

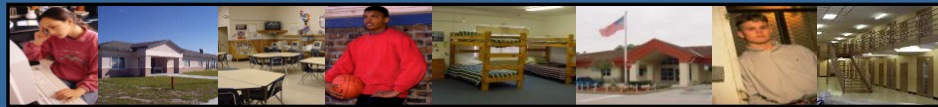
STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY IMPROVEMENT  
PROGRAM REPORT FOR**

**Lutheran Services Florida - Currie House**  
*The Florida Network of Youth and Family Services*  
(Contract Provider)  
4610 Fairfield Dr.  
Pensacola, Florida 32506

*Review Date(s): October 5-6, 2012*

*ADDENDUM ATTACHED, Exempt Review Date(s): December 6, 2011*



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY  
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



WANSLEY WALTERS, SECRETARY  
JENNIFER RECHICHI, BUREAU CHIEF

## CINS/FINS Performance Rating Profile

Program Name: Currie House  
 Provider Name: Lutheran Services Florida, Inc.  
 County/Circuit #: Escambia/1  
 Review Date(s): October 5-6, 2010

QA Program Code: 20  
 Contract Number: V2021  
 Number of Beds/Slots: 10  
 Lead Reviewer Code: 44

### Program Performance by Indicator/Standard

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	5
1.02	Provision of an Abuse Free Environment	10
1.03	Incident Reporting	8
1.04	Training Requirements	7
1.05	Interagency Agreements and Outreach	10
1.06	Disaster Planning	10
<b>Commendable</b>		<b>83%</b>

3. Shelter Care/Health Services		
3.01	Shelter Care Requirements	8
3.02	Healthcare Admission Screening	8
3.03	Suicide Prevention	10
3.04	Medications	10
3.05	Medical/Mental Health Alert Process	8
3.06	Episodic/Emergency Care	8
<b>Commendable</b>		<b>87%</b>

2. Intervention and Case Management		
2.01	Screening and Intake	8
2.02	Psychosocial Assessment	10
2.03	Case/Service Plan	7
2.04	Case Management and Service Delivery	8
2.05	Counseling Services	8
2.06	Adjudication/Petition Process	8
<b>Commendable</b>		<b>82%</b>

Standard	Program Score	Max. Score	Rating	Failed 0-59%	Minimal 60-69%	Acceptable 70-79%	Commendable 80-89%	Exceptional 90-100%
1. Management Accountability	50	60	83%				X	
2. Intervention and Case Management	49	60	82%				X	
3. Shelter Care/Health Services	52	60	87%				X	

### Overall Program Performance

**Commendable 84%**

## Methodology

This review was conducted in accordance with Florida Administrative Code 63L-2 (Quality Assurance, 6/10/10 Hearing Draft), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2010).

### Persons Interviewed

<input checked="" type="checkbox"/> Program Director	<b>2</b> # Case Managers	<b>1</b> # Maintenance Personnel
<input type="checkbox"/> DJJ Monitor	<b>2</b> # Clinical Staff	<b>1</b> # Program Supervisors
<input type="checkbox"/> DHA or designee	<b>0</b> # Food Service Personnel	<b>0</b> # Other (listed by title): _____
<input type="checkbox"/> DMHA or designee	<b>0</b> # Healthcare Staff	

