

# STATE OF NEVADA

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## Review of Guidelines for Licensing Children's Facilities

January 2018



Legislative Auditor  
Carson City, Nevada

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# Review Highlights



Highlights of Legislative Auditor report on the Review of Guidelines for Licensing Children's Facilities issued on January 17, 2018. Report # LA18-15.

## Background

Nevada Revised Statutes 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.

Four governmental agencies license children's facilities in Nevada. The Bureau of Health Care Quality and Compliance (HCQC) licenses child care facilities and institutions, psychiatric hospitals, and residential facilities for the treatment of abuse of alcohol or drugs. HCQC is part of the Nevada Department of Health and Human Services, Division of Public and Behavioral Health.

The Washoe County Human Services Agency (HSA) licenses foster homes, including specialized and group foster homes, and foster care agencies located in Washoe County. The Clark County Department of Family Services (DFS) licenses foster homes, including specialized and group foster homes, and foster care agencies located in Clark County. The Division of Child and Family Services (DCFS) licenses foster homes, including specialized and group foster homes, and foster care agencies located in the 15 rural counties. DCFS is part of the Nevada Department of Health and Human Services.

## Purpose of the Review

The purpose of this review was to determine if the guidelines used by the agencies that license facilities where children may be placed by a court are reasonably adequate to help ensure the facilities protect the health, safety, welfare, and civil and other rights of the children in the facilities. In addition, we reviewed child welfare agencies' policies and procedures to determine if the agencies have adequate processes to ensure children in their custody have the consents of the persons legally responsible for the psychiatric care of the children before psychotropic medications are administered to the children.

This review included an examination of policies, procedures, checklists, and other documents used by the licensing agencies to inspect and review facilities during calendar year 2017.

# Review of Guidelines for Licensing Children's Facilities

## January 2018

## Summary

The tools and written guidance licensing agencies provide to staff for reviewing facilities that have applied for new or renewed licenses need to be updated and to provide more explanatory detail. Key areas are sometimes missing from the guidance, such as informing youths of their rights, having established grievance processes, or mandatory reporting of known or suspected instances of abuse or neglect of a child. Licensing agencies generally use checklists, which refer to the applicable regulation or statute, rather than written policies and procedures. The checklists generally do not contain sufficient explanatory information for the licensing staff. In addition, most checklists were not dated and did not contain evidence of management approval or review.

Incomplete policies, procedures, and checklists may have resulted in some facilities not obtaining written consent from the person legally responsible for the psychiatric care of a child (PLR) prior to administering psychotropic medications to a child in the custody of a child welfare agency. NRS 432B.4688 forbids a temporary caregiver from administering a psychotropic medication to a child in the custody of a child welfare agency without the prior written consent of the PLR, except in certain situations. Some facilities may not be aware of the requirements of NRS 432B.4688 because the Bureau of Health Care Quality and Compliance (HCQC) does not address the requirements in its licensing information or regulations. In addition, some facilities may be unable to comply with NRS 432B.4688 because they may not have been provided with a copy of a consent or a copy of the withdrawal or denial of consent.

## Facility Observations

HCQC does not have policies and procedures to help guide staff when reviewing child care facilities or institutions. Instead, staff use a survey report form, which is a checklist, and a semi-annual checklist for child care facilities and a different survey checklist for child care institutions. Although these checklists are referenced to NAC 432A, they do not provide complete guidance to staff to help ensure the facilities protect the health, safety, welfare, and rights of the children in the facilities. For example, the checklists do not mention that residents of a facility or institution who are over the age of 18 must pass a background investigation unless the resident has been placed at the facility pursuant to the order of a court. (page 7)

HCQC does not have written policies and procedures for licensing psychiatric hospitals, but staff use a checklist for hospitals that has additional steps for psychiatric services. However, the checklist is not specific to youths. For example, the checklist does not contain any requirements for background investigations of staff who care for youths as required by NRS 449.123. (page 10)

HCQC does not have written policies and procedures for licensing facilities for the treatment of abuse of alcohol or drugs, but does use a checklist called a surveyor workbook. However, while the checklist requires medication administration policies and procedures, it does not include documentation of physician's orders or ensuring written consent from the PLR is obtained prior to administering psychotropic medications to a youth in the custody of a child welfare agency. (page 12)

None of the three child welfare agencies included in this review (DCFS, DFS, and HSA) have policies or procedures to assist staff with reviewing foster care agencies' policies and practices. DFS and HSA use checklists or attachments to provider applications to review documents submitted during the licensing process. DCFS reported using the requirements in NRS 424 to review foster care agencies, but this is not formalized into policies, procedures, or checklists. (page 14)

The three child welfare agencies also license specialized foster homes and group foster homes. Generally, the three agencies use checklists and questionnaires to inspect the homes and checklists to ensure the homes submit all required information with or in their applications. However, they do not have policies and procedures to provide direct guidance to the licensing staff. While the home inspection checklists cover multiple aspects of the health, safety, welfare, and rights of the children, they are weak in certain areas. Most notably, the checklists generally do not include a review of the homes' policies and procedures. For example, the checklists ask the licensing staff to conclude on two different pages whether unused prescribed medications are destroyed. It does not ask the licensing staff to review the homes' procedures for destroying medication, such as when it should be destroyed, how it should be destroyed, by whom it should be destroyed, and how the destruction should be documented. (page 17)

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We have conducted a review of the guidelines used by licensing agencies for issuing licenses to children's facilities in the State of Nevada. This review was authorized by NRS 218G.575 and NRS 218G.210 and was conducted to address common and recurring issues found during our reviews of children's facilities.

We wish to express our appreciation to the management and staff of the licensing agencies 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,

Rocky Cooper, CPA  
Legislative Auditor

December 22, 2017  
Carson City, Nevada

STATE OF NEVADA  
REVIEW OF GUIDELINES FOR LICENSING  
CHILDREN'S FACILITIES  
JANUARY 2018

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## **INTRODUCTION**

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This report includes the results of our work as authorized by Nevada Revised Statutes 218G.570 through 218G.585. This report includes the results of our review of four agencies’ guidelines for licensing governmental and private facilities for children as defined by NRS 218G.520 and NRS 218G.535. In addition, the report includes a summary of the observations made during reviews of governmental and private facilities for children during 2014, 2015, and 2016.

Nevada Revised Statutes 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. Copies of NRS 218G.500 through 218G.535 and NRS 218G.570 through 218G.585 are included in Appendix A of this report.

Furthermore, NRS 218G.210 requires all officers and employees of the agencies of the State to make all books, reports, or other records available to the Legislative Auditor when performing authorized audits or investigations.

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## **BACKGROUND**

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Four governmental agencies license children’s facilities in Nevada. The Bureau of Health Care Quality and Compliance (HCQC) licenses child care facilities and institutions, psychiatric hospitals, and residential facilities for the treatment of abuse of alcohol or drugs. HCQC is part of the Nevada Department of Health and Human Services, Division of Public and Behavioral Health.

