

STATE OF NEVADA

Review of Governmental and Private Facilities for Children

April 2014



Legislative Auditor
Carson City, Nevada

Review Highlights



Highlights of Legislative Auditor report on the Review of Governmental and Private Facilities for Children issued on April 28, 2014. Report # LA14-16.

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, 2013, we had identified 63 governmental and private facilities that met the requirements of NRS 218G: 20 governmental and 43 private facilities. In addition, 113 Nevada children were placed in 24 facilities in 13 different states as of June 30, 2013.

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, 2012, through June 30, 2013, we received 907 complaints from 29 facilities in Nevada. Thirty-four 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. The report includes the results of our reviews of 9 children's facilities, unannounced site visits to 7 children's facilities, and a survey of 63 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, 2011. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from November 2012 through December 2013.

Review of Governmental and Private Facilities for Children April 2014

Summary

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

The policies, procedures, and processes at WestCare-Harris Springs Ranch did not provide reasonable assurance that it adequately protects the safety of youths in its care. It did not document that it took sufficient steps to ensure its employees had not been convicted of violent crimes which would have excluded them from employment under NRS 449.174(1).

The policies, procedures, processes, and staff's compliance with policies at Etxea Services did not provide reasonable assurance it protects the safety of youths in its care. Etxea Services' policies did not adequately define contraband, which may have contributed to contraband-type items observed in the two homes. Furthermore, staff did not always enforce the rules, and management did not always enforce requirements found in state regulations related to the condition of the homes.

In addition, during six of the seven unannounced visits conducted, we did not note anything that caused us to question the health, safety, welfare, or protection of rights of the children in the facilities. However, based on an unannounced visit conducted at Etxea Services, we determined it prudent to conduct a review.

Facility Observations

Many of the facilities had common weaknesses. For example, policies and procedures needed to be developed or were outdated. In addition, medication administration processes and procedures needed improvement, and facilities needed to improve compliance with fingerprint background check requirements. (page 7)

All nine facilities reviewed needed to develop or update policies and procedures. The types of policies and procedures that were missing, unclear, or outdated included: establishing identity kits for each youth served for use during an emergency; disposing of discontinued, expired, or unused medication; and ensuring that documented policies and procedures are consistent with actual practices. (page 7)

Medication administration processes and procedures needed to be strengthened at all nine facilities. Youth medication files did not always contain complete or clear documentation of dispensed, prescribed medication at seven facilities. Some youths' files were missing key documentation, such as physicians' orders and pharmacies' instructions at seven facilities. In addition, at six facilities, some youths' files contained errors, such as documentation of an incorrect dosage of medication or documentation of medication administered to a youth after the youth had been discharged from the facility. (page 8)

All nine facilities needed to improve their compliance with fingerprint background check requirements. Seven facilities needed to develop or improve hiring policies and procedures, including maintaining accurate records of information collected during the hiring process. Employees at two facilities were subject to social security number and name-based background checks, instead of statutorily required fingerprint background checks. In addition, one of the facilities that required fingerprint background checks did not follow-up or obtain dispositions for arrests listed in the employees' background check results. (page 8)

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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 presented,

A handwritten signature in black ink, appearing to read "Paul V. Townsend".

Paul V. Townsend, CPA
Legislative Auditor

April 1, 2014
Carson City, Nevada

STATE OF NEVADA
REVIEW OF GOVERNMENTAL AND PRIVATE FACILITIES FOR CHILDREN
April 2014

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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 9 children's facilities (page 9), unannounced site visits to 7 children's facilities (page 86), and a survey of 63 children's facilities (pages 83 - 85).

BACKGROUND

Nevada Revised Statutes (NRS) authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of residential 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.

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 or entity and has physical custody of children pursuant to the order of a court.

As of June 30, 2013, we had identified a total of 63 governmental and private facilities that meet the requirements of NRS 218G: 20 governmental and 43 private facilities. Exhibit 1 lists the types of facilities located within Nevada and the total capacity of each type during the year ended June 30, 2013.

Exhibit 1

**Summary of Nevada Facilities
Year Ended June 30, 2013**

Facility Type	Number of Facilities	Population		Staffing Levels	
		Maximum Capacity	Average Population	Average Full-time	Average Part-time
Correction and Detention Facilities	12	919	608	585	103
Resource Center	1	28	5	9	6
Child Welfare Facilities	4	175	102	79	15
Mental Health Treatment Facilities	6	282	215	318	92
Substance Abuse Treatment Facilities	5	84	54	65	12
Group Homes	20	300	226	199	85
Residential Centers	3	181	102	49	6
Foster Care Agencies	12	614	466	180	110
Total – Facilities Statewide	63	2,583	1,778	1,484	429

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.
- Resource centers provide more than one type of service simultaneously. For example, a resource center may provide both substance abuse treatment and detention services.
- 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 their homes.
- 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 include a full range of therapeutic, educational, recreational, and support services provided by a professional interdisciplinary team in a 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 often 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.

In addition to youths placed in facilities within the State of Nevada, an additional 113 youths were placed in out-of-state facilities by a county or the State as of June 30, 2013. Nevada youths were placed in 24 different facilities in 13 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 at least two placements within the State, the youth has a combination of diagnoses that cannot be treated in Nevada, or the youth is sexually aggressive.

Exhibit 2 lists the agencies that placed youths in out-of-state facilities, the number of youths placed in out-of-state facilities, and the number of states where youths were placed as of June 30, 2013. Exhibit 3 shows the number of youths placed in out-of-state facilities as of June 30 of the past 3 years.

Exhibit 2

**Summary of Nevada Youths Placed in Out-of-State Facilities
as of June 30, 2013**

Placing Entity	Number of Youths Placed in Out-of-State Facilities	Number of Different States
Clark County Department of Juvenile Justice Services, Probation	34	9
Washoe County Department of Juvenile Services, Probation	27	1
3 rd Judicial District Court (Lyon County Juvenile Probation)	5	0
5 th Judicial District Court (Esmeralda, Mineral, and Nye Counties)	8	1
Elko County Juvenile Probation	9	0
9 th Judicial District Court (Douglas County)	1	0
1 st Judicial District Court (Carson City and Storey Counties)	1	0
State of Nevada Division of Child and Family Services	28	2
Total	113	

Source: Reviewer prepared from information provided by entities.

Exhibit 3

**Summary of Nevada Youths Placed in Out-of-State Facilities
As of June 30, 2011, 2012, and 2013**

Placing Entity	As of June 30, 2011	As of June 30, 2012	As of June 30, 2013
Clark County Department of Juvenile Justice Services, Probation	87	61	34
Washoe County Department of Juvenile Services, Probation	19	29	27
3 rd Judicial District Court (Lyon County Juvenile Probation)	2	7	5
5 th Judicial District Court (Esmeralda, Mineral, and Nye Counties)	9	5	8
Elko County Juvenile Probation	1	2	9
9 th Judicial District Court (Douglas County)	0	3	1
1 st Judicial District Court (Carson City and Storey Counties)	3	7	1
State of Nevada Division of Child and Family Services	29	35	28
Total	150	149	113

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, 2012, through June 30, 2013, we received 907 complaints from 29 facilities in Nevada. Thirty-four facilities in Nevada reported that no complaints were filed by youths during this time. In addition, we 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, 2011. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from November 2012 through December 2013.

A detailed methodology of our work can be found in Appendix F of the report, which begins on page 87.

FACILITY OBSERVATIONS

Based on the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at seven of the nine 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. In addition, during six of the seven unannounced visits conducted, we did not note anything that caused us to question the health, safety, welfare, or protection of the rights of the children in the facilities. However, based on an unannounced visit conducted at Etxea Services, we determined it prudent to conduct a review.

The policies, procedures, and processes at WestCare-Harris Springs Ranch did not provide reasonable assurance that it adequately protects the safety of youths in its care. It did not document that it took sufficient steps to ensure its employees had not been convicted of violent crimes which would have excluded them from employment under NRS 449.174(1).

The Ranch did not obtain dispositions for arrests listed on background check investigations, which could have disqualified the employee from employment. Of the 10 employee files we reviewed, background investigations showed 5 had been arrested. However, personnel files did not contain documentation management requested or received dispositions for three employees whose investigations showed arrests but no disposition of the offences or did not classify the convictions as a felony, gross misdemeanor, or misdemeanor. In addition, convictions occurring in other states did not always match the description of disqualifying convictions contained in NRS 449.174, but there was no evidence in personnel files to show the Ranch attempted to determine if the convictions were comparable. Arrests for these three individuals included inflicting corporal injury on a spouse or cohabitant, possession of a controlled substance, terroristic threats, and assault with a semi-automatic rifle. During our review in 2009, we also found there was no established process to verify the disposition of a case when the background check did not show the outcome of the case.

Policies, procedures, processes, and staff's compliance with policies at Etxea Services did not provide reasonable assurance it protects the safety of youths in its care. Etxea needs to develop or update many of its policies and procedures and ensure staff understand and enforce policies. In addition, management needs to enforce requirements. For example, Etxea Services' policies did not adequately define contraband, which may have contributed to contraband-type items observed in the homes, including restricted rated movies, numerous cigarette butts, an empty pack of cigarettes, and a homemade pipe-like smoking device. In addition, Etxea has not established policies requiring staff to secure cleaning

chemicals, flammable, toxic, and caustic materials, and equipment. Etxea's lack of policies may have contributed to the following unsecured items: bleach, laundry soap, a can of gasoline, a spray can of lubricant, a lawn mower, and a bucket of latex paint.

Although Etxea has established house rules, staff did not always enforce the rules, and management did not always enforce requirements found in state regulations related to the condition of the homes. Etxea's lack of enforcement may have contributed to empty soda cans and food wrappers in the youths' bedrooms, piles of dirty clothes in the youths' bedrooms and the laundry room, a broken washing machine, holes in a wall and door, and dog excrement in the yard.

Many of the facilities had common weaknesses. For example, policies and procedures needed to be developed or were outdated, medication administration processes and procedures needed improvement, and facilities needed to improve compliance with fingerprint background check requirements.

Facilities Need to Develop or Update Policies and Procedures

All nine facilities reviewed needed to develop or update policies and procedures. The types of policies and procedures that were missing, unclear, or outdated included: establishing identity kits for each youth served for use during an emergency; disposing of discontinued, expired, or unused medication; and ensuring that documented policies and procedures are consistent with actual practices.

According to *Standards of Excellence* developed by the Child Welfare League of America (CWLA) and *Performance-based Standards* developed by the Council of Juvenile Correctional Administrators (CJCA), documented, up-to-date policies and procedures help ensure management and staff understand the facility's processes. In addition, documented policies and procedures help ensure consistent services are provided to the youths residing at the facilities.

The CWLA is a coalition of private and public agencies serving vulnerable families. Its focus is on children and youths who may have experienced abuse, neglect, family disruption, or other factors that may have jeopardized their safety. The CJCA is a national non-profit organization dedicated to improving youth correctional systems and services. The CJCA aims to improve the practices

and policies in local systems and increase the chances of success for delinquent youths.

Medication Administration Processes and Procedures Need to Be Strengthened

Medication administration processes and procedures needed to be strengthened at all nine facilities reviewed. The medication administration process should include documentation of medications administered to youths, controls over prescribed medications, and the process used to ensure the accuracy of medication files and records. Youth medication files did not always contain complete or clear documentation of dispensed, prescribed medication at seven of nine facilities reviewed. Some youths' files were missing key documentation, such as physicians' orders and pharmacies' instructions at seven of the nine facilities. In addition, at six facilities, some youths' files contained errors, such as documentation of an incorrect dosage of medication or documentation of medication administered to a youth after the youth had been discharged from the facility.

Five facilities need to improve their verification and documentation of medications received at the intake of youths. In addition, four of nine facilities needed to add a menu of acronyms to their medication administration records. A menu of acronyms may help eliminate some of the incomplete or unclear items noted above.

Standards of Excellence developed by the CWLA, standards developed by Nevada's Juvenile Justice Administrators, and state laws provide guidelines to manage medications in accordance with federal and state laws.