### Documents Reviewed

<input type="checkbox"/> Accreditation Reports	<input checked="" type="checkbox"/> Fire Prevention Plan	<input type="checkbox"/> Vehicle Inspection Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	<input checked="" type="checkbox"/> Grievance Process/Records	<input checked="" type="checkbox"/> Visitation Logs
<input type="checkbox"/> CCC Reports	<input checked="" type="checkbox"/> Key Control Log	<input checked="" type="checkbox"/> Youth Handbook
<input type="checkbox"/> Confinement Reports	<input checked="" type="checkbox"/> Logbooks	<b>5</b> # Health Records
<input checked="" type="checkbox"/> Continuity of Operation Plan	<input checked="" type="checkbox"/> Medical and Mental Health Alerts	<b>5</b> # MH/SA Records
<input type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> PAR Reports	<b>13</b> # Personnel Records
<input type="checkbox"/> Contract Scope of Services	<input type="checkbox"/> Precautionary Observation Logs	<b>5</b> # Training Records/CORE
<input checked="" type="checkbox"/> Egress Plans	<input checked="" type="checkbox"/> Program Schedules	<b>0</b> # Youth Records (Closed)
<input checked="" type="checkbox"/> Escape Notification/Logs	<input type="checkbox"/> Sick Call Logs	<b>7</b> # Youth Records (Open)
<input checked="" type="checkbox"/> Exposure Control Plan	<input type="checkbox"/> Supplemental Contracts	<b>0</b> # Other: _____
<input checked="" type="checkbox"/> Fire Drill Log	<input checked="" type="checkbox"/> Table of Organization	
<input type="checkbox"/> Fire Inspection Report	<input checked="" type="checkbox"/> Telephone Logs	

### Surveys

<b>4</b> # Youth	<b>5</b> # Direct Care Staff	<b>0</b> # Other: _____
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### Observations During Review

<input type="checkbox"/> Admissions	<input checked="" type="checkbox"/> Posting of Abuse Hotline	<input checked="" type="checkbox"/> Staff Supervision of Youth
<input type="checkbox"/> Confinement	<input checked="" type="checkbox"/> Program Activities	<input type="checkbox"/> Tool Inventory and Storage
<input type="checkbox"/> Facility and Grounds	<input checked="" type="checkbox"/> Recreation	<input checked="" type="checkbox"/> Toxic Item Inventory and Storage
<input checked="" type="checkbox"/> First Aid Kit(s)	<input type="checkbox"/> Searches	<input type="checkbox"/> Transition/Exit Conferences
<input checked="" type="checkbox"/> Group	<input checked="" type="checkbox"/> Security Video Tapes	<input type="checkbox"/> Treatment Team Meetings
<input checked="" type="checkbox"/> Meals	<input checked="" type="checkbox"/> Sick Call	<input type="checkbox"/> Use of Mechanical Restraints
<input type="checkbox"/> Medical Clinic	<input checked="" type="checkbox"/> Social Skill Modeling by Staff	<input type="checkbox"/> Youth Movement and Counts
<input type="checkbox"/> Medication Administration	<input checked="" type="checkbox"/> Staff Interactions with Youth	

### Comments

Items not marked were either not applicable or not available for review.

## Performance Ratings

Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by F.A.C. 63L-2.002(10)(a) (6/10/10 Hearing Draft):

<b>Exceptional (10)</b>	The program consistently meets all requirements, and a majority of the time exceeds most of the requirements, using either an innovative approach or exceptional performance that is efficient, effective, and readily apparent.
<b>Commendable (8)</b>	The program consistently meets all requirements without exception, or the program has not performed the activity being rated during the review period and exceeds procedural requirements and demonstrates the capacity to fulfill those requirements.
<b>Acceptable (7)</b>	The program consistently meets requirements, although a limited number of exceptions occur that are unrelated to the safety, security, or health of youth, or the program has not performed the activity being rated during the review period and meets all procedural requirements and demonstrates the capacity to fulfill those requirements.
<b>Minimal (5)</b>	The program does not meet requirements, including at least one of the following: an exception that jeopardizes the safety, security, or health of youth; frequent exceptions unrelated to the safety, security, or health of youth; or ineffective completion of the items, documents, or actions necessary to meet requirements.
<b>Failed (0)</b>	The items, documentation, or actions necessary to accomplish requirements are missing or are done so poorly that they do not constitute compliance with requirements, or there are frequent exceptions that jeopardize the safety, security, or health of youth.

## Review Team

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Bruce Morton, Lead Reviewer, DJJ Bureau of Quality Assurance  
Joel Booth, Program Administrator, Anchorage Children's Home  
Debora Allen, Senior Juvenile Probation Officer, DJJ Probation, Circuit 1  
Donn Wilson, Lead Teacher, Emerald Coast Marine Institute

Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at <http://www.djj.state.fl.us/QA/index.html>.