The Washoe County Human Services Agency (HSA) licenses foster homes, including specialized and group foster homes, and foster care agencies located in Washoe County. The Clark County Department of Family Services (DFS) licenses foster homes, including specialized and group foster homes, and foster care agencies located in Clark County. The Nevada Department of Health and Human Services, Division of Child and Family Services (DCFS), licenses foster homes, including specialized and group foster homes, and foster care agencies located in the 15 rural counties.

In addition, certain types of facilities are not required to be licensed. These include governmentally operated juvenile detention and correction centers.

Definitions of each type of facility can be found in Appendix B on page 28 of this report.

### **Number and Types of Facilities**

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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.

As of 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 facilities located within Nevada by type of license and the total population of each type as of June 30, 2017. Appendix D on page 34 contains a list of facilities by license type and the names of the licensing agencies.

**Summary of Nevada Facilities  
As of June 30, 2017**

**Exhibit 1**

<b>Facility Type</b>	<b>Number of Facilities</b>	<b>Total Population</b>	<b>Licensing Agencies</b>
Child Care Facilities and Institutions	4	157	HCQC <sup>(1)</sup>
Psychiatric Hospitals	7	221	HCQC
Facilities for the Treatment of Abuse of Alcohol or Drugs	4	63	HCQC
Foster Care Agencies	9	454	DCFS <sup>(2)</sup> , HSA <sup>(3)</sup> , DFS <sup>(4)</sup>
Group Foster Homes Not Affiliated With Foster Care Agencies	10	66	DCFS, HSA, DFS <sup>(6)</sup>
Specialized Foster Homes Not Affiliated With Foster Care Agencies	6	69	DCFS <sup>(7)</sup> , HSA, DFS
Facilities Not Requiring a License or Not Licensed <sup>(5)</sup>	15	612	
<b>Total – Facilities Statewide</b>	<b>55</b>	<b>1,642</b>	

Source: Reviewer prepared from information provided by facilities.

<sup>(1)</sup> HCQC – Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance.

<sup>(2)</sup> DCFS – Nevada Department of Health and Human Services, Division of Child and Family Services.

<sup>(3)</sup> HSA – Washoe County Human Services Agency.

<sup>(4)</sup> DFS – Clark County Department of Family Services.

<sup>(5)</sup> Facilities Not Requiring a License or Not Licensed – Includes 12 governmental correction or detention centers, which are not required to be licensed; one governmental child care institution that is not licensed; one governmental facility for the treatment of abuse of alcohol or drugs that is not licensed to provide residential services; and one private facility that provides both treatment of abuse of alcohol or drugs and child care institutional services, but is not licensed.

<sup>(6)</sup> As of June 30, 2017, DFS had no licensed group foster homes that were not affiliated with foster care agencies.

<sup>(7)</sup> As of June 30, 2017, DCFS had no licensed specialized foster homes not affiliated with foster care agencies.

Recent reports on reviews of children’s facilities have noted some issues at the facilities which occur frequently and across facility types. The last three reports contained the results of reviews of 13 facilities. The reported results included six facilities with issues related to missing physicians’ orders, six with issues related to medication policies, eight with issues related to background screening of employees or adequate personnel record retention, seven with issues related to informing youths of their right to file a grievance, and nine with issues related to preparing timely treatment plans.

Exhibit 2 shows the frequency of certain types of observations noted in our last three reports titled *Review of Governmental and Private Facilities for Children* (October 2014, May 2016, and January 2017). The reviews included in the three reports were conducted between January 2014 and July 2016.

**Common Observations at Children’s Facilities  
2014 – 2016**

**Exhibit 2**

<b>Health</b>	<b>Unlicensed (Four Facilities Reviewed)</b>	<b>Psychiatric Hospital (Three Facilities Reviewed)</b>	<b>Child Care Institution (Two Facilities Reviewed)</b>	<b>Foster Care<sup>(1)</sup> (Four Facilities Reviewed)</b>
Missing physicians' orders	1	0	1	4
Missing medication records	1	1	0	2
Missing consent to administer psychotropic medication from the person legally responsible (PLR) for the psychiatric care of a child	1	0	1	3
Consent from the PLR was incomplete, does not meet statutory requirements, or was not timely	0	1	1	1
Policy on informed consent and consent to administer psychotropic medication needs to be developed, updated, or adopted	1	2	0	1
Policy regarding disposal of medications needs to be developed, updated, or adopted	2	1	1	2
Policy regarding medication administration needs to be developed, updated, or adopted	2	0	2	2
<b>Safety</b>				
Policy regarding reporting of known or suspected abuse or neglect needs to be developed, updated, or adopted	0	1	1	1
Incomplete documentation or no documentation to support allegations of abuse or neglect were reported to Child Protective Services or law enforcement timely	2	1	1	3
Policies and procedures do not ensure adequate background screening of employees or adequate personnel record retention	2	3	1	2
<b>Rights</b>				
Policy regarding youth, employee, or visitor complaints needs to be developed, updated, or adopted	2	3	2	3
Policy regarding contraband and prohibited items and searches of youths needs to be developed, updated, or adopted	3	0	1	1
No evidence youths were informed of their right to file a grievance, or youths were not informed timely	3	1	1	2
<b>Treatment</b>				
Policy regarding treatment plans and planning needs to be developed, updated, or adopted	2	1	1	2
Treatment plans were not prepared, not completed timely, or were incomplete	3	2	1	3

Source: Reviewer prepared from facility reviews.

Note: This is not a comprehensive list of observations.

<sup>(1)</sup> Foster Care: Foster Care Agency, Specialized Foster Home, or Group Foster Home.



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## **SCOPE, PURPOSE, AND METHODOLOGY**

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This review was conducted pursuant to the provisions of NRS 218G.570 through 218G.585. As a review and not an audit, it was 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 this review was to determine if the guidelines used by the agencies that license facilities where children may be placed by a court are reasonably adequate to help ensure the facilities protect the health, safety, welfare, and civil and other rights of the children in the facilities. In addition, we reviewed child welfare agencies’ policies and procedures to determine if the agencies have adequate processes to ensure children in their custody have the consents of the persons legally responsible for the psychiatric care of the children before psychotropic medications are administered to the children. This review included an examination of policies, procedures, checklists, and other documents used by the licensing agencies to inspect and review facilities during calendar year 2017. In addition, we discussed relevant issues with the licensing agencies’ staffs. Our work was conducted from January 2017 through November 2017.

A detailed methodology of our work can be found in Appendix E of the report, which begins on page 36.

## **LICENSING AGENCIES SHOULD IMPROVE WRITTEN GUIDANCE TO LICENSING STAFF**

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The tools and written guidance licensing agencies provide to staff for reviewing facilities that have applied for new or renewed licenses need to be updated and to provide more explanatory detail. Key areas are sometimes missing from the guidance, such as informing youths of their rights, having established grievance processes, or mandatory reporting of known or suspected instances of abuse or neglect of a child.

Licensing agencies’ written guidance is not sufficient to mitigate the problems found during reviews of children’s facilities. Licensing agencies generally use checklists, which refer to the applicable regulation or statute, rather than written policies and procedures. One agency has also issued memos to licensing staff on specific issues to explain requirements related to those issues.