Facilities' Compliance With Background Check Requirements Needs Improvement

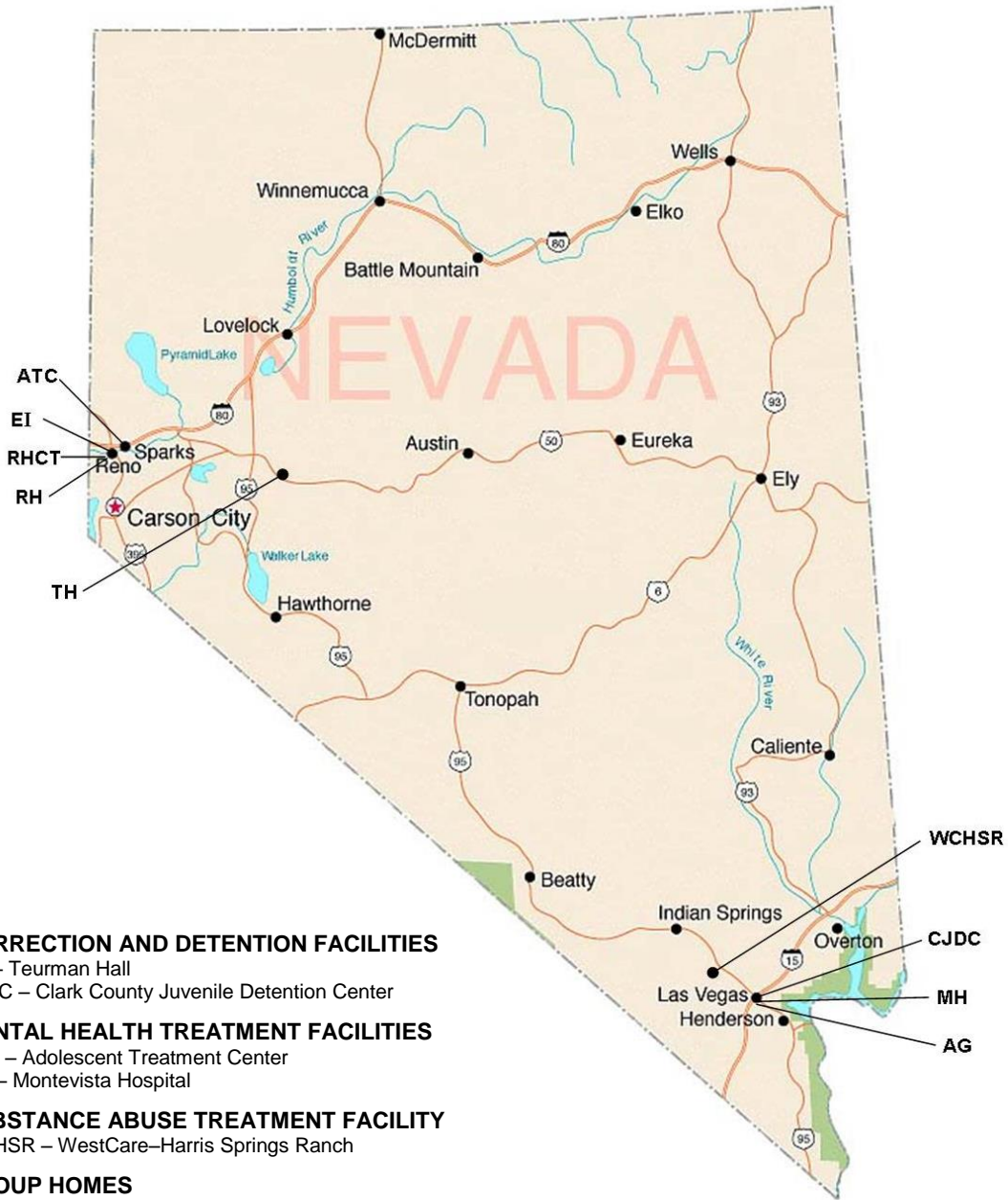
All nine facilities reviewed needed to improve their compliance with fingerprint background check requirements. Seven of the nine facilities needed to develop or improve hiring policies and procedures, including maintaining accurate records of information collected during the hiring process. Statutes require records be maintained for the length of each employee's tenure with the facility. Employees at two of the nine facilities were subject to social security number and name-based background checks, instead of statutorily required fingerprint background checks. In

addition, one of the facilities that required fingerprint background checks did not follow-up or obtain dispositions for arrests listed in employees' background check results. Dispositions are necessary to determine if an employee was convicted of a crime that could disqualify the employee from employment.

REPORTS ON INDIVIDUAL FACILITY REVIEWS

This section includes the results of reviews at each of the nine facilities. Exhibit 4 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



CORRECTION AND DETENTION FACILITIES

- TH – Teurman Hall
- CJDC – Clark County Juvenile Detention Center

MENTAL HEALTH TREATMENT FACILITIES

- ATC – Adolescent Treatment Center
- MH – Montevista Hospital

SUBSTANCE ABUSE TREATMENT FACILITY

- WCHSR – WestCare–Harris Springs Ranch

GROUP HOMES

- EI – Etxea Services
- RHCT – R House Community Treatment Home
- RH – The Reagan Home

FOSTER CARE AGENCY

- AG – Apple Grove Foster Care Agency

Source: Reviewer prepared.

Teurman Hall

Background Information

Teurman Hall is a secure detention facility operated by Churchill County in Fallon, Nevada. Teurman Hall's mission is to provide for the temporary care, custody, and control of delinquent youth in a safe and secure environment pending a resolution of their cases. It also provides comprehensive programming geared at competency development and a safe and swift reintegration back into the community.

As of June 30, 2013, Teurman Hall:

- Served male and female youths between the ages of 12 and 17 years.
- Had a maximum capacity of 16 youths.
- Had an average daily population of 12 youths with an average length of stay of 10 days.
- Had an average of 11 full-time staff.

Purpose of the Review

The purpose of our review was to determine if Teurman Hall adequately protects the health, safety, and welfare of the children at Teurman Hall 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 August 2011 through May 2013. We discussed related issues and observed related processes during our visit in June 2013.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Teurman Hall provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, Teurman Hall could improve its processes and documentation of the administration of medications and background investigations.

Teurman Hall (continued)

Principal Observations

Administration of Medications

Four of the five youths' medication files we reviewed were missing documentation:

- Three youths' files were missing physician's orders and four did not contain pharmacy instructions for all medications. NRS 62B.240 requires detention centers adopt a policy to document orders of the treating physician. In addition, Teurman Hall's policies state medical files will contain the doctors' notes and prescription instructions.
- One youth's medication administration records were sometimes missing the youth's name or the medication name. The medications policy requires each medication administration record to include the name of the medication, the dosage, and the time the medication is to be administered.
- Three youths' medication administration records were missing allergy information. The medications policy requires each medication administration record to include the youth's allergies. If a youth has no known allergies, this should be noted on the medication administration record.

Teurman Hall's policy requires medications be administered within 1 hour of the prescribed administration time and in accordance with the physician's orders. However, several youths' files contained medication errors:

- One youth's medication administration form did not accurately reflect the medication the youth took. The youth's dosage of a medication was changed, but this change was not documented on the medication administration form for 6 days, even though the number of pills administered indicates the youth received the correct dosage during those 6 days.
- One youth's medication administration records contained blank spaces for 2 days.
- One youth did not receive three medications as prescribed by the physician because of transcription errors on the medication administration record. For example, the

Teurman Hall (continued)

physician changed a prescription from an “as needed” administration to a regularly scheduled administration. Staff did not note this change on the medication administration record and continued to administer the medication on an as needed basis. In addition, the youth was to receive the same medication at another time each day, but the medication administration record does not contain this information and does not show the youth ever received the medication at the time ordered by the physician. For another medication, the physician increased the dosage, but the medication administration record indicates the youth did not receive the increased dosage for 12 days.

According to Teurman Hall’s policy, the contracted physician is responsible for reviewing each medication administration record to ensure the form is filled out correctly and the correct medication was administered at the correct time. The policy does not require documentation of the review. In addition, it does not require the reviewer to verify the medication information on the medication administration record is consistent with the physician’s orders.

Staff did not always dispose of unused medications according to Teurman Hall’s policy. We noted one instance when staff did not dispose of medication until 46 days after the youth with that prescription was released. Teurman Hall’s policy requires medications be disposed of within 72 hours of being placed in the disposal bin. In addition, the policy and procedure regarding the disposal of medications is not clear. Policy requires a Removal/Destruction Log be used anytime a medication is expired or discontinued. However, the procedure does not mention the use of this log and only requires documentation when the medication is taken to the local pharmacy for disposal.

Facility Response

We had identified many of the issues addressed in the review many months prior to the review. In September of 2012, we sent a Detention Specialist to the MAJEN training for medication administration which did provide us with better policies. The issue then became staff following policy. Since the review, we have rewritten the medication policy (to include a

Teurman Hall (continued)

Facility Response (continued)

section on the Health Authority that requires documentation of his weekly audits and verification of physician orders). We now have two detention specialists who are MAJEN trained and we have conducted additional staff training and have put in place a better review process.

Regarding the disposal of medication, the policy was rewritten to clarify the disposal process.

Background Investigations

Teurman Hall should improve its policies to help ensure employees are supervised until background investigation results have been received. NRS 62B.270 requires employees who have direct contact with children be supervised until the background investigation has been conducted. Teurman Hall's policy allows employees 3 months to pass a federal background check, but allows them to begin working independently as soon as they have completed orientation, which is within 30 days.

Policies did not include a description of the steps to take and documentation to maintain when management follows up on background investigations showing arrests but no dispositions. Three of the eight personnel files reviewed showed the employees had prior arrests, but did not contain any information about the disposition or resolution of the arrests. Management stated they did follow up with appropriate authorities to determine whether reported arrests resulted in disqualifying convictions. However, the actions taken and the results were not documented in the employees' files. NRS 62B.280 requires facilities maintain accurate records of information collected during background investigations for the period of the employee's employment with the facility.

Teurman Hall could strengthen its background investigations of potential employees by requesting a search of the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child (CANS). Although this search is not required by law the information contained in the CANS system can

Teurman Hall (continued)

be valuable for screening applicants and ensuring employees do not have a history of abusing or neglecting children.

Facility Response

The policy of background checks was rewritten to state:

All detention staff must pass a federal background check; fingerprints and submission for the background check MUST occur within the first three days of employment. Local background will be obtained immediately prior to employment. The results of the criminal check will be included within the employee's department personnel file. A detention specialist must be supervised at all times (in direct contact by sight and sound by a staff member who has been cleared) until the results of their background check has been received and is approved by the Director. Any prior arrests and/or convictions for any offense will be investigated by the Director and a summary of the findings will be included in the employee's personnel file.

In addition, follow ups for any reported arrests have now been documented and have been placed in the personnel files.

Results for background checks are now followed up on every 2 weeks. Issues in the past resulted from not following up to ensure we have received the reports back in a timely manner. We have had issues with the State providing reports in a timely manner; some taking up to 60 days. For a small facility with little staff overlap, that time frame is difficult to work within. We do get a verbal clear from the Churchill County Sheriff's Department within the first three days of employment on local records.

We do require the CANS reports and those come back within days upon submission of the forms.

Teurman Hall (continued)

Other Issues

Teurman Hall should update and expand the list of youths' rights in its policies and in the Youth Handbook. The policies do not address the youths' right to an education, while the Youth Handbook does not address the rights to be free from corporal or unusual punishments, to have access to legal resources, to participate in all programs, to seek redress through the courts, to file a grievance, and to receive visits from clergy.

Teurman Hall's policy regarding visitors entering the facility is not complete. The facility requires visitors to sign a visitor log, but the log is not addressed in policy. In addition, policies do not address staff to youth ratios for off-campus activities.

One youth's file did not contain documentation of the date an allegation of abuse was reported to appropriate authorities. A youth reported an incident that occurred prior to admission to the facility. However, there was no documentation showing staff reported this incident to a child welfare agency or law enforcement agency within the 24 hours required by NRS 432B.220 and Teurman Hall policy.

Four of eight identity kits reviewed were missing information, such as emergency contacts and identifying marks and tattoos. This information is required by Teurman Hall's policy, and would be useful for first responders searching for a missing youth.

Two of eight youths whose files we reviewed did not sign their Acknowledgement of Rules forms within 24 hours of booking, as required by Teurman Hall's policy. The forms were signed 71 and 63 days after the youths' bookings.

Facility Response

We have now placed the right of an education on the rights sheet that the youth signs upon entry into the facility. The youth's rights to be free from corporal or unusual punishment; access to legal counsel; rights to participate in programming; and to seek redress through the courts have always been included on the rights form but are now a part of the handbook. The right to file a grievance has always been spelled out

Teurman Hall (continued)

Facility Response (continued)

within the handbook and is part of the youth's rights sheet. The right to receive a visit from clergy was not included in the handbook (although it is covered in policy) but is now included in the handbook.

The visitors log is now addressed in policy. Policy was changed to address staff and youth ratios for outside the facility.

Although the abuse was reported, staff failed to document it appropriately. Part of the problem was that we had an overabundance of paperwork requirements (many forms were repetitious) and staff became overwhelmed. We have since combined forms and have simplified the process. We also conducted staff training in July.

The requirement to record marks and tattoos was a policy change of ours that occurred in the last nine months and it is possible that some of the files reviewed were before that change went into effect.

The failure to have youth sign their Acknowledgment of Rules was quite obviously staff error. We have since put into place a checklist that is reviewed by the Senior Detention Specialist and/or Chief within 48 hours of the youth arriving to ensure that all orientation material (to include the Acknowledgment of Rules form) have been completed.

Clark County Juvenile Detention Center

Background Information

Clark County Juvenile Detention Center is a secured, temporary holding facility in Las Vegas. The Detention Center's mission is to provide for the safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court and require a restricted environment for their own or the community's protection while pending legal action. The Detention Center provides a wide range of services to support the juvenile's physical, emotional, and social development, including programs on self-esteem, drug awareness, health and hygiene, gang intervention, life skills training, and conflict resolution. The Detention Center is operated by the Clark County Department of Juvenile Justice Services.

As of June 30, 2013, the Detention Center:

- Served male and female youths between the ages of 8 and 18.
- Had a maximum capacity of 192 youths.
- Had an average daily population of 138 youths with an average length of stay of 16 days.
- Had an average of 206 staff: 156 full-time and 50 part-time.

Purpose of the Review

The purpose of our review was to determine if the Detention Center adequately protects the health, safety, and welfare of the children at the Detention Center 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 2011 through July 2013. We discussed related issues and observed related processes during our visit in August 2013.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Clark County Juvenile Detention Center provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, the Detention Center could improve its

Clark County Juvenile Detention Center (continued)

medication policies and procedures and its process for employee background investigations.

Principal Observations

Administration of Medications

The Detention Center can improve its policies and procedures for medication administration.

- Policies for medication storage indicate medication is locked in the medication box on each housing unit. However, all medication is currently stored in the nursing office.
- The medical policy requires unused medications be disposed of within 30 days of discontinuation; the booking policy requires disposition of unused medications within 14 days. Documentation shows neither the medical policy nor the booking policy regarding the timeliness of the disposition of medications were always followed; there was documentation showing some medications were not disposed of for as many as 82 days.
- The medical policy requires medication disposed of be documented and witnessed by two nurses, but does not include documentation of the method used to destroy the medication.
- The medication administration form does not contain a menu to help staff document exceptions related to medications administered, such as youth refused medication or youth was not present at time of administration.
- Policies do not address or require independent reviews of medication administration records, although management confirmed reviews are completed.

The Detention Center could also improve its documentation of key parts of the medication process. Five of the ten youths' medication files we reviewed contained evidence the youths were prescribed medication during their stay at the Detention Center. Two of the five youths' files did not contain copies of pharmacy instructions. Three of the five youths' files contained documentation errors:

Clark County Juvenile Detention Center (continued)

medication records for two youths did not show the year the medications were administered; and one youth's medication administration record showed medication was administered the day after she was discharged.

