

DPH Corrective Action Outline

March 5, 2018 Report (Julianna's suicide on Christmas; Bianca's suicide attempt and two charts from 2016)

Deficient Area	Description	Solnit Action	Completed
N 100 Use of Restraint and Seclusion CFR(s): 483.354	Multiple points of ligature and chemicals were identified in an unlocked laundry room of a residential cottage, failing to ensure that the environment was free from ligature risks to secure a safe environment.	<ul style="list-style-type: none"> <li>Reminded staff that the laundry room door was to be locked at all times and youth are not to use this area unsupervised.</li> <li>Signs posted on doors.</li> <li>Replace doors with self-locking doors.</li> </ul>	2/1/18  2/6/18 4/16/18
N 215 Education and Training CFR(s): 483.376(a)(1)	The facility failed to ensure that the environment was free from ligature risks and access to chemicals to secure a safe environment as evidenced by the laundry room door being unlocked on the Quinnipiac Unit.	<ul style="list-style-type: none"> <li>Reminded staff that the laundry room door was to be locked at all times and youth are not to use this area unsupervised.</li> <li>Signs posted on doors.</li> <li>Replace doors with self-locking doors.</li> </ul>	2/1/18  2/6/18 4/16/18

March 29, 2018 Immediate Jeopardy Report (Julz and Gillian)

Deficient Area	Description	Solnit Action	Completed
N 100 Use of Restraint and Seclusion CFR(s): 483.354  N198 Medical Treatment for Injuries	The Facility failed to assure timely transfer to a hospital following a suicide attempt.	<ul style="list-style-type: none"> <li>Medical Director met with the MD responsible for the referral to pediatrics/emergency department.</li> <li>Updated and trained procedures: Medical Assessment, Treatment and Consultation" "Youth Care Assessment and Management of Risk" "Back up and All Available" "Assessment and Level of Observation."</li> <li>Staff Trained in: Suicide Prevention; DBT; CAMS.</li> </ul>	3/23/18  4/17/18  4/16/18 and on going
N 215 Education and Training CFR(s): 483.376(a)(1)	The Facility failed to provide an appropriate level of supervision when on a facility trip.	<ul style="list-style-type: none"> <li>Re-allocated staffing patterns.</li> <li>Staff Trained in: Suicide Prevention; DBT; CAMS.</li> <li>Updated and trained on the following procedures: Supervision of Youth" "Search of Youth" and "Youth Belongings."</li> <li>Updated the process for community activities; strengthened approval process.</li> <li>Updated and trained on the following procedures: "Mobility Status" and Discharge Planning."</li> </ul>	4/10/18 4/16/18 and on going 4/2/18  4/9/18  4/17/18

July 2, 2018 Immediate Jeopardy Report (Destiny suicide)

Deficient Area	Description	Solnit Action	Completed
N 215 Education and Training CFR(s): 483.376(a)(1)	The Facility failed to ensure it was free of ligature risks in an environment that cares for residents with behavioral health diagnoses and/or the emergency equipment was readily accessible in the event of a medical emergency which results in findings of immediate jeopardy.	<ul style="list-style-type: none"> <li>• The Superintendent increased staffing with the goal of minimizing the risk of a copycat. This was with both residential and RN staff.</li> <li>• Locked or removed all bedroom closet doors.</li> <li>• Procedural changes and training: "Bedroom Closet Doors" "Assessment and Reassessment" "Assessment and Level of Observation" "Emergency Medical Care of Youth" "Ligature Point Management" "Safety Inspection"</li> <li>• Added random check to the hour.</li> <li>• RN assessment for each youth each shift. Audit of these assessment.</li> <li>• Removed toilet paper holders; ordered new toilets.</li> <li>• Secured vendor to cover radiators and other fixtures.</li> <li>• Secure vendor to replace door hinge with continuous hinges.</li> <li>• Mitigation plan put into place that any youth on a heightened level of observation for self-harm and suicide will be on continuous observation in the bathroom and bedroom. Bathrooms to be locked at all times.</li> <li>• Placed emergency medical equipment on each unit/cottage and youth area.</li> <li>• Trained RN's on oxygen monitoring; oral and nasopharyngeal suctioning</li> <li>• Replace Velcro on shades so that it is ligature proof.</li> </ul>	<p>6/29-7/7/18</p> <p>6/29/18 until current 7/12/18</p> <p>7/3/18 6/29/18 and on going 7/13/18</p> <p>7/12/18 and ongoing</p> <p>7/12/18 and ongoing 7/18/18 and ongoing</p> <p>7/2/18</p> <p>7/2/18</p> <p>7/15/18</p>

July 16, 2018 Immediate Jeopardy Report (Destiny suicide and Olivia attempted suicide)