The checklists used by licensing agencies generally do not contain sufficient explanatory information for the licensing staff. In addition, with the exception of foster care agency checklists, they do not usually address the facilities’ policies and procedures. Furthermore, most checklists were not dated and did not contain evidence of management approval or review.

### HCQC’s Comments

*Many of the checklists HCQC uses do not require explanation as staff are extensively trained through multiple exposures to survey processes on how to use them. The checklists are merely prompts for surveyors to look at certain items, and surveyors are required to have all of the applicable regulations for a particular facility type prior to the agency allowing the staff member to survey independently. HCQC has numerous policies and procedures related to licensing facilities for children that help supplement the directives in statute or code.*

### Reviewer’s Comments

HCQC did not provide any policies and procedures related to licensing facilities for children when requested.

*DFS’s Comments*

*While current practice addresses many concerns noted in the review, DFS agrees that written guidance to staff in the form of policies and procedures is needed. DFS currently has drafted licensing policies and procedures, and will review the drafts prior to finalization to ensure areas of concern noted in the review are addressed within the policies and procedures. Policies and procedures that are developed will provide guidance to staff on what needs to be assessed prior to a new license or renewal being granted.*

*DCFS’s Comments*

*DCFS will review the need for a Statewide Licensing policy and develop a policy if deemed necessary. DCFS will review licensing practices to ensure that staff have clear written guidance to assist them in licensing and reviewing facilities.*

**Child Care Facilities and Institutions**

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Child care facilities and institutions are licensed by the Bureau of Health Care Quality and Compliance (HCQC) in the Division of Public and Behavioral Health, Department of Health and Human Services. A child care facility is an establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children. A child care institution is a facility which provides care and shelter during the day and night and provides developmental guidance to 16 or more children who do not routinely return to the homes of their parents or guardians.

HCQC does not have policies and procedures to help guide staff when reviewing facilities or institutions. Instead, staff use a survey report form, which is a checklist, and a semi-annual checklist for child care facilities and a different survey checklist for child care institutions. Although these checklists are referenced to NAC 432A, they do not provide complete guidance to staff to help ensure the facilities protect the health, safety, welfare, and rights of the children in the facilities.

### Safety

- The checklists do not mention that residents of a facility or institution who are over the age of 18 must pass a background investigation. NRS 432A.175 requires every resident of a child care facility or institution who is 18 years of age or older to pass a background investigation, unless the resident has been placed at the facility pursuant to the order of a court.
- The checklists are not complete regarding protecting youths' records from unauthorized access, including electronic records. NRS 603A.210 requires data collectors to implement and maintain reasonable security measures to protect records from unauthorized access, acquisition, destruction, use, modification, or disclosure.

### Health

- None of the checklists require facilities or institutions to obtain consent from the person legally responsible for the psychiatric care of a child (PLR) prior to administering psychotropic medication to a child in the custody of a child welfare agency, as required by NRS 432B.4688.
- None of the checklists require facilities or institutions to document medications destroyed or given to a youth's guardian when the medication has been discontinued or when the youth is discharged. In addition, the checklists do not require that medications received when a youth is admitted or received from a pharmacy be verified and documented.

### Rights

- Nothing in the checklists addresses notifying the children of their civil and other rights or documenting this notification.
- None of the checklists address a complaint or grievance process.

### Treatment

- Nothing in the checklists addresses when a treatment plan is necessary or the timeframe to prepare or update treatment plans.

### HCQC's Comments

*As it relates to background investigations, HCQC is diligent in the enforcement of these statutes and associated regulations by review prior to, during, and after inspections. Every annual inspection of a child care facility includes a request for the facility to complete a list of residents living at the facility and the list is then reconciled to determine whether background checks have been accomplished. Child care regulations do address medications in NAC 432A.376(5). In addition, NAC 432A.440(9) requires each licensee of an institution to arrange with a physician licensed in this State or with a clinic employing a physician to serve as the medical director or consultant and to be responsible for a program of medical care within the institution, which includes visits to the institution and office visits.*

### Reviewer's Comments

The reviewers did not inspect HCQC's practices, only the guidance provided to staff in the tools and checklists. The processes outlined in HCQC's comments were not included in the information HCQC provided to the reviewers. In addition, the presence of a physician at a facility does not necessarily mean the facility controls the medications received, administered, destroyed, or returned on a daily basis.

Finally, NAC 432A.376(5), while pertaining to medication administration, does not include all the requirements specified in NRS 432A.1757. For example, NRS 432A.1757 requires child care facilities which have physical custody of children pursuant to the order of a court to adopt a policy to document the orders of the treating physician; store, handle and dispose of medication; administer medication to a child; document the administration of medication and any errors in the administration of medication; minimize errors in the administration of medication; and address errors in the administration of medication. NAC 432A.376 contains requirements for storage, documentation of the medication administered, and that the medication must, upon discontinuance, be destroyed or returned to the child's parent. It also requires that

only one person may administer medications to children and that person must be trained by a health care professional or the parent of a child. Therefore, since NAC 432A.376(5) does not include that policies and procedures must address errors, minimize errors, document errors, and document the orders of the treating physician, a surveyor relying on the regulation may not check for compliance with the statute.

### **Psychiatric Hospitals**

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Psychiatric hospitals are licensed by the Bureau of Health Care Quality and Compliance (HCQC) in the Division of Public and Behavioral Health, Department of Health and Human Services. HCQC does not have written policies and procedures for licensing psychiatric hospitals, but staff use a checklist for hospitals that has additional steps for psychiatric services. The checklist is not specific to youths and states that the hospital shall develop and carry out policies and procedures for the provisions of psychiatric treatment that are consistent with NRS 449.765 to NRS 449.786. These statutes cover the use of restraints and patient rights. In addition, the checklist states that the hospital shall ensure that the policies and procedures protect the safety and rights of the patient.

#### Safety

- The checklist for hospitals and the section on psychiatric services do not require the facilities to have policies and procedures regarding mandatory reporting of known or suspected abuse or neglect of a child. NRS 432B.220 requires any personnel of a medical facility licensed under NRS 449 to make a report of known or suspected abuse or neglect of a child within 24 hours to law enforcement or an agency which provides child welfare services.
- The checklist does not contain any requirements for background investigations of staff who care for youths as required by NRS 449.123.

#### Health

- The checklist does not include any requirements for obtaining consent from the PLR prior to administering psychotropic medication. NRS 432B.4688 forbids the administration of a psychotropic medication to a child in the custody of a child welfare agency unless the PLR has

consented to the administration of the medication. NRS 432B.4689 provides an exemption if a physician determines an emergency exists which requires the immediate administration of a psychotropic medication before consent is obtained. When this exception occurs, the child welfare agency must obtain documentation demonstrating that an emergency existed. Although the PLR is responsible for providing a copy of the consent to the substitute care provider, HCQC should ensure all substitute care providers are aware that a psychotropic medication may not be administered to a child in the custody of a child welfare agency without a written consent except in the case of a documented emergency.

