

STATE OF NEVADA

Review of Governmental and Private Facilities for Children

April 2018



Legislative Auditor
Carson City, Nevada

Review Highlights



Highlights of Legislative Auditor report on the Review of Governmental and Private Facilities for Children issued on May 2, 2018. Report # LA18-20.

Background

Nevada Revised Statutes 218G.570 through 218G.585 authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of governmental and private facilities for children.

As of June 30, 2017, we had identified 55 governmental and private facilities that met the requirements of NRS 218G: 20 governmental and 35 private facilities. In addition, 119 Nevada children were placed in 26 facilities in 11 different states as of June 30, 2017.

NRS 218G requires facilities to forward to the Legislative Auditor copies of any complaint filed by a child under their custody or by any other person on behalf of such a child concerning the health, safety, welfare, and civil and other rights of the child. During the period from July 1, 2016, through June 30, 2017, we received 1,457 complaints from 29 facilities in Nevada. Twenty-six facilities reported that no complaints were filed during this time.

Purpose of Reviews

Reviews were conducted pursuant to the provisions of NRS 218G.570 through 218G.585. This report includes the results of our reviews of 4 children's facilities, unannounced site visits to 4 children's facilities, and a survey of 55 children's facilities. As reviews and not audits, they were not conducted in accordance with generally accepted government auditing standards, as outlined in *Government Auditing Standards* issued by the Comptroller General of the United States, or in accordance with the *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

The purpose of our reviews was to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities, and whether the facilities respect the civil and other rights of the children in their care.

These reviews included an examination of policies, procedures, processes, and complaints filed since July 1, 2015. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from December 2016 through March 2018.

Review of Governmental and Private Facilities for Children

April 2018

Summary

Based on the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at two of the four facilities reviewed provide reasonable assurance that they adequately protect the health, safety, and welfare of youths at the facilities, and they respect the civil and other rights of youths in their care. The policies, procedures, and processes at two of the four facilities reviewed only provided minimal assurance that they protect the health, safety, and welfare of the youths at the facility and they respect the civil and other rights of the youths in their care.

We reported our observations at the two facilities to their licensing agencies pursuant to Section 8.5 of Senate Bill 189 of the 2017 Legislative Session. SB 189 requires the Legislative Auditor to provide a report to the licensing entity of a facility found to have deficiencies in policies, procedures, or processes that could be detrimental to the children in the care of the facility.

We also conducted unannounced site visits to four children's facilities and did not note anything that caused us to question the health, safety, welfare, or protection of the rights of the children in those facilities.

Facility Observations

Many of the facilities had common weaknesses. Improvements to medication administration processes and procedures were needed at all four facilities reviewed. This included three facilities that did not have comprehensive policies and procedures for the administration of medication or the policies and procedures did not have sufficient detail. In addition, three facilities were either missing documentation of some consents from the persons legally responsible for the psychiatric care of the youths for the administration of psychotropic medications, or the consent forms were incomplete. (page 6)

Statutes do not require facilities that provide treatment to children for abuse of alcohol or drugs to have specific policies and procedures for the administration of medication. Other types of children's facilities are required to have specific policies and procedures for the administration of medication. The Legislature may wish to consider enacting legislation to require facilities for the treatment of abuse of alcohol or drugs and that provide residential treatment to children who have been placed in the facility pursuant to an order of a court to adopt policies similar to those adopted for other children's facilities. (page 6)

Summit View Youth Center (reasonable assurance) – Summit View Youth Center provides reasonable assurance that it adequately protects the youths in its care. However, Summit View could improve its medication administration and documentation, ensure timely preparation of mental health documentation, improve suicide prevention documentation, and better ensure safety issues are addressed. (page 11)

Desert Willow Treatment Center (reasonable assurance) – Desert Willow Treatment Center provides reasonable assurance that it adequately protects the youths in its care. However, Desert Willow could improve some policies and procedures, including medication administration. (page 19)

Nevada Homes for Youth (minimal assurance) – The policies and procedures at Nevada Homes for Youth were outdated, incomplete, and did not contain a table of contents, making it difficult for staff to locate key policies and procedures when needed. Medication policies do not establish adequate controls over prescription medication or provide assurance that youths receive their medications. In addition, policies related to treatment plans, safety, and youths' rights are not sufficient to ensure youths receive the services they need. (page 26)

Genesis (minimal assurance) – Genesis's policies, procedures, and processes do not ensure that all youths receive their medication as prescribed or that the administration of the medication is properly recorded. Policies and procedures regarding client rights, including the right to file a grievance, are not complete, are not consistent, and are not being followed. In addition, policies and procedures related to treatment plans, maintaining complete records of required employee training, and safety issues are not complete. Furthermore, the foster care agency's computer does not have a password to protect sensitive information. (page 37)

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We have conducted a series of reviews of governmental and private facilities for children in the State of Nevada. These reviews were authorized by Nevada Revised Statutes 218G.570 through 218G.585. The purpose of these reviews is to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care.

We wish to express our appreciation to the management and staff of the facilities for their assistance during the reviews. We are available to discuss the report with any legislative committees, individual legislators, or other state and local officials.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Rocky Cooper".

Rocky Cooper, CPA
Legislative Auditor

April 12, 2018
Carson City, Nevada

STATE OF NEVADA
REVIEW OF GOVERNMENTAL AND PRIVATE FACILITIES FOR CHILDREN
APRIL 2018

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INTRODUCTION

This report includes the results of our work as required by Nevada Revised Statutes 218G.570 through 218G.585. The report includes the results of our reviews of 4 children's facilities (page 8), unannounced site visits to 4 children's facilities (page 56), and a survey of 55 children's facilities (pages 53 - 55).

BACKGROUND

Nevada Revised Statutes (NRS) authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of governmental children's facilities. In addition, NRS authorizes the Legislative Auditor to conduct reviews and unannounced site visits of private children's facilities. NRS 218G.500 through 218G.535 and NRS 218G.570 through 218G.585 are included in Appendix A of this report (pages 46 - 47).

Number and Types of Facilities

Nevada Revised Statutes require reviews of both governmental and private facilities for children. Governmental facilities include facilities owned or operated by a governmental entity that have physical custody of children pursuant to the order of a court. Private facilities include any facility that is owned or operated by a person and has physical custody of children pursuant to the order of a court.

For the fiscal year ended June 30, 2017, we had identified a total of 55 governmental and private facilities that met the requirements of NRS 218G: 20 governmental and 35 private facilities. Exhibit 1 lists the types of facilities located within Nevada and the total capacity of each type for the fiscal year ended June 30, 2017.

**Summary of Nevada Facilities
Fiscal Year Ended June 30, 2017**

Exhibit 1

Facility Type	Number of Facilities	Population		Staffing Levels	
		Maximum Capacity	Average Population	Average Full-time	Average Part-time
Correction and Detention Facilities	12	799	577	525	51
Child Welfare Facilities	4	197	120	120	87
Mental Health Treatment Facilities	8	370	235	391	28
Substance Abuse Treatment Facilities	4	51	30	52	7
Group Homes	15	213	129	145	28
Residential Centers	3	309	97	63	10
Foster Care Agencies	9	691	454	164	38
Total – Facilities Statewide	55	2,630	1,642	1,460	249

Source: Reviewer prepared from information provided by facilities.

We have categorized these types of facilities using the following guidelines:

- Correction facilities provide custody and care for youths in a secure, highly restrictive environment who would otherwise endanger themselves or others, be endangered by others, or run away. Correction facilities may include restrictive features, such as locked doors and barred windows.
- Detention facilities provide short-term care and supervision to youths in custody or detained by a juvenile justice authority. Detention facilities may include restrictive features, such as locked doors and barred windows.
- Child welfare facilities provide emergency, overnight, and short-term services to youths who cannot remain safely in their homes or their basic needs cannot be efficiently delivered in the home.
- Mental health treatment facilities provide mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. Mental health facilities also provide services to behaviorally disordered youths. Services provided include a full range of therapeutic, educational, recreational, and support services provided by a professional

interdisciplinary team in a highly structured, highly supervised environment.

- Substance abuse treatment facilities provide intensive treatment to youths addicted to alcohol or other substances in a structured residential environment. Substance abuse treatment facilities focus on behavioral change and services to improve the quality of life of residents.
- Group homes provide safe, healthful group living environments in a normalized, developmentally supportive setting where residents can interact fully with the community. Group homes are used for children who will benefit from supervised living with access to community resources in a semi-structured environment. Group homes generally consist of detached homes.
- Residential centers provide a full range of therapeutic, educational, recreational, and support services. Residents are provided with opportunities to be progressively more involved in the surrounding community.
- Foster care agencies are business entities that recruit and enter into contracts with foster homes to assist child welfare agencies and juvenile courts in the placement of children in foster homes. Foster care agencies may operate multiple family foster homes, including specialized foster homes and group foster homes. Foster care agencies train foster parents, and place youths either in the foster parents' homes or in homes provided by the foster care agency. Foster parents are responsible for providing safe, healthful, and developmentally supportive environments where youths can fully interact with the community.

In addition to youths placed in facilities within the State of Nevada, an additional 119 youths were placed in out-of-state facilities by a District Court or the State as of June 30, 2017. Nevada youths were placed in 26 different facilities in 11 different states across the United States. In general, a youth may be placed in an out-of-state facility because the youth has been denied placements within the State, the youth has a combination of diagnoses that cannot be treated in Nevada, the youth has been diagnosed with sexual victimization or abusiveness, or the youth is aggressive.

Exhibit 2 lists the entities that placed youths in out-of-state facilities and the number of youths placed in out-of-state facilities as of June 30 of the past 3 years.

**Summary of Nevada Youths Placed in Out-of-State Facilities
As of June 30, 2015, 2016, and 2017**

Exhibit 2

<u>Placing Entity</u>	<u>As of June 30, 2015</u>	<u>As of June 30, 2016</u>	<u>As of June 30, 2017</u>
1 st Judicial District Court (Carson City and Storey County)	4	7	9
2 nd Judicial District Court (Washoe County)	46	29	18
3 rd Judicial District Court (Lyon County)	10	5	6
4 th Judicial District Court (Elko County)	0	1	3
5 th Judicial District Court (Esmeralda and Nye Counties)	4	9	4
6 th Judicial District Court (Humboldt County)	1	1	1
7 th Judicial District Court (Eureka, Lincoln, and White Pine Counties)	0	1	1
8 th Judicial District Court (Clark County)	20	25	31
9 th Judicial District Court (Douglas County)	0	1	2
State of Nevada Division of Child and Family Services	40	45	44
Total	125	124	119

Source: Reviewer prepared from information provided by entities.

Complaints

NRS 218G requires facilities to forward to the Legislative Auditor copies of any complaint filed by a child under their custody or by any other person on behalf of such a child concerning the health, safety, welfare, or civil and other rights of the child.

During the period from July 1, 2016, through June 30, 2017, we received 1,457 complaints from 29 facilities in Nevada. Twenty-six facilities in Nevada reported that no complaints were filed by youths during this time. We also received complaint information from out-of-state facilities.

SCOPE, PURPOSE, AND METHODOLOGY

Reviews were conducted pursuant to the provisions of NRS 218G.570 through 218G.585. As reviews and not audits, they were not conducted in accordance with generally accepted government auditing standards, as outlined in *Government Auditing Standards* issued by the Comptroller General of the United States, or in accordance with the *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

The purpose of our reviews was to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care. These reviews included an examination of policies, procedures, processes, and complaints filed since July 1, 2015. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from December 2016 through March 2018.

