

Survey Findings/Facility Response

Facility : SOUTHWESTERN CHILDREN'S HEALTH SERVICES, INC

Survey Date - 12/16/2008 - Citation2

Survey Findings

A review of documentation, personnel records and an interview with staff revealed the licensee of a Level 1 RTC did not ensure staff members who are to be involved in ordering restraint or seclusion, performing restraint or seclusion, monitoring a client during restraint or seclusion, or evaluating a client after restraint or seclusion demonstrated skills and knowledge in the subject areas in subsection (Q)(1)(a) at least once every six months.

Findings include:

kerning28 A review of policies and procedures revealed a 'Standard Operating Procedure' approved July 2008. A procedure, titled "TCI Restraint Or Seclusion", stated "All staff are educated and trained in Therapeutic Crisis Intervention (TCI) and receive a minimum of 4 hours of TCI refresher training every 6 months."

A review of Seclusion and Restraint documentation revealed staff #5 was involved in ordering restraints. Specifically:

- 11/24/08 ordered at 1500, from 1407 to 1410, stated "Punching window ...pushing staff." The order was received by a BHP for staff #5.

- 11/28/08 ordered at 1830, from 1745 to 1752, stated "Kicking wall w/ foot ...hitting the wall ...pushing staff." The order was received by staff #1 for staff #5.

kerning0

A review of five personnel records revealed one of the five records reviewed did not contain documentation to verify the staff members demonstrated skills and knowledge in the subject areas in subsection (Q)(1)(a) at least once every six months. Specifically:

The personnel record for staff #5, a contract Behavioral Health Professional with a hire date of October 15, 2007, contained documentation of seclusion and restraint training conducted on August 17, 2007 and February 29, 2008. The period of time from February 29, 2008 to December 16, 2008 was greater than six months.

In an interview, the Director of Clinical Services and Program Services acknowledged staff #5 seclusion and restraint training was greater than six months. The Director of Clinical Services and Program Services was unable to provide surveyors with documentation to substantiate staff #5 had received TCI training.

The requirement to ensure staff members in a Level 1 sub-acute agency who are to be involved in ordering restraint or seclusion, performing restraint or seclusion, monitoring a client during restraint or seclusion, or evaluating a client after restraint or seclusion, demonstrate skills and knowledge in the subject areas in subsection (Q)(1)(a) at least once every six months, was discussed with the Risk Manager, Director of Clinical and Program Services and CEO during the exit conference.

The citation is independent of the complaint allegation.

Rule/Statute

R9-20-602. Requirements for Use of Restraint or Seclusion

2. For a Level 1 RTC and a Level 1 sub-acute agency, demonstrates skills and knowledge in the subject areas in subsection (Q)(1)(a) at least once every six months, that are verified according to R9-20-204(F)(2) and documented according to R9-20-204(G)(1) through (4);

Facility Response

The date (03/24/2009) 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.