Facility Response

Policy has been edited to reflect all medications will be stored and secured in the nursing office, not the housing units. The disposal policy has been updated to show disposal of medication will be done within 30 days of the discontinuation of use. The log used to note medication was updated to allow for showing disposal times, method and location. The supervisor will monitor the log regularly to ensure compliance.

The Medication Administration Record has been edited and updated to allow for the entering of information to include youth refused, etc. Policy is being updated to reflect reviews.

Background Investigations

Six of the ten employees whose files we reviewed had not been subject to a fingerprint background investigation, but had been subject to an investigation using social security numbers. These six employees were hired prior to the effective date of the requirement to obtain fingerprint background investigations in Assembly Bill 536 of the 2011 Legislative Session. However, they should have had new fingerprint background investigations as of October 1, 2011, the effective date of Assembly Bill 536. Assembly Bill 217 from the 2013 Legislative Session requires an employee background investigation be conducted every 5 years after an employee's initial investigation. One additional employee hired in March 2008 had not been re-fingerprinted for a 5-year background investigation as of the date of our testing.

The Clark County Human Resource Department's criteria for clearing employees for employment based on the results of background investigations did not follow the requirements contained in NRS 62B.270. The Department's clearance letters state the employee has no record of felony or gross misdemeanor

Clark County Juvenile Detention Center (continued)

arrests without convictions, no felony or gross misdemeanor convictions, no convictions for a crime against a child, is not a fugitive from justice, and is not a sex offender. However, disqualifying crimes listed in NRS 62B.270 also include some convictions that may be misdemeanors, such as the illegal possession or use of any controlled substance or dangerous drug and any offense involving fraud, theft, embezzlement, burglary, or other property crimes within the preceding 7 years.

Furthermore, there was no evidence in any of the 10 employees' files we reviewed that they had been subjected to a search of the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child (CANS). Although Assembly Bill 217 from the 2013 Legislative Session was effective July 1, 2013, only 1 month prior to our review, it requires a department of juvenile justice services to request information from CANS for applicants and employees to determine if there has been a substantiated report of child abuse or neglect against the applicant or employee. The Detention Center should take steps to ensure all employees will be subjected to the CANS search in a reasonable time frame.

Facility Response

All newly hired staff are now background checked with local, CANS, and NCIC fingerprint based background checks done. All departmental staff are currently being background checked (fingerprint based NCIC, local records, and CANS) and the process will be completed by December 1, 2013. Criteria, notification documentation and processes have been updated to comply with current statutes. A policy and process has been put in place to comply with the requirement that all staff are checked every 5 years.

Other Issues

A list of the youths' basic rights was not posted in an area visible to all youths and staff. In addition, the youth handbook does not include the youths' right to be treated equally regardless of gender, ethnicity, religion, disability, or sexual orientation.

Clark County Juvenile Detention Center (continued)

The grievance process described in the youth handbook was not consistent with the policy or the process posted in the housing units. The policy and posted process state youths have unencumbered access to grievance forms and should not have to request forms. The handbook states the youths must ask staff for permission to get a grievance form. In addition, 3 of the 10 youths' files we reviewed did not contain evidence the youths were notified of their right to file a grievance.

Facility Response

The youth handbook is being updated to better reflect youths rights and a document that lists required information that youth must be made aware of that they can sign off on as being given is being created, including rights to a grievance. Blank grievance forms will be available to youth immediately next to the grievance boxes so youth do not have to ask for them.

In addition, management stated a list of youths' basic rights will be posted in areas visible to all youths and staff.

Adolescent Treatment Center

Background Information

Adolescent Treatment Center (ATC) is a staff secured mental health treatment facility in Sparks, Nevada. ATC provides supervised treatment to severely emotionally disturbed and behaviorally disordered adolescents. ATC is funded by the State and is operated by the Nevada Division of Child and Family Services (DCFS). ATC's mission is to provide mental health treatment and rehabilitation services based on nationally recognized models built on core values and guiding principles of an individualized, client centered, strength based system of care. Services provided include: psychiatric evaluation and medication management; individual, family, and group therapy; psychological assessment and evaluation; and emergency evaluation and stabilization.

As of June 30, 2013, ATC:

- Served male and female youths between the ages of 12 and 17.
- Had a maximum capacity of 16 youths.
- Had an average daily population of 16 youths with an average length of stay of 4 months.
- Had an average of 20 full-time staff.

Purpose of the Review

The purpose of our review was to determine if the Adolescent Treatment Center adequately protects the health, safety, and welfare of the children at ATC 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 2011 through the date of our visit in January 2013. We also discussed related issues and observed related processes during our visit.

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 Adolescent Treatment Center provide reasonable assurance

Adolescent Treatment Center (continued)

that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, ATC could improve its processes and procedures for the administration and documentation of medications, and the timely completion of employee background investigations. In addition, ATC needs to review and update its policies and procedures.

Principal Observations

Administration of Medications

Two of the six youths' medication files reviewed contained documentation errors. A physician's order in one file was dated in the wrong month; a medication administration record in the other file showed an incorrect dosage and an incorrect type of medication. These errors may have occurred because none of the six youths' medication files contained evidence of independent review, which is required by DCFS's policies.

DCFS's medication administration and management policy requires daily review of medication administration records. In addition, the policy requires monthly reviews by managers or designees, and annual reviews by the DCFS Performance Evaluation Unit. According to ATC management, monthly reviews were not completed regularly and the Performance Evaluation Unit has not completed any reviews yet.

ATC's disposal of discontinued, expired, or unused medications, including controlled substances, needs to be improved. The medication administration and management policy requires the medications be returned to a pharmacy or given to a law enforcement agency. However, nursing staff told us that controlled substances are dissolved in hot water, mixed with coffee grounds, bagged, and disposed. In addition, the policy does not require staff to document the method used to dispose of medications unless the medications are taken to a local law enforcement office.

ATC can also improve its documentation and verification of medications received from and returned to the Northern Nevada Adult Mental Health Services Pharmacy. Prescribed medications not covered by Medicaid and non-prescription medications are

Adolescent Treatment Center (continued)

received from this pharmacy. These medications are not verified by ATC staff when received, and are not verified or documented before being returned to the pharmacy if not used.

Finally, three of the six youths' files reviewed did not contain documentation of the pharmacies' instructions for medications. DCFS's Medication Administration and Management for Residential Programs policy requires copies of prescriptions and orders for medication be kept in the youths' agency file, but does not require copies of pharmacy instructions be kept. Pharmacy instructions may be useful to staff or other health care providers in instances of drug interactions, allergies, missed doses, overdoses, or other medication errors.

Facility Response

ATC is committed to ensuring that medication related documentation errors are minimized. Daily Medication Administration Record (MAR) reviews will be completed and initialed by the Psychiatric Nurse Supervisor or the Psychiatric Nurse on duty. In addition, as stated in the Medication Administration and Management for Residential Programs policy, "Managers or their designee conduct monthly reviews to reconcile the following:

- *The prescriber's order with the transcribed prescription on the MAR;*
- *Each prescription with each medication;*
- *Each medication listed on the MAR with each prescription;*
- *Medications administered with medication counts;*
- *Informed consents with medications listed on the MAR;*
- *Medication review form with the MAR and prescriptions; and*
- *Medication errors with Incident/Accident Reports."*

Adolescent Treatment Center (continued)

Facility Response (continued)

In addition, as stated in the policy:

- *“The Planning and Evaluation Unit (PEU) receives a monthly report of all medication errors through Incident/Accident Reports submitted by the Clinical Program Manager II.*
- *The PEU analyzes medication errors monthly and annually to identify patterns and trends.*
- *The PEU reports medication error patterns and trends to each program for quality improvement.*
- *The PEU monitors medication administration and management quality improvement processes to maintain areas where performance has improved and to alert programs when performance declines.”*

The agency has filled vacancies in management that were hindering our ability to follow this policy. At this time, both the ATC Clinical Program Manager and PEU are completing the medication administration reviews per the policy.

In our commitment to provide excellent client services and pursue best practice standards, ATC Psychiatric Nursing staff has reviewed the Medication Administration and Management Policy. As stated in the policy, “Medications that cannot be disposed of at the pharmacy will be taken to the local law enforcement office for disposal. Two DCFS staff will take the medication to the disposal site in the original container. A DCFS staff member will count the medications in the presence of the designated law enforcement staff member. The designated law enforcement staff member will sign and date the Medication Disposal Sheet. One DCFS staff member will sign the Medication Disposal Sheet as the DCFS staff member conducting the medication count and

Adolescent Treatment Center (continued)

Facility Response (continued)

the other DCFS staff member will sign as the witness.” At this time, ATC Nursing staff has implemented this process.

ATC has created a Medication Inventory Sheet. All prescription medication provided by the Northern Nevada Adult Mental Health Services (NNAMHS) pharmacy will be counted, verified, and documented by ATC staff. This will be done both for medication coming into ATC, as well as for medication being returned to the NNAMHS pharmacy. DCFS Children’s Mental Health has convened a committee to review the current Medication Administration Policy and make recommendations for additions and changes to the policy. This procedure will be added to the policy and submitted to the Mental Health Commission for approval.

The Medication Administration and Management for Residential Programs policy states that “All DCFS residential programs are to maintain and keep current a medication manual that gives information on side-effects and intended effect of each medication administered.” At this time, in addition to the medication manual, ATC has begun keeping medication related pharmacy instruction sheets in the medication manual as a part of the medical record.

Employee Background Checks

Three of the eight employees whose files we tested did not obtain fingerprints for background checks within the timeframe required by state law. NRS 432A.170 requires the child care licensing agency, the Division of Public and Behavioral Health of the Nevada Department of Health and Human Services, request information necessary to complete a background investigation of each employee within 3 days after the employee is hired. The three ATC

Adolescent Treatment Center (continued)

employees were fingerprinted 7, 9, and 14 days after their dates of hire at ATC.

Facility Response

ATC recognizes the importance of background checks, and strives to ensure that checks are completed in a timely manner. All new employees of DCFS, including ATC, will be required to submit fingerprint cards for their initial background check by the end of their first day of employment. In addition to this practice, a policy is being developed for DCFS residential programs that will clearly state that employees will complete their fingerprint requirements on their first day of employment. This policy draft will be reviewed for approval by the Children's Mental Health Commission.

Policies and Procedures

There was no evidence that some of ATC's policies and procedures have been reviewed or updated since 2007. For example, the Medical Services Policy, effective March 1, 2007, has been superseded by the Medication Administration and Management for Residential Programs policy, effective May 30, 2012. However, the Medical Services Policy has not been removed from ATC's policy manual. In addition, ATC has not established a policy or guideline addressing staff to youth ratios for off-campus activities.

Facility Response

In efforts to stay current on policies and procedures, ATC has created a policy review committee. This committee will review all ATC policies and procedures on an annual basis, and revise them as needed to ensure that applicable laws, standards, and licensing requirements are being met. All reviews and revisions will be documented on the first page of the policy, with the date of the review, as well as the name of the primary reviewer. The policy review committee is currently reviewing all policies, and the Medical Services Policy has been removed from the

Adolescent Treatment Center (continued)

ATC policy manual. Finally, ATC has developed a Client Outing policy that addresses staff to youth ratios for all off campus activities.

Other Issues

Identity kits in four of the eight youths' files we reviewed were not complete; they did not address the youths' allergies. Identity kits should contain all information that may assist staff or first responders in the event of an emergency. In addition, three of eight youths had not signed or dated their Understanding of Rights forms. Having the youths sign this form at intake helps ensure youths understand their rights, including the right to file a complaint.

Facility Response

DCFS has developed an Identification of Children for Residential Services policy. The policy has been approved by the Mental Health Commission and is being implemented. This policy details the use of a client Face Sheet to comply with the statutory requirement that each child have an Identification Kit. The Face Sheet is now part of the AVATAR system and has fields that the system will populate regarding significant medical conditions, including allergies. In addition, the Face Sheet will include specific child demographic data including mental health information, current medications, and a physical description of each child. The Face Sheet has been designed to include contact information of significant people in the child's life including those who have legal responsibility for making decisions about the care of the child, as well as a space for the child's current picture. Finally, as stated in the Client Orientation policy, at intake "The Team Leader will review the Program Rules and the Client Rights and Responsibilities. The client and parent/guardian will sign the consent forms." This policy has been reviewed with all ATC clinical and direct service staff. At this time, the Understanding of Rights form is signed off by all clients upon intake.

Montevista Hospital

Background Information

Montevista Hospital is a secure, psychiatric hospital that provides acute care to adults and youths. Acute care is considered short term for conditions that cannot be safely or effectively treated on an outpatient basis. Montevista Hospital is a private, for-profit facility located in Las Vegas and is licensed as a hospital by the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance. Montevista's mission is to be a premiere provider of health care services, delivered with compassion for patients and their families, respect for employees, physicians and other health professionals, accountability for fiscal and ethical performance, and responsibility for the community it serves.

As of June 30, 2013, Montevista Hospital:

- Served male and female youths between the ages of 5 and 17.
- Had a maximum capacity of 34 youths.
- Had an average daily population of 32 youths with an average length of stay of 10 days.
- Had an average of 40 staff: 18 full-time and 22 part-time.

Purpose of the Review

The purpose of our review was to determine if Montevista Hospital adequately protects the health, safety, and welfare of the children at Montevista 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 2011 through the date of our visit in January 2013. We also discussed related issues and observed related processes during our visit.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Montevista Hospital provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the

Montevista Hospital (continued)

facility and respects the civil and other rights of youths in its care. However, Montevista Hospital could improve its policies for medication administration and the completion of employee background investigations based on fingerprints.

Principal Observations

Administration of Medications

Montevista's independent review process contributed to the low number of documentation errors found in the seven youths' medication files reviewed. The eighth youth's file reviewed indicated the youth did not receive any medications. Only one file contained incomplete information: two blank spaces for the same day and same scheduled time for two medications. In addition, a medication variance report was not completed, even though, according to staff, the medications were not administered. A variance report is used to document when a scheduled medication is not administered.