A detailed methodology of our work can be found in Appendix F of the report, which begins on page 57.

FACILITY OBSERVATIONS

Based on the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at two of the four facilities reviewed provide reasonable assurance that they adequately protect the health, safety, and welfare of youths at the facilities, and they respect the civil and other rights of youths in their care.

The policies, procedures, and processes at two of the four facilities reviewed only provided minimal assurance that they protect the health, safety, and welfare of the youths at the facility and they respect the civil and other rights of the youths in their care.

We reported our observations at the two facilities to their licensing agencies pursuant to Section 8.5 of Senate Bill 189 of the 2017 Legislative Session. SB 189 requires the Legislative Auditor to provide a report to the licensing entity of a facility found to have deficiencies in policies, procedures, or processes that could be detrimental to the children in the care of the facility.

The policies and procedures at Nevada Homes for Youth were outdated, incomplete, and did not contain a table of contents, making it difficult for staff to locate key policies and procedures when needed. Medication policies do not establish adequate controls over prescription medication or provide assurance that youths receive their medications. In addition, policies related to treatment plans, safety, and youths' rights are not sufficient to ensure youths receive the services they need.

Genesis's policies, procedures, and processes do not ensure that youths receive their medication as prescribed or that the administration of the medication is properly recorded. Policies and procedures regarding client rights, including the right to file a grievance, are not complete, are not consistent, and are not being followed. In addition, policies and procedures related to treatment plans, maintaining complete records of required employee training, and safety issues are not complete. Furthermore, the foster care agency's computer was not password protected.

Many of the facilities had common weaknesses. Appendix C, on page 52, contains a partial listing of the more common weaknesses found at the four facilities reviewed. Improvements to medication administration processes and procedures were needed at all four facilities reviewed. This included three facilities that did not have comprehensive policies and procedures for the administration of medication or the policies and procedures did not have sufficient detail. In addition, three facilities were either missing documentation of some consents from the persons legally responsible for the psychiatric care of the youths for the administration of psychotropic medications, or the consent forms were incomplete.

We also conducted unannounced site visits to four children's facilities and did not note anything that caused us to question the health, safety, welfare, or protection of the rights of the children in those facilities.

SOME TYPES OF FACILITIES NOT REQUIRED TO HAVE COMPLETE MEDICATION ADMINISTRATION POLICIES

Statutes do not require facilities that provide treatment to children for abuse of alcohol or drugs to have specific policies and procedures for the administration of medication. Other types of children's facilities are required to have specific policies and

procedures for the administration of medication. During the 2011 Legislative Session, the Legislature passed Senate Bill 246. The bill, effective January 1, 2012, required certain children's facilities to adopt policies to:

- Document the orders of a treating physician of a child;
- Administer medication to a child;
- Store, handle, and dispose of medication;
- Document the administration of medication and any errors in the administration of medication;
- Minimize errors in the administration of medication;
- Address errors in the administration of medication; and
- Ensure each employee who administers medication receives a copy of and understands the policies.

The bill resulted in statutory changes for governmental and private medical facilities, detention centers, specialized foster homes and group homes, and child care facilities, but not for facilities that provide residential treatment for abuse of alcohol or drugs to children.

In our 2018 report *Review of Guidelines for Licensing Children's Facilities*, we clarified that the State's Bureau of Health Care Quality and Compliance (HCQC) licenses the residential aspects of drug and alcohol abuse treatment facilities. In addition, the Substance Abuse Prevention and Treatment Agency (SAPTA) licenses the program aspects of programs for the treatment of abuse of alcohol or drugs, not the residential aspects. For the fiscal year ended June 30, 2017, there were four HCQC licensed facilities for the treatment of abuse of alcohol or drugs that provided residential services to children pursuant to an order of a court.

HCQC uses the requirements found in the Nevada Administrative Code (NAC) to license drug and alcohol treatment facilities. NAC 449.144 requires medication administration policies and procedures for the self-administration of medication. However, NACs requirements are not as specific as the requirements of SB 246 of the 2011 Legislative Session.

Recommendation

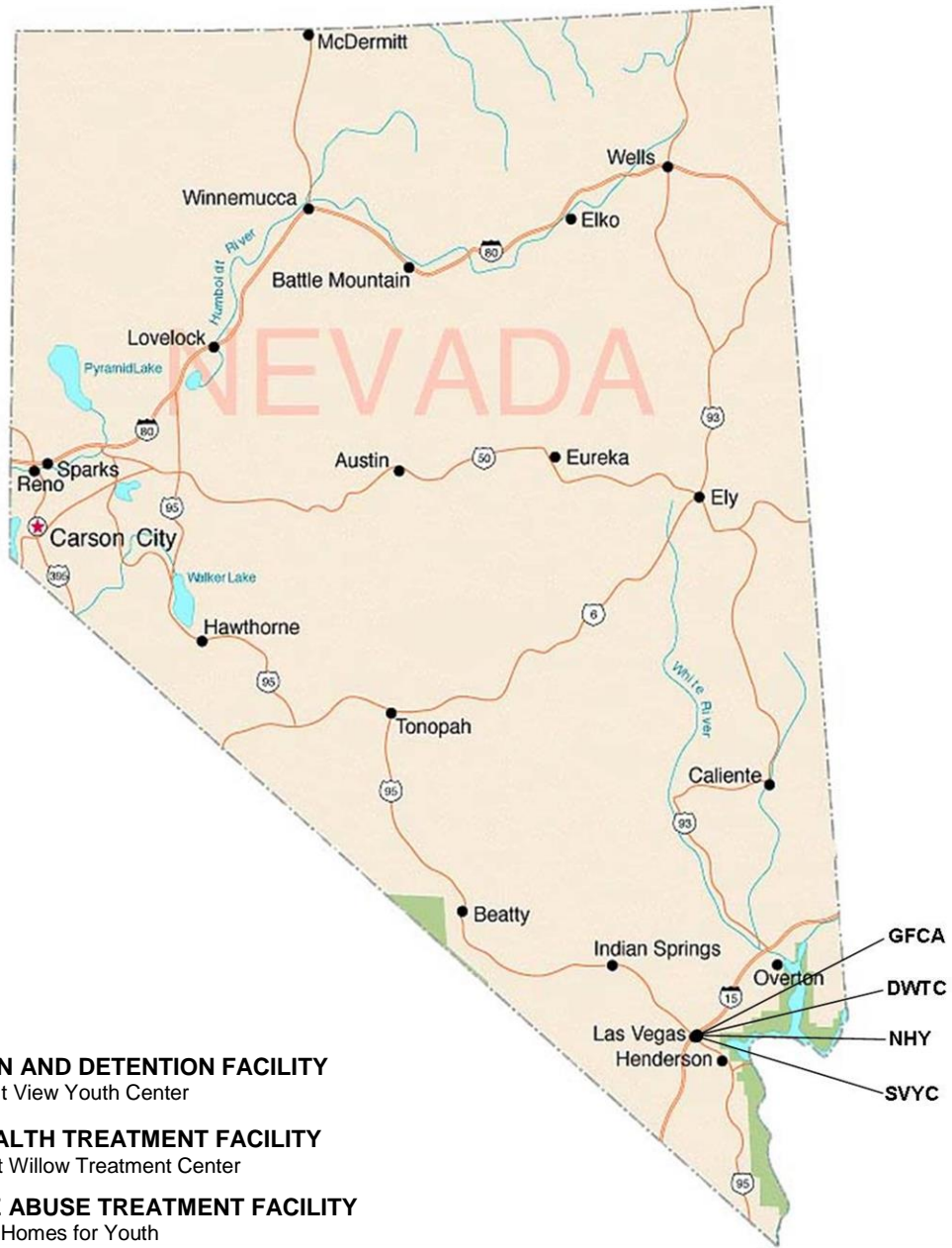
The Legislature may wish to consider enacting legislation to require facilities for the treatment of abuse of alcohol or drugs and that provide residential treatment to children who have been placed in the facility pursuant to an order of a court to adopt policies similar to those adopted for other children's facilities, including:

- Documenting the orders of a treating physician of a child;
- Administering medication to a child;
- Storing, handling and disposing of medication;
- Documenting the administration of medication and any errors in the administration of medication;
- Minimizing errors in the administration of medication;
- Addressing errors in the administration of medication; and
- Ensuring each employee who administers medication receives a copy of and understands the policies.

REPORTS ON INDIVIDUAL FACILITY REVIEWS

This section includes the results of reviews at each of the four facilities. Exhibit 3 lists the facilities and shows their locations. These results were provided to each facility and a written response was requested. A summary of each facility's response is included after each applicable issue.

Map of Facilities Reviewed



Source: Reviewer prepared.

Summit View Youth Center

Background Information

Summit View Youth Center (Summit View) was originally known as Summit View Youth Correctional Center (SVYCC). SVYCC was a state operated facility that opened and was managed by a third party in 2000; however, following a riot, the facility closed in 2002. The facility was subsequently reopened and operated by the State in 2004. Due to budgetary constraints, the facility was shuttered in May 2010. In June 2013, the State requested proposals to reopen and operate the facility. The contract was awarded to Rite of Passage, who renamed the facility Red Rock Academy. The contract was terminated and the facility was closed in 2015. The State reopened and renamed the facility Summit View Youth Center in February 2016.

Summit View is a state operated correction facility located in Las Vegas, Nevada. It is operated by the state's Division of Child and Family Services (DCFS), Juvenile Justice Services. Summit View's mission is to enhance community safety by promoting positive change, positive life outcomes and accountability for youth, and supporting positive youth development. Summit View's vision includes valuing each youth as a productive member of the community to lead a fulfilling life.

For the fiscal year ended June 30, 2017, Summit View Youth Center:

- Served male youths between the ages of 12 and 19.
- Had a maximum capacity of 48 youths.
- Had an average population of 34 youths with an average length of stay of 8 months.
- Had an average of 33 full-time staff.

Purpose of the Review

The purpose of our review was to determine if Summit View Youth Center adequately protects the health, safety, and welfare of the

Summit View Youth Center (continued)

children at Summit View and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from February 2016 through our visit in August 2017.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Summit View Youth Center provide reasonable assurance that it adequately protects the health, safety, and welfare of the youths at the facility and respects the civil and other rights of the youths in its care. However, Summit View could improve its medication administration and documentation, ensure timely preparation of mental health documentation, improve suicide prevention documentation, and ensure safety issues are addressed.

Principal Observations

Medication Administration and Documentation

Medical staff did not always comply with medication administration policies and procedures. In addition, medication training policies and procedures are outdated.

Summit View's medication documentation was sometimes incomplete. DCFS's Medication Administration and Management Policy requires medical release documentation be signed by staff and non-staff when a youth is released. Based on our review of 10 youths' files, 6 of the 10 youths had been released from Summit View. Of these, three files contained evidence that prescribed medication was released by staff to non-staff on behalf of the youths: one file did not contain non-staff signatures; another file contained signatures for one of two medications; and the third file contained a discrepancy between medication released by staff and medication received by non-staff.

