

Survey Findings/Facility Response

Facility : SOUTHWESTERN CHILDREN'S HEALTH SERVICES, INC

Survey Date - 12/16/2008 - Citation1

Survey Findings

A review of personnel records and an interview with staff revealed the licensee did not ensure a staff member received a written performance review at least once every 12 months.

Findings include:

A review of five personnel records revealed three of five records reviewed were for a staff members required to receive a written performance review. Of the three records reviewed, for staff members required to receive a written performance review, one of the three did not contain a written performance review at least once every 12 months. Specifically:

The record for staff #5, with a contract hire date of October 15, 2007, did not contain a written performance review for 2008.

In an interview, the CEO reported staff #5 contract was recently renewed. The CEO explained when the agency renews a contract the individuals DEA and license information is always reviewed for accuracy and standing.

The requirement for a licensee to ensure a staff member receives a written performance review at least once every 12 months contains the name and title of the individual conducting the performance review; and the name, signature, and professional credential or job title of the staff member receiving the performance review and the date signed 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

R9-20-201. Administration

D. A licensee shall ensure that a staff member receives a written performance review at least once every 12 months that contains:

1. The name and title of the individual conducting the performance review; and
 2. The name, signature, and professional credential or job title of the staff member receiving the performance review and the date signed.
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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.