Some additions to medication administration policies could help ensure that Montevista's good practices continue, even when staffing changes occur. For example, Montevista's policy states nurses will discard unused opened medications, but does not provide guidance on how to discard the medications or document the medications were discarded. Staff has developed a process to discard unused medications and document the medications discarded. However, staff do not document the method of disposal. This process should be documented in policies. In addition, supervisors complete a "Routine Medication Audit" form, which documents findings noted after medications have been administered. However, this process is not documented in Montevista's policies. Also, the Medication Administration Record used by Montevista to document medications administered does not contain a menu or list of acronyms used to identify actions related to medications, such as a youth refusing medication. Using a menu on the record may make it easier to more consistently document unusual circumstances and errors.

The form used by Montevista to obtain consent to administer psychotropic medication to a child from a person who is legally responsible for the psychiatric care of the child should be updated.

Montevista Hospital (continued)

The form in use during our review did not contain all the information required by NRS 432B.4687, effective October 1, 2011. For example, the consent form did not include the dosage of medication, the times of administration of the medication, the purpose and expected time frame for improvement for each medication, the duration of the course of treatment, or a description of the possible risks and side effects of the medication. An updated form and instructions for completing the form should be included in Montevista's policies.

Facility Response

Related to your suggestion to improve our medication policies, we are in the process of evaluating and revising our medication policies to include specific procedures in the destruction of medications. We are also in the process of reviewing our current consent to treat document to ensure it meets the current requirements for our youth patients.

Employee Background Checks

Montevista did not require all employees or applicants for employment to obtain background checks based on fingerprints. Instead, Montevista obtained background checks based on social security numbers and names. NRS 449.123 requires Montevista to obtain two sets of fingerprints and written authorization to submit the fingerprints for background checks from each employee within 10 days after hire. Background checks based on social security numbers and names may not be complete, limiting Montevista's assurance that no employees have been convicted of disqualifying crimes listed in NRS 449.174.

Montevista's hiring policies do not require employees be supervised until background check results are received, require employees be fingerprinted within 10 days of hire, require employees have background checks at least every 5 years after employment, or contain a list of convictions that would exclude a person from employment, as required by NRS 449.123.

Montevista Hospital (continued)

In addition, Montevista does not request employees be subjected to a search of the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child. These searches are allowed under NRS 432.100, but are not required. The results of a search may be helpful to Montevista in making hiring decisions.

Facility Response

Since your visit in January 2013, we have completed the proper background checks for all our existing employees and will initiate the fingerprinting process upon hire for our new recruits.

Policies and Procedures

Montevista's policies and procedures could be improved. For example, there were no policies or procedures addressing the information that should be included on youths' face sheets. As a result, none of the eight youths' files reviewed contained complete face sheets. The sheets were missing information about the youths' medications, allergies, aliases, and photos. Face sheets or identity kits should contain all information that may assist staff or first responders in the event of an emergency.

In addition, contraband policies were not consistent with the list of contraband items found in the youths' handbook or the list posted in the youths' living area. Some of the items included on the posted list but not in the policies include medications, drug paraphernalia, and jewelry. Some of the items included in the policies but not on the posted list include keys, knives, and scissors. Inconsistencies between the student handbook, the posted list, and policies could lead to confusion about what items are not allowed.

Facility Response

The Director of Clinical Services has been asked to ensure our contraband lists match our policy(s), the patient handbook, and the list maintained on the units. This review and update should be completed by the end of this second quarter.

WestCare-Harris Springs Ranch

Background Information

WestCare-Harris Springs Ranch is a substance abuse treatment facility licensed by the Nevada Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance. The Ranch is a private, not-for-profit facility located in the Spring Mountains National Recreation Area, about 45 minutes from Las Vegas. WestCare's goal is to uplift the human spirit by providing skills and support for individuals to achieve their dreams and transform their lives. The focus of the Ranch is to provide residential substance abuse treatment to adolescent males, including those with dual diagnosis or co-occurring disorders.

As of June 30, 2013, the Ranch:

- Served male youths between the ages of 13 and 17.
- Had a maximum capacity of 16 youths.
- Had an average daily population of 16 youths with an average length of stay of 78 days.
- Had an average of 10 full-time staff.

Purpose of the Review

The purpose of our review was to determine if WestCare-Harris Springs Ranch adequately protects the health, safety, and welfare of the children at the Ranch 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 2011 through March 2013. We discussed related issues and observed related processes during our visit in April 2013.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at WestCare-Harris Springs Ranch provide reasonable assurance that it adequately protects the health and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, the Ranch does not adequately ensure that it protects the safety of the youths in its care. It did not document that it took sufficient steps to ensure its employees had not been convicted of violent crimes which would have excluded them from employment under NRS

WestCare-Harris Springs Ranch (continued)

449.174(1). In addition, the Ranch should improve its policies and processes for the administration of medication.

Principal Observations

Administration of Medications

The Ranch should improve its policies, processes, and documentation of key medication actions. Of the eight youths' medication files we reviewed, there was evidence two of the youths were prescribed medication during their residence at the Ranch. Both youths' files were missing key documents. For example, one file did not contain documentation of the legal guardian's consent to administer medication, and one did not contain copies of the physician's or pharmacy's orders for the medication. In addition, medication administration records in one file contained blank spaces for two different medications, which may mean staff forgot to record the administration of the medications, the youth refused the medications, or the youth did not receive the medications for other reasons. Other information was missing from one of the youth's medication administration records, such as allergy information, client initials, and the medication count.

Some of the Ranch's policies need revision or additional information.

- Current policy requires staff document or verify consents when possible. The policy does not address the statutory requirement to obtain or verify consent before administering psychotropic medications to a child in the custody of a child welfare agency. NRS 432B.4686 requires the consent of the person legally responsible for the psychiatric care of a child before administering psychotropic medications.
- The policy for documenting and reporting medication errors is not complete. The policy states procedures will include documenting and reporting medication errors. However, there were no procedures detailing how staff should document and report medication errors.
- Policies for independent reviews do not require documentation that an independent review was completed and do not describe the process to be followed when errors are identified.

WestCare-Harris Springs Ranch (continued)

We also noted instances when staff did not follow the Ranch's policies or medication orders.

- Staff did not require youths complete a mouth sweep after administering medications using the method required by the Ranch's policy.
- Three of eight youths' files did not contain a client health screening form. This form should include information such as allergies or medical conditions. The Ranch's policy requires all medical information be documented in the clients' files.
- Staff was not aware of the procedure to follow when a youth refuses medication. One staff stated she would document the refusal on the communication log instead of the medication administration log. Policies require the refusal be documented on the medication monitoring form.
- Staff did not comply with procedures for the disposal of unused medications. Staff said unused medications are placed in a box in a secure room. Then, once a month, the medications are documented and transported to WestCare's Emergency Shelter campus. However, the medication destruction policy states staff will enter the client's name, the medication name, and the number of pills on a form and note the reasons why the medication is being destroyed. This information is to be verified by another staff person and both staff are to sign the form. Weekly, two staff persons are to collect the medications and transfer them to WestCare's Community Triage Center. In addition, staff is to note in the client's record that the medication was destroyed and a copy of the form is to be placed in the client's file.

Other issues related to the administration of medications included:

- Medication administration records do not contain a complete list of acronyms that may be helpful in documenting medication errors.
- Medical files did not contain a photo of the youths.
- The Ranch's over-the-counter medication form was outdated and was not signed by a physician or nurse practitioner. The form was dated in 2009, and contains a physician's name, but was not signed.

WestCare-Harris Springs Ranch (continued)

Facility Response

The Residential Medication Procedure has been under review and the finalized version addresses the needs for revisions mentioned above, as well as other needs such as:

- *For all clients under the age of 18, a consent signed by client and legal guardian to monitor the use of any psychotropic medications is mandatory.*
- *In the Residential Medication Procedure, the steps for addressing medication errors has been expanded with more detail on how and what documentation and reporting should occur in case of a medication error.*
- *The Residential Medication Procedure now requires an independent review to be completed and documented by a physician, pharmacist, or registered nurse who does not have financial interest in the facility. The policy also describes the process to be followed in case an error is found.*

The Residential Medication Procedure is being presented/trained to staff in September 2013. For ongoing training purposes, this policy will be reviewed with all new staff within the first 30 days of hire and again quarterly with all staff. The policy is clearly posted in the medication monitoring areas for all staff monitoring medications to see.

All instances of staff not properly following procedures and staff stating they were unaware of the proper process and procedure were reviewed with all staff immediately following the exit de-briefing in April 2013. The medication monitoring process is now required to be reviewed on a quarterly basis with all staff, so it was reviewed again in August 2013 and will be reviewed again in September with new policy revisions. Random spot checks of staff monitoring

WestCare-Harris Springs Ranch (continued)

Facility Response (continued)

medications is now conducted at least once monthly by the Program Coordinator and/or the Program Director to ensure the fidelity of the process.

To address concerns with client health screenings, prior to clients arriving at a WestCare facility, the referral source and/or legal guardian must provide the WestCare Community Involvement Center (CIC) with a recent (last 30 days) physical screening completed by a medical professional, to include information about any allergies, medical conditions, and/or possible areas of concern. The CIC department is responsible for the assessment and intake process of all residential clients.

The medication disposal process is now clearly detailed in the revised Residential Medication Procedure in the Safe Storage and Handling section. Medication disposal occurs at least once weekly as needed and is supervised by the Program Coordinator and/or the Program Director.

The Medication Monitoring sheet now requires a copy of the youth photo. Photos are taken at admission and uploaded to the electronic file, and printed out monthly to be added to the medication monitoring sheets. This is audited at least once a week by the Program Coordinator and/or the Program Director to ensure compliance. Staff had been using a copy of a copy of the medication monitoring sheet. They are now required to print out an original version for each new medication to ensure that all acronyms are present on the form. The form was reviewed in April 2013 by the WestCare Nevada Clinical Committee and revised slightly to ensure the most appropriate acronyms were being used.

The Standing Order Form was reviewed and revised by WestCare Nevada's contracted physician. The final version was signed in August 2013. A copy is

WestCare-Harris Springs Ranch (continued)

Facility Response (continued)

now present in each client's file as well as posted in clear sight in the medication monitoring area.

Background Investigations

The Ranch should improve its background investigation process and ensure it complies with the intent of NRS 449. Our review found it did not obtain dispositions for arrests listed on background investigations which could have disqualified the person from employment. Of the 10 employee files we reviewed, background investigations showed 5 had been arrested. However, personnel files did not contain documentation management requested or received dispositions for three employees whose investigations showed arrests but no disposition of the offenses or did not classify the convictions as a felony, gross misdemeanor, or misdemeanor. In addition, convictions occurring in other states do not always match the description of disqualifying convictions contained in NRS 449.174, but there was no evidence in the personnel files to show the Ranch attempted to determine if the convictions were comparable.

According to NRS 449.174, a felony conviction involving domestic violence or any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon would disqualify a person from employment at the Ranch. By not determining if arrests for some offenses resulted in convictions, the Ranch has no assurance 3 of the 10 employees whose files we reviewed have not been convicted of disqualifying offenses.

- One employee was arrested for inflicting corporal injury on a spouse or cohabitant and was subsequently convicted of battery. The information in the file did not indicate if the crime for which the employee was convicted was a felony or some other classification of offense.
- Another employee had been arrested for possession of a controlled substance, aggravated robbery, and terroristic threats, but there was no evidence of whether the arrests resulted in convictions. Furthermore, there was no evidence management requested or received documentation of the outcome of the arrests.

WestCare-Harris Springs Ranch (continued)

- A third employee's personnel file showed he had been arrested for assault with a semi-automatic rifle, but did not show the disposition of the arrest. The file contained no evidence management requested or received any documentation showing the disposition for this arrest.

Our 2009 review of the Ranch also found there was no established process to verify the disposition of a case when the background check did not show the outcome of the case. During that review, four of seven employees with positive background checks had felony convictions.

Policies do not require employees be supervised until the results of fingerprint background checks are received. NRS 449.123 requires all employees that provide care or services to youths be supervised until information concerning the background and personal history of the employee is received.

Review of the 10 personnel files showed the Ranch sometimes requested a search of the Statewide Central Registry of Information Concerning the Abuse or Neglect of a Child (CANS). We found evidence management requested and received this information for four employees with hire dates after October 2011. However, this process is not described in WestCare Nevada's policy, which was effective in 2009. Although the Ranch is not required to obtain CANS searches of prospective employees, the information contained in the CANS system can be valuable for screening applicants and ensuring employees do not have a history of abusing or neglecting children.

Facility Response

The Personnel Background & Credentials Verification Policy was reviewed and revised. Section 3A is dedicated to the steps taken to obtain and review the dispositions of any possible exclusionary events revealed in background checks or CANS reports.

Section 3 in the first paragraph of the policy specifically addresses that all individuals, i.e. employees, interns, volunteers, etc., must be supervised until the results of background checks and possible exclusionary events are received and

WestCare-Harris Springs Ranch (continued)

Facility Response (continued)

reviewed. This has also been addressed in the Key Control Policy, in the Key Issuance and Return section and the Key Request forms. Employees are not eligible to receive keys until their background checks have been completed and reviewed by Human Resources.

Since 2011, Human Resources has completed CANS checks on all WestCare Nevada new employees. For the Ranch staff, after this review, a CANS review has been requested for all staff hired prior to 2011. Although this is not required, WestCare Nevada agrees this is a valuable tool for helping to screen and ensure employees do not have a history of abusing or neglecting children.

Reviewers' Comments

Following our review in 2009, the Ranch confirmed it would terminate employees who could not provide paperwork to determine dispositions of arrests. However, based on our 2013 review, the Ranch continued to employ individuals with arrest records who had not provided appropriate documentation to determine the dispositions of arrests and the classifications of convictions. It took the Ranch until 2 months after our review to resolve the issues we brought to their attention. The Ranch did terminate two employees: one because he was unable to obtain dispositions for arrests, and the second for disqualifying convictions contained in the documentation eventually provided.