### Rights

- Nothing in the checklist addresses informing youths’ of their right to file a complaint or grievance or having an established complaint process.
- Nothing in the checklist includes informing youths of their civil rights during the intake process.
- The checklist does not address prohibited items and contraband or policies, procedures, and documentation of searches of youths.

### HCQC’s Comments

*Adding specific youth requirements to the end of HCQC’s regular checklist will ensure surveyors are checking youth-specific requirements. HCQC will adopt that change. The responsibility to report child abuse or neglect is an individual requirement for the personnel of a medical facility, not a facility requirement. HCQC is committed to educating providers through our communication systems to ensure they are making individuals aware of this duty.*

*The passage of SB71 of the 2017 Session requires all psychiatric hospitals that provide inpatient services to children to conduct background checks in accordance with NRS 449. HCQC sent a memo to all surveyors so they are aware of the new requirement, but HCQC will need to make it part of the hospital checklist.*

*Checklists do address patient rights, but policies on contraband and searches are not yet part of the regulations. If HCQC received*

*complaints regarding illegal confiscation or searches, they would be referred to law enforcement.*

#### Reviewer's Comment

While patient rights are included in the checklist, notifying youths of these rights is not included.

#### Facilities for the Treatment of Abuse of Alcohol or Drugs

The Substance Abuse, Prevention and Treatment Agency (SAPTA) licenses drug and alcohol abuse treatment programs. However, according to SAPTA management, SAPTA licenses only the treatment aspects of the programs for the treatment of abuse of alcohol or drugs, not the residential aspects. The Bureau of Health Care Quality and Compliance (HCQC) licenses the residential aspects of drug and alcohol abuse treatment programs. HCQC does not have written policies and procedures for licensing these facilities, but does use a checklist called a surveyor workbook.

#### Safety

- HCQC's checklist does not require facilities to have policies and procedures for mandatory reporting of known or suspected child abuse or neglect. NRS 432B.220 requires any personnel of a medical facility licensed under NRS 449 to make a report of known or suspected abuse or neglect of a child within 24 hours to law enforcement or an agency which provides child welfare services.
- The checklist does not include keeping potentially dangerous tools and chemicals properly stored.

#### Health

- The checklist requires medication administration policies and procedures, but what is required in the procedures is not complete. For example, the checklist does not include documentation of physician's orders or ensuring written consent from the PLR is obtained prior to administering psychotropic medications to a youth in the custody of a child welfare agency. In addition, it does not require facilities to verify and document medications received, either at intake or from a pharmacy, or to document medications returned to a youth's guardian at discharge.



### Rights

- The checklist does not require the facility to notify youths at intake of their right to file a complaint or grievance or provide youths with written information about the complaint process.
- The checklist does not require the facility to have policies on the use of force or use of restraints on clients, or the use of isolation and room confinement.
- The checklist does not address prohibited items or contraband, or policies, procedures, or documentation of searches of youths for contraband.

### Treatment

- The checklist requires facilities have treatment plans, however it does not specify a timeframe or how often the treatment plans should be updated.
- The checklist does not address screening youths for suicide risk or having policies for handling youths assessed as high suicide risk.

### HCQC’s Comments

*HCQC regularly checks for compliance with NAC 449.123(4)(b), which requires janitorial supplies, including aerosols, to be stored in areas separate from clean linen, food and other supplies. Whenever a surveyor identifies a concern with this regulation, it would be used to make a citation.*

*The current regulations do not require a timeframe for updating the treatment plans. There is not currently a regulatory requirement addressing items related to suicide risk. If it is determined that the regulations require adjustment, then HCQC will work through the rulemaking process to modify the regulations.*

### Reviewer’s Comments

Certain items, including aerosols, paint, and some writing utensils, need to be locked and stored so the youths cannot access them. Storing them separately from food and linens is a hygiene issue, but keeping these items away from the youths is critical, especially at facilities for the treatment of drug and alcohol abuse.

## **Foster Care Agencies**

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None of the three child welfare agencies included in this review (DCFS, DFS, and HSA) have policies or procedures to assist staff with reviewing foster care agencies’ policies and practices to help ensure the health, safety, welfare, or rights of children are protected. DFS and HSA use checklists or attachments to provider applications to review documents submitted during the licensing process. DCFS reported using the requirements in NRS 424 to review foster care agencies, but this is not formalized into policies, procedures, or checklists. Once an application is approved, the child welfare agency awards a contract to the foster care agency for the provision of services.

While application reviews and contracts may help ensure the foster care agencies have adequate policies and procedures, they do not help ensure the foster care agencies comply with the policies and procedures. None of the three child welfare agencies submitted a checklist or other documents to demonstrate how they check the foster care agencies for compliance after the license or contract has been issued.

The foster homes that contract with foster care agencies for the placement of youths must be licensed separately from the foster care agencies. An assessment of the licensing agencies’ processes for licensing specialized and group foster homes is in the section of this report which begins on page 17.

### **Human Services Agency**

#### Safety

- Nothing in HSA’s checklists contains specific background check requirements for foster care agency staff as required by NRS 424.145.
- Nothing in HSA’s checklists contains specific requirements for the use of volunteers (background investigations, qualifications, supervision, training, etc.) as required by NRS 424.145 and NRS 424.125.

#### Health

- HSA’s application review requires submission of policies and procedures for medication administration and

monitoring. The attachment includes a list of the items required by NRS 424.0385. However, it does not include a process to document and verify medications received at intake, medications received from a pharmacy, or medications released to a guardian or destroyed when a youth is discharged. Although not required by statute, such a process provides necessary controls to help ensure the right youth received the right dose of the right medication and to help prevent loss or theft of medications.

### Rights

- HSA’s application attachment includes that each child and/or legal guardian will receive written information about the foster care provider’s grievance and dispute resolution procedures and will establish timelines for investigating and resolving complaints. In addition, it requires each child and guardian receive a statement of the youth’s rights and responsibilities. However, it does not provide guidance on what timelines for resolving complaints are reasonable or require documentation that the complaint procedures and statement of rights were provided to the child or guardian.
- Nothing in the application review or attachments addresses prohibited items and contraband and policies, procedures, or documentation of searches of youths.

### Other

- Nothing in the application review or attachments addresses whether the foster care agency has prepared its annual report of each program or service. These reports are required by NRS 424.180. HSA should ensure the annual report was prepared when renewing foster care agency licenses.
- Nothing in the application review or attachments addresses whether the foster care agency conducted all required visits to contracted homes that did not have youths placed in them. NRS 424.230(3) requires a foster care agency to visit each foster home with which it contracts that does not have any children placed in

the home at least once every 60 days. HSA should review compliance with this requirement when renewing foster care agency licenses.

- Although the application review tool requires agencies to describe how they will conduct an annual evaluation of each foster home, it does not include an actual review of the evaluations conducted to help ensure each foster home was evaluated. An annual evaluation of each home is required by NRS 424.230(5).