Summit View's standard operating procedures require documentation of medication administered to youths, medication errors, and medication refused. Our review of 10 youth's files found all 10 files contained at least 1 error. Errors included: medication administration records show incorrect dosages for two

Summit View Youth Center (continued)

different youths, incomplete documentation of medication refused by three youths, incomplete documentation of medical staffs' names or initials, blank spaces on medication administration records for three youths, and evidence two youths did not receive their prescribed medication in accordance with physicians' orders for up to 3 days.

DCFS's policies and Summit View's procedures state new medications will only be started after a youth's parent, guardian, or legal custodian has been notified and given the opportunity to respond to the notification. Although Summit View is not required to comply with NRS 432B.4687, this statute provides some good guidance to ensure parents or guardians are fully educated about psychotropic medication before consent is given. Summit View, in conjunction with DCFS, could update its consent form based on guidance from this statute to ensure parents or guardians are fully educated before any new medication is administered. Additional information that may be added to the consent form used by Summit View includes:

- The guardian's address and telephone number.
- The expected period for improvement.
- The times of administration of the medication.
- Interactions with other medications or foods.

According to management and review of youths' files, youths over 18 years old can provide consent on their own behalf for psychiatric services, including psychotropic medication, while in a state juvenile correctional facility. However, this has not been addressed in policies or procedures.

Training policies and procedures are not consistent with statutes. NRS 63.190 requires employees who have direct contact with youth to receive medication administration training within 30 days of hire and annually thereafter. DCFS's policies and Summit View's procedures state the timeframe for initial training is 90 days. In addition, 3 of 10 employees' files we reviewed contained evidence they received initial training late, up to 16 months after hire, while

Summit View Youth Center (continued)

another file contained no evidence to indicate the employee received any initial training. Also, one employee's file did not contain evidence of annual training for 22 months after he was hired. Further, two other employees' files contained evidence of annual training 15 months after they had received initial training.

Facility Response

A quality improvement program has been implemented at Summit View to address medication documentation. Monthly audits are performed by the Director of Nursing, as well as quarterly audits by DCFS Planning and Evaluation Unit. Since the implementation of this process, procedures have been strengthened and the overall quality of documentation has improved. However, in consideration of the findings of this review, all medical charts of youth discharged will be audited. This audit will ensure there is accurate documentation, the physician's order corresponds to the medication listed on the Discharge Transfer form, there are signature for both the nurse and non-staff personnel, and will confirm the chain of custody for medication.

After an internal review of concerns regarding medication documentation errors, it was determined the medication administration process should be completed only by licensed medical professionals. This practice was implemented in December 2016.

Overall quality of medication documentation has improved, confirmed by monthly internal and quarterly external audits. Summit View Youth Center will continue to monitor compliance, accuracy, and documentation of all prescribed medications.

Audits will monitor and include the following:

- *The prescribed medication matches the informed consent form and the prescribed medication is documented by the nurse correctly on the medication administration record.*

Summit View Youth Center (continued)

- *Documentation for each time a medication is scheduled to be administered and documentation of administration of the medication, refusal, etc.*
- *Documentation of refusal of medication and the corresponding refusal form for the medication, including the date and time of attempted administration.*
- *Confirmation of the name and initials of staff who administer the medication are documented at the bottom of the medication administration record. Follow-up training and coaching with nursing staff will ensure compliance with this procedure.*

The Summit View Director of Nursing has reviewed NRS 432B.4687 and contacted the contract psychiatrists to determine best practice standards and potential implementation of the statutory recommendations. Changes to the current process will require updating the DCFS policy and the Informed Consent form. All recommended changes will be submitted to the Juvenile Justice Quality Assurance Program by April 15, 2018.

In collaboration with the Division's Deputy Attorney General and pursuant to NRS 129.010, a draft of proposed changes to the current Juvenile Services Medication Administration and Management Policy has been submitted to the Juvenile Justice Quality Assurance Program for review and approval. Upon approval, Summit View Youth Center will update its Standard Operating Procedures to reflect the changes.

DCFS medication training policies and procedures have been updated consistent with NRS 63.190. Summit View's training academy will ensure that new staff who have direct contact with youth receive medication administration training within 30 days of hire and annually thereafter. The facility Training Officer will schedule medication administration training with the medical department upon learning a new staff has been hired. Medical staff will conduct the initial training and annual refresher training.

Summit View Youth Center (continued)

Mental Health Services

Summit View needs to ensure timely mental health services are provided to youths and improve suicide prevention documentation.

Initial and updated treatment plans do not contain approval dates. Mental health services are provided by DCFS's mental health staff and documented in DCFS's mental health treatment computer program. DCFS's mental health policies require initial treatment plans be prepared within 30 days. However, policy does not specify when a treatment plan is considered final. All 10 youths' files reviewed contained an initial treatment plan; however, we were unable to determine the timeliness of preparation and approval because DCFS's computer program does not display preparation or approval dates.

In addition, policies require treatment plans be reviewed every 30 days, but it does not address when updates are considered final. According to DCFS's mental health staff, updates are prepared every 90 days. Eight of the ten youths' files we reviewed contained at least one updated treatment plan; however, we were unable to determine the timeliness of updates because DCFS's computer program does not display update or approval dates. Also, one youth's file reviewed did not contain any updates, even though the youth had been at Summit View for 6 months. Without approval dates, Summit View cannot ensure treatment plans are prepared timely.

Facility Response

Mental health treatment begins when a youth is admitted to Summit View Youth Center. Upon arrival, an array of risk assessments and diagnostic evaluations are administered. An initial mental health treatment plan is created with the youth, within the first 30 days of placement. Once developed, the youth's initial plan is enter in AVATAR (the mental health software program) by the Mental Health Counselor and submitted to the Mental Health Supervisor for approval. Concurrently, the Mental Health Counselor prints a hard copy with their signature and date. The Mental Health Supervisor has up to 2 weeks to review, print, sign, and date the plan, confirming final approval. To ensure the

Summit View Youth Center (continued)

timeliness of preparation, both the initial and supervisor-approved plans containing signatures and dates will be placed in the youth's main file and clinical file. Of note, all quarterly updates will be processed the same.

The comprehensive case plan, per policy, is updated and reviewed every 30 days at the youth's child and family team meeting. The mental health treatment plan, per policy, is updated every 90 days. Mental health treatment is only one component of the comprehensive case plan. The initial mental health treatment plan is created and implemented within the first 30 days of admission. To ensure the timeliness of preparation, both the initial and supervisor-approved mental health updated treatment plans containing signatures and dates will be placed in the youth's main file and clinical file.

Safety Issues

Summit View did not always comply with the Prison Rape Elimination Act of 2003 (PREA) policies and procedures. Three of the ten youths' files we reviewed did not contain evidence youths received screening for vulnerability for victimization and for sexually aggressive behavior within 72 hours of arrival at the facility. Policies and procedures require this screening within 72 hours of arrival at the facility. In addition, unannounced observation rounds were not completed regularly for almost 3 consecutive months. Policies and procedures require at least three unannounced observation rounds per week to verify staffing ratios of 1:8 during awake hours and 1:16 during sleeping hours.

Summit View did not always comply with room confinement policies, procedures, or statutes. Documentation reviewed for three youths contained evidence staff completed observations at intervals greater than 10 minutes, including as much as 30 minutes. Policies direct staff to observe youths and document the observation for any form of isolation or confinement including administrative segregation, cool off, or corrective room restriction (CRR) every 10 minutes.

Summit View Youth Center (continued)

In addition, reports prepared and submitted to DCFS were incomplete and contained errors. NRS 63.505(7) requires monthly CRR reports be submitted to DCFS including the number of youths placed in CRR and the length of time each youth was in CRR. Statutes also require justification and documentation of any attempt to return the youth to the general population each time a youth is placed in CRR for more than 72 consecutive hours. Over a 5-month period, CRR reports submitted to DCFS did not include the length of time each youth was placed in CRR; instead, the reports included the average length of time all youths spent in CRR. Further, CRR information reported to DCFS contained errors.

Facility Response

In September 2016, Summit View's Mental Health Counselors began administering a screening tool to identify the risk of victimization and sexually aggressive behavior. This screening is completed with 72 hours of youth arrival. Results of the screening are maintained in the youth's clinical file and distributed to the Medical and Administration Departments. Due to the potential sensitivity of the information, a copy should not be placed in the youth's main file.

At the time of this review, Shift Supervisors were expected to complete weekly unannounced PREA rounds to ensure required staffing ratios and deter potential sexual abuse and sexual harassment opportunities. It appears, however, that these were not being completed consistently. Effective immediately, the Head Group Supervisor and Assistant Head Group Supervisors will be re-trained and coached on the implementation of required unannounced rounds, how those rounds are implemented and what they should be observing and documenting during each round to include, staff/youth ratios, unsafe areas, open/closed doors, etc. In addition, the PREA Compliance Manager will complete a monthly review of each PREA unannounced round log, with initial, date and time of review, and additional comments as needed. All logs will be maintained in the unannounced rounds binder, which is located in the main control room.

Summit View Youth Center (continued)

Currently, Summit View complies with all room confinement policies, procedures, and statutes. Group Supervisors complete the confinement/observation and check form for each youth who requires corrective room restriction. Once a youth is placed in corrective room restriction, Group Supervisors will complete the confinement/observation and check form. Shift Supervisors will review the form for compliance with the policy of checks every 10 minutes. All completed forms are placed in the confinement binder located in the Assistant Superintendent's office. DCFS's Planning and Evaluation Unit provides Summit View with quarterly compliance audit.

Summit View currently tracks the number of youths placed in CRR and the amount of time each youth is placed in CRR. When a youth is placed in CRR, Group Supervisors are assigned to monitor and observe confined youths. Each youth is evaluated by the Confinement Board of Review within 54 minutes of being confined. The Board determines whether the youth can return to regular programming and provides justification on a form. If the Board determines the youth is not able to return to regular programming, justification is stated on the form and the youth remains in CRR and assessed again within 54 minutes. This process is continued until it is determined by the Board that the youth can return to regular programming. Once the confinement period is completed, Shift Supervisors review all documentation for accuracy. All reports to DCFS include the length of time each youth was placed in CRR.

Desert Willow Treatment Center

Background Information

Desert Willow Treatment Center (Desert Willow) is a mental health treatment hospital located in Las Vegas. Desert Willow is operated by the Department of Health and Human Services, Division of Child and Family Services. It is licensed by the Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance. Desert Willow's mission is to provide quality, individualized mental health services in a safe and culturally sensitive environment, collaborating with caregivers, community, and other providers to ensure that children and families of Nevada may achieve their full human potential.

For the fiscal year ended June 30, 2017, Desert Willow Treatment Center:

- Served male and female youths between the ages of 12 and 17.
- Had a maximum capacity of 58 youths.
- Had an average daily population of 18 youths with an average length of stay of 31 days.
- Had an average of 74 full-time staff.

Purpose of the Review

The purpose of our review was to determine if Desert Willow Treatment Center adequately protects the health, safety, and welfare of the children at Desert Willow and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 1, 2015, through our visit in December 2016.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the Desert Willow Treatment Center provide reasonable

Desert Willow Treatment Center (continued)

assurance that it adequately protects the health, safety, and welfare of the youths at the facility and respects the civil and other rights of the youths in its care. However, Desert Willow could improve some policies and procedures, including medication administration.

