

STATE OF NEVADA

Review of Governmental and Private Facilities for Children

May 2016



Legislative Auditor
Carson City, Nevada

Review Highlights



Highlights of Legislative Auditor report on the Review of Governmental and Private Facilities for Children issued on May 24, 2016. Report # LA16-13.

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, 2015, we had identified 59 governmental and private facilities that met the requirements of NRS 218G: 19 governmental and 40 private facilities. In addition, 125 Nevada children were placed in 22 facilities in 13 different states as of June 30, 2015.

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, 2014, through June 30, 2015, we received 1,183 complaints from 36 facilities in Nevada. Twenty-three facilities reported that no complaints were filed during this time.

Purpose of Reviews

Reviews were conducted pursuant to the provisions of NRS 218G.570 through 218G.585. This report includes the results of our reviews of 5 children's facilities, unannounced site visits to 11 children's facilities, and a survey of 59 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, 2013. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from October 2014 through December 2015.

Review of Governmental and Private Facilities for Children

May 2016

Summary

Based on the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at four of the five 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 Northwest Academy (Academy) need to be improved in order to provide reasonable assurance that it adequately protects the youths in its care. Policies and procedures related to health, safety, welfare, civil, and other rights were incomplete and not incorporated into a comprehensive set of policies and procedures. Five of the eight youths' files we reviewed indicated they were prescribed at least one psychotropic medication after admission to the Academy, and none of the five files contained an adequate consent from the person legally responsible for the psychiatric care of the youths. In addition, the Academy did not have policies or procedures to verify the medication received when youths are admitted. For example, staff do not document that the medications received match the medication bottles or verify any other information received from the placing agency. (page 40)

Facility Observations

In this report and the two prior reports, we have noted three concerns that could potentially impact the health and safety of children at several of the facilities reviewed. These concerns are related to facilities' compliance with state law requiring the consent of the person legally responsible for the psychiatric care of children prior to administering psychotropic medications; the disposal of medications; and employee fingerprint background check requirements at certain mental health treatment facilities. (page 7)

Three of the five facilities reviewed for this report needed to improve their processes and procedures for obtaining consent to administer psychotropic medications to youths from the persons legally responsible for the psychiatric care of each youth. Two of the facilities' forms for obtaining consent did not contain the information required by NRS 432B.4687(2), and the third's policies require the youth to sign the form rather than the person legally responsible. This or a similar concern has been repeated during several of our recent facility reviews. Our two prior reports, issued in April 2014 and October 2014, include reviews of 13 facilities. Of those 13 facilities, 4 either did not have an adequate process or procedure for obtaining the required consent or did not have documentation that consent was obtained for some youths. (page 7)

Four of the five facilities included in this report need to improve their methods or documentation of the destruction of expired, unused, or wasted medications. Two facilities dispose of unused medications by flushing them in a toilet, placing them in the garbage, or crushing and rinsing them down a sink with water. Two other facilities did not have adequate policies or procedures describing acceptable methods of destruction of medication. Disposing of medications by flushing, rinsing, or putting in the garbage are not in compliance with the intent of the federal Secure and Responsible Drug Disposal Act of 2010. The Act's goal is to decrease the amount of pharmaceutical controlled substances introduced into the environment, particularly into the water. Nine of the thirteen facilities included in the prior two reports also needed to improve their methods or documentation of the destruction of medications. (page 8)

Some mental health treatment facilities licensed by the Bureau of Health Care Quality and Compliance (Bureau) within the Department of Health and Human Services have not been able to obtain fingerprint-based background checks of current or potential employees using the requirements found in NRS 449.123. Facilities that provide acute psychiatric services to children are not required to obtain fingerprint-based background checks for employees working with children, even though the children may spend more than a week at the facilities. NRS 449.123 requires all medical facilities that provide residential services to children to obtain fingerprint-based background checks of employees at least every 5 years. However, NRS 449 does not include a definition of "residential services" and the Bureau has interpreted "residential services" according to the definition used by Medicaid and Medicare. The Legislature may wish to consider enacting legislation to amend NRS 449 to include a definition of "residential services" to encompass all psychiatric hospitals that provide inpatient treatment and services to children. (page 9)