## **Department of Family Services**

### Safety

- DFS has included a provision in its contracts with foster care agencies regarding confidentiality. However, the contract provisions are not specific and do not mention electronic records. The checklists did not include a review of the foster care agencies’ compliance with this provision.
- Nothing in DFS’s checklists contain specific background check requirements for foster care agency staff. One of DFS’s checklists includes only that the foster care agency agrees with the statements on the “cover sheets” and the procedure matches the NRS. The contract DFS uses with foster care agencies includes a requirement that the foster care agency will have a policy adhering to background investigations that includes the requirements in NRS 424. However, there was no documentation how or if DFS tests foster care agencies’ compliance with this contractual provision.
- The checklists do not mention, nor does the contract include, requirements for proper storage of hazardous materials and tools.
- Neither the checklists nor the contract mentions having fully stocked first aid kits available.

### Rights

- DFS’s review document does not include notifying youths of their right to file a grievance. The review

document does include that the foster care agency has a policy for grievances that meets “all stated criteria”, including reviewing grievances and making appropriate changes based on feedback. The review document also does not include the timeframe to respond to grievances or that grievance forms must be readily available to youths.

- Neither the checklists nor the contract include requirements for preventing prohibited items and contraband in the foster homes or conducting and documenting searches of youths.

### Treatment

- The checklists ask how the foster care agency and foster homes will ensure that there is follow through on any treatment plans and appointments. The contract includes that the foster care agency will assess, coordinate, and develop plans for individualized services. However, neither the checklist nor the contract include a timeline for development of treatment plans or updates to the treatment plans.

### **Specialized and Group Foster Homes**

Three child welfare agencies, DCFS, HSA, and DFS, license specialized foster homes and group foster homes. Generally, the three agencies use checklists and questionnaires to inspect the homes and checklists to ensure the homes submit all required information with or in their applications. However, they do not have policies and procedures to provide direct guidance to the licensing staff. HSA also uses an application turn-in check sheet, and DFS has issued additional guidance to staff in the form of memos regarding background checks for license renewals and for residents over the age of 18 years who are not under the jurisdiction of a court. DFS also uses checklists for supervisory review of licensing documents and for licensing case file review.

While the home inspection checklists cover multiple aspects of the health, safety, welfare, and rights of the children, they are weak in certain areas. Most notably, the checklists generally do not include a review of the homes’ policies and procedures. For example, the checklists ask the licensing staff to conclude on two different pages whether unused prescribed medications are destroyed. It does not

ask the licensing staff to review the homes' procedures for destroying medication, such as when it should be destroyed, how it should be destroyed, by whom it should be destroyed, and how the destruction should be documented.

In addition, the checklists contain little or no guidance to staff concerning complaints or rights, medications, and mental health screening or treatment. Furthermore, the checklists and questionnaires are missing several items necessary to help protect the health, safety, welfare, and rights of the children in the homes.

### Safety

- The checklists and questionnaires do not include any items related to mandatory reporting. HSA's application turn-in check sheet does include whether the applicant has submitted a signed mandated reporter form. Mandatory reporting is required by NRS 432B.220.
- The checklists and questionnaires are not complete regarding protecting youths' records from unauthorized access, including electronic records. NAC 424.485 requires a foster parent to maintain such confidentiality as is required by state law regarding information relating to the children and their families. NRS 603A.210 requires data collectors to implement and maintain reasonable security measures to protect records from unauthorized access, acquisition, destruction, use, modification, or disclosure.
- The checklists and questionnaires are not complete regarding background investigations of employees or residents in the home over 18 years old and not under the jurisdiction of a court. First, they do not mention the statutory requirement that background investigations be conducted every 5 years. Second, they do not include the statutory requirement that employees or residents over 18 years old who are not in the custody of the court must be supervised until the background investigation is completed. DFS has issued memos clarifying some background investigation statutory requirements, but the requirement that persons be supervised until the investigation is completed is not included in the memos.

## Health

- Nothing in the checklists or questionnaires includes policies and procedures on medication administration, as required by NRS 424.0385. While some of the items required to be in the policies and procedures by NRS 424.0385 are included in the checklist, other items are not. For example, the checklists and questionnaires do not mention documenting the orders of the treating physician, documenting any errors in the administration of medication, minimizing errors in the administration of medication, or addressing errors in the administration of medication. Specialized foster homes and group foster homes are required to adopt policies that include these items.
- Nothing in the checklists or questionnaires includes a process to document and verify medications received at intake, medications received from a pharmacy, or medications released to a guardian or destroyed when a youth is discharged. Although not required by statute, such a process is a necessary control to help ensure the right youth received the right dose of the right medication and to help prevent loss or theft of medications.
- Nothing in the checklists or questionnaires includes a process to ensure the foster home or group foster home has a copy of an appropriate consent from the PLR prior to administering psychotropic medications to the child. NRS 432B.4688 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 to the administration and the medication is administered in accordance with the consent, except in specific circumstances, such as an emergency. According to HSA policy, the PLR must provide a copy of the informed consent to the HSA PLR unit, which provides a copy to the child's caseworker, but the policy does not require a copy be submitted to the foster or group home care provider.

### Rights

- Neither the checklists nor questionnaires include any requirements for the homes to have a complaint or grievance process or to provide the youths with information explaining they have the right to make a complaint. NRS 432.550 states that, if a child believes his or her rights have been violated, the child may raise a grievance with a list of entities, including the provider of foster care and an employee of a foster home.
- Neither the checklists nor questionnaires mention informing youths of their civil rights during the intake process.
- Neither the checklists nor questionnaires include any requirements regarding prohibited items and contraband or conduct of and documentation of searches of youths.

### Treatment

- The checklists include whether a comprehensive plan of treatment for each child was submitted to the child welfare agency. However, the checklists and questionnaires do not mention a timeframe for the submission of the treatment plan or how often the plan should be updated.

## **Recommendation**

1. Licensing agencies should review, revise, and update guidelines for licensing children’s facilities. Furthermore, additional guidance should be included to assist staff with making decisions on what is acceptable documentation, policies, and procedures at the facilities.

### DCFS’s Comments

*DCFS will develop a more formalized process in reviewing the applications of foster care agencies. DCFS is in the process of establishing an on-site review process for foster care agencies. DCFS will review and update the checklists that it utilizes to ensure that the checklists match law and regulations, and to include items for the safety, health, rights and treatment of youth in placements. DCFS will develop policy that requires licensing to regularly review checklists to ensure they are current.*



DFS’s Comments

*While DFS does use NRS and NAC to provide oversight to foster care agencies, we agree that policies and procedures should be developed to provide guidance to assist staff with evaluation of foster care agencies. Further, we agree that these policies and procedures should ensure that the health, safety and welfare of children are protected. Additionally, DFS will ensure that the checklists and contracts developed will crosswalk with our internal policy and procedures.*

HSA’s Comments

*HSA agrees with the findings that a process isn’t clearly specified that directs the provider to document and verify medications received at intake, when received by a pharmacy, released and/or discharged to a guardian, or destroyed. HSA also agrees that additional items need to be added to the checklist regarding the review of: documenting orders of the treating physician; medication errors from the medication administration logs, and discarding unused medications. Proposed corrections include using the Scope of Work in the contracts to direct the provider to develop a process for tracking medications and/or to use HSA’s “Medication Handling/Disposal” form. In addition, HSA would augment the checklist used by licensing workers to include review of psychotropic medication records and informed consent for foster children; medication errors from the medication administration logs; and the discarding of unused medications.*

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## **GAPS IN ENFORCING REQUIREMENT TO OBTAIN CONSENT PRIOR TO ADMINISTERING PSYCHOTROPIC MEDICATIONS**

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Incomplete policies, procedures, and checklists may have resulted in some facilities not obtaining written consent from the person legally responsible for the psychiatric care of a child (PLR) prior to administering psychotropic medications to a child in the custody of a child welfare agency. Exhibit 2 on page 4 shows that 5 of 13 facilities reviewed from 2014 to 2016 were missing consents from the PLR’s for children receiving psychotropic medications. Consents at three of the facilities were incomplete or not timely, and four facilities needed to update, develop, or adopt policies on consents.