Principal Observations

Medication Policies and Procedures

Desert Willow's medication administration policies and procedures are incomplete and lack sufficient detail.

Policies and procedures require staff to obtain written consent from the parent and/or legal guardian prior to administering any medication except in emergency situations. For patients who are in the custody of a child welfare agency, policies require written consent from the person legally responsible for the psychiatric care of the child prior to the administration of any psychotropic medication. However, the policies do not require or describe the information that must be present on the consents or require supervisory review of the consents. The consent form contains spaces for all the information required by NRS 432B.4687(2). However, many of the spaces were left blank on all the consent forms we reviewed. Nine of the ten youths whose medication files we reviewed were administered psychotropic medications while at Desert Willow. All nine youths' files contained incomplete consent forms. Some of the required information that was missing included:

- The purpose and duration of treatment.
- The expected timeframe for improvement.
- A description of the possible risks, side effects, interactions with other medications or foods, and complications.
- The address and telephone number of the person who is legally responsible for the psychiatric care of the child.

Policies require the night nurse reconcile medication administration records with the physicians' orders and the patients' profiles in the automated medication management system, which stores and

Desert Willow Treatment Center (continued)

dispenses medications. However, the policy does not specify what action the nurse should take when the medication administration record contains a possible error or is incomplete. All of the 141 medication administration records we reviewed contained evidence of staff review. However, 7 of the 10 youths' medication files reviewed contained incomplete medication administration records for at least 1 medication for at least 1 day with no explanation. The medication administration records do not include a list of acronyms or symbols to be used to document variances or errors in the administration of medication. In addition, staff reviews of medication files were not adequate to ensure youths' medication administration records were complete. Therefore, it is not clear if staff forgot to administer the medications, the youths refused the medication, if staff forgot to document the administration of the medications, or the youths did not receive the medication for some other reason.

Medical staff did not always comply with the policy requiring two nurses' signatures when removing medication from the after-hours medication cart. Medication is removed from the cart when it is not available from the automated medication management system or the patient's drawer. The cart is kept in the locked central medication room. When a nurse removes medication from the cart, another nurse must verify the medication removed is correct per the physician's order and both nurses must complete and sign the after-hours medication sign-out log. We reviewed 3½ months of the sign-out log, which contained 48 entries. We found three entries were missing the second nurse's signature and two entries were lined out with no explanation. Desert Willow's policies allow quarterly audits to be completed by an independent person on all medication management files and records to reasonably ensure patient safety and identify any potential issues of fraud or abuse. However, the policies do not require the audits be performed and do not contain any detail or procedure on what records and files should be audited or to whom the results should be reported.

Facility Response

The Medication Management Policy was revised to include and describe the required information that must be present on the consents. Desert Willow has taken steps to address

Desert Willow Treatment Center (continued)

any blank spaces found on consents, medication administration records, or any other medication related forms. A new policy called Patient Chart Checks is being developed to delineate the specific documentation to be audited daily. The procedure will ensure resolution of deficiencies found during the audits. The Leadership Executive Team will approve these policies on August 31, 2017. In addition, a quarterly audit, completed by pharmacy staff may be performed on medication management files and records to reasonably ensure that the program supports patient safety and identifies any potential issues of fraud and/or abuse. Identified issues of fraud or abuse shall be grounds for disciplinary action and shall be reported immediately to the Nursing Supervisor.

The Medication Management Policy has been revised to ensure steps to be taken to remediate medication administration records errors. Another policy delineates a list of acronyms and symbols that will be posted in the nurses' station and are currently in the medication room to ensure accurate documentation of variances in the administration of medication.

A new policy will include various audits performed, including the responsibility of the Nursing Supervisor to audit the after-hours medication cart monthly. The policy will also include the steps to take should deficiencies be identified during an audit. The checklist tool the Nursing Supervisor uses specifically looks at whether two nurses have signed off on any medications.

In addition, the revised policy includes that the night nurse will reconcile the medication administration record with the physicians' orders and with the patient's profile in the medication room every 24 hours. Reconciliation includes, but is not limited to, medication consents, the medication is correctly transcribed on the tracking log and medication administration record, the medication is present, and the medication is correctly entered on the form for the treatment team. In the event any nurse discovers that a medication administration record has a possible error, blank space, or is

Desert Willow Treatment Center (continued)

incomplete, the night nurse will immediately contact the nurse responsible, e-mail the Nursing Supervisor, and inform the next nurse during shift report and document it in the communication log.

Other Policies and Procedures

Treatment plans were not finalized timely. The timeframes included in policies are specific – 3 business days for an initial plan for youths in an acute care unit, 5 business days for an initial plan for a youth placed in a residential unit, and 90 days from the time the prior treatment plan was initially signed for an updated treatment plan. According to Desert Willow management, treatment plans are considered final when approved by the Clinical Director. The 10 youths' initial treatment plans tested were finalized an average of 13.5 days late; 7 of the plans were between 6 and 61 days late. Eleven updated treatment plans should have been prepared for 7 of these youths within 90 days from the time the prior treatment plan was finalized. However, these youths' treatment plans were finalized between 3 and 61 days late and an average of 30 days late. This includes one youth whose file did not contain an updated treatment plan, nor was one listed on the information system. The treatment plan was due 61 days prior to the youth's discharge.

Desert Willow's Patient Monitoring Policy is not complete. The policy requires staff to observe each youth at least every 15 minutes and document the observation using a monitoring form. The policy does not address nurse review of monitoring forms for completion or accuracy. According to management, the nurse should review the monitoring forms at least once per shift. Incomplete or inaccurate information is to be immediately addressed by the nurse with the staff responsible for observation and documentation.

DCFS's employment policies and procedures are outdated. The policies and procedures were last updated in 2008 and do not address the current process to ensure new and existing employees have not been convicted of disqualifying crimes listed in NRS 449.174. In 2015, DCFS was added to the Nevada Automated Background Check System (NABS), which changed the fingerprint

Desert Willow Treatment Center (continued)

background check paperwork and process. Of the 10 employees whose files we tested, 3 were required to be re-fingerprinted in 2016, but were not cleared through NABS because DCFS did not establish a NABS profile for the employees. The three employees were cleared through the process used prior to 2015.

Desert Willow's policy on face sheets, or identity kits, is not complete. It does not require staff complete all elements of the face sheet. Our review of face sheets found staff did not always complete the sections of the face sheet addressing medications and allergies.

Facility Response

Desert Willow will revise policies to indicate that an individualized treatment plan is considered final when approved by the Clinical Program Manager and marked "Final" in DCFS's electronic health record system.

The Patient Monitoring Policy and the monitoring sheet were revised and implemented to include the Psychiatric Nurse review of the monitoring sheet at the middle of the shift and at the end of the shift. All nurses were informed of the new policy and given specific procedures regarding what to do if a patient refuses medication.

Since December 2016, staff requiring updated fingerprinting have been fingerprinted and entered into the Nevada Automated Background Check System by the DCFS Human Resources Division. Recruitment and employment procedures were revised to indicate that, while employed by Desert Willow, all employees must be fingerprinted upon hire and every 5 years thereafter and remain free of conviction of any crime as defined by NRS 449.174.

The Admissions Policy was revised to include the information required for a face sheet and ensure all spaces on the form are completed.

Desert Willow Treatment Center (continued)

Other Observations

During our visit to Desert Willow, we noted two issues related to the safety of youths. First, we observed unsecured electrical cords in one of the units. In addition, communication logs did not identify each unit's census or the types of precautions youths may have been assigned.

We also noted that 2 of the 10 youths whose files we reviewed did not sign a Patient's Rights and Responsibilities form at admission. One youth signed the form 9 months after admission and the other's form was not signed by the youth.

Facility Response

Electronics have been mounted to the wall or relocated where patients do not have access to them. All computer mice have been replaced with cordless mice. Each unit now has a status sheet, which lists the current census of the unit and the patients' assigned precautions. The status sheet is accessible to all unit staff and is updated throughout the day. In addition, the Patient Monitoring Policy has been revised.

A new policy will be created to delineate the specific forms and documentation to be audited on a daily basis. The procedures will also ensure the resolution of deficiencies found during these audits.

Nevada Homes for Youth

Background Information

Nevada Homes for Youth is a facility for the treatment of abuse of alcohol or drugs located in Las Vegas. Nevada Homes for Youth is a private, not-for-profit entity and is licensed by the state Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance. Nevada Homes for Youth's mission is to provide substance abuse treatment programs, support, and education for the disadvantaged youth of Southern Nevada struggling with addiction. Its objective is to inform, engage, and mobilize the community to actively participate in this fight, and to show teens that they are not alone and there is a way out.

For the fiscal year ended June 30, 2017, Nevada Homes for Youth:

- Served male and female youths from ages 13 through 18.
- Had a maximum capacity of 20 youths.
- Had an average daily population of 16 youths with an average length of stay of 6 months.
- Had an average of 10 full-time staff and 7 part-time staff.

Purpose of the Review

The purpose of our review was to determine if Nevada Homes for Youth adequately protects the health, safety, and welfare of the children at Nevada Homes for Youth and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 1, 2015, through our visit in April 2017.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Nevada Homes for Youth provide minimal assurance that it adequately protects the health, safety, and welfare of the youths at the facility and respects the civil and other rights of the youths in its care. For example, medication policies do not establish adequate

Nevada Homes for Youth (continued)

controls over prescription medication or provide assurance that youths receive their medications. In addition, policies related to treatment plans, safety, and youths' rights are not sufficient to ensure youths receive the services they need.

Nevada Homes for Youth could develop, update, and revise several policies, procedures, and processes to help ensure youths are adequately protected. Generally, Nevada Homes for Youth's policies and procedures are outdated; some are dated as adopted in 2008, while others are not dated. In addition, the policies and procedures do not have a table of contents, making it difficult for staff to locate key policies and procedures when needed.

Principal Observations

Medication and Health Policies, Procedures, and Processes

Several medication and health-related policies, procedures, and processes need to be developed or revised.

- Policies for medical emergencies are not consistent with state regulations. Nevada Administrative Code (NAC) 449.141 requires facilities to implement written policies and procedures that are reviewed by a licensed physician and define the appropriate actions to take when a medical emergency arises. It also requires at least one staff person qualified to provide cardiopulmonary resuscitation in the facility at all times. Furthermore, the regulation requires that staff members have evidence they have received training on the use of first-aid supplies. However, Nevada Homes for Youth's policy, which was approved by a physician, states staff should contact 911 and are not to provide medical care or advice. In addition, it does not include who should be contacted other than 911, such as management or guardians, or the documentation that should be prepared.
- Medication administration policies and procedures are weak. For example, they did not address obtaining and retaining copies of physicians' orders and pharmacy instructions. As a result, the files for four of the five youths who were administered prescription medication while at Nevada

Nevada Homes for Youth (continued)

Homes for Youth did not contain physicians' orders, and for three of the five did not contain pharmacy instructions. Although not required by law or regulation, obtaining copies of the physicians' orders and pharmacy instructions are a critical control for ensuring the right youth gets the right dose of the right medication. This is especially important at Nevada Homes for Youth since it relies on the youths' parents or guardians to provide the prescribed medication. Without the physicians' orders and pharmacy instructions, staff cannot ensure the medication provided is the correct medication and dosage and was prescribed for the youth and not someone else.