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

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

Respectfully submitted,

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

Rocky Cooper, CPA
Legislative Auditor

May 4, 2016
Carson City, Nevada

STATE OF NEVADA
REVIEW OF GOVERNMENTAL AND PRIVATE FACILITIES FOR CHILDREN
MAY 2016

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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 5 children's facilities (page 10), unannounced site visits to 11 children's facilities (page 74), and a survey of 59 children's facilities (pages 71 - 73).

BACKGROUND

Nevada Revised Statutes (NRS) authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of governmental children's facilities. In addition, NRS authorizes the Legislative Auditor to conduct reviews and unannounced site visits of private children's facilities. 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 and has physical custody of children pursuant to the order of a court.

As of June 30, 2015, we had identified a total of 59 governmental and private facilities that meet the requirements of NRS 218G: 19 governmental and 40 private facilities. Exhibit 1 lists the types of facilities located within Nevada and the total capacity of each type as of June 30, 2015.

Exhibit 1

**Summary of Nevada Facilities
As of June 30, 2015**

Facility Type	Number of Facilities	Population		Staffing Levels	
		Maximum Capacity	Average Population	Average Full-time	Average Part-time
Correction and Detention Facilities	12	936	545	534	80
Child Welfare Facilities	4	197	137	104	67
Mental Health Treatment Facilities	8	372	287	456	56
Substance Abuse Treatment Facilities	5	65	36	55	16
Group Homes	13	211	170	148	37
Residential Centers	3	309	103	56	4
Foster Care Agencies	14	543	438	163	53
Total – Facilities Statewide	59	2,633	1,716	1,516	313

Source: Reviewer prepared from information provided by facilities.

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

- Correction facilities provide custody and care for youths in a secure, highly restrictive environment who would otherwise endanger themselves or others, be endangered by others, or run away. Correction facilities may include restrictive features, such as locked doors and barred windows.
- Detention facilities provide short-term care and supervision to youths in custody or detained by a juvenile justice authority. Detention facilities may include restrictive features, such as locked doors and barred windows.
- Child welfare facilities provide emergency, overnight, and short-term services to youths who cannot remain safely in their homes or their basic needs cannot be efficiently delivered in 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 either in the foster parents' homes or in homes provided by the foster care agency. Foster parents are responsible for providing safe, healthful, and developmentally supportive environments where youths can fully interact with the community.

In addition to youths placed in facilities within the State of Nevada, an additional 125 youths were placed in out-of-state facilities by a District Court or the State as of June 30, 2015. Nevada youths were placed in 22 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 entities that placed youths in out-of-state facilities and the number of youths placed in out-of-state facilities as of June 30 of the past 3 years.

Exhibit 2

**Summary of Nevada Youths Placed in Out-of-State Facilities
As of June 30, 2013, 2014, and 2015**

Placing Entity	As of June 30, 2013	As of June 30, 2014	As of June 30, 2015
8 th Judicial District Court (Clark County)	34	33	20
2 nd Judicial District Court (Washoe County)	27	23	46
3 rd Judicial District Court (Churchill and Lyon Counties)	5	6	10
5 th Judicial District Court (Esmeralda, Mineral, and Nye Counties)	8	4	4
4 th Judicial District Court (Elko County)	9	1	0
9 th Judicial District Court (Douglas County)	1	0	0
1 st Judicial District Court (Carson City and Storey Counties)	1	3	4
6 th Judicial District Court (Humboldt, Lander, and Pershing Counties)	0	2	1
7 th Judicial District Court (Eureka, Lincoln, and White Pine Counties)	0	1	0
State of Nevada Division of Child and Family Services	28	32	40
Total	113	105	125

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, 2014, through June 30, 2015, we received 1,183 complaints from 36 facilities in Nevada. Twenty-three facilities in Nevada reported that no complaints were filed by youths during this time. We also received complaint information from out-of-state facilities.