NRS 432B.4688 forbids a temporary caregiver from administering a psychotropic medication to a child in the custody of a child welfare agency without the prior written consent of the PLR. It also requires a temporary caregiver to administer the psychotropic medication in accordance with the PLR’s written consent.

Some facilities may not be aware of the requirements of NRS 432B.4688 because the Bureau of Health Care Quality and Compliance (HCQC) does not address the requirements in its licensing information or regulations. In addition, some facilities may be unable to comply with NRS 432B.4688 because they may not have been provided with a copy of a consent or a copy of the withdrawal or denial of consent.

### HCQC Does Not Review Facilities It Licenses for Compliance With Consent Requirements

HCQC does not review certain facilities for compliance with the law requiring consent from the PLR prior to administering psychotropic medications. HCQC licenses child care facilities, child care institutions, facilities for the treatment of abuse of alcohol or drugs, and psychiatric hospitals.

HCQC has not included whether the facilities it licenses obtain the consent of the PLR prior to administering psychotropic medications in its licensing reviews because these facilities are not licensed under NRS 432B (Protection of Children From Abuse and Neglect). Instead, these facilities are licensed under NRS 432A (Services and Facilities for Care of Children) and NRS 449 (Medical Facilities and Other Related Entities). NRS 432B puts responsibility for

appointing a PLR and reviewing compliance with the PLR’s consent on the child welfare agencies (DCFS, DFS, and HSA).

NRS 432B.4688 forbids the administration of a psychotropic medication to a child in the custody of a child welfare agency unless the PLR has consented to the administration, and the medication is administered in accordance with the consent. Facilities licensed by HCQC need to be aware of the requirements of NRS 432B.4688 to help ensure psychotropic medications are not administered to children without the appropriate consent, since child welfare agencies may place children in their custody in facilities licensed by HCQC.

#### Two Child Welfare Agencies’ Procedures Do Not Ensure All Facilities Are Informed of Consents

Further complicating this situation, two of the three child welfare agencies’ procedures related to consent are unclear about who is responsible for informing the substitute caregivers that consent has been given, withdrawn, or denied by the PLR. Washoe County’s Human Services Agency (HSA) policy requires the PLR to complete the necessary forms and provide them to HSA’s PLR unit. The PLR unit is to ensure the information is provided to the Unified Nevada Information Technology for Youth staff for input and a copy is provided to the caseworker. The policy does not say that a copy will be given to the substitute caregiver.

DCFS’s policy requires the PLR to provide a copy of the written consent to the child welfare agency and the child’s foster parent or substitute care provider. However, it requires the PLR to provide a copy of a denial of consent only to the child welfare agency. Further, the policy includes the statement, “Withdrawal of prior consents at any time for a psychotropic medication, after consideration of the clinical implications and potential consequences of such action.” This phrase seems to imply that the PLR can revoke consent to administer a psychotropic medication, but it does not require the PLR to inform either the child welfare agency or the temporary caregiver.

### **Recommendation**

2. HCQC and child welfare agencies (DCFS, DFS, and HSA) should coordinate efforts to ensure all facilities comply with NRS 432B.4688. This should include:

- a. Ensuring the facilities are aware of the requirement to obtain written consent from the PLR prior to administering psychotropic medication to a child in the custody of a child welfare agency;
- b. Ensuring all substitute caregivers are immediately provided with copies of written consents, denial of consent, or withdrawal of consent;
- c. Ensuring all facilities have adequate policies, procedures, and processes to prevent the administration of psychotropic medications without proper written consent and to administer psychotropic medications in accordance with the instructions on the written consent; and
- d. Regularly reviewing facilities’ compliance with the requirements of NRS 432B regarding the administration of psychotropic medications.

HCQC’s Comments

*HCQC does ensure proper policies are in place for the administration of all types of medications and will ensure that future site inspections include information regarding the requirements of NRS 432B.4688. In addition, HCQC will work collaboratively with DCFS in providing information and outreach through HCQC communication tools to ensure licensed facilities are aware of the requirements outlined in NRS 432.4688.*

HSA’s Comments

*HSA disagrees that staff at the two HCQC licensed child care institutions may not be able to comply with NRS 432B.4688 because they have not been provided with a copy of a consent or a copy of the withdrawal or denial of consent. Staff at the two facilities have been verbally instructed to only administer medications per HSA’s form, which specifically states at the bottom that the pink copy goes to the caregiver. HSA will revise procedures to specifically state, “a copy will be given to the substitute caregiver.”*

Reviewer’s Comments

HSA’s comments do not address ensuring the two HCQC-licensed psychiatric hospitals currently in Washoe County or other facilities that may be licensed by HCQC in the future are aware of the

requirement to only administer psychotropic medication upon the consent of the PLR, with limited exceptions. Agencies that place children in the custody of a court in a licensed facility should ensure the facility is aware of this requirement and receives a copy of the consent or the denial or withdrawal of consent.

DCFS’s Comments

*DCFS will review and update, if appropriate, the statewide policy to clarify language regarding a PLR notifying the placement and child welfare agency if they have revoked their consent. DCFS will work collaboratively with HCQC in providing information/training to HCQC to help ensure facilities comply with the requirements outlined in NRS 432B.4688. DCFS will also work to ensure workers are providing PLR information to the facilities at the time of a youth’s placement or following the appointment of a PLR for a youth placed in the facility.*

DFS’s Comments

*DFS is in agreement with working in conjunction with HCQC to ensure that the agencies they license, and wherein DFS has placed children, are made aware of the requirements of NRS 432B.4688. DFS will ensure that we provide the facility with the designated PLR for the child and ensure we articulate that, prior to administering psychotropic medications to a child in DFS custody, they must obtain written consent. DFS will commit to reporting non-compliance by the facility to HCQC for follow up, since they are the licensing agency.*

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## Appendices

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### 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**

<b>Child Care Facility</b>	An establishment operated and maintained for the purpose of furnishing care on a temporary or permanent basis, during the day or overnight, to five or more children under 18 years of age, if compensation is received for the care of any of those children; an on-site child care facility; a child care institution; or an outdoor youth program.
<b>Child Care Institution</b>	A facility which provides care and shelter during the day and night and provides developmental guidance to 16 or more children who do not routinely return to the homes of their parents or guardians.
<b>Child Welfare Agency</b>	In a county with a population less than 100,000, the Division of Child and Family Services is the child welfare agency. In Clark County, the Department of Family Services is the child welfare agency. In Washoe County, the Human Services Agency is the child welfare agency.
<b>Civil and Other Rights</b>	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.
<b>Consent</b>	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.
<b>Facility for the Treatment of Abuse of Alcohol or Drugs</b>	Provides intensive treatment to youth 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.