## **Standard 1: Management Accountability**



### **Overview**

Lutheran Services Florida administers two (2) Department of Juvenile Justice (DJJ) Children In Need Of Services/Families In Need of Services (CINS/FINS) programs in Northwest Florida. Currie House is located in Pensacola, Florida and provides services in Escambia and Santa Rosa counties. HOPE House the other program is located in Crestview, Florida and provides services in Okaloosa County. The programs share the positions of program director, clinical director, shelter director and office manager. These are relatively small programs with the maximum of ten (10) CINS/FINS shelter beds in each program. Currie House had seven (7) CINS/FINS youth in the shelter at the time of the review. There were fifty (50) non residential youth seen by two non-residential counselors. The attitude of the direct care staff and counselors in the shelter and the non-residential offices was found to be supportive of the youth's efforts to change their behavior. The non residential offices and shelter bedrooms were decorated to be homey and comforting.

An important function of the program is to get the word out in the community concerning the services that they provide and to network with other service providers that work with youth and their family. This includes law enforcement, schools, medical centers, homeless shelters and religious facilities, to name just a few.

#### **1.01: Background Screening of Employees/Volunteers**

Minimal (5)

- A review of the staff that had been hired since the last Quality Assurance Review found one (1) volunteer that had been hired prior to completion of a background screening.

#### **1.02: Provision of an Abuse Free Environment**

Exceptional (10)

- Observations and interviews of the youth by the Quality Assurance team for the two the days of the review found a positive attitude of the youth concerning the treatment by the staff and the services that they were receiving.
- A review of four youth surveys found that all felt that the shelter was a safe environment and during interviews several of the youth stated that they preferred the shelter to the home situation. Youth reported that staff never cussed at them, used threatening language or denied them making a call to the Abuse Hotline.
- Staff surveys indicated that they were very satisfied with the working conditions at the program and that Currie House had a good reputation in the community for working with

youth and their family. Observations of staff and youth interactions during the two days of the review found them to be professional and supportive of the youth.

**1.03: Incident Reporting**

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

**1.04: Training Requirements**

Acceptable (7)

- Several staff training files were missing documentation of training in universal precautions and cultural competency.

**1.05: Interagency Agreements and Outreach**

Exceptional (10)

- The program has assigned one staff to coordinate, network and obtain community outreach services through interagency agreements.
- There are over twenty (20) current interagency agreements for Currie House for Escambia and Santa Rosa counties.
- Although several of the interagency agreements were over ten years old the type and location of the agency had not changed and was very stable in the community. An example is law enforcement and school districts.
- There has been increased interest in linking with the homeless shelters and service providers to better meet the needs of Escambia and Santa Rosa counties.

**1.06: Disaster Planning**

Exceptional (10)

- The program holds a disaster drill every year at the beginning of hurricane season. In one of the drills the entire program, youth, staff and survival supplies evacuate the facility and relocate to another facility. There is a critique of the drill and the staff are committed to always improving the response to a hurricane or other natural disaster.

**Standard 2: Intervention and Case Management**



**Overview**

Centralized intake services are universally implemented throughout the program ensuring that services are accessible twenty-four hours a day, seven days a week. The youth and parent/guardians receive all required material at the time of intake and the grievance procedure is explained in writing to the client and family. Psychosocial assessments were consistently implemented and contained the appropriate signatures. The psychosocial assessments were very thorough and all were signed by a supervisor for review.

Case service plans contained all the required fields and were consistently completed and contained goals that were relevant to the identified problems listed at intake on the psychosocial assessments. Reviews were completed on time with one exception (one 30 day review was late). One (1) service plan was not completed within seven (7) days of the completion of the psychosocial assessment. Case management and service delivery was consistently offered. All files reviewed reflected that the counselor assigned to the case actively monitored the case and made referrals when appropriate. Additionally, counseling services were offered in a professional manner. Progress notes reflected regular individual sessions were being conducted with clients and group sessions were held five times a week. There was good oversight by supervisors and clinical reviews were conducted on a regular basis.

