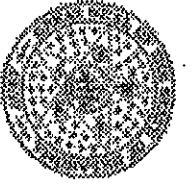
Signed *SLM*

- Owner or director
- Staff in charge

Original Signer

Licensing staff

Witness



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities - Monitoring Summary



Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 5/08/2018	Visit Time 9:30 AM
Owner Name Rolling Hills Hospital LLC	Licensing Capacity 48		Case Status Licensed	Permit Expiration		
Director Shelly Schwake	Total Resident Census 13		MFP 3			
Location Address 1007 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820			
Mailing Address 1000 Rolling Hills Lane	City Ada	State Oklahoma	Zip 74820			

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date 10/27/2016	Environmental Inspection Date
Fire Inspection Date 1/27/2017	Fire Drill Date 4/26/2018	Tornado Drill Date 5/03/2018

Type	Residents : Staff	Age Group	Residents : Staff
Treatment	13 to 7		
Residents Present/Direct Care Staff Shelters			

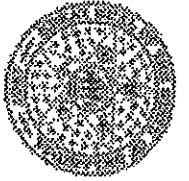
OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities - Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 5/08/2018	Visit Time 9:30 AM
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Corrections of non-compliance from previous visit.
 Bathrooms were all observed to be clean. Repairs have been made to all previous holes in the walls. Facility has current fire inspection.

Discussion

Announced visit this date. Reviewed all personnel files this date. Viewed facility vehicles (2012 gray Nissan van, and 2012 Black Nissan Van). Viewed resident files and grievance/incident files. No changes to weapons policy. Facility has remodeled building III and is currently using buildings II and III. Discussed ICPC requirements and referred them to DHS ICPC to inquire if that process applies to treatment programs and private placements.



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary



Program Name The Anchor at Rolling Hills		License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 9/17/2018	Visit Time 10:10 AM
Owner Name Rolling Hills Hospital LLC		Case Status Licensed		Permit Expiration			
Director Shelly Schwake	Licensing Capacity 48	Total Resident Census 17	NFP 3				
Location Address 1007 Rolling Hills Lane		City Ada	State Oklahoma	Zip 74820			
Mailing Address 1000 Rolling Hills Lane		City Ada	State Oklahoma	Zip 74820			

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection Required to be paid for by OKDHS? No	Health Inspection Date 4/05/2018	Environmental Inspection Date
Fire Inspection Date 2/02/2018	Fire Drill Date 9/11/2018	Tornado Drill Date 9/03/2018

Type	Residents : Staff	Age Group	Residents : Staff
Treatment	17 to 9		Residents : Staff
Shelters			

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities--Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 9/17/2018	Visit Time 10:10 AM
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Corrections of non-compliance from previous visit.

No areas of non-compliance were observed with the physical facility. Personnel files were compliant.

Discussion

Periodic visit this date. Reviewed 7 new personnel files. Reviewed resident files. Viewed facility vehicles: Blue 2017 dodge van, white E-150 van, and the Grey Nissan van (not in service). A Black 2017 grand caravan was in use during the visit and not on site.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities--Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 9/17/2018	Visit Time 10:10 AM
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Plan of Correction						
Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	MRS		
340-110-3-154 - Social services	2 resident files reviewed had several treatment plans that were not signed by the patient and no documentation of why the resident did not sign the service plan.	Treatment plans will be signed by participants or reason why resident was unable to sign documented.	9/18/2018			

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and must be corrected. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. Grievances must be requested within 30-calendar days of the documented non-compliance, or notice of substantiated complaint allegations.

Signed

AS hald

 Director or Staff in Charge

Angela Brown

 Licensing staff

Witness



OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities--Monitoring Summary



Program Name The Anchor at Rolling Hills		License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 2/21/2019	Visit Time 9:30 AM
Owner Name Rolling Hills Hospital LLC		Licensing Capacity 48		Case Status Licensed	Permit Expiration		
Director Shelly Schwake		Total Resident Census 22		MFP 3			
Location Address 1007 Rolling Hills Lane		City Ada	State Oklahoma	Zip 74820			
Mailing Address 1000 Rolling Hills Lane		City Ada	State Oklahoma	Zip 74820			

Personnel file review <input checked="" type="checkbox"/>	Resident file review <input checked="" type="checkbox"/>	Policy review <input type="checkbox"/>
Health Inspection, Required to be paid for by OKDHS? No	Health Inspection Date 4/05/2018	Environmental Inspection Date
Fire Inspection Date 1/30/2019	Fire Drill Date 1/30/2019	Tornado Drill Date 1/18/2019

Residents Present/Direct Care Staff		Shelters	
Type	Residents : Staff	Age Group	Residents : Staff
Treatment:	22 to 8		

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 2/21/2019	Visit Time 9:30 AM
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Corrections of non-compliance from previous visit.
 Treatment plans had signatures.

Discussion

Announced visit this date. Viewed all personnel files. Viewed facility vehicles (Blue dodge van, black dodge van). The white van is on transport, and they no longer have the gray van. Discussed orientation for new employees, facility has changed paperwork in the files and several items are no longer documented in the personnel files as completed. Facility states they are providing the training they just left this information off of the form.

OKLAHOMA DEPARTMENT OF HUMAN SERVICES
Residential Child Care Facilities—Monitoring Summary

Program Name The Anchor at Rolling Hills	License Number K85-0052676	Subtype Residential Treatment	Visit Type Full	Purpose of Visit Periodic	Visit Date 2/21/2019	Visit Time 9:30 AM
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Plan of Correction						
Requirement and Description	Noncompliance (NC) Observed	Plan to Correct	Date	NIRS		
340:110-3-157(j)(7) - Floors, walls, ceilings, doors, and windows are maintained in good condition.	Building II Room 604 has missing baseboard. Building III Room 503 has missing baseboard.	Will repair baseboards.	3/21/2019			
340:110-3-158 - Personnel	Documentation of orientation training for 20 new staff did not have all the required training topics documented in the personnel files. One staff did not have an evaluation for 2018. One staff did not have 3 references. One staff did not have documentation of required training hours.	Will document all required training topics for orientation for each staff. Will obtain required references. Will obtain documentation of required training hours. Will complete evaluations.	3/21/2019			
340:110-3-154(e)(1)(j) - signed documentation the resident and parents were provided copies of program policies.	No signed verification of policies for grievance and resident rights.	Will obtain signatures.	3/01/2019			

Based on today's visit, all items were observed and found to be in compliance unless documented otherwise on the checklist. The items marked identify areas of non-compliance (NC) with the Licensing Requirements for Residential Child Care Facilities and **must be corrected**. These and/or future violations of licensing requirements may result in the revocation of your license or the issuance of an emergency order of closure. Grievances must be requested within 30-calendar days of the documented non-compliance, or notice of substantiated compliant allegations.

Signed *A. Skow*
 Director or Staff in Charge

Orange
 Licensing staff

Wagner
 Witness