- Medication policies and procedures do not establish adequate controls over prescription medications. For example, the policy states all medication will be logged by staff and verified for correct dosage. It does not say what information will be logged, such as the number or amount, dosage, from whom it was received, who received it, or who it was for. It does not say how the medication will be verified or what it will be verified to (such as the physician's order or pharmacy instructions). It does not say where the information will be logged, such as in the youth's medical file or in some other type of log.
- Policies and procedures do not provide a process to ensure all youths receive their prescribed medications. NAC 449.141 requires facilities to ensure youths receive prescribed medication. However, Nevada Homes for Youth's policies and procedures do not include a process to ensure each youth has medication available. Management stated the youths' parents or guardians are responsible for re-ordering medications and delivering them to the facility. Establishing a procedure to notify parents or guardians when youths' medications need to be reordered would help ensure all youths receive their prescribed medications.
- Policies do not address when written consent to administer psychotropic medications is required. NRS 432B.4686 requires written consent be obtained from the person legally

Nevada Homes for Youth (continued)

responsible for the psychiatric care of a child in the custody of a child welfare agency prior to administering psychotropic medications. Management was not familiar with this requirement.

- Policies do not address documentation of a youth's refusal to take medication or errors in administering medication. As a result, staff descriptions of the process to document refusals and errors were not consistent. Although not required by law or regulation for facilities for the treatment of the abuse of alcohol or drugs, these policies are required for other types of facilities, such as foster homes and child care institutions.
- Policies and processes for the destruction of unused or expired medications are not consistent. One policy states medication is destroyed at law enforcement offices or the fire department and documented on the client's medication administration record. Another policy states medications will be returned to the prescribing physician or dispensing pharmacy for destruction and a detailed record of the medication type and amount remaining will be signed by the Program Director. In addition, the medication book contains a "Medication Removal/Destruction Log" which was not mentioned in either policy. The policies provide no guidance on documentation of medication returned to the youth's guardian and do not require any documentation of where the medication was returned, such as the name of the doctor or pharmacy.
- Policies do not include a process to identify, address, or minimize errors in the administration of medications, or help ensure complete and accurate documentation of the administration of medication. Although not required by law or regulation for facilities for the treatment of the abuse of alcohol or drugs, these policies are required for other types of facilities, such as foster homes and child care institutions. However, a periodic independent review of medication records will help ensure Nevada Homes for Youth maintains complete and accurate records of medications administered and identifies staff who may need additional training. For example, our review found incomplete documentation and

Nevada Homes for Youth (continued)

errors in the medication records for five of the five youths who were administered medication. This included blank spaces on medication administration records, one medication administration record that listed the wrong dosage, lack of documentation whether medication was destroyed or given to the youth's legal guardian at discharge, and missing pharmacy instructions and physician's orders.

Facility Response

Policies for medical emergencies have been updated to be consistent with state regulations that define the appropriate action to take when a medical emergency arises, including contacting management and guardians and preparing appropriate documentation.

Medication administration policies and procedures have been updated to address:

- *Obtaining and retaining copies of physicians' orders and pharmacy instructions.*
- *Controlling prescription medication including the logging of all medication by staff in youths' medical files to include number or amount, dosage, from whom it was received, who received it, and who it was for.*
- *Verifying medication with physician's orders or pharmacy instructions.*
- *Notifying parents or guardians when youths' medications need to be re-ordered to ensure all youth receive their prescribed medications.*
- *Obtaining written consent to administer psychotropic medications prior to administering psychotropic medications.*
- *Documenting a youth's refusal to take medications or errors in the administration of medication.*

Nevada Homes for Youth (continued)

In addition, policies and procedures for the destruction of unused or expired medications have been updated to be consistent with destruction at law enforcement offices or the fire department. Updates have also been made to include documentation on the client's medication administration record and include guidance on documentation of medication returned to a youth's guardian.

Safety Policies and Procedures

Several policies and procedures for safety-related issues need to be developed, updated, or revised.

- Policies for mandatory reporting of abuse or neglect are not complete. They do not include the statutory timeframe of 24 hours to report known or suspected abuse or neglect of a child to law enforcement or child protective services, and they do not require documentation of when and to whom the report was made.
- Nevada Homes for Youth does not have policies or procedures for ensuring first aid kits are well stocked and available to staff. Management did provide a memo, dated in 1998, describing the contents of the first aid kit; however, this memo has not been incorporated into the facility's policies. Furthermore, we inspected the first-aid kit in one of the two homes and it contained very few supplies, and the supplies available were undated and appeared to be old and unsanitary.
- Policies related to de-escalation and non-physical intervention are not complete. They do not require documentation of incidents or require staff receive de-escalation and non-physical intervention training. Management stated staff are informed of the policy and trained when hired, but this is not documented.
- Policies and procedures addressing background investigations of staff are not complete. They do not include that a new employee must be fingerprinted within 10 days of hire and every 5 years thereafter, may not provide

Nevada Homes for Youth (continued)

any care or services to youth without supervision before the results are obtained, and that all records related to the background investigation must be retained for as long as the employee works at the facility. These items are required by NRS 449.123 and NRS 449.124. Our review of 10 employees' files found that 5 employees were fingerprinted an average of 112 days late.

- Nevada Homes for Youth does not have a policy or procedure requiring identity kits for youths. Identity kits can provide quick, important information, such as allergies, emergency contacts, and photos, in emergency situations.
- Policies regarding contraband are not complete. Policies do not require documentation or justification of searches completed and do not address the search permission form signed by youths' guardians and youths at intake. In addition, the list of contraband in the policy is not consistent with the list posted for visitors.

Facility Response

Policies for mandatory reporting of abuse or neglect have been updated to include the statutory timeframe of 24 hours to report known or suspected abuse or neglect of a child to law enforcement or child protective services and the documentation requirement of when and to who the report was made.

Policies and procedures to ensure first aid kits are well stocked and available to staff have been updated. In addition, policies related to de-escalation and non-physical intervention have been updated to require documentation of incidents and require staff to receive de-escalation and non-physical intervention training upon hire.

Policies and procedures addressing the background investigation of staff have been updated to include:

- *That a new employee must be fingerprinted within 10 days of hire and every 5 years thereafter;*

Nevada Homes for Youth (continued)

- *That a new employee may not provide any care or services to youth without supervision before the background investigation results are obtained; and*
- *All records related to the background investigation must be retained for as long as the employee works at the facility.*

Policies and procedures requiring identity kits for youths have been updated. Policies regarding contraband have been updated to require documentation or justification of searches completed and address the search permission form signed by youths' guardians and youths at intake. Policies have also been updated to be consistent between the list of contraband in the policy and the posted list of contraband.

Treatment Policies and Procedures

Policies and procedures for developing, documenting, and updating treatment plans are not complete, clear, or up-to-date. First, they are not clear about when an initial treatment plan should be completed. The policy states that the initial treatment plan should be completed by the third clinical contact, which is not measurable in time. Our review of 10 youths' files found initial treatment plans dated as many as 26 days after a youth was admitted to the facility. Second, policies and procedures do not require the youth to sign the plan to indicate involvement and agreement with the plan. Our review of 10 youths' files found 2 initial treatment plans were not signed by the youths. Third, although the policies state treatment plans will be updated every 30 days or when a change in treatment occurs, management stated updates are completed every 14 days, which could result in confusion regarding management's expectations.

Nevada Homes for Youth does not have a policy or procedure for suicide prevention. Although management told us staff is informed about the process to follow, the process is not documented in a policy or procedure, including when and how to document the actions taken and increased supervision for a youth on suicide precaution.

Nevada Homes for Youth (continued)

Facility Response

Policies and procedures for developing, documenting, and updating treatment plans have been updated for clarity for measurable completion of initial treatment plans, the requirement for youth to sign the plan to indicate involvement and agreement with the plan, and to update treatment plans every 30 days or when a change in treatment occurs.

Policies and procedures for suicide prevention have been updated to include the process to follow, including when and how to document the actions taken and increased supervision for a youth on suicide precaution.

Grievance and Other Policies and Processes

Nevada Homes for Youth's policies and procedures for grievances are not complete, are not always clear, and staff did not always follow the processes described in the procedures. In addition, the process used and the availability of grievance forms is not conducive to using the written grievance process.

- The client rights document provided to youth at intake states that the grievance process will be posted where it will be available to youth; however, the process was not posted in one of Nevada Homes for Youth's two homes.
- The policy states the Shift Supervisor shall prepare a written response to grievances at least within 72 hours; but the grievance procedure to be signed by the youths states the Executive Director will investigate the grievance and will try to resolve the issue within 10 days.
- The policy on availability of grievance forms is not clear. The policy states grievance forms may be located in an area that youths have access to without requiring the assistance of a staff member, or, upon request, a staff member shall provide youths with grievance forms. According to staff, youths must ask for permission to enter the area of the homes where the grievance forms are located.

Nevada Homes for Youth (continued)

- The policy states that if a youth is of the opinion that a grievance is of a sensitive or emergency nature, the grievance may be filed directly with the Director or Executive Director without being discussed with staff first. It then states that the grievance may be mailed to the Director or Executive Director using the postal service or may be submitted to the Director in a sealed envelope. Using the postal service for a grievance of an emergency nature does not seem to be either effective or efficient.
- Policies do not mention secured grievance boxes and we did not observe a secure grievance box in either house. Secured grievance boxes help ensure the integrity of grievances and help ensure they are only read by authorized staff.

Furthermore, Nevada Homes for Youth did not comply with NRS 218G.585, which requires facilities to forward to the Legislative Auditor copies of any complaint that is filed by a child under the care of the facility concerning the health, safety, welfare, and civil and other rights of a child. We noted 3 grievances in the 10 youths' files we reviewed that were not forwarded to the Legislative Auditor or his designee.

Staff did not always obtain youths' signatures on the Client Rights forms, as required by Nevada Homes for Youth's policy. Of the 10 youths' files reviewed, 4 forms were not signed and 2 were signed by the youths' guardians, but not by the youths. The policy requires all patients be given a copy of the Patient Rights, have their rights explained by the admitting counselor, and sign an acknowledgement form stating that they have read, understood, and been given a copy of these rights. In addition, the policy requires a signed copy be retained in each file.

Facility Response

The grievance process has been posted in both youth homes. The Grievance Policy and Procedure signed by youths has been updated to reflect the Executive Director is to investigate the grievance and attempt to resolve the issue within 10 days. In addition, the policy on the availability of grievance forms has been updated for clarity and to state

Nevada Homes for Youth (continued)

that, if a youth is of the opinion that a grievance is of a sensitive or emergency nature, the grievance may be filed directly with the Executive Director without being discussed with staff first, and may be submitted to the Director in a sealed envelope. In addition, the policy has been updated to include a secured grievance box. Finally, all necessary means will be taken to forward to the Legislative Auditor copies of any complaint that is filed by a child concerning the health, safety, welfare, and civil and other rights of the child.

Staff training will be continually implemented upon hire to obtain youths' signatures on the client rights forms, as required by Nevada Homes for Youth's policy.

Genesis

Background Information

Genesis is a foster care agency located in North Las Vegas. Genesis is a private, for-profit entity, licensed by the Clark County Department of Family Services. Genesis's mission is to prepare children for the future by protecting them, teaching them, healing them, and by building strong communities and loving families.