**Appendix B**  
**Glossary of Terms**  
(continued)

<b>Foster Care Agency</b>	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.
<b>Group Foster Home</b>	A foster home which provides full-time care and services for 7 to 15 children who are: under 18 years of age or remain under the jurisdiction of a court pursuant to NRS 432B.594; not related within the first degree of consanguinity to any natural person maintaining or operating the home; and received, cared for and maintained for compensation or otherwise, including the provision of free care.
<b>Mandatory Reporter</b>	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.
<b>Psychiatric Hospital</b>	Provides mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. 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.
<b>Person Legally Responsible</b>	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.

**Appendix B**  
**Glossary of Terms**  
(continued)

<b>Psychotropic Medication</b>	A prescribed medication used to alter a youth's thought process, mood, or behavior.
<b>Safety</b>	Anything related to the physical safety of youths. This includes physical security, environment, and adequate staffing.
<b>Specialized Foster Home</b>	Provides comprehensive care and services to youths who require more intensive therapy or supervision due to serious physical, emotional, or mental conditions.

## Appendix C

### Summary of Observations at Facilities Reviewed From 2014 Through 2016

	Type of Facility				
	Unlicensed (Four Facilities Reviewed)	Psychiatric Hospital (Three Facilities Reviewed)	Child Care Facility or Institution (Two Facilities Reviewed)	Foster Care Agency (Three Facilities Reviewed)	Specialized Foster Home (One Facility Reviewed)
<b>Health</b>					
Medication administration records (MAR) were not always complete (blank spaces, missing information such as signatures, month and year, date, time, route, frequency, name of staff, etc.)	3	3	1	2	0
MAR contains errors (incorrect medication dose noted on MAR, documentation of too many or too few pills administered, evidence of medication administered and subsequently crossed out with no explanation, medications administered on a day that did not exist, medication administered after physician discontinued the medication)	2	2	0	2	0
Missing physicians' orders	1	0	1	3	1
Missing pharmacy instructions	1	0	1	2	1
Medications received at intake were not verified and/or documented, or documentation was incomplete	2	1	1	3	1
Staff did not always follow or understand policy regarding refusal of medications	1	1	0	0	0
No evidence of independent review or incomplete documentation of independent reviews	1	0	1	1	0
Prescribed medication was not administered timely	1	0	1	0	1
Missing medication records	1	1	0	1	1
Missing documentation of consent to administer psychotropic medication from the person legally responsible for the psychiatric care of a child (PLR)	1	0	1	2	1
Consent from the PLR was incomplete and does not meet statutory requirements, or was not timely	0	1	1	1	0
Policy regarding informed consent and consent to administer psychotropic medication needs to be developed, updated, or adopted	1	2	0	1	0
Medication that youth was discharged with was not documented	1	0	0	2	1
Policy regarding independent review of medication records needs to be developed, updated, or adopted	2	1	1	0	1
Policy regarding disposal of discontinued, expired, or unused medications needs to be developed, updated, or adopted	2	1	1	2	0
Policy regarding medication administration needs to be developed, updated, or adopted	2	0	2	2	0

## Appendix C

### Summary of Observations at Facilities Reviewed From 2014 Through 2016 (continued)

	Type of Facility				
	Unlicensed (Four Facilities Reviewed)	Psychiatric Hospital (Three Facilities Reviewed)	Child Care Facility or Institution (Two Facilities Reviewed)	Foster Care Agency (Three Facilities Reviewed)	Specialized Foster Home (One Facility Reviewed)
<b>Safety</b>					
Policy regarding identity kits/face sheets needs to be developed, updated, or adopted	2	2	1	3	0
Identity kits were incomplete	3	2	1	2	1
Policy regarding controlling keys, tools, and kitchen utensils needs to be developed, updated, or adopted	0	0	1	3	0
Policy regarding reporting of known or suspected abuse or neglect needs to be developed, updated, or adopted	0	1	1	0	1
Incomplete documentation of allegations of abuse or neglect or no evidence to support whether allegations of abuse or neglect reported to Child Protective Services or law enforcement timely, within 24 hours	2	1	1	2	1
Policy regarding run-aways (assessing risk, handling run-aways, documentation of incidents, including notifying law enforcement or emergency contacts) needs to be developed, updated, or adopted	0	0	1	1	0
Policies and procedures do not ensure adequate screening of employees for criminal convictions, do not ensure comprehensive personnel record retention, or do not address employee checks of Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child	2	3	1	2	0
Incomplete personnel or volunteer records	0	0	1	1	0

	Type of Facility				
	Unlicensed (Four Facilities Reviewed)	Psychiatric Hospital (Three Facilities Reviewed)	Child Care Facility or Institution (Two Facilities Reviewed)	Foster Care Agency (Three Facilities Reviewed)	Specialized Foster Home (One Facility Reviewed)
<b>Rights</b>					
Policy regarding youth, employee, or visitor complaints needs to be developed, updated, or adopted	2	3	2	2	1
Policy regarding contraband/prohibited items and searches of youths needs to be developed, updated, or adopted	3	0	1	1	0
No evidence youths informed of their right to file a grievance, or youths were not notified in a timely manner	3	1	1	2	0
Inconsistency between the grievance policy and practice	1	0	0	1	1
Grievance forms were not always readily available to youths	1	1	0	1	0

**Appendix C**  
**Summary of Observations at Facilities Reviewed From 2014 Through 2016**  
(continued)

<b>Treatment</b>	<b>Type of Facility</b>				
	<b>Unlicensed (Four Facilities Reviewed)</b>	<b>Psychiatric Hospital (Three Facilities Reviewed)</b>	<b>Child Care Facility or Institution (Two Facilities Reviewed)</b>	<b>Foster Care Agency (Three Facilities Reviewed)</b>	<b>Specialized Foster Home (One Facility Reviewed)</b>
Policy regarding suicide prevention needs to be developed, updated, or adopted	0	0	1	2	0
Policy regarding treatment plans and planning needs to be developed, updated, or adopted	2	1	1	2	0
Treatment plans were not prepared, not completed timely, or were incomplete	3	2	1	2	1
Policy regarding mental health, including mental health screening at intake, and substance abuse needs to be developed, updated, or adopted	1	0	1	0	0

Source: Reviewer prepared from facility reviews.

Note: This is not a comprehensive list of observations.