The need for case staffing committees has decreased dramatically since a local judge has become very active in truancy court. The staff viewed this as positive change and stated that the judge orders youth to shelter through truancy court. One (1) case staffing file was reviewed and it reflected that the family was involved in the process and all the key personnel were in place and participated in the staffing.

### **2.01: Screening and Intake**

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

### **2.02: Psychosocial Assessment**

Exceptional (10)

- All files reviewed contained psychosocial assessments that were initiated at time of the initial intake or the following day.
- All three (3) of the shelter files found that the psychosocial assessments were completed at the initial intake. The four (4) non-residential psychosocial assessments were completed within two face to face contacts after the initial intake.
- Three (3) of the psychosocial assessments that were reviewed indicated that the youth needed a subsequent assessment for suicide risk and possible intervention/treatment. In all three (3) cases the suicide risk assessments that were completed by a counselor and reviewed by a Licensed Mental Health Counselor.
- All seven (7) psychosocial assessments that were reviewed were completed by a Bachelor's or Master's level counselor and all contained a supervisor's signature of review.

### **2.03: Case/Service Plan**

Acceptable (7)

- One (1) non-residential file reviewed had a service plan that was not completed within seven (7) working days following the completion of the assessment (it was late by five (5) working days).
- One (1) non-residential file reviewed failed to complete a thirty (30) day service plan review with the guardian and counselor. The review was due on September 17, 2010 and had not been completed at the time of this review. It should be noted that the progress notes documented several cancellations of scheduled counseling appointments by the legal guardian who made it difficult to complete a review with the guardian. However, the counselor is still required to review the plan with or without the guardian--- this was not documented on the service plan.

#### 2.04: Case Management and Service Delivery

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

#### 2.05: Counseling Services

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

#### 2.06: Adjudication/Petition Process

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

### **Standard 3: Shelter Care/Health Services**



#### Overview

The shelter is part of the main structure of the facility so the staff have easy access to the youth to provide regular counseling, supervision and support services. The program has two sets of therapists, one to serve the shelter and one for the non residential youth and their families.

The shelter has two different youth populations. The first group is youth placed through the DJJ CINS/FINS program. A CINS/FINS program provides services for youth who are at a low risk for further legal problems and only require prevention services. These services include entry level of intervention and treatment for youth and families that are at risk for legal complications such as chronic runaway, lockout from the home or repeated school truancy. The other group of youth at the shelter are referrals/placements from the Family First Network (FFN), which is division of the Lakeview Center. The Lakeview Center is a provider under the Department of Children and Families (DCF) network. These youth are placed in the shelter for family reunification or placement in Foster Care. Both groups of youth receive the same treatment although their reason for placement is different.

The program has recently received funding to start a major refurbishing and repair work to the facility to improve the structure and accommodations at the shelter and non residential building.

#### 3.01: Shelter Care Requirements

Commendable (8)

- The program consistently met all requirements for this indicator without exception.



**3.02: Healthcare Admission Screening**

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

**3.03: Suicide Prevention**

Exceptional (10)

- A review of three (3) youth shelter files found there to be an established and comprehensive system to identify, intervene and treat youth at risk for suicide.
- All youth are screened for the potential for suicide at intake as part of the psychosocial assessment completed by a direct care worker. The staff look for any overt signs for suicide such as feelings of despair and worthlessness, self reporting that they would like to be dead or a prior history of self injurious behavior. If there are any suicide ideations or concerns on the suicide risk evaluation the shelter manager is contacted, the youth is placed on constant supervision and supervision log is developed. A referral is made to one of the counselors for further in-depth assessment and possible placement in a mental health receiving facility until the youth is stabilized and can safely return to the shelter. All youth returning from a Crisis Stabilization Unit (CSU) are put on constant supervision until they can be seen by a mental health counselor and assessed to be no longer at risk for self harm.
- All clinical services provided for youth who are at risk for suicide are overseen by the clinical supervisor. This is a non licensed position but is responsible for direct services of the other non licensed counselor and reports directly to one of the two licensed mental health professionals.
- The program director and the director of clinical services, who are both licensed professionals, are notified of the status of the youth and review the continuum of services including whenever there is a change in the status of the youth's placement on constant supervision such as when supervision extended or terminated.