SCOPE, PURPOSE, AND METHODOLOGY

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

The purpose of our reviews was to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care. These reviews included an examination of policies, procedures, processes, and complaints filed since July 1, 2013. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from October 2014 through December 2015.

A detailed methodology of our work can be found in Appendix F of the report, which begins on page 75.

FACILITY OBSERVATIONS

Based on the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at four of the five 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.

Many of the facilities had common weaknesses. For example, two facilities did not have a comprehensive set of policies and procedures for the administration of medications as required by NRS 432A.1757, and medication administration records were not always complete or contained errors. In addition, three facilities did not have adequate policies and procedures for screening employees for criminal convictions. Appendix C, on page 70, contains a partial listing of the more common weaknesses found at the five facilities reviewed.

We also conducted unannounced site visits to 11 children's facilities and did not note anything that caused us to question the health, safety, welfare, or protection of the rights of the children in those facilities.

One Facility's Processes Not Adequate

The policies, procedures, and processes at Northwest Academy (Academy) need to be improved in order to provide reasonable assurance that it adequately protects the health, safety, and welfare of the youths at the facility and respects the civil and other rights of youths in its care. Policies and procedures related to health, safety, welfare, and civil and other rights were incomplete and not incorporated into a comprehensive set of policies and procedures.

The Academy's form used to document consent to administer psychotropic medication from the person legally responsible for the psychiatric care of each youth did not meet the requirements contained in statute (NRS 432B.4687(2)). Five of the eight youths' files we reviewed indicated they were prescribed at least one psychotropic medication after admission to the Academy, and none of the five files contained an adequate consent from the person legally responsible. NRS 432B.4687 requires consents to include information on possible side effects, interactions with other medications or foods, complications of the medication, or the dosage, times of administration and number of units at each administration of the medication. In addition, the Academy did not have policies or procedures to verify the medication received when youths are admitted. For example, staff do not document that the medications received match the medication bottles, or verify any other information received from the placing agency.

Other incomplete or missing policies and procedures included those related to medical emergencies, mental health and substance abuse treatment, complaints, and youths' civil and other rights. Furthermore, the youths' dormitories do not contain first aid kits; some clearly marked exits were locked and did not allow for staff or youth to exit and staff did not have keys to unlock the exits; and we observed unsupervised youths in the kitchen and outdoors. Finally, policies and procedures do not establish minimum staff-to-youth ratios or include a training program for staff who have direct contact with youths to comply with NRS 432A.177, which includes use of force and restraints, the rights of the children, suicide awareness and prevention, and the administration of medication to children.

The complete report on the Academy, including the Academy's response, begins on page 40.

SERIOUS CONCERNS PERSIST OVER MEDICATION ADMINISTRATION AND BACKGROUND CHECKS

In this report and the two prior reports, we have noted three concerns that could potentially impact the health and safety of children at several of the facilities reviewed. These concerns are related to facilities' compliance with state law requiring the consent of the person legally responsible for the psychiatric care of children prior to administering psychotropic medications; the disposal of expired, wasted, or unused medications; and employee fingerprint background check requirements at certain mental health treatment facilities.

A copy of this report or a link to this report on the Audit Division's website has been sent to all 59 facilities listed in Appendix D, which begins on page 71, and their licensing agencies.

Some Facilities Do Not Obtain Statutorily Required Consent to Administer Psychotropic Medications

Three of the five facilities reviewed for this report needed to improve their processes and procedures for obtaining consent to administer psychotropic medications to youths from the persons legally responsible for the psychiatric care of each youth. Two of the facilities' forms for obtaining consent did not contain the information required by statute, and the third's policies require the youth to sign the form rather than the person legally responsible.