**Appendix D**  
**Nevada Facility Information by License Type<sup>(6)</sup>**  
**Fiscal Year Ended June 30, 2017**

**Table 1: Child Care Facilities and Institutions**

Facilities	Licensing Agency	Location	Average Population
Adolescent Treatment Center	State - HCQC <sup>(1)</sup>	Sparks	14
Child Haven	State - HCQC	Las Vegas	72
Kids' Kottages	State - HCQC	Reno	31
Northwest Academy	State - HCQC	Amargosa Valley	40
<b>Total – 4 Child Care Facilities and Institutions</b>			<b>157</b>

**Table 2: Psychiatric Hospitals**

Facilities	Licensing Agency	Location	Average Population
Desert Parkway Behavioral Health Care Hospital, LLC	State - HCQC	Las Vegas	16
Desert Willow Treatment Center	State - HCQC	Las Vegas	18
Montevista Hospital	State - HCQC	Las Vegas	50
Seven Hills Hospital	State - HCQC	Henderson	8
Spring Mountain Treatment Center	State - HCQC	Las Vegas	17
West Hills Hospital	State - HCQC	Reno	18
Willow Springs Center	State - HCQC	Reno	94
<b>Total – 7 Psychiatric Hospitals</b>			<b>221</b>

**Table 3: Facilities for the Treatment of Abuse of Alcohol or Drugs**

Facilities	Licensing Agency	Location	Average Population
HELP of Southern Nevada-Shannon West Homeless Youth Center	State - HCQC	North Las Vegas	45
Nevada Homes for Youth I	State - HCQC	Las Vegas	8
Nevada Homes for Youth II	State - HCQC	Las Vegas	8
Vitality Center-ACTIONS of Elko	State - HCQC	Elko	2
<b>Total – 4 Facilities for the Treatment of Abuse of Alcohol or Drugs</b>			<b>63</b>

**Table 4: Foster Care Agencies<sup>(2)</sup>**

Facilities	Licensing Agency	Location	Average Population
Apple Grove Foster Care Agency	Clark County DFS <sup>(3)</sup>	Las Vegas	45
Bamboo Sunrise, LLC	Clark County DFS	Las Vegas	25
Eagle Quest	Clark County DFS and DCFS <sup>(4)</sup>	Las Vegas	175
Genesis	Clark County DFS	North Las Vegas	35
Koinonia Family Services	Washoe County HSA <sup>(5)</sup>	Reno	29
Maple Star Nevada	Washoe County HSA	Reno	4
Mountain Circle Family Services	Washoe County HSA	Reno	17
Olive Crest	Clark County DFS	Las Vegas	23
Specialized Alternatives for Families and Youth of Nevada, Inc.	Clark County DFS	Las Vegas	101
<b>Total – 9 Foster Care Agencies</b>			<b>454</b>

**Table 5: Group Foster Homes Not Affiliated With Foster Care Agencies**

Facilities	Licensing Agency	Location	Average Population
Austin's House	State - DCFS	Carson City	6
Call to Compassion	Washoe County HSA	Reno	6
Family Learning Homes	Washoe County HSA	Reno	17
Hand Up Homes for Youth Northern Nevada	Washoe County HSA	Reno	8
Levada House, LLC	Washoe County HSA	Reno	6
P6 Family Services	Washoe County HSA	Reno	4
R House Community Treatment Home	Washoe County HSA	Reno	5
Rite of Passage-Qualifying Houses I	State - DCFS	Minden	5
Rite of Passage-Qualifying House II	State - DCFS	Gardnerville	6
The Reagan Home	Washoe County HSA	Reno	3
<b>Total – 10 Group Foster Homes Not Affiliated With Foster Care Agencies</b>			<b>66</b>

**Appendix D**  
**Nevada Facility Information by License Type**  
**Fiscal Year Ended June 30, 2017**  
(continued)

**Table 6: Specialized Foster Homes Not Affiliated With Foster Care Agencies**

Facilities	Licensing Agency	Location	Average Population
Golla Home	Washoe County HSA	Washoe Valley	2
Hope Health Care Services	Washoe County HSA	Reno	7
Oasis On-Campus Treatment Homes	Clark County DFS	Las Vegas	17
Quest Counseling and Consulting, Inc.	Washoe County HSA	Reno	6
St. Jude's Ranch for Children	Clark County DFS	Boulder City	32
Tahoe House Family Services, LLC.	Washoe County HSA	Reno	5
<b>Total – 6 Specialized Foster Homes Not Affiliated With Foster Care Agencies</b>			<b>69</b>

**Table 7: Facilities Not Requiring a License or Not Licensed**

Facilities	Licensing Agency	Location	Average Population
Caliente Youth Center	None	Caliente	116
China Spring Youth Camp	None	Gardnerville	52
Clark County Juvenile Detention Center	None	Las Vegas	149
Douglas County Juvenile Detention Center	None	Stateline	2
Jan Evans Juvenile Justice Center	None	Reno	44
Leighton Hall	None	Winnemucca	5
Murphy Bernardini Regional Juvenile Detention Center	None	Carson City	10
Nevada Youth Training Center	None	Elko	52
Northeastern Nevada Juvenile Center	None	Elko	10
Spring Mountain Residential Center	None	Las Vegas	12
Spring Mountain Youth Camp	None	Las Vegas	95
Summit View Youth Center	None	Las Vegas	34
Teurman Hall	None	Fallon	8
WestCare-Emergency Shelter	None	Las Vegas	11
Western Nevada Regional Youth Center	None	Silver Springs	12
<b>Total – 15 Facilities Not Requiring a License or Not Licensed</b>			<b>612</b>
<b>Total – 55 Facilities Statewide</b>			<b>1,642</b>

Source: Auditor prepared from information provided by facilities.

- (1) State of Nevada's Department of Health and Human Services (DHHS), Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance.
- (2) Foster care agencies can provide group foster care and specialized foster care. Foster care agencies contract with child welfare agencies to place foster children in foster homes either operated by or contracted to the foster care agencies. Although the agencies are not licensed, the foster homes with which they operate or contract with are. The licensing agency listed in the Appendix is the primary child welfare agency that contracts with the foster care agency.
- (3) Clark County's Department of Family Services.
- (4) State of Nevada's DHHS, Division of Child and Family Services.
- (5) Washoe County's Human Services Agency.
- (6) The list of facilities is based on known facilities as defined in NRS 218G.520 and NRS 218G.535 as of June 30, 2017.

## **Appendix E**

### **Methodology**

We requested each agency that licenses children's facilities included in the definition of governmental and private facilities found in NRS 218G.520 and NRS 218G.535 send us a copy of any guidelines used to review facilities when issuing a license. In addition, we requested each child welfare agency send us a copy of the policies and procedures used to carry out the provisions of NRS 432B.4684 through NRS 432B.469 regarding consent of the person legally responsible for the psychiatric care of a child and the administration of psychotropic medications to a child in the custody of a child welfare agency.

We then compared the guidelines used by the licensing agencies to the items included in our reviews of children's facilities. We also compared the guidelines to the statutes and regulations governing the licensing of the various types of facilities and the administration of psychotropic medications to children in the custody of a child welfare agency. We discussed selected results of our review with staff at the licensing agencies. In addition, we provided each licensing agency with a copy of our results and solicited their comments. Their comments have been incorporated into the results of this review.

We also summarized the results of our reviews conducted from January 2014 through July 2016. These results were previously reported in our last three reports titled *Review of Governmental and Private Facilities for Children*, dated October 2014, May 2016, and January 2017.

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