**3.04: Medications**

Exceptional (10)

- A review of seven (7) CINS/FINS youth shelter files found three (3) youth that were on prescription medications. All of the medications were psychotropic medications.
- There was a copy of the doctor's order in one (1) of the youth's file whose frequency and dosage of the medication had changed.
- A review of the Medication Administration Record (MAR) found that it met the Department of Health Services requirements. Medications were started and ended at the correct times as listed on the prescription bottle.
- There was no documentation of misses in administration of medication, incorrect number of daily administration of medication or incorrect shift inventories of the medication. This was an exemplary practice considering the sheer numbers of direct care staff that were trained to administer medications by a non healthcare professional.
- There was documentation of daily inventories of over-the-counter (OTC) medications.

**3.05: Medical/Mental Health Alert Process**

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

**3.06: Episodic/Emergency Care**

Commendable (8)

- The program consistently met all requirements for this indicator without exception.

**Overall Program Performance**

**Commendable 84%**



**BUREAU OF QUALITY ASSURANCE  
EXEMPT REVIEW ADDENDUM**

Program Name: Lutheran Services Florida - Currie House  
Program Type: CINS/FINS  
Provider Name: Lutheran Services Florida, Inc.  
Location: Escambia County / Circuit 1  
Original Review Date(s): October 5-6, 2010  
Exempt Review Date: December 6, 2011

QA Program Code: 20  
Contract Number: V2021  
Number of Beds/Slots: 12  
Lead Reviewer Code: 44

**Review Team**

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Bruce Morton, Lead Reviewer, DJJ Bureau of Quality Assurance  
Keith Carr, Principal Consultant, Forefront Consulting, LLC  
Bernard Williams, Executive Director, AMLkids Pensacola

**Summary**

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures).

Lutheran Services Florida, Inc. operates two (2) Department of Juvenile Justice prevention programs in Northwest Florida, Currie and HOPE House. Both programs provide outpatient and residential shelter services. Currie House is located in Pensacola and serves Escambia and Santa Rosa Counties. HOPE House is located fifty (50) miles east in Crestview and serves youth in Okaloosa and Walton Counties. Both of these programs are relatively small programs and share a program director, licensed clinician and shelter manager. Currie House is contracted for twelve (12) Department of Juvenile Justice (DJJ) residential shelter beds. There were seven (7) youth in the shelter at the time of the review.

There were no youth available to interview or survey at the time of the review as they were all in school. Interviews with the clinicians and direct care staff found a supportive and professional approach to addressing the youth and their families concerns while receiving services. The bedrooms were individually decorated to make the accommodations more like home and feel like a safe environment. Youth are also part of meal planning.

Centralized intake services are universally implemented throughout the program ensuring that services are accessible twenty-four (24) hours a day, seven (7) days a week. Case service plans were completed on a timely basis and contained all of the required elements within seven (7) days.

The shelter houses youth who are low risk for further legal problems and are appropriate for prevention services. Youth admitted into the shelter are either truant, locked out of their homes, have become ungovernable or have run away from their home/family. The shelter serves youth from both the Department of Juvenile Justice (DJJ) and the Department of Children and Families (DCF). The DCF youth placed in the shelter are through the Family First Network

(FFN) which is a division of the Lakeview Center, a DCF provider. The goal of both programs is family reunification, when possible. Any instances of reported allegations of abuse with the CINS/FINS youth are immediately called into the DJJ Central Communication Center and then to the Florida Abuse Hotline.

A review of the background screenings for Currie House found all staff hired within the past year were background screened by the Department of Juvenile Justice (DJJ) Background Screening Unit prior to their date of hire.

A walkthrough of the shelter and interviews with the staff indicated youth's needs were being met and that the environment was supportive to the youth's issues. This was supported by the absence of any DJJ Central Communication Center incident reports for the previous six months.

