

Survey Findings/Facility Response

Facility : SPRING RIDGE ACADEMY

Survey Date - 6/30/2009 - Citation1

Survey Findings

A review of documentation and an interview with the Clinical Director revealed the licensee did not ensure a fire drill for staff members and clients was conducted at least once every three months on each shift.

Findings include:

A review of the program description and an interview with the Clinical Director revealed the agency is open 24 hours a day and has three shifts.

A review of fire drill documentation revealed fire drills were conducted on the following dates for the 1st shift:

November 1, 2007

June 2, 2008

July 18, 2008

December 16, 2008

June 17, 2009

The time periods between November 1, 2007 and June 2, 2008; July 18, 2008 and December 16, 2008; and December 16, 2008 and June 17, 2009 were each longer than three months.

A review of fire drill documentation revealed fire drills were conducted on the following dates for the 2nd shift:

September 15, 2008

April 9, 2009

The time period between September 15, 2008 and April 9, 2009 was longer than three months.

A review of fire drill documentation revealed fire drills were conducted on the following dates for the 3rd shift:

November 1, 2007

June 2, 2008

December 16, 2008

June 17, 2009

The time periods between November 1, 2007 and June 2, 2008; June 2, 2008 and December 16, 2008; and December 16, 2008 and June 17, 2009 were each longer than three months.

In an interview, the Clinical Director acknowledged the fire drill documentation did not contain evidence of a fire drill being conducted at least once every three months on each shift.

The requirement for a licensee to ensure a fire drill for staff members and clients on the premises is conducted at least once every three months on each shift was discussed with the Clinical Director during the exit conference on June 30, 2009.

Rule/Statute

R9-20-214. Environmental Standards

H. A licensee shall ensure that:

1. A fire drill for staff members and, except for clients in a correctional facility, clients on the premises is conducted at least once every three months on each shift;

Facility Response

The date (09/01/2009) 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.