Policies and Procedures

Some of the Ranch's policies need to be improved, and staff did not always follow some policies. First, contraband policies need to clarify items considered contraband. The youths' handbook lists some items, then uses the term "other contraband." We noticed various items at the Ranch that could be considered contraband that were

WestCare-Harris Springs Ranch (continued)

not listed in the handbook: three movies with restricted ratings, pictures of scantily clad women, and a sharpie marker. In addition, some unsecured items that could be used as weapons were also seen, like screws and screwdrivers, a staple gun, scissors, and an air pump with a metal needle. Furthermore, the Ranch's policies do not address screening video games or other electronic media for content and appropriateness.

Staff did not always follow the Ranch's policies for conducting searches of youths. Policies require staff to wear gloves when conducting searches. The procedure to conduct a search is explained in the policies and does not allow for touching the youths in any manner. However, we observed a staff member conduct a search by "patting down" a youth and not wearing gloves.

Policies do not address creating identity kits for youths. Identity kits contain information about each youth that would be useful to provide to first responders in emergency situations, such as a missing youth or a medical emergency. This information should include the youth's picture, aliases, allergies, medications, and contacts.

The Ranch did not follow its procedures to ensure youths were informed of their rights to file a complaint for three of the eight youths whose files we reviewed. Policies state youths will be informed of the complaint process both verbally and in writing, and a signed copy of the Acknowledgement of Understanding Client Grievance Process form will be placed in the youths' files. Further, the policy states each person served shall be informed and educated about the grievance process at the time of admission. However, the form found in one youth's file was dated almost 5 months after the youth's admission. A form in a second youth's file was signed, but not dated. Finally, a form in a third youth's file was neither signed nor dated.

Facility Response

The Search Policy has been reviewed and revised. The new policy is much expanded and includes several definitions that will be helpful for staff and key stakeholders. Also, the Ranch specific contraband list was reviewed. The contraband list is posted throughout the facility, as well as being added to the client handbook. The section on client searches now

WestCare-Harris Springs Ranch (continued)

Facility Response (continued)

requires a non-invasive pat down, wearing gloves. Also added to the policy is more detailed information on room inspections, room searches, and visitor searches. This policy is being reviewed with all staff in September 2013 and is a policy that is now required to be reviewed with all staff within 30 days of hire and at least once a quarter with all staff.

The Runaway/Splittee form currently used was adjusted to include more information necessary for first responders. This form is mandatory and completed during the intake process for all clients.

The intake and admission process for youths has been under review since April 2013 by the WestCare Nevada Placement Committee. The Committee addressed concerns in April of clients' lack of signatures prior to placement, and conducted immediate training with all staff in the Intake and Assessment Department, as well as the Crisis Stabilization Center, which are responsible for obtaining signatures prior to youths' transfers to the Ranch. The Ranch conducts peer review of all youth files within 72 hours of admission to ensure all documentation has been reviewed with and signed off by youth.

Other Issues

We observed 14 unsupervised youths. A staff person escorted 15 youths to the medication cabin to administer medications. While one youth entered the cabin to receive medication, the other 14 remained outside unsupervised. The Ranch's policy requires a staff to youth ratio of 1 to 8 during waking hours. In addition, policy requires staff to be able to see and hear the youths they are supervising.

Three of the eight treatment plans we reviewed were not completed timely. The Ranch's policy requires treatment plans be completed within 3 days of admission and be signed by both the client and the counselor. One plan was prepared 4 days after the youth's admission, but was not signed by the youth until nearly 5 months

WestCare-Harris Springs Ranch (continued)

after admission. A second plan was dated just one day after the youth's admission, but was not signed by the youth for 11 additional days. The third plan was prepared 16 days after the youth's admission to the program.

The list of clients' rights provided to and signed by youth at intake and the list of rights posted in the youths' cabin do not include all of the youths' rights. These two lists contain 24 rights, while the youth handbook lists 25 rights. The missing right is the right to examine the youth's bill of treatment or receive an explanation of the bill.

The boys' program handbook, the list of rights signed by the youths, the client handbook for all programs, and the list of rights posted in the boys' cabin do not address the right to be treated equally regardless of ethnicity, disability, or sexual orientation.

Facility Response

The client supervision policy was reviewed with staff and is now required to be reviewed every quarter, more often if necessary. When staff were asked about this particular scenario, they were directed that eight of the youths should have remained with the other staff if they did not need medication and that they are to request the assistance of other staff on site, such as counselors or staff for the adult program, to assist in supervising clients during medication monitoring times.

The three treatment plans were all related to one counselor's files; that staff member had just received a Verbal Supervision Warning the week prior to the audit, for those files lacking proper time frames of documentation. It is WestCare Nevada procedure to provide progressive discipline. In relation to that staff, following monthly reviews and then weekly reviews, she has subsequently been terminated for continual failure to perform job duties.

The client's rights provided to and signed by youths during the intake process, the BOYS Handbook, and the Client Handbook for all programs have been

WestCare-Harris Springs Ranch (continued)

Facility Response (continued)

updated, as appropriate. The BOYS Handbook no longer contains client rights information as it is contained in the All Nevada General Program Handbook. As such, the client's rights information in the All Nevada General Program Handbook, the client's rights documentation signed during the intake process, and the client's rights poster have all been adjusted and reposted to reflect the proper information with all rights included. The client's rights signature form with the proper listing of rights has been reviewed and signed with all clients currently in treatment and will be used in all future intakes.

Etxea Services

Background Information

Etxea Services operates two group foster homes that serve male youths in Reno. In addition, Etxea operates a group foster home for females at a separate location in Reno. Etxea is privately operated and licensed by the Washoe County Department of Social Services. Etxea Services' mission is to assist young people ages 5 through 18 in achieving social integration and to prepare them to live in the local community by serving as an alternative to institutional care while providing them with opportunities for growth and stability within a safe and nurturing environment.

As of June 30, 2013, Etxea:

- Served male youths between the ages of 5 and 18.
- Had a maximum capacity of 12 youths.
- Had an average daily population of 11 youths with an average length of stay of 1 year.
- Had an average of 11 full-time staff.

Purpose of the Review

The purpose of our review was to determine if Etxea Services adequately protects the health, safety, and welfare of the children in Etxea 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 at Etxea for the period from July 2011 through September 2013. We conducted an unannounced visit in September 2013, and discussed related issues and observed related processes during our review in October 2013.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Etxea provide reasonable assurance that it adequately protects the health and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, Etxea needs to improve its policies and staff compliance with policies regarding the safety of the youths in its homes. In addition, improvements are needed

Etxea Services (continued)

regarding its processes for the administration of medication, and its documentation of medication administered.

Principal Observations

Policies, Procedures, and Observations

Etxea needs to develop or update many of its policies and procedures. In addition, based on our observations, staff did not always follow policies or require youths to follow house rules. We reported these observations to Etxea's licensing agency, the Washoe County Department of Social Services.

Policies do not adequately define contraband and are not consistent with the house rules provided to youths. Policies define contraband as contraband other, contraband mail item, illegal drugs or alcohol, lost or missing tools and equipment, medication, tattoo material, and weapons. The incomplete definition may have contributed to the presence of other types of items observed in the homes, such as four restricted rated movies, numerous cigarette butts, an empty pack of cigarettes, and a homemade pipe-like smoking device. Although smoking materials, including tobacco, matches, lighters, drug paraphernalia, and the use of drugs or alcohol are prohibited in the house rules, only drugs and alcohol are specifically listed in the policies.

Etxea should develop policies requiring staff to secure cleaning chemicals; flammable, toxic, and caustic materials; and equipment. During our observations, we noted unsecured bleach and laundry soap, a can of gasoline, a spray can of lubricant, a lawn mower, and a bucket of latex paint.

Staff did not always enforce Etxea's house rules. The house rules require youths to clean their rooms daily, including straightening and making the bed; eat food only in the kitchen unless special permission is granted; clean and store dishes after each meal; and clean and vacuum bedrooms, bathrooms, and living spaces weekly. During our visit, we observed unmade beds; empty soda cans and food wrappers in the youths' bedrooms; left over, hardened food remnants in dishes in the basement; dishes in a youth's bedroom; dirt and debris on the stairs; and piles of dirty clothes in the youths' bedrooms and the laundry room.

Etxea Services (continued)

In addition, management did not always enforce requirements related to the condition of the homes found in state regulations. Nevada Administrative Code (NAC) 424.360 requires the homes and outdoor areas be clean and free of trash and debris; NAC 424.365 requires sleeping quarters be clean; and NAC 424.380 requires laundry facilities to meet the needs of the youths. In addition to the items mentioned above, we also noted a broken washing machine, holes in a wall and door, and dog excrement in the yard.

The policies and procedures were not dated, so it is unknown when they were developed or last reviewed. Dating policies and periodic review of policies helps ensure they reflect current requirements and practices. Etxea's policies and procedures included obsolete processes and staff titles. For example, the policies refer to staff titles like housing unit manager, medical records librarian, client grievance counselor, and ADJC. They also contain references to an exclusion log binder, and grievance forms and logs. Etxea does not have staff with these titles, and does not use an exclusion log binder, or grievance forms or logs.

There were no policies or procedures for reporting suspected or known cases of child abuse or neglect. Etxea policies direct employees to complete an incident report by the end of their shifts or workdays and to notify a qualified mental health professional of incidents involving child abuse. The policy does not require employees to report suspected or known cases of child abuse or neglect to a child welfare agency or law enforcement agency within 24 hours, as required by NRS 432B.220.

There were no personnel policies and procedures to help ensure Etxea maintains required records. Although new employees and non-primary caregivers are subject to clearance and licensing through the licensing agency, Washoe County Department of Social Services, NRS 424.034 requires foster homes maintain certain information for the period of the employee's employment at the foster home. This information includes proof that fingerprints were submitted and other information related to background investigations.

Etxea should develop policies for preparing and maintaining youth identity kits. Although identity kits, or summary sheets, were found in all eight of the youths' files we reviewed, the information on the sheets was not complete for five of the youths. Missing information

Etxea Services (continued)

included whether or not the youth had allergies or special marks, the youth's ethnicity, and the youth's name. Identity kits should quickly provide complete and important information to first responders during an emergency, such as a youth running away or a medical emergency.

Facility Response

Etxea Services has undergone some structural changes including moving the oversight of both the boys' and girls' homes under the direction of one program director. In addition to this change, the boys' home has been limited to one house with a maximum capacity of 6 youths and the girls' home has a maximum capacity of 5 youths.

We have made immediate changes in everyday practices and are finishing the written reflection of these changes, specifically regarding the following areas of concern:

- *Staff and clients have been given a revised version of everyday house rules. Staff has been trained and will continue to receive training on the most effective ways to ensure client adherence to household rules such as cleaning and maintaining their rooms and general living area. Staff will also be given additional oversight to ensure that staff understands and is following house rules.*
- *Our policies will now reflect that contraband includes but is not limited to: alcohol, tobacco, anything of a pornographic nature, any movies with an "R" rating, illicit drugs or paraphernalia, any materials with known gang affiliations, matches/lighters, weapons, or anything deemed to be harmful or inappropriate by staff.*

Etxea Services (continued)

Facility Response (continued)

- *The mandated reporting policy has been updated to include 24 hour reporting requirements and specifically to whom staff is to report.*
- *Background checks of all staff will be kept with personnel files at the central office.*
- *Cleaning materials will be locked up when not in use with staff supervision. These materials include anything toxic, caustic, or flammable, such as: bleach, detergent, any cleaning sprays or sprays for tool maintenance, as well as any tools that could be dangerous.*
- *Broken machinery and tools will be disposed of or repaired within a reasonable timeframe and all walls have been patched.*
- *Dog excrement is part of our girls' house weekly chores, but ultimately, staff will be responsible to ensure that it remains picked up.*
- *Policies will have dates added to assist with periodic reviews, though reviews of the functionality of the policies are done on a weekly, unofficial basis by a check-in with the program director to ensure that the policies are accomplishing what they are intended to accomplish in an effective manner.*
- *Part of our training includes trauma informed care classes, which includes education about mandated reporting; however, we will also be providing additional training as to what situations would fall under the responsibility of a mandated reporter (which is all of our staff).*
- *All youth identity kits are required to be completed within 1 week of admission to Etxea. These will undergo monthly reviews by the program director.*

Etxea Services (continued)

Facility Response (continued)

- *The intake procedure policy was updated to ensure intake staff review grievance policy with residents on intake.*

Administration of Medications

Etxea's medication administration policies and processes need improvement. Some policies need revision, some need to be developed, and staff need to follow the policies. As a result, we found youths' medication files were missing key information. Of the eight youths' files we reviewed, there was evidence seven received prescription medication during their stay at Etxea. All seven files were missing documentation or contained errors.

- Two files did not contain copies of physicians' orders.
- Two files did not contain copies of pharmacy instructions.
- Three files did not contain consents to administer medication.
- One file did not contain a medication error form to explain an error noted on the medication administration record. The medication administration record indicated the error was "other medication error". Etxea's policy requires errors be documented on both the medication administration record and a medication error form.
- Four files were missing either the youth's signature or a second staff signature on one or more medication administration records. The records contain spaces for those signatures, although the policies do not require signatures.
- Two files were missing medication administration records for 1 month.
- One file contained documentation a youth was administered an incorrect dosage of a prescribed medication for more than a month.
- Staff did not follow Etxea's policies when administering and disposing of medications. One staff member did not require a youth to show his empty cup or his pills on his tongue when administering medications, as required by policy. Another staff member disposed of medications by placing them in a

Etxea Services (continued)

trash can instead of taking them to the issuing pharmacy for destruction, as required by policy.

