

Survey Findings/Facility Response

Facility : SPRING RIDGE ACADEMY

Survey Date - 10/14/2010 - Citation1

Survey Findings

A review of personnel records and an interview with staff revealed the licensee did not ensure that a personnel record was maintained for each staff member that contained documentation of the clinical supervision required in R9-20-205.

Findings include:

R9-20-205.D.1 requires a licensee to ensure that a behavioral health technician or a behavioral health paraprofessional who works full time receives at least four hours of clinical supervision every month.

A review of nine personnel records revealed six of the nine records were for staff members classified as behavioral health technicians or behavioral health paraprofessionals required to receive clinical supervision. Of the six records, one did not contain documentation of clinical supervision. Specifically:

The record for staff #2, a full time behavioral health technician with a hire date of August 4, 2009, did not contain documentation of clinical supervision

In an interview, the Assistant Admissions Director reported staff #2 is involved in clinical supervision meetings and keeps personal notes from the meetings; however, documentation of the supervision was not created and kept in the record. The Assistant Admissions Director acknowledged the lack of documentation of clinical supervision for staff #2.

The requirement for a licensee to ensure that a personnel record is maintained for each staff member that contains documentation of the clinical supervision required in R9-20-205 was discussed with the Assistant Admissions Director during the exit conference on October 14, 2010.

Rule/Statute

R9-20-204. Staff Member and Employee Qualifications and Records

I. A licensee shall ensure that a personnel record is maintained for each staff member that contains:

4. Documentation of:

f. The clinical supervision required in R9-20-205, if applicable;

Facility Response

The date (11/15/2010) 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.