For the fiscal year ended June 30, 2017, Genesis:

- Served male and female youths from ages 6 through 18.
- Had a maximum capacity of 36 youths.
- Had an average daily population of 35 youths with an average length of stay of 20 months.
- Had an average of 18 full-time staff and 5 part-time staff.

Purpose of the Review

The purpose of our review was to determine if Genesis adequately protects the health, safety, and welfare of the children at Genesis and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 1, 2015, through our visit in July 2017.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Genesis provide little assurance that it adequately protects the health, safety, and welfare of the youths at the facility and respects the civil and other rights of the youths in its care. Genesis's policies, procedures, and processes do not ensure youths receive their medication as prescribed or that the administration of the medication is properly recorded. Furthermore, policies and procedures regarding client rights, including the right to file a grievance, are not complete, are not consistent, and are not being followed. In addition, policies and procedures related to treatment

Genesis (continued)

plans, maintaining complete records of required employee training, and safety issues are not complete.

Principal Observations

Medication Policies, Procedures, and Processes

Medication and health policies and procedures are incomplete, do not always reflect the processes used by staff, and are not consistent with the policies and procedures submitted to Genesis's licensing agency, the Clark County Department of Family Services (DFS).

The policies provided to Genesis's staff and the processes used to document medications received, dispensed, and destroyed or given to youths' guardians at discharge are not adequate to help ensure youths receive the proper medication and all medication is properly controlled.

First, policies do not address documentation of or verification of medications received at the intake of a youth. Physician's orders, pharmacy instructions, dosage, and number of doses received should be documented or verified at intake to help ensure youths are given the correct dose of the correct medications. However, 1 of the 10 youths whose files we reviewed did not have sufficient information in the file to determine if his medication was administered accurately.

Second, 7 of the 10 youths' files we tested showed they received prescription medication while in a Genesis home. Files for five of those seven youths were missing at least one physician's order for a prescription. Policies submitted to DFS state that no medication may be administered to any client without a valid prescription or order from a licensed physician or an advanced nurse practitioner. However, the policies provided to foster parents and staff do not require retention of physicians' orders or pharmacy instructions.

Third, policies do not adequately address ensuring medications dispensed are accurately recorded in the youths' records and errors are prevented, detected, documented, and minimized. Seven youths' files contained evidence the youths took prescription

Genesis (continued)

medication while at Genesis, and all seven contained documentation errors:

- Four had blank spaces on at least one medication administration record;
- Medication administration records showed two youths received medication on days prior to the youth's placement and on days that did not exist, such as September 31; and
- The dosage listed on one medication administration record did not match the dosage listed on the pharmacy label for one youth.

Genesis's Medication Policy states medication records will be reviewed to identify medication errors. However, the policy does not say who will review the records, how often the records will be reviewed, or what process will be followed if errors are detected. We reviewed 61 medication administration records during our review and none had evidence of review.

Furthermore, Genesis does not have a documented policy addressing the process to re-order medications. According to management, staff are required to contact management 3 days before a youth is out of medication, and management contacts the pharmacy. However, we found that three of the seven youths who received prescription medication and whose files we reviewed missed up to 11 days of medication because they were out of the medication.

In addition, policies regarding medication destroyed or released to a youth's guardian when a youth is discharged from Genesis are not complete. Policies do not require documentation of medication released at discharge, including the name of the medication, the amount, the youth's name, or the person to whom it was released. According to staff, medication is given to the youth's caseworker when the youth is discharged, and the caseworker signs the youth's medication administration record or staff writes a note on the record stating the medication was given to the case worker. In order to establish adequate controls over medication, the record should state the date, medication name, the number of doses, the youth's name, the name and signature of the staff person, and the name

Genesis (continued)

and signature of the person to whom the medication was released. In addition, the policies provided to DFS and the policies provided to staff for the destruction of unused medications are not consistent. Policies provided to staff and foster parents state they will be trained to destroy medications. Policies submitted to DFS state medications must be destroyed in a manner recommended on the medication label or as determined by the local authority. According to management, medications are returned to the pharmacy or taken to a detention facility for destruction. In addition, management confirmed there is no supporting documentation of the destruction of medication. NRS 424.0385 requires specialized foster homes and group foster homes to adopt policies to store, handle, and dispose of medication.

In addition, Genesis did not retain information to show it complied with statutes requiring the consent of the person legally responsible for the psychiatric care of a child prior to administering psychotropic medications to youths in the custody of a child welfare agency. Of the 10 youths' files we reviewed, 3 contained evidence the youths were administered psychotropic medication while at Genesis. However, two of those three files did not contain evidence that consent had been obtained from the person legally responsible for the psychiatric care of the youths prior to the administration of psychotropic medication. NRS 432B.4687 (3) forbids the administration of a psychotropic medication to a child in the custody of a child welfare agency unless the person who is legally responsible for the psychiatric care of the child has consented in writing to the administration of the medication.

Facility Response

Policies are under revision to reflect or better explain:

- *Processes used by staff are consistent with the Clark County Department of Family Services (DFS).*
- *Processes for medication at intake, discharge, reordering, disposal, and documentation.*
- *Process for obtaining consent from the person legally responsible (PLR) for administration of medication.*

Genesis (continued)

- *Clarification regarding the reviewer of medication records and frequency. (Director and Office Manager will review weekly.)*

Safety Policies, Procedures, and Processes

Genesis does not have a complete set of policies regarding safety issues. Some of the policies that are missing include:

- Preparation of an identity kit or face sheet. An identity kit or face sheet should include information that may be critical in emergency situations, such as allergies, identifying marks, medications, and emergency contacts.
- Security of electronic records. Management stated there is no password for the foster care agency's computer. If any protected or sensitive information is maintained on the computer, basic controls should be installed and used, such as passwords, or all Wi-Fi or other outside connections should be terminated.

In addition, policies addressing incident reports are not complete. Policies require incident reports be completed for use of restraints, non-life threatening medical emergencies, severe medication reactions and medication errors, run-aways, psychiatric crisis events, and private placements. However, policies do not require an incident report be completed for prohibited behavior, like inappropriate sexual behavior, theft, fighting, or possession of contraband, like alcohol, weapons, or illegal substances. Policies do not provide guidance on completing the incident report. For some types of events, the policies do not provide guidance on what staff should do with the incident report, such as send a copy to the licensing agency or facility management, or place a copy in the youth's file. In addition, the policies do not include a process to track incident reports to identify areas where staff may need additional training or youths may need additional services.

Facility Response

Policies that have been revised or are under revision:

- *Face sheet/identity kit has been implemented.*

Genesis (continued)

- *Incident Report Policy will list all incident categories as outlined on the Specialized Foster Care Program Incident Reporting Form required by DFS.*
- *Clarification on where staff should submit Incident Reports, including distribution.*
- *The Director will review and track Incident Reports to identify areas where staff may need additional training or children may need additional services.*
- *Measures have been taken to ensure the security of electronic records.*
- *Additional information will be added to the policy to address computer access to children in our care.*

Rights and Grievance Policies, Procedures, and Processes

Policies and procedures regarding client rights, including the right to file a grievance, are not complete, are not consistent, and are not being followed.

- The policy does not address the availability of grievance forms, that youths may make a grievance verbally or by text, or that staff shall not retaliate if a youth files a grievance about them. Staff stated grievance forms are available to youths upon request. However, grievance forms were not readily available in any of the four homes we visited.
- The policy states the client's rights will be reviewed on a quarterly basis, and on the next page states the Client Rights and Responsibility Policy will be reviewed with the child and/or legal guardian on an annual basis.
- The policy also states clients will receive a signed copy of their rights at intake. It does not say who will sign the copy and it does not require a signed copy be kept in the youths' files as evidence the youths were informed of their rights. We reviewed 10 youths' files and did not find a signed, or unsigned, copy of a Youth's Rights Policy in any of the files.

Genesis (continued)

- The policy states all grievances will be tracked. However, management stated grievances are not tracked.

Genesis does not have policies addressing searches for contraband. According to Genesis's management, contraband searches are completed weekly. The policies do not address how often searches should be conducted, how they should be conducted, or how the searches should be documented.

Facility Response

Policies have been revised or are under revision:

- *The Grievance Policy has been modified to include various ways to file a grievance and the location of forms, and a step-by-step explanation of the grievance process. Grievance forms have been made available in each home, and grievances are reviewed and tracked by the Director.*
- *Client Rights will be reviewed at intake with the child and the form will be signed by the child and the staff. The form will be placed in the child's file.*
- *Guidelines regarding searches for contraband have been implemented, including frequency and how they should be conducted and documented.*

Treatment and Other Policies, Procedures, and Processes

Policies and procedures for the preparation of treatment plans are not complete. Policies do not require key treatment team members to sign and date treatment plans. The form used for treatment plans does include a signature page, which includes places for the plan developer, legal guardian, client, and clinical supervisor to sign and date. However, we reviewed initial treatment plans for 10 youths, and all 10 initial treatment plans were missing at least 1 signature, while 2 treatment plans were missing all 4 signatures. In addition, we reviewed 30 updated treatment plans, and all 30 were missing at least 1 signature, and 8 of the 30 were missing all 4 signatures.

Genesis (continued)

The process for addressing substance abuse issues is included in an attachment to treatment plans, but not in Genesis's policies and procedures. As a result, staff not familiar with treatment plans or without access to treatment plans may not be aware of the process for addressing substance abuse issues. In addition, the policy for suicide prevention is outdated. The policy provides an emergency contact name and phone number for an employee who no longer works at Genesis.

Several policies submitted to Genesis's licensing agency (DFS) have not been incorporated into Genesis's written procedures. For example, NRS 424.230 (3) requires foster care agencies to visit contracted foster homes at least every 60 days when the homes have not had any placements to ensure the homes remain in compliance with NRS 424. Genesis submitted policies addressing this requirement to DFS, but has not developed procedures to ensure these visits are conducted. Other areas that Genesis submitted policies to DFS but has not developed procedures include critical event reviews (NRS 424.230 (4)), annual evaluations of homes (NRS 424.230 (5)), notification of the licensing authority of serious incidents within 24 hours (NRS 424.250 (2)), and developing and implementing a written plan to monitor and evaluate the quality and effectiveness of its programs and services (NRS 424.270).

Genesis's policies do not address maintaining complete personnel files, including evidence of employee and contractor background checks and training. We reviewed the personnel files for 10 employees and contract foster parents and found 4 files did not contain adequate evidence of background investigations, such as receipts for fingerprinting; however, we were able to determine that all of the employees or contract foster parents did obtain clearance from the licensing agency, DFS, as required by state law. Our review of 10 employees' or contract foster parents' files found no evidence of required annual medication administration training for 7 employees or foster parents:

- There was no evidence of any medication administration training for 1 employee;
- The only evidence of medication administration training for another employee was 5 years after her hire date; and

Genesis (continued)

- There were gaps of over a year between trainings for 5 employees or foster parents, including 3 employees with gaps of about 4 years between trainings.

NRS 424.0365 requires annual medication administration training for all employees who will come in contact with youths.