Policies that needed to be developed or updated included:

- There were no policies describing required documentation of the disposal of unused or expired medications. Etxea's policy states only that medications that need to be disposed will be disposed of through the supplying pharmacy. It does not require documentation of the type of medication destroyed, the number of pills destroyed, the date destroyed, the name of the youth for whom the medication was prescribed, the person responsible for taking the medication to the pharmacy, the person witnessing or verifying the information, or a signature from the pharmacy where the medication was taken for disposal.
- There were no policies requiring verification of medication and documentation received at intake of a youth. Policies should require staff verify the physicians' orders, the type and dosage of medication received, the amount of medication received, and that a copy of the consent to administer the medication has been received.
- There were no policies describing an independent review of medication records. Developing and implementing an independent review process may help reduce the number of medication errors and missing documentation. In addition, a review process would assist Etxea in implementing NRS 424.0385, which requires foster homes adopt a policy to document, address, and minimize errors in the administration of medication.
- There were no policies requiring staff use sanitary methods to administer medications. As a result, we observed a staff person handle youths' medications without wearing gloves or washing or sanitizing his hands.

Facility Response

Our medication procedures have been amended and our policies will reflect this; specifically:

Etxea Services (continued)

Facility Response (continued)

- *Physicians' orders, consent to administer medications, PRN sheets, medication administration records, and medication error forms are included in each client's medication section.*
- *Pharmacy instructions are kept with each medication.*
- *A new policy was added for the proper procedure to transfer medications on intake and verify medications are correct upon intake.*
- *Staff has been educated on how to properly document medication errors.*
- *Staff has been educated on how to fill out all medication forms.*
- *We have a new procedure to document medications given to youths who are allowed to go on a pass when a medication will need to be taken.*
- *Staff has been retrained on how to physically administer medication to avoid any contact with the medication by the staff; this procedure will be added to our policy.*
- *Currently, we are finishing our policy on medication disposal that addresses all the concerns outlined in the LCB review as well as a policy for new admissions with regards to their medications.*
- *Independent reviews will occur monthly to ensure that all medication administration records are up to date with physicians' orders as well as the administration of PRNs.*

Other Issue

Youths are provided with copies of the house rules and the Youths' Foster Care Bill of Rights; however, neither document describes the grievance process. Etxea's policy states youths are informed of the

Etxea Services (continued)

grievance process within a week of intake; however, the policy assigns this responsibility to a staff title that does not exist.

Facility Response

All youths have been verbally informed by the CEO and/or the program director of how to make a grievance and each house has been provided with a grievance receptacle. This responsibility will be that of the program director in the future and will be added to our intake checklist.

R House Community Treatment Home

Background Information

R House Community Treatment Home is a therapeutic group foster home in Reno. R House is privately operated and is licensed by the Washoe County Department of Social Services. R House's objectives include:

- Aiding the Washoe County Department of Social Services and the Nevada Division of Child and Family Services in the consistent delivery of quality services to youth and families.
- Retaining and maintaining youths in placement throughout all levels of the program, through progress and regression as long as it is in their best interest, concurrent with the treatment goals and discharge plan, and providing they do not present a danger to themselves or others.
- Honoring, respecting, and advocating for the rights of foster children and families receiving services through this program.
- Providing care and treatment to youths in the least restrictive setting.
- Developing, adapting or individualizing program policies, expectations, and/or routines in order to meet special needs presented by youths and their families as long as it is in their best interest and is concurrent with treatment goals.
- Pursuing reunification of the youth with the family whenever possible.

As of June 30, 2013, R House:

- Served male youths between the ages of 5 and 18 years.
- Had a maximum capacity of two youths.
- Had an average daily population of two youths with an average length of stay of 8 years.
- Had an average of two staff: one full-time and one part-time.

Purpose of the Review

The purpose of our review was to determine if R House Community Treatment Home adequately protects the health, safety, and welfare of the children in R House and whether the facility respects the civil and other rights of the children in its care. The review included an

R House Community Treatment Home (continued)

analysis of policies, procedures, and processes for the period from July 2011 through August 2013. We discussed related issues and observed related processes during our visit in September 2013.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at R House Community Treatment Home provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, R House could improve its policies and procedures for medication administration and various other processes.

Principal Observations

Policies and Procedures

R House was lacking several policies that could help ensure it continues to provide its residents with the care and programs they need. Policies that need to be developed or strengthened include:

- Ensuring records of compliance with background investigation requirements are properly maintained and available for inspection pursuant to NRS 424.034. This law requires R House to maintain records that fingerprints were submitted for background investigations for the period of an employee's employment.
- Ensuring complete information is maintained in an identity kit for each youth. This information may include a photograph, a description and identifying marks, known gang affiliations, emergency contact information, allergies, and current medications.
- Providing guidance to employees when reporting known or suspected child abuse or neglect. This guidance should include that all caregivers are mandatory reports, who to report to, and the timeframe within which known or suspected child abuse or neglect must be reported.
- Addressing a prohibition on staff retaliation against youths for filing a complaint.
- Disposing of unused medications, including documenting the type of medication, the number of pills, the date, the method of

R House Community Treatment Home (continued)

destruction, and the signatures of the person destroying the medications and a witness.

- Verifying the accuracy and completeness of medication and documentation received at the intake of a youth.

In addition, R House staff needs to comply with two policies related to medication administration. First, R House's policy requires information on the medication administration record be compared to information in the file, including physicians' orders, to ensure accuracy, and to document missed medications on the medication administration record. However, we found two of the three youths' files tested contained dosage transcription errors on the medication administration records. Second, R House's policy requires daily reviews of medication administration records to ensure all medications are administered and the records are complete. Although we found evidence of the reviews, two of the three youths' files contained blank spaces on the medication administration records.

Facility Response

With regard to NRS 424.034, any person(s) we would employ has to be cleared through Washoe County Department of Social Services (WCDSS) as a non-primary caregiver. WCDSS has a specific packet that has to be completed and we do not have access to it once we've had the prospective employee complete the required forms and fingerprint cards. When WCDSS approves the applicant, we receive a letter to that effect and are notified when a renewal is required. I'm not sure how to bring this area into compliance and would appreciate any guidance or suggestions you have to offer.

We have developed an information sheet to meet the required identity kit for each youth. In addition, we have included the form in our policy and procedures manual. We will have this form completed on the two youths currently in residence before the end of the year.

R House Community Treatment Home (continued)

Facility Response (continued)

We have added a section in our policy and procedure manual regarding reporting known or suspected child abuse and neglect, and revised our section on filing a complaint. The complaint form has been revised to include a section for the employee involved in the complaint to sign an acknowledgment that there will be no retaliation against the youth filing the complaint. We have added a section regarding disposal of unused medications and developed a form to document this process. Our policy regarding verification and documentation of medications at the time of intake has been updated to specify the requirements at intake.

We have daily assessment sheets for each youth in our program. In the past, our medication administration record was part of that daily assessment sheet, and, because we referred to that many times throughout the day, it was easier to insure that we were recording each medication dose. When we separated the medication administration record from the daily assessment sheet, developing the habit of signing that sheet has become more of a challenge. Since there are only two primary caregivers at this time, we are making a conscious effort to ensure that the record is completed daily and reviewed at the end of each day.

Reviewer's Comment

We contacted management at R House and discussed the requirements of NRS 424.034. This included the requirement that facilities maintain employment documentation, including evidence the employee's fingerprints were submitted for a background investigation and a copy of the clearance letter from the licensing agency, for the period of the employee's employment.

The Reagan Home

Background Information

The Reagan Home is a privately operated specialized foster care home located in Reno and licensed by the Washoe County Department of Social Services. The Reagan Home's objective is for every youth to return to their family, a less structured foster environment, or to prepare them for an independent living setting. The Reagan Home focuses on teaching the necessary skills to be successful in daily living by providing opportunities to learn positive habits in a structured family setting.

As of June 30, 2013, The Reagan Home:

- Served male and female youths between the ages of 7 and 18.
- Had a maximum capacity of six youths.
- Had an average daily population of four youths with an average length of stay of 1 year.
- Had an average of three staff: two full-time and one part-time.

Purpose of the Review

The purpose of our review was to determine if The Reagan Home adequately protects the health, safety, and welfare of the children in The Reagan Home 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 2011 through August 2013. We discussed related issues and observed related processes during our visit in September 2013.

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 Reagan Home provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, The Reagan Home could improve its documentation of medications administered to youths and strengthen its policies over medication administration and other areas.

The Reagan Home (continued)

Principal Observations

Administration of Medications

The Reagan Home can improve its documentation of medications prescribed and administered to youths. Of the five youths whose medication files we reviewed, there was evidence four were administered prescribed medications during their stay at The Reagan Home. Those four youths' files contained the following errors or were missing documentation:

- One youth's medication administration record indicated an incorrect dosage for one prescription medication for about 5 weeks. The medication administration record indicated the youth received half of a 1 milligram pill while the prescription and pharmacy information indicate the youth should have received one 10 milligram pill. There was no evidence in the file that The Reagan Home received any 1 milligram pills from the pharmacy. In addition, the medication administration records did not always reflect changes in ordered dosages for medications. For example, a physician's order changed the dosage for two medications on the first day of a month. However, the medication administration records did not indicate the new dosage until the first day of the next month.
- A second youth's medication administration record and physician's order indicate she was prescribed and given 150 milligrams of a medication (1 ½ - 100 mg tablets). However, the pharmacy instructions are for the youth to get 2 – 100 milligram tablets. It was not clear from the evidence in the file if the physician's order was not current or if the pharmacy made an error. In addition, this youth's medication administration records did not show a second medication was administered for 4 consecutive days in 1 month and did not document the reason the medication was not administered.
- The third youth's file showed the pharmacy provided a medication to be given 1 pill twice a day for 7 days, for a total of 14 pills. However, the youth's medication administration records show a total of 19 pills were administered over a period of 12 days. In addition, this youth's file contained doctor's orders for another prescription, but did not contain pharmacy instructions or a medication administration record to indicate the medication was administered to the youth.

The Reagan Home (continued)

Further, the file was missing evidence of consent for the discontinuation of one medication and the start of a new medication. The Reagan Home's policy requires consent from the legal guardian be obtained and documented for all prescription and non-prescription medications.

- The fourth youth's file was missing a physician's order to begin a medication. In addition, the medication administration records did not indicate the medication was administered to the youth for more than a month, even though documentation in the file showed the pharmacy had filled the prescription. The file was also missing a physician's order to discontinue a second medication.

The Reagan Home's policies and procedures for the management and administration of medications could be improved.

- Policies for the disposal of unused or expired medications are not complete. Policy requires medications be disposed of according to the manufacturer's or local health authority's instructions. It also requires a staff person and a witness describe the disposal. The policy does not specify other information that should be documented, such as the name of the medication, the name of the youth for which it was prescribed, or the number of pills destroyed. Using a standard form with spaces to include this information and a place for two signatures may be helpful in obtaining consistent information.
- Policies should be developed for verifying medication information received at the intake of a youth. According to management, medication information and medications are received from the placing agency when a youth is placed at The Reagan Home. However, there are no policies requiring staff verify the amount of medication received or that all medication information is current and accurate.
- Policies requiring independent reviews of medication administration records could be strengthened. Although the medication files of all four of the youths whose files we reviewed contained evidence of independent review, there was no evidence the independent reviewer checked for key documentation, such as physicians' orders, pharmacy instructions, and consent from the legal guardian to administer

The Reagan Home (continued)

or change medications. In addition, the number of errors contained on the medication administration records regarding the dosage of medications to be administered indicates the reviewers either need additional guidance or training.

Facility Response

The Reagan Home realizes we can place more focus on the administration and documentation of medication. Following are the changes that we have made.

Policies for the disposal of unused or expired medications were not complete. They have been updated to require the name of the medication, the dosage and number of pills or amount of liquid destroyed, and the name of the youth for whom it was prescribed. A standardized form with fields to include this information and places for two signatures has been created and is now included in the policy manual and in the youths' medication record binders.

We did not have a policy for verifying medication information received at the intake of a youth. A policy was developed regarding verification of prescription medication names, dosage and frequency within 48 hours of a new youth's arrival. Medications are to be verified by the physician's office. This can be done by the staff and noted in the youth's medication record. Staff will also note how many pills, or how much liquid, was received upon intake for each medication. This information will be written on the youth's medication administration log.

Policies requiring independent review of medication administration records needed to be strengthened. Policies have been updated and now include that reviewer must check for key documentation including physicians' orders, pharmacy instructions, and consent from the legal guardian to administer or change medications. The outside reviewer will document these findings on the youth's medication administration log and address the issues with the

The Reagan Home (continued)

Facility Response (continued)

program director. In addition, the outside reviewer will be included in all medication administration reviews and trainings.

Policies and Procedures

The Reagan Home's policies and procedures could be improved. Policies that need to be developed or updated include:

- Personnel policies currently require personnel records be maintained for 7 years. NRS 424.034 requires records showing employees have been cleared through background investigations be maintained for the period of the employee's employment at the foster home and be available for inspection by the licensing authority.
- The Reagan Home does not have a policy requiring identity kits be prepared for youths. Several elements of an identity kit are required to be documented in youths' files, but are spread throughout the files. However, an identity kit should be easily accessed and contain all information that may need to be provided to first responders in an emergency.
- Policies for mandatory reporting of known or suspected child abuse or neglect are incomplete. The policies do not address how to report, to whom a report should be made, or the timeframe within which to report.
- Policies do not address that staff shall not retaliate against youths for filing a complaint or grievance.

Facility Response

The Reagan Home realizes we can update our policies and procedures to reflect current standards and best practices. Following are the changes that we have made.

The Reagan Home policies had indicated that personnel files "are to be kept for at least seven years before being destroyed or archived." The policy is now updated to be consistent with NRS 424.034, which requires records showing employees have

The Reagan Home (continued)

Facility Response (continued)

been cleared through background investigations be maintained for the period of the employee's employment at the foster home and be available for inspection by the licensing authority.

Information normally included in identity kits may have been in different parts of the file. Some of the elements may have been difficult to find in case of emergency. Information normally included in identity kits is now easy to find on the first page when the file is opened. We have also included additional information, such as gang affiliations, aliases, and tattoos when applicable.

Policies of mandatory reporting of abuse and neglect were incomplete. Our staff has been trained specifically on who to report to and the time frame of when to report. The written policy now includes this information as well.

