

Survey Findings/Facility Response

Facility : GATEHOUSE THERAPEUTIC HEALTH SERVICES

Survey Date - 7/17/2008 - Citation5

Survey Findings

A review of policies and procedures and an interview with the Clinical Director, RN, and staff #5 revealed the agency did not ensure policies and procedures were developed establishing the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02(B) through (C), if a client communicates to a staff member a threat of imminent serious physical harm or death to the individual and the client has the apparent intent and ability to carry out the threat.

Findings include:

A.R.S. § 36-517.02(B) through (C) describes the following disclosures that must be made and precautions that must be taken by mental health providers in an effort to prevent harm to an identified or identifiable individual threatened by a patient that protect providers from liability resulting from disclosing confidential client information:

B. Any duty owed by a mental health provider to take reasonable precautions to prevent harm threatened by a patient is discharged by all of the following:

2. Notifying a law enforcement agency in the vicinity where the patient or any potential victim resides.
3. Taking reasonable steps to initiate proceedings for voluntary or involuntary hospitalization, if appropriate.
4. Taking any other precautions that a reasonable and prudent mental health provider would take under the circumstances.

C. Whenever a patient has explicitly threatened to cause serious harm to a person or whenever a mental health provider reasonably concludes that a patient is likely to do so, and the mental health provider, for the purpose of reducing the risk of harm, discloses a confidential communication made by or relating to the patient, the mental health provider shall be immune from liability resulting from such disclosure.

A review of policies and procedures revealed agency policy "Duty to Warn" did not contain the exact verbiage and intent of A.R.S. § 36-517.02(B)(C).

In an interview, the Clinical Director acknowledged the agency policy "Duty to Warn" did not contain the required verbiage.

The requirement to ensure policies and procedures are developed establishing the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02(B) through (C), if a client communicates to a staff member a threat of imminent serious physical harm or death to the individual and the client has the apparent intent and ability to carry out the threat, was discussed with the Clinical Director and Administrative Assistant (staff #5) during the exit conference.

Rule/Statute

R9-20-201. Administration

B. A licensee shall ensure that:

2. The clinical director develops, implements, and complies with policies and procedures that:

n. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02(B) through (C), if a client communicates to a staff member a threat of imminent serious physical harm or death to the

individual and the client has the apparent intent and ability to carry out the threat; and

Facility Response

The date (10/31/2008) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.