Facility Response

Policies have been revised or are under revision:

- *All employees have been fingerprinted and background checks have been completed. All employees have received clearance documentation from the licensing department at DFS.*
- *Procedures addressing emergency contacts, substance abuse, annual evaluations of homes, monitoring and evaluating the quality and effectiveness and notification of the licensing authority are being revised.*
- *Treatment plans have been revised.*
- *Annual trainings will be updated and a new form will be used to track training.*
- *The procedure manual will be better organized and contain all the necessary information.*

Appendices

Appendix A

Nevada Revised Statutes

218G.500 Through 218G.535 and 218G.570 Through 218G.585

General Provisions

NRS 218G.500 Definitions. As used in NRS 218G.500 to 218G.585, inclusive, unless the context otherwise requires, the words and terms defined in NRS 218G.505 to 218G.535, inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 2007, 198; A 2009, 4)—(Substituted in revision for NRS 218.862)

NRS 218G.505 “Abuse or neglect of a child” defined. “Abuse or neglect of a child” has the meaning ascribed to it in NRS 432B.020.

(Added to NRS by 2007, 198)—(Substituted in revision for NRS 218.863)

NRS 218G.510 “Agency which provides child welfare services” defined. “Agency which provides child welfare services” has the meaning ascribed to it in NRS 432B.030.

(Added to NRS by 2007, 198)—(Substituted in revision for NRS 218.864)

NRS 218G.515 “Family foster home” defined. “Family foster home” has the meaning ascribed to it in NRS 424.013.

(Added to NRS by 2009, 2)

NRS 218G.520 “Governmental facility for children” defined.

1. “Governmental facility for children” means any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is owned or operated by a governmental entity and which has physical custody of children pursuant to the order of a court.

2. The term does not include any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is licensed as a family foster home or group foster home, except one which provides emergency shelter care or which is capable of handling children who require special care for physical, mental or emotional reasons.

(Added to NRS by 2009, 2)

NRS 218G.525 “Group foster home” defined. “Group foster home” has the meaning ascribed to it in NRS 424.015.

(Added to NRS by 2009, 2)

NRS 218G.530 “Near fatality” defined. “Near fatality” means an act that places a child in serious or critical condition as verified orally or in writing by a physician, a registered nurse or other licensed provider of health care. Such verification may be given in person or by telephone, mail, electronic mail or facsimile.

(Added to NRS by 2007, 198)—(Substituted in revision for NRS 218.865)

NRS 218G.535 “Private facility for children” defined.

1. “Private facility for children” means any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is owned or operated by a person and which has physical custody of children pursuant to the order of a court.

2. The term does not include any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is licensed as a family foster home or group foster home, except one which provides emergency shelter care or which is capable of handling children who require special care for physical, mental or emotional reasons. (Added to NRS by 2009, 2)

Appendix A

Nevada Revised Statutes 218G.500 Through 218G.535 and 218G.570 Through 218G.585 (continued)

Facilities Having Physical Custody of Children

NRS 218G.570 Performance audits of governmental facilities for children. The Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218G.120, shall conduct performance audits of governmental facilities for children.

(Added to NRS by 2009, 3)

NRS 218G.575 Inspection, review and survey of governmental facilities for children and private facilities for children. The Legislative Auditor or the Legislative Auditor's designee shall inspect, review and survey governmental facilities for children and private facilities for children to determine whether such facilities adequately protect the health, safety and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care.

(Added to NRS by 2009, 3)

NRS 218G.580 Scope of inspection, review and survey. The Legislative Auditor or the Legislative Auditor's designee, in performing his or her duties pursuant to NRS 218G.575, shall:

1. Receive and review copies of all guidelines used by governmental facilities for children and private facilities for children concerning the health, safety, welfare, and civil and other rights of children;
2. Receive and review copies of each complaint that is filed by any child or other person on behalf of a child who is under the care of a governmental facility for children or private facility for children concerning the health, safety, welfare, and civil and other rights of the child;
3. Perform unannounced site visits and on-site inspections of governmental facilities for children and private facilities for children;
4. Review reports and other documents prepared by governmental facilities for children and private facilities for children concerning the disposition of any complaint which was filed by any child or other person on behalf of a child concerning the health, safety, welfare, and civil and other rights of the child;
5. Review the practices, policies and procedures of governmental facilities for children and private facilities for children for filing and investigating complaints made by children under their care or by any other person on behalf of such children concerning the health, safety, welfare, and civil and other rights of the children; and
6. Receive, review and evaluate all information and reports from a governmental facility for children or private facility for children relating to a child who suffers a fatality or near fatality while under the care or custody of the facility.

(Added to NRS by 2009, 3)

NRS 218G.585 Duty of facilities to cooperate with inspection, review and survey. Each governmental facility for children and private facility for children shall:

1. Cooperate fully with the Legislative Auditor or the Legislative Auditor's designee in the performance of his or her duties pursuant to NRS 218G.575 and 218G.580;
2. Allow the Legislative Auditor or designee to enter the facility and any area within the facility with or without prior notice;
3. Allow the Legislative Auditor or designee to interview children and staff at the facility;
4. Allow the Legislative Auditor or designee to inspect, review and copy any records, reports and other documents relevant to his or her duties; and
5. Forward to the Legislative Auditor or designee copies of any complaint that is filed by a child under the care or custody of a governmental facility for children or private facility for children or by any other person on behalf of such a child concerning the health, safety, welfare, and civil and other rights of the child.

(Added to NRS by 2009, 3)

Appendix B
Glossary of Terms

Child Welfare Facility	Provides emergency, overnight, and short-term services to youths who cannot remain safely in their homes or their basic needs cannot be efficiently delivered in their homes.
Civil and Other Rights	This relates to a youth's civil rights, as well as his rights as a human being. It includes protection from discrimination, the right to file a complaint, and protection from racist comments.
Consent	Authorization for the administration of psychotropic medications given by the person legally responsible for the psychiatric care of a child. Consent must include specific items as listed in NRS 432B.4687, such as the name of the child, the name of the person legally responsible, the name, purpose and expected time frame for improvement for each medication; the dosage, times of administration, and number of units at each administration of the medication; the duration of the course of treatment; and a description of the risks, side effects, interactions, and complications of the medication.
Correction Facility	Provides custody and care for youths in a secure, highly restrictive environment who would otherwise endanger themselves or others, be endangered by others, or run away. Correction facilities may include restrictive features, such as locked doors and barred windows.
Corrective Room Restriction	NRS 62B.215 (8) defines corrective room restriction as the confinement of a child to his or her room as a disciplinary or protective action and includes, without limitation, administrative seclusion, behavioral room confinement, corrective room rest, and room confinement.
Court Ordered Admission	An order from a court to admit a youth who is in the custody of an agency that provides child welfare services with an emotional disturbance into a facility that provides mental health treatment.

Appendix B

Glossary of Terms (continued)

DCFS	The state's Division of Child and Family Services.
Detention Facility	Provides short-term care and supervision to youths in custody or detained by a juvenile justice authority. Detention facilities may include restrictive feature, such as locked doors and barred windows.
Foster Care Agency	A business entity that recruits and enters into contracts with foster homes to assist child welfare agencies and juvenile courts in the placement of children in foster homes. Foster care agencies may operate multiple family foster homes, including specialized foster homes and group foster homes. Foster care agencies train foster parents, and place youths in either the foster parents' homes or in homes provided by the foster care agency. Foster parents are responsible for providing safe, healthful, and developmentally supportive environments where youths can interact fully with the community.
Group Home	Provides a safe, healthful group living environment in a normalized, developmentally supportive setting where residents can interact fully with the community. Used for children who will benefit from supervised living with access to community resources in a semi-structured environment. Generally consists of detached homes.
Identity Kit	Provides quick access to important information in case of emergency, such as a youth's full name, known aliases, a photograph, a list of allergies and medications, and a list of contacts.
Independent Review of Medication Files	A process to review medication administration records and identify potential errors, fraud, or abuse. Independent review includes assignment of staff who are not routinely involved in the medication administration process to compare medication records with physician and pharmacy orders, and verify medication records are complete.

Appendix B

Glossary of Terms

(continued)

Mandatory Reporter	A mandatory reporter is any person who, in his professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected. NRS 432B.220 requires mandatory reporters to file a report with a child protective services agency or law enforcement within 24 hours after knowing or having reasonable cause to believe that a child has been abused or neglected.
Mental Health Treatment Facility	Provides mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. Mental health treatment facilities also provide services to behaviorally disordered youths. Services provided include a full range of therapeutic, educational, recreational, and support services by a professional interdisciplinary team in a highly structured, highly supervised environment.
Person Legally Responsible	A person legally responsible for the psychiatric care of a youth, which could be the youth's parent(s), legal guardian, or other individual appointed by a court.
PREA	Prison Rape Elimination Act of 2003, including the U.S. Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape (28 CFR Part 115). The National Standards include guidance related to zero tolerance of sexual abuse and sexual harassment, supervision and monitoring, referrals of allegations for investigations, resident education, employee training, and obtaining information from residents.
Psychotropic Medication	A prescribed medication used to alter a youth's thought process, mood, or behavior.
Residential Center	Provides a full range of therapeutic, educational, recreational, and support services. Residents are provided with opportunities to be progressively more involved in the community.

Appendix B

Glossary of Terms

(continued)

Safety	Anything related to the physical safety of youths. This includes physical security, environment, and adequate staffing.
Specialized Foster Care	Comprehensive care and services provided to youths who require more intensive therapy or supervision due to serious physical, emotional, or mental conditions.
Substance Abuse Treatment Facility	Provides intensive treatment to youths addicted to alcohol or other substances in a structured residential environment. Substance abuse treatment facilities focus on behavioral change and services to improve the quality of life of residents.
Welfare	Anything related to the general well-being of a youth. This includes education and punishments or discipline.

Appendix C
Summary of Observations at Four Facilities Reviewed

Observations	Number of Facilities
Medication Administration Processes and Procedures	
Did not have comprehensive policies and procedures for the administration of medication or the policies and procedures did not have sufficient detail	3
Consent to administer psychotropic medication to a child in the custody of a child welfare agency either missing or not complete or policies and procedures did not address obtaining written consent	3
Files did not contain all physician's orders for medication administered to youths	2
Procedures to establish controls over medications received were not adequate	2
Personnel files did not contain evidence of required initial or annual medication administration training for one or more employees	2
Other Significant Items	
Initial and updated treatment plans were not prepared timely as required by the facilities policies and procedures or we could not determine when plans were prepared	2
Policies for mandatory reporting of abuse or neglect are not complete	1
Policies and procedures for background investigations are not complete or are outdated	2
Security of electronic records containing sensitive information was not adequate	1

Source: Reviewer prepared from facility reviews.

Note: This is not a comprehensive list of observations.