The Reagan Home has added to its policies that staff may not retaliate against a youth for filing a grievance or complaint. Evidence of claim of staff retaliation will be investigated by the program director, co-director and/or outside reviewer and may result in termination of the staff's employment.

Apple Grove Foster Care Agency

Background Information

Apple Grove Foster Care Agency is a private, for-profit foster care agency located in Las Vegas, Nevada. Apple Grove's mission is:

“. . .to provide positive and nurturing foster homes to children and youth who come into care under the protection of the Department of Child and Family Services and the State, or parental placements, and administer quality mental health services accessible to the growing community. Apple Grove seeks to provide a safe and stable residential family environment for children who have been separated from their parents because of neglect, physical abuse, tragedy, maltreatment, sexual abuse or any type of special circumstance. Apple Grove works to keep children and youth functioning at their highest level, in the least restrictive environment, and in the context of where the child or youth live and function. Apple Grove's mission is to provide the children and youth with the resources, skills, and emotional support needed to function independently and/or as a family.”

Apple Grove is licensed by the Clark County Department of Family Services. At the time of our review in March 2013, Apple Grove had youths placed in 20 foster homes in Clark County.

As of June 30, 2013, Apple Grove:

- Served male and female youths from birth to 18 years of age.
- Had a maximum capacity of 67 youths.
- Had an average daily population of 54 youths with an average length of stay of 8 months.
- Had an average of 22 staff: 15 full-time and 7 part-time.

Purpose of the Review

The purpose of our review was to determine if Apple Grove Foster Care Agency adequately protects the health, safety, and welfare of the children in Apple Grove and whether the facility respects the civil and other rights of the children in its care. The review included an

Apple Grove Foster Care Agency (continued)

analysis of policies, procedures, and processes for the period from July 2011 through March 2013. We discussed related issues and observed related processes during our visit in March 2013.

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 Apple Grove Foster Care Agency generally provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, Apple Grove had significant weaknesses in its controls over the administration of medications, the completeness of its policies and procedures, and the tracking of background checks of its contracted foster parents and other adult residents of the homes.

Principal Observations

Administration of Medications

Apple Grove's controls over medication administered to the youths in its contracted foster homes had significant weaknesses. We reviewed eight youths' medical files; three of the files indicated the youths were prescribed medication while at an Apple Grove foster home. All three of these youths' medication files were missing key documentation.

- All three files were missing pharmacy instructions.
- All three files were missing evidence of consent to administer psychotropic medications.
- Two files were missing physicians' orders.
- One file was missing a medication log.
- Two files' medication logs contained blank spaces.
- One file did not contain information about whether the youth had any allergies.
- One file did not have evidence the file had been independently reviewed; the two files that did contain evidence of independent review did not contain evidence of corrective actions taken by the reviewer.

Apple Grove Foster Care Agency (continued)

Apple Grove could strengthen its medication policies and procedures to minimize these types of weaknesses:

- The medication manual requires notification of the placing agency of any medications prescribed and consented to by the legal guardian or custodian, and clarifies who is legally responsible for consenting. However, it is not sufficiently specific in describing who is responsible for obtaining the documented consent. State law requires consent be obtained from the person legally responsible for the psychiatric care of a child prior to administering psychiatric medication to a child.
- The medication manual requires physicians' orders be obtained, but does not specify where the orders will be filed. The foster parent manual requires physicians' orders be obtained and kept in youths' files only for youths who self-medicate.
- Apple Grove's medication administration record does not contain a menu to assist foster parents' documentation of medications administered. A menu contains a list of acronyms to be used to document certain events related to medication, such as youth refused medication, youth was not present, or other events.
- The medication manual does not address who is responsible for completing independent reviews of medication records to identify errors or potential abuse. In addition, the manual does not address documentation of the completed reviews. The manual does require the Clinical Supervisor to work with the foster parents to resolve problems, and assigns responsibility to the Director of Operations and Quality Assurance to document and track all problems, steps taken to resolve the problems, and the effectiveness of the procedure.

The medication administration record provides foster parents with an example of how to document when medication is administered. However, the example uses an "X" in the box to indicate that medication was given, while Apple Grove's foster parent manual requires the parents to write their initials in the box. Medication records for one of the three youths' whose medication files we reviewed contained X's where the parent's initials should have been.

Apple Grove Foster Care Agency (continued)

In addition, Apple Grove should update its medication administration policy to document management's expectation regarding the procedure to follow when a youth refuses medications and when obtaining over-the-counter medications. One of the four foster parents we spoke with stated she did not know what to do if a youth refused medication. In addition, two foster parents were not aware of the procedure to follow when administering over-the-counter medications to youths. Apple Grove's medication manual includes a list of approved over-the-counter medications approved for youths.

Apple Grove does not require verification of medications received from outside the facility, such as from the child welfare agency or from pharmacies. Instead, Apple Grove relies on documentation provided by outside sources. A process to verify the type, dosage, and number of medications should be described in the medication manual. In addition, Apple Grove's policies do not include the process used to document medication disposed. The medication manual does include a form for medication disposal, but the manual does not include any instructions or clarification on the use of the form.

Medications were not always properly stored. For example, one foster parent kept a youth's medication in her purse instead of storing it in a locked cabinet. Medications for external use were not always stored separately from oral medications. Medication should be kept in locked storage to prevent unauthorized use and it should be protected from exposure to conditions that could result in changes to the effectiveness of the medication. Furthermore, medication for external use should be stored separately from oral medication to help prevent contamination.

NRS 424.0385 requires specialized foster homes to adopt a policy concerning the manner in which to:

- Document the orders of the treating physician;
- Administer medication;
- Store, handle, and dispose of medication;
- Document the administration of medication and any errors;
- Minimize errors in the administration of medication; and
- Address errors in the administration of medication.

Apple Grove Foster Care Agency (continued)

The statute also requires each employee who will administer medication to a child receives a copy of and understands the policy.

Facility Response

Apple Grove has taken this opportunity to clarify and expand upon the policies related to medication administration to ensure the safety of the children that we serve. Apple Grove continues to update the Medication Manual that guides our foster parents and staff as necessary. Ongoing medication training is planned to ensure foster parents are well trained and that the needs of the children are met.

The Medication Administration Record has been updated to include a menu to assist with foster parents' documentation, including refusal of medication and missed dosages. Appropriate examples have been added to the Medication Manual to ensure that foster parents have an appropriate model (including initials to report medication administration). Changes have been made within the Medication Administration Policy to include placement of physician's orders for all prescriptions in the youth binders. Since this review, changes have been made with the policy to reflect increased regulations for medication storage, medication disposal, identifying the person responsible for obtaining consent from the person legally responsible before beginning or changing psychotropic medications, responsibilities of the foster parent if a child refuses medication, and policy regarding dispensing over-the-counter medications. Apple Grove has created a process for the initial intake of medication, including counting the pills to ensure that all of the medication is accounted for and accurate.

It is the policy of Apple Grove that medication oversight is provided at multiple levels. Policies regarding independent reviews of medical records have been strengthened to ensure that documentation is complete and accurate. Agency

Apple Grove Foster Care Agency (continued)

Facility Response (continued)

case managers are responsible for checking medication logs weekly to ensure that the administration is being documented and that the form, including allergies, is completed as necessary. Random checks will be completed by the Quality Assurance Team monthly. Apple Grove will ensure that errors are documented in a timely manner and that any concerns are addressed through continued training and other corrective action measures.

Policies and Procedures

Apple Grove's policies and procedures did not provide adequate guidance to foster parents and staff. Apple Grove needs to revise its policies and procedures to address several significant issues. In addition, the policies and procedures should be consolidated so foster parents and staff can quickly and easily find guidance when needed. There were five different sources of policies and procedures: a policy and procedure manual; a foster parents' administrative policies manual; a medication manual; standard operating procedures; and Apple Grove policies. Areas that were missing or need to be better addressed in policies and the foster parent manual include:

- Requiring youths sign an acknowledgement they are aware of and understand the complaint process and their right to file complaints. Instead, Apple Grove management told us they and the foster parents explain the complaint process to youths.
- Identifying a timeframe to resolve complaints.
- Safely transporting youths. For example, the policies and foster parent manual should address items such as ensuring foster parents' drivers licenses are current, and vehicles have appropriate safety equipment and are properly registered and insured.
- Maintaining a visitor's log and notifying visitors of items not allowed in the home. Management told us these actions are

Apple Grove Foster Care Agency (continued)

expected of foster parents; however, they are not included in the foster parent manual.

- Preparing an initial comprehensive mental health and behavioral health assessment within a specific timeframe, or documenting the reason for any delays in preparing the assessment.
- Ensuring youths' rights are protected. Apple Grove's policies contain two different lists of youths' rights in two different places, and its foster parent manual does not address youths' rights.
- Reporting instances of known or suspected abuse or neglect in a timely manner. Apple Grove's Foster Parent's Administration Policies Manual allows reporting within 48 hours, which is not consistent with NRS 432B.220, which requires such reporting within 24 hours.
- Controlling and securing personal, valuable, or potentially dangerous items, such as keys, tools, cell phones, money, knitting needles, and kitchen utensils.
- Preparing identity kits and the distribution of the kits to foster parents. Identity kits include information, such as allergies, photographs, emergency contacts, aliases, and medications, which may be useful to first responders in instances of medical emergencies, and run-away or kidnapped youths.
- Describing adequate staff-to-youth ratios for activities outside of the foster homes.
- Identifying contraband, searching for contraband, and documenting the searches.
- Describing youths' privileges. The Foster Parents' Administration Policies Manual addresses loss of privileges, but Apple Grove's policies and procedures do not address privileges.

Facility Response

Since the review, Apple Grove has adopted, written, and implemented policies and procedures that were identified as missing or incomplete within Apple Grove's Policies and Procedures and Foster Parents Administration Policies Manual (Foster Parent

Apple Grove Foster Care Agency (continued)

Facility Response (continued)

Manual). The policies have been consolidated into one manual to provide foster parents and staff with easy accessibility for guidance and reference when needed. All updated, revised, and adopted policies and procedures have been distributed to, and acknowledged by, Apple Grove foster parents and staff members.

Youths are now required to sign an acknowledgement that they are aware of and understand the complaint process and their right to file a complaint. The complaint process and procedure is located in the Youth Handbook, as well as in the Foster Parent Manual, which also indicates a time frame to resolve complaints. A policy addressing safely transporting youths has been added into the Foster Parent Manual, which indicates the requirements needed to ensure that youths are being transported safely. Such requirements include, but are not limited to, a current driver's license, insurance, registration, and appropriate safety equipment. Apple Grove assures that all foster families maintain a visitors' log in the home and requires all visitors to sign in when entering the home. Youths' rights and a list of prohibited items have also been added to the Foster Parent Manual, as indicated in the review.

Apple Grove has adopted and implemented a policy to ensure that all youths who are placed in an Apple Grove home complete an initial comprehensive mental health and behavioral health assessment within 30 days of placement. In an event that there is a delay, it will be documented on the client's referral tracking sheet. Apple Grove has updated its mandated reporting requirements for instances of known or suspected abuse or neglect to reflect those identified in NRS 432B.220, which states that such instances must be reported within 24 hours.

Apple Grove Foster Care Agency (continued)

Facility Response (continued)

A policy explaining the necessity to control and secure personal, valuable, or potentially dangerous items out of the reach of youths has been added to the Foster Parent Manual. A policy identifying the use of the FACE sheet, which is similar to that of an identity kit, has been written and included in the Foster Parent Manual. The policy explains which information should be included (allergies, child photograph, emergency contacts, any aliases, any medication, etc.), its purpose, and where it should be located. A list of contraband items is included in the Youth Handbook; however, a policy addressing searches for contraband and documentation of searches has been added to the Foster Parent Manual. Youth privileges, such as going places, spending time with friends, having a cell phone or computer, are also located in the Youth Handbook. The Youth Handbook has been revised to include instances of loss of privileges and identifies who is responsible for the removal of such privileges.

Background Checks

Apple Grove's policies related to background checks do not address significant issues related to protecting the safety of youths, including:

- Obtaining background checks for residents of foster homes over the age of 18;
- Supervising foster home residents over the age of 18 until the results of a background investigation have been received; and
- Ensuring each licensed foster parent meets the requirement to have a background investigation at least once every 5 years after the initial investigation.

NRS 424.031 and 424.033 require the licensing agency to conduct an investigation of each person licensed to operate a foster home at least once every 5 years after an initial investigation. In addition, each resident of a foster home who is 18 years or older must submit fingerprints and written permission authorizing the licensing agency to obtain criminal history information and conduct a child abuse and

Apple Grove Foster Care Agency (continued)

neglect screening. Furthermore, persons required to submit to an investigation are forbidden to have contact with a child in a foster home without supervision before the investigation has been conducted.

One of the four foster homes we visited had a resident over the age of 18 who had not been subject to a background investigation as required by state law. In another home, one foster parent had not been re-fingerprinted after her initial background investigation for 3 months past the 5 year requirement. Apple Grove should ensure all foster parents are familiar with statutory background investigation requirements, and management should track its foster parents' background investigation requirements in order to ensure foster parents' compliance with state law.

Facility Response

In response to the resident in one of our homes who was over the age of 18 without obtaining a criminal record or fingerprints, due to Nevada Assembly Bill 350 (AB350), youths who age out of the foster care system have the right to remain under juvenile court jurisdiction until the age of 21. If a resident over 18 years of age is not protected under AB350, Apple Grove will ensure that they obtain a background check in accordance with NRS 449.123 requirements. Such a policy addressing background checks consistent with NRS 449.123 requirements has also been added to our Foster Parent Manual to ensure the safety and wellbeing of youths. In compliance with the Clark County Department of Family Services, Apple Grove requires all foster parents who were licensed before 10/01/2011 to be re-fingerprinted in order to meet licensing requirements.

Reviewer's Comment

As discussed with Apple Grove management, the resident over the age of 18 was not under the jurisdiction of a juvenile court. NRS 424.031 and NRS 424.033 require each resident of a foster home who is 18 years or

Apple Grove Foster Care Agency (continued)

older and who is not under the jurisdiction of a court to submit fingerprints and written permission authorizing the licensing agency to obtain criminal history information and conduct a child abuse and neglect screening.