Three (3) cases were reviewed for screening and intake. Each case contained all forms and documents listed on the file checklist. The original screening and intake forms were initiated within seven (7) calendar days of being submitted by the referral source. There was evidence that all youth are given a handbook that outlines the information and expectations of the program, including information of available service options, rights, and responsibilities of the youth and parent. A review of the checklist included in each client file confirmed inclusion of this information. Also included in the youth file was information related to the possible actions through involvement with Children In Need of Services/ Families In Need of Services (CINS/FINS) programs, case staffing options, CINS petition options and CINS adjudication options. Each youth was also informed of the grievance process in the handbook provided at admission. Grievance forms are posted throughout the facility and common areas, including the dining areas.

Each of the case service plans reviewed had evidence that it was developed within the required seven (7) days of the completion of the assessment. The development of the plans was based on information gathered at screening, intake, and the assessment stages, and by utilizing the risk factor forms. The plans were developed with individualized goals. There were at least two (2) to three (3) goals in each of the cases. Each goal included additional objectives which included the location as well as the person responsible. However in two (2) cases the goals did not contain actual completion dates. These were recorded in one case. However, there were signatures of the youth parent and/or guardian, supervisor and counselor. In regards to case service plan review sessions, there was evidence of review sessions being conducted every thirty (30) days as required. In one (1) case there was evidence the review session was conducted beyond the required thirty (30) days.

There was evidence in each of the three (3) cases of assignment to a designated counselor who followed the case as required. Needed referrals were made to outside sources and it was documented in the service plan. Progress of the youth and family in completing the treatment goal was documented in the case notes. In one (1) case there was documentation of a youth who required a referral to a substance abuse receiving facility. Case Staffing are conducted as required. One (1) of the three (3) cases reviewed had a referral to a case staffing committee. No judicial intervention such as the filing of a CINS petition was required in this case. Referrals for additional services are also available if the case justifies and the need is apparent. There was a schedule for Case staffing. Cases are also monitored and reviewed by supervisors on consistent basis. These review sessions are conducted biweekly. There was documentation of supervisory file reviews in each file.

A review of three (3) youth shelter files found two (2) providing documentation of the youth at risk for suicide during the screening process. Upon completion of the screening, both youth received an assessment of suicide risk by a Master's level therapist. The Suicide Risk Assessment evaluated any indication of the youth's risk for suicide. There were no discrepancies in the recording of the supervision times in either of the sight and sound logs. One (1) of the assessments of suicide risk was signed by a Licensed Mental Health Professional but not dated. There was documentation of the signature of the Licensed Mental Health Professional prior to taking the youth off of sight and sound supervision.

A review of the number of youth in the shelter on medications unveiled two (2) youth on medications. A review of the Medication Administration Records (MAR) for each of the youth found no missed medications or any other discrepancies in the administration of medication. MAR forms reviewed indicated inclusion of all required elements. There were two (2) controlled medications secured in the metal box. The perpetual inventory of prescription medications matched the number on the Medication Administration Records. Observation of the Over-the-Counter (OTC) medications found a correct inventory of the medications. All staff designated to administer medications are listed in the staff office. Observation of the container where non-controlled medications are kept found topical medication stored with oral medications. A review of the inventory of sharps found all but used disposable razors correctly inventoried. Thirty-eight (38) used disposable razors kept in the medication drawer were not inventoried.

There is a medical and mental health alert system in place. The system consists of a "dot" system where different color dots on the youth's youth file indicate the type of alert the youth is on. The three (3) different colored dots are for medical, mental health, or risk for running away. An orange dot indicates the youth is on sight and sound supervision, green dot indicates the youth is on medications and a red dot is for any youth who is at risk for running away from the shelter or is likely to be violent or aggressive. A youth can be on multiple alerts at the same time.

## Findings

As a result of this Exempt review, the review team determined that the program:

**would** receive an overall program performance rating of at least Acceptable on a regular review. Accordingly, the program **RETAINS EXEMPT STATUS**.

**would not** receive an overall program performance rating of at least Acceptable on a regular review. Accordingly, **EXEMPT STATUS IS REVOKED**, and a regular review will be conducted within 90 days.