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2017

Table 1: Correction and Detention Facilities				Background		Population for FY 2017		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Caliente Youth Center	State	Caliente	12 - 21	140	116	88	0		
China Spring Youth Camp	State/Counties	Gardnerville	12 - 18	65	52	45	0		
Clark County Juvenile Detention Center	Clark County	Las Vegas	10 - 24	192	149	129	45		
Douglas County Juvenile Detention Center	Douglas County	Stateline	10 - 17	16	2	5	1		
Jan Evans Juvenile Justice Center	Washoe County	Reno	10 - 17	108	44	44	0		
Leighton Hall	Humboldt County	Winnemucca	10 - 18	12	5	9	3		
Murphy Bernardini Regional Juvenile Detention Center	Carson City	Carson City	10 - 17	18	10	15	0		
Nevada Youth Training Center	State	Elko	12 - 18	60	52	72	0		
Northeastern Nevada Juvenile Center	Various Counties	Elko	10 - 17	24	10	12	0		
Spring Mountain Youth Camp	Clark County	Las Vegas	12 - 18	100	95	62	2		
Summit View Youth Center	State	Las Vegas	12 - 19	48	34	33	0		
Teurman Hall	Churchill County	Fallon	10 - 18	16	8	11	0		
Total – 12 Correction and Detention Facilities				799	577	525	51		

Table 2: Child Welfare Facilities				Background		Population for FY 2017		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Austin's House	Private	Carson City	0 - 18	10	6	8	2		
Child Haven	Clark County	Las Vegas	0 - 17	90	72	59	60		
Kids' Kottages	Washoe County	Reno	0 - 17	82	31	45	24		
WestCare-Emergency Shelter	Private	Las Vegas	10 - 17	15	11	8	1		
Total – 4 Child Welfare Facilities				197	120	120	87		

Table 3: Mental Health Treatment Facilities				Background		Population for FY 2017		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Adolescent Treatment Center	State	Sparks	11 - 17	16	14	19	0		
Desert Parkway Behavioral Healthcare Hospital, LLC	Private	Las Vegas	5 - 17	21	16	17	3		
Desert Willow Treatment Center	State	Las Vegas	12 - 17	58	18	74	0		
Montevista Hospital	Private	Las Vegas	5 - 17	84	50	82	0		
Seven Hills Hospital	Private	Henderson	11 - 17	18	8	6	1		
Spring Mountain Treatment Center	Private	Las Vegas	5 - 17	28	17	17	6		
West Hills Hospital	Private	Reno	5 - 17	29	18	26	4		
Willow Springs Center	Private	Reno	5 - 17	116	94	150	14		
Total – 8 Mental Health Treatment Facilities				370	235	391	28		

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2017 (continued)

Table 4: Substance Abuse Treatment Facilities				Background		Population for FY 2017		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Nevada Homes for Youth I	Private	Las Vegas	13 - 18	10	8	5	4		
Nevada Homes for Youth II	Private	Las Vegas	13 - 18	10	8	5	3		
Vitality Center-ACTIONS of Elko	Private	Elko	13 - 18	13	2	27	0		
Western Nevada Regional Youth Center	Various Counties	Silver Springs	12 - 18	18	12	15	0		
Total – 4 Substance Abuse Treatment Facilities				51	30	52	7		

Table 5: Group Homes				Background		Population for FY 2017		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Call to Compassion	Private	Reno	8 - 18	7	6	4	2		
Family Learning Homes	State	Reno	5 - 17	20	17	15	1		
Golla Home	Private	Washoe Valley	6 - 18	4	2	2	0		
Hand Up Homes for Youth Northern Nevada	Private	Reno	13 - 17	15	8	13	3		
Hope Healthcare Services	Private	Reno	6 - 18	12	7	9	3		
Levada House, LLC.	Private	Reno	10 - 18	6	6	5	1		
Oasis On-Campus Treatment Homes	State	Las Vegas	6 - 17	28	17	43	2		
P6 Family Services	Private	Reno	7 - 18	6	4	2	2		
Quest Counseling and Consulting, Inc.	Private	Reno	13 - 17	6	6	7	5		
R House Community Treatment Home	Private	Reno	5 - 18	7	5	2	0		
Rite of Passage-Qualifying Houses I	Private	Minden	14 - 17	16	5	5	2		
Rite of Passage-Qualifying House II	Private	Gardnerville	14 - 18	8	6	5	2		
St. Jude's Ranch for Children	Private	Boulder City	0 - 18	66	32	28	1		
Tahoe House Family Services, LLC.	Private	Reno	12 - 18	6	5	3	3		
The Reagan Home	Private	Reno	6 - 18	6	3	2	1		
Total – 15 Group Homes				213	129	145	28		

Table 6: Residential Centers				Background		Population for FY 2017		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
HELP of Southern Nevada-Shannon West Homeless Youth Center	Private	North Las Vegas	16 - 24	65	45	15	1		
Northwest Academy	Private	Amargosa Valley	12 - 18	228	40	40	8		
Spring Mountain Residential Center	State/County	Las Vegas	12 - 18	16	12	8	1		
Total – 3 Residential Centers				309	97	63	10		

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2017 (continued)

Table 7: Foster Care Agencies		Background		Population for FY 2017		Staffing Levels ⁽¹⁾	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
Apple Grove Foster Care Agency	Private	Las Vegas	2 - 18	62	45	14	9
Bamboo Sunrise, LLC	Private	Las Vegas	0 - 18	35	25	12	0
Eagle Quest	Private	Las Vegas	0 - 18	251	175	68	14
Genesis	Private	North Las Vegas	6 - 18	36	35	18	5
Koinonia Family Services	Private	Reno	3 - 18	55	29	5	0
Maple Star Nevada	Private	Reno	6 - 18	8	4	1	2
Mountain Circle Family Services	Private	Reno	3 - 18	29	17	6	5
Olive Crest	Private	Las Vegas	0 - 17	47	23	6	1
Specialized Alternatives for Families and Youth of Nevada, Inc.	Private	Las Vegas	0 - 18	168	101	34	2
Total – 9 Foster Care Agencies				691	454	164	38
Total – 55 Facilities Statewide				2,630	1,642	1,460	249

Table 8: Facilities That Closed During Fiscal Year 2017 or No Longer Meet the Definition of a Facility in NRS 218G.535		
Facilities	Type of Facility	Location
My Home, Inc.	Group Home	Las Vegas
ART Homes	Foster Care Agency	Las Vegas
Bountiful Family Services	Foster Care Agency	Las Vegas
Boys Town Nevada	Foster Care Agency	Las Vegas
JC Family Services, LLC	Foster Care Agency	Las Vegas
Total – 5 Facilities Closed or No Longer Meet the Definition of a Facility		

Source: Reviewer prepared from information provided by facilities.

⁽¹⁾ Staffing levels do not include foster parents.

Appendix E

Unannounced Visits to Nevada Facilities

We conducted unannounced visits to the four facilities listed below. We did not note anything that caused us to question the health, safety, welfare, or protection of the rights of the children in these four facilities.

Facility Name	Facility Type	Date of Visit
Clark County Juvenile Detention Center	Correction	July 14, 2017
Child Haven	Child Welfare	July 14, 2017
Spring Mountain Residential Center	Correction	July 14, 2017
Specialized Alternatives for Families and Youth of Nevada, Inc.	Foster Care Agency	August 25, 2017

Source: Reviewer prepared from unannounced facility visits.

Appendix F

Methodology

To identify facilities pursuant to the requirements of statutes, we reviewed youth placement information submitted monthly by certain local governments. In addition, during examination of youths' files, we noted the youths' prior and subsequent placements. In addition, we discussed with facility staff and management whether they were aware of new facilities in the State. We also reviewed stories in the news media regarding children's facilities. Next, we contacted each facility identified to confirm it met the definitions included in NRS 218G.500 through 218G.535. For each facility confirmed, we obtained copies of complaints filed by youths or other persons on behalf of a youth while in the care of a facility since July 1, 2015.

To establish criteria, we reviewed *Performance-based Standards* developed by the Council of Juvenile Correctional Administrators, Child Welfare League of America's *Standards of Excellence for Residential Services and Health Care Services for Children in Out-of-Home Care*. In addition, we reviewed the Nevada Association of Juvenile Justice Administrators' *Peer Review Manual*. We also reviewed applicable state laws and federal regulations.

We selected criteria that included issues related to the health, safety, welfare, civil and other rights of youths, as well as treatment. Health criteria included items related to a youth's physical health, such as medical care. Safety criteria related to the physical safety of youths. This included physical security, environment, and adequate staffing. Welfare criteria related to the general well-being of a youth. This included punishments or discipline. Treatment criteria related to the mental health of youths, not necessarily how youths were treated on a daily basis. This included access to counseling, treatment plans, and progress through the program. Civil and other rights included rights as human beings, such as the right to file a grievance.

We reviewed and tracked complaints filed by each facility to determine whether each facility submitted complaints monthly pursuant to NRS 218G.580. In addition, we calculated the number of complaints received.

Next, we developed a plan to review facilities. We judgmentally selected a sample of facilities for review. Our selection was partially based on our assessment of risk and the size and type of facility.

As reviews and not audits, our work was not conducted in accordance with generally accepted government auditing standards, as outlined in *Governmental Auditing Standards* issued by the Comptroller General of the United States, or in accordance with the *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

Appendix F

Methodology **(continued)**

Reviews were conducted pursuant to the provisions of NRS 218G to determine if facilities adequately protected the health, safety, and welfare of children in the facility and whether facilities respected the civil and other rights of children in their care. Reviews included a review of policies, procedures, processes, and complaints filed since July 1, 2015. In addition, we discussed related issues and observed related processes with management and staff.

Issues discussed included:

- The facility in general, such as reporting of child abuse and neglect, background checks, identity kits, and contraband prevention;
- Fatalities or near fatalities;
- The complaint and resolution process;
- Health, including the administration of medication, medical emergencies, and medication disposal;
- Safety, such as use of force, de-escalation, and fire safety;
- Welfare, such as visitation, and room confinement;
- Treatment, such as intake screening, mental health and substance abuse treatment, and suicide and runaway prevention;
- Civil and other rights, such as freedom from discrimination.

Observations included the security of youth records, administration of medication, and staffing.

Reviews also included reviewing management information and a sample of files. Management information included: reports of child abuse and neglect, reports used to monitor program activities, and other studies, audit reports, internal reviews, or peer reviews. We judgmentally selected a sample of files to review, which included: personnel files for evidence of employee background checks and required training; and youth files for evidence of a youth's acknowledgement of his right to file a complaint, medication administered, treatment plan, and identity kit information. The extent of the review process, such as discussion, observations, and sample sizes, was sometimes adjusted based on the size of the facility. During one of our reviews, we examined

Appendix F
Methodology
(continued)

youths' files for compliance with NRS 432B.607 through NRS 432B.6085. The law relates to emotionally disturbed youths ordered by the court to be treated at a mental health treatment facility and applies to youths in the custody of child welfare services placed in a locked facility on an emergency basis. The law establishes timeframes for placement and notification of youth's rights. Our examination included determining if the facility complied with the following timelines: certification of an emergency admission; notification of youths' rights; and a plan of care.

We also reviewed a foster care agency for compliance with NRS 424.093 through NRS 424.270, relating to the regulation of foster care agencies by their licensing authorities. Our review included determining if the agency complied with: annual reporting requirements, including annual evaluations of its foster care homes; documentation of visits to the agency's foster care homes, including homes that do not have youths; and communication with the agency's licensing agency, including discussion of critical events.

In addition to facility reviews, we performed four unannounced facility visits. Generally, unannounced facility visits included discussions with management and a tour of the facility. Discussions included medication administration, the complaint process, and background checks. Tours included all areas accessible to youths. A list of unannounced Nevada facility visits is contained in Appendix E, which is on page 56.

Our work was conducted from December 2016 through March 2018 pursuant to the provisions of NRS 218G.570 through 218G.585.

We furnished each facility reviewed with a conclusion letter. We requested a written response from management at each facility. A copy of each facility's review conclusion and summaries of managements' responses begins on page 10.

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