Other Issues

Chemicals used for cleaning were not appropriately stored at one of the four foster homes visited. In addition, contraband items were observed in some of the four homes, including movies with restricted ratings, unsecured alcohol, and a cigarette lighter.

The youth handbook does not address the complaint process, nor was the process posted in any of the four homes. Furthermore, there was no evidence in any of the eight youths' files reviewed that youths acknowledged they were informed of their right to file complaints.

We also noted instances when foster parents did not understand Apple Grove's procedure regarding threats of suicide by a child. When asked about the procedure, two of four foster parents told us they would follow a procedure different from that in Apple Grove's Foster Parents Administrative Policies Manual.

Apple Grove may also wish to consider additional training for foster parents and staff on adequate supervision of youths. This issue was addressed in two corrective action plans with the foster homes' licensing agency, the Clark County Department of Family Services, in August and October of 2012. One plan was in response to an incident at the Apple Grove office, and the second was in response to an incident at a foster home.

Facility Response

Apple Grove continues to work with foster parents to ensure that cleaning chemicals and other unsafe items are secured at all times. This is checked during case manager visits weekly and during random house checks scheduled monthly by the Quality Assurance Specialist. The Youth Handbook has been revised to address the complaint process to foster youth. Also, as previously indicated, youths are now required to sign an acknowledgement that they are aware of and

Apple Grove Foster Care Agency (continued)

Facility Response (continued)

understand the complaint process and their right to file a complaint.

Apple Grove has taken this opportunity to strengthen policies and education regarding suicide prevention. The Applied Suicide Intervention Skills Training held by the Nevada Coalition for Suicide Prevention was attended by the Apple Grove Treatment Coordinator. Ongoing training, focusing on bio-psychosocial factors ranging from mental disorders, substance abuse disorders, feelings of hopelessness, history of trauma and/or abuse, environmental risk factors, warning signs, communication between providers and family, and the agency policy in regards to suicide prevention and agency protocols will be offered, with the next training scheduled for September 2013. Apple Grove continues to work to ensure that foster parents and staff are aware of the supervisory needs of the children we serve. In response to the two incidents noted, Apple Grove has addressed these concerns with corrective action. Ongoing training on the appropriate supervision of youths has been further developed and will be provided to foster parents and staff.

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 the home.
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.
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.
DCFS	The Nevada 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 features, 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.

Appendix B
Glossary of Terms
(continued)

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.
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.
Mouth Sweep	A method used to detect medication concealed in the mouth.
Privileges	Items considered earned and not considered a right. Items considered privileges may include movies, recreation time, phone calls, and reading material.

Appendix B
Glossary of Terms
(continued)

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.
Resource Center	Provides more than one type of service simultaneously. For example, a resource center may provide both treatment and detention services.
Safety	Anything related to the physical safety of youths. This includes physical security, environment, protection from inappropriate comments or contact by staff or another youth, 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.
Staff-Secure	Access out of the facility is limited by staff and not monitored by a secure system.
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.
Use of Force	Technique used to prevent a youth from harming himself or others, including restricting or reducing the youth's ability to move.
Welfare	Anything related to the general well-being of a youth. This includes education and punishments or discipline.
Youths	Children of all ages, including infants and adolescents.

Appendix C

Summary of Observations at Nine Facilities Reviewed

Observations	Number of Facilities
Policies and Procedures	
Policies and procedures were not developed, not complete, or needed to be updated	9
Medication Administration Processes and Procedures	
Files contained incomplete or unclear documentation of dispensed prescribed medication	7
Medication files and records were missing key documents	7
Files contained errors	6
Medications received were not always verified or documented at intake, or before they were administered	5
Discontinued, expired, or unused medication was not always disposed of appropriately	4
Background Checks	
Hiring policies and procedures need to be developed or updated, including maintenance of information collected during the hiring process	7
Initial fingerprint background checks were not always completed or not completed timely	4
A search of the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child was not always requested	4
Dispositions for arrests listed in fingerprint background check results, which could disqualify an employee from employment, were not always obtained	1
Other Significant Items	
Identity kits did not contain consistent information or were not complete	4
Youth handbook is outdated	4
Contraband or prohibited items observed	3
Additional training needed related to facility policies, procedures, and management expectations	3
Management did not enforce statutory requirements related to living areas	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, 2013

Table 1: Correction and Detention Facilities				Background		Population for FY 2013		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Caliente Youth Center	State	Caliente	12 to 18	140	113	88	0		
China Spring Youth Camp/Aurora Pines Girls Facility	State/Counties	Gardnerville	12 to 18	65	54	39	2		
Clark County Juvenile Detention Center	Clark County	Las Vegas	8 to 18	192	138	156	50		
Douglas County Juvenile Detention Center	Douglas County	Stateline	8 to 18	16	3	6	2		
Jan Evans Juvenile Justice Center	Washoe County	Reno	8 to 18	108	34	43	27		
Leighton Hall	Various Counties	Winnemucca	8 to 17	24	9	12	0		
Murphy Bernardini Regional Juvenile Detention Center	Carson City	Carson City	8 to 18	16	7	14	10		
Nevada Youth Training Center	State	Elko	14 to 18	110	69	74	0		
Northeastern Nevada Juvenile Center	Various Counties	Elko	8 to 17	24	8	11	0		
Rite of Passage-Silver State Academy	Private	Yerington	14 to 18	108	66	71	6		
Spring Mountain Youth Camp	Clark County	Las Vegas	12 to 18	100	95	60	6		
Teurman Hall	Churchill County	Fallon	12 to 17	16	12	11	0		
Total – 12 Correction and Detention Facilities				919	608	585	103		

Table 2: Resource Center				Background		Population for FY 2013		Staffing Levels	
Facility	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Don Goforth Resource Center	Various Counties	Hawthorne	8 to 17	28	5	9	6		
Total – 1 Resource Center				28	5	9	6		

Table 3: Child Welfare Facilities				Background		Population for FY 2013		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Carson Valley Children's Center	Private	Carson City	0 to 18	10	4	4	6		
Child Haven	Clark County	Las Vegas	0 to 17	68	26	31	6		
Kids' Kottages	Washoe County	Reno	0 to 18	82	62	34	3		
WestCare-Emergency Shelter	Private	Las Vegas	10 to 17	15	10	10	0		
Total – 4 Child Welfare Facilities				175	102	79	15		

Table 4: Mental Health Treatment Facilities				Background		Population for FY 2013		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Adolescent Treatment Center	State	Sparks	12 to 17	16	16	20	0		
Desert Willow Treatment Center	State	Las Vegas	6 to 18	58	44	110	0		
Montevista Hospital	Private	Las Vegas	5 to 17	34	32	18	22		
Spring Mountain Treatment Center	Private	Las Vegas	5 to 17	28	18	26	2		
West Hills Hospital	Private	Reno	5 to 17	30	12	17	0		
Willow Springs Center	Private	Reno	5 to 18	116	93	127	68		
Total – 6 Mental Health Treatment Facilities				282	215	318	92		

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2013 (continued)

Table 5: Substance Abuse Treatment Facilities		Background		Population for FY 2013		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 to 18	10	9	6	4
Nevada Homes for Youth II	Private	Las Vegas	13 to 18	10	9	6	4
Vitality Center-ACTIONS of Elko	Private	Elko	13 to 18	13	2	26	1
WestCare-Harris Springs Ranch	Private	Las Vegas	13 to 17	16	16	10	0
Western Nevada Regional Youth Center	State/Counties	Silver Springs	13 to 18	35	18	17	3
Total – 5 Substance Abuse Treatment Facilities				84	54	65	12

Table 6: Group Homes		Background		Population for FY 2013		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
A Brighter Day Family Services	Private	Las Vegas	13 to 18	8	6	10	5
Boys Town Nevada-Homes	Private	Las Vegas	7 to 18	30	28	18	2
Casa de Vida	Private	Reno	12 to 25	8	8	1	10
Etxea Services I	Private	Reno	5 to 18	12	11	11	0
Etxea Services II	Private	Reno	5 to 18	5	4	2	1
Family Learning Homes	State	Reno	5 to 18	20	19	16	1
Golla Home	Private	Washoe Valley	6 to 18	6	2	2	0
Hand Up Homes for Youth, Inc.	Private	Reno	12 to 18	15	11	12	4
Hope Healthcare Services	Private	Reno	13 to 18	6	3	3	1
My Home, Inc.	Private	Reno	4 to 18	13	10	5	2
New Vista Group Homes	Private	Las Vegas	12 to 22	24	21	22	23
Oasis On-Campus Treatment Homes	State	Las Vegas	6 to 18	28	15	36	2
R House Community Treatment Home	Private	Reno	5 to 18	2	2	1	1
Rite of Passage-Qualifying Houses I	Private	Minden	14 to 18	16	5	4	1
Rite of Passage-Qualifying House II	Private	Minden	14 to 18	8	7	2	1
SAFY Houses	Private	Las Vegas	5 to 18	12	10	9	24
St. Jude's Ranch for Children	Private	Boulder City	0 to 18	66	50	38	3
Teen Challenge Adolescent Boys Home	Private	Sparks	12 to 17	15	10	5	3
The Reagan Home	Private	Reno	7 to 18	6	4	2	1
Transformations Therapy & Behavioral Consultation ⁽²⁾	Private	Sparks					
Total – 20 Group Homes				300	226	199	85

Table 7: Residential Centers		Background		Population for FY 2013		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	Las Vegas	16 to 24	65	55	12	0
Northwest Academy	Private	Amargosa Valley	13 to 18	100	35	30	5
Spring Mountain Residential Center	Clark County	Las Vegas	12 to 18	16	12	7	1
Total – 3 Residential Centers				181	102	49	6

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2013 (continued)

Table 8: Foster Care Agencies				Background		Population for FY 2013		Staffing Levels ⁽¹⁾	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
A Brighter Day Family Services	Private	Las Vegas	0 to 18	28	24	8	3		
Apple Grove Foster Care Agency	Private	Las Vegas	0 to 18	67	54	15	7		
Bountiful Family Services	Private	Henderson	0 to 18	17	15	5	5		
Eagle Quest of Nevada, Inc.	Private	Las Vegas	0 to 20	223	156	80	12		
Genesis	Private	Las Vegas	3 to 18	24	18	10	12		
JC Family Services, LLC	Private	Reno	9 to 17	6	5	2	2		
KidsPeace Foster Care & Community Programs	Private	Las Vegas	0 to 18	24	16	4	0		
Koinonia Family Services	Private	Reno	3 to 18	49	24	7	1		
London Family and Children's Services, Inc.	Private	Las Vegas	4 to 17	17	14	1	20		
Maple Star Nevada	Private	Statewide	0 to 18	100	90	35	40		
NOVA Behavioral Services, LLC	Private	Sparks	3 to 18	24	21	8	5		
Olive Crest	Private	Las Vegas	0 to 18	35	29	5	3		
Total – 12 Foster Care Agencies				614	466	180	110		
Total – 63 Facilities Statewide				2,583	1,778	1,484	429		

Source: Reviewer prepared from information provided by facilities.

⁽¹⁾ Staffing levels do not include foster parents.

⁽²⁾ Facility closed during fiscal year ending June 30, 2013.

Appendix E
Unannounced Visits to Nevada Facilities

Facility Name	Facility Type	Date of Visit
KidsPeace Foster Care & Community Programs	Foster Care Agency	February 1, 2013
A Brighter Day Family Services	Foster Care Agency	April 4, 2013
Oasis On-Campus Treatment Homes	Group Home	April 5, 2013
Bountiful Family Services	Foster Care Agency	April 5, 2013
Etxea Services I	Group Home	September 19, 2013
JC Family Services, LLC	Foster Care Agency	September 19, 2013
Etxea Services II	Group Home	October 8, 2013

Source: Reviewer prepared from unannounced facility visits.

Appendix F

Methodology

To identify facilities pursuant to the requirements of statutes, we reviewed state accounting records for facilities funded directly by the State, and the Substance Abuse Prevention and Treatment Agency's website for facilities indirectly funded by the State. In addition, we reviewed the website of the Bureau of Health Care Quality and Compliance for facilities licensed by the State. We also included a search of the internet for other potential facilities and reviewed youth placement information submitted monthly by certain local governments. Next, we contacted each facility identified to confirm if 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, 2012.

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 selected criteria that included issues related to the health, safety, welfare, civil and other rights of youths, as well as treatment and privileges. Health criteria included items related to a youth's physical health, such as nutrition and medical care. Safety criteria related to the physical safety of youths. This included physical security, environment, inappropriate comments or contact by staff or other youths, and adequate staffing. Welfare criteria related to the general well-being of a youth. This included education and 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.

We distinguished between privileges, and civil and other rights. Specifically, we determined privileges included items considered earned, such as movies, recreational time, and reading material. We determined civil and other rights included rights as human beings, such as protection from discrimination, racist comments, and the right to file a grievance.

Appendix F

Methodology (continued)

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 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.

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, 2011. In addition, we discussed related issues and observed related processes with management, staff, and youths.

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 and de-escalation, fire safety, and transportation of youth;
- Welfare, such as education, visitation, and room confinement;

Appendix F

Methodology (continued)

- Treatment, such as intake screening, mental health and substance abuse treatment, and suicide and runaway prevention;
- Civil and other rights, such as discrimination and religion; and
- Privileges, such as activities on-campus and off-campus.

Observations included the sufficiency of operating communication equipment, 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 youths' files for compliance with NRS 432B.607 through NRS 432B.6085. The law relates to emotionally disturbed youths ordered by a 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 youths' 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.

In addition to facility reviews, we performed seven unannounced facility visits. Generally, unannounced facility visits included discussions with management and a tour of the facility. Discussions included medication administration, the complaint

Appendix F

Methodology (continued)

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 86.

Our work was conducted from November 2012 through December 2013 pursuant to the provisions of NRS 218G.570 through 218G.585.

In accordance with NRS 218G.230, 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 9.

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