Deficient Area	Description	Solnit Action	Completed
N 100 Use of Restraint and Seclusion CFR(s): 483.354	The facility failed to ensure that assessments were conducted timely when a change in condition/behaviors were noted and/or failed to provide the appropriate level of observation/supervision and/or failed to initiate the emergency medical system timely and/or conduct environmental assessments and/or when such change were noted resulting in the finding of immediate jeopardy.	<ul style="list-style-type: none"> <li>Began running each cottage with 1 RN per shift per cottage unless approved by the DON or Superintendent.</li> </ul>	7/16/18 and ongoing
N 215 Education and Training CFR(s): 483.376(a)(1)		<ul style="list-style-type: none"> <li>Request to establish: additional Head Nurse Positions; Supervising Nurse positions and Rehab. Therapist position.</li> </ul>	7/31/18
		<ul style="list-style-type: none"> <li>Psychiatrist to monitor RN assessment for accuracy and agreement in assessment.</li> </ul>	7/16-7/24/18
		<ul style="list-style-type: none"> <li>Updated and trained procedures: "Emergency Medical Care for Youths" "Treatment Planning" "Therapeutic Visits" "Youth Belongings and Inventory" "Sharps Control" "Search of Youth"</li> </ul>	7/11/18
		<ul style="list-style-type: none"> <li>Updated procedure "Assessment and Level of Observation" to include specific guidelines on how to complete an observation of a youth.</li> </ul>	7/27/18
		<ul style="list-style-type: none"> <li>Placed cards with emergency numbers by phone and provided to staff to carry.</li> </ul>	7/20/18
		<ul style="list-style-type: none"> <li>Environmental Rounds (additional)</li> </ul>	7/27/18
			7/18/18

August 28, 2018 Report (Destiny suicide, Olivia attempted suicide, Omaira hand, Tiffany scratching)

Deficient Area	Description	Solnit Action	Completed
N110 Individual plan of care	The facility failed to ensure that a therapeutic relationship had been maintained and/or a change in therapist had been made when the therapeutic relationship demonstrated decline and/or a comprehensive treatment plan was completed and/or revised.	<ul style="list-style-type: none"> <li>Manager presence on off hours; weekends, 3<sup>rd</sup> shift, holidays.</li> </ul>	8/11/18
		<ul style="list-style-type: none"> <li>Adjusted treatment planning procedure to add a focused treatment plan review when a youth "refuses" treatment interventions, including school.</li> </ul>	9/19/18
		<ul style="list-style-type: none"> <li>Adjusted discharge planning procedure to include a discharge care planning meeting 3 days before discharge.</li> </ul>	9/19/18
		<ul style="list-style-type: none"> <li>Change Action Plan to Milieu Treatment Plan; licensed professional to sign off.</li> </ul>	9/19/18
N114 Individual Plan of Care	The facility failed to assure a safe discharge plan and/or update the ITP when resident identified ambivalent feelings related to discharge plan.	<ul style="list-style-type: none"> <li>Review of pre and post assessment for safety planning before and after a TV.</li> </ul>	8/16/18 and ongoing
		<ul style="list-style-type: none"> <li>Adjusted discharge planning procedure to include a discharge care planning meeting 3 days before</li> </ul>	9/19/18

		discharge. Also expand on what is to be included in the assessment for readiness for discharge.	
N115 Individual Plan of Care	The facility failed to ensure a comprehensive treatment plan was completed and/or reviewed and revised and/or had conducted an RN assessment.	<ul style="list-style-type: none"> <li>• Updated procedures: “Youth Belongings”</li> <li>• Cleaned unit with youth. Random audits of environment (above and beyond).</li> <li>• Re-training of “Search of Youth” – included competency of staff.</li> <li>• Documentation of searches and outcome on daily report.</li> </ul>	7/9/18 7/23/18 and ongoing  3/28/18 and ongoing 3/29/18
N 207 Facility Reporting	The facility failed to report a Serious Occurrence	<ul style="list-style-type: none"> <li>• Don’t agree</li> <li>• Re-training of managers on reporting duties.</li> </ul>	9/19/18
N 215 Education and Training	The facility failed to ensure that oxygen regulator was maintained and ready for use during a medical emergency and/or the facility failed to ensure that monitoring was completed with regards to the emergency equipment.	<ul style="list-style-type: none"> <li>• Saniglaze to come and clean the bathrooms.</li> <li>• Closed Kiwani to renovate and clean.</li> <li>• Secured emergency medical equipment to walls.</li> <li>• Retraining on regulator use for all RN’s; competency tool used.</li> <li>• Random checks of emergency equipment by DON.</li> <li>• All staff retrained in the Assessment and Level of Observation; competency used.</li> </ul>	TBD 8/15/18  9/1/18 and until complete