NRS 432B.4687(2), effective October 1, 2011, requires written consent to administer psychotropic medication to include: the name of the child; the name, address and telephone number of the person legally responsible for the psychiatric care of the child; the name, purpose and expected time frame for improvement for each medication; the dosage, times of administration and, if applicable, the number of units at each administration; the duration of the course of treatment; a description of the possible risks, side effects, interactions with other medications or foods, and complications of the medication; and, if applicable, specific authorization for use of a psychotropic medication that has not been tested or approved for the age of the child or the condition for which it is prescribed, or the child's concurrent use of three or more classes of psychotropic

medication, or the child's concurrent use of two psychotropic medications of the same class.

This or a similar concern has been repeated during several of our recent facility reviews. Our two prior reports, issued in April 2014 and October 2014, include reviews of 13 facilities. Of those 13 facilities, 4 either did not have an adequate process or procedure for obtaining the required consent or did not have documentation that consent was obtained for some youths.

Many Facilities Need to Improve Methods and Documentation of Destruction of Medications

Four of the five facilities included in this report need to improve their methods or documentation of destruction of expired, unused, or wasted medications.

The most serious concern we noted was that two facilities dispose of unused medications by flushing them in a toilet, placing them in the garbage, or crushing and rinsing them down a sink with water. Two other facilities did not have adequate policies and procedures describing acceptable methods of destruction of medication. Flushing, rinsing, or putting medications in the garbage are not in compliance with the intent of the federal Secure and Responsible Drug Disposal Act of 2010. The Act's goal is to decrease the amount of pharmaceutical controlled substances introduced into the environment, particularly into the water. The Drug Enforcement Administration of the Department of Justice has adopted rules to implement this Act. Those rules allow pharmacies and law enforcement agencies to accept expired or unused medications for the purpose of destroying the medications. The rules also allow other methods of destruction, but the methods must render the controlled substance non-retrievable and the method of destruction must be consistent with preventing diversion of any substance to illicit purposes and protecting the public health and safety.

In addition, 9 of the 13 facilities included in the prior two reports needed to improve their methods or documentation of the destruction of medications. Some did not require a second signature showing the medications were either destroyed or delivered to an outside party to destroy. Some did not require documentation of the number and type of medications destroyed. And, finally, some did not list acceptable methods of destruction.

NRS 432A.1757 requires facilities to adopt medication policies that include storing, handling, and disposing of medication. These policies should include ensuring that the amount and type of medication destroyed is documented and witnessed by another person. In addition, policies should include reconciling the amount of medication destroyed with the amount received and administered to youths to ensure medication wasn't lost or stolen. And, finally, the policies should include acceptable methods of destroying medications, and management should ensure those methods are in line with the intent of the federal Secure and Responsible Drug Disposal Act and the Drug Enforcement Administration's rules (21 Code of Federal Regulations).

Not All Facilities Are Required to Obtain Employee Fingerprint-Based Background Checks

Some mental health treatment facilities licensed by the Bureau of Health Care Quality and Compliance (Bureau) within the Department of Health and Human Services under NRS 449 have not been able to obtain fingerprint-based background checks of current or potential employees using the requirements found in NRS 449.123. During the 2011 Legislative Session, the Legislature passed Assembly Bill 536, effective October 1, 2011, which included a requirement that all medical facilities that provide residential services to children obtain fingerprint-based background checks of employees at least every 5 years. The term medical facility includes a psychiatric hospital per NRS 449.0151. However, since the term "residential services" is not defined in the Nevada Revised Statutes and was not defined in Assembly Bill 536, the Bureau has interpreted "residential services" according to the definition used by Medicaid and Medicare.

As a result, facilities that provide acute psychiatric services to children are not required to obtain fingerprint-based background checks for employees working with children, even though the children may spend more than a week at the facilities. Six of the eight mental health treatment facilities subject to review by the Legislative Auditor under NRS 218G provide acute psychiatric services to children. However, four of those facilities have not completed fingerprint-based background checks of employees.

Mental health treatment facilities may request fingerprint-based background checks of employees under the National Child Protection Act. The facilities would then have to determine whether

an employee or potential employee's criminal history contains any convictions for the crimes listed in NRS 449.174. Further, according to the Bureau, these facilities are not currently required to obtain criminal history background checks for employees for licensing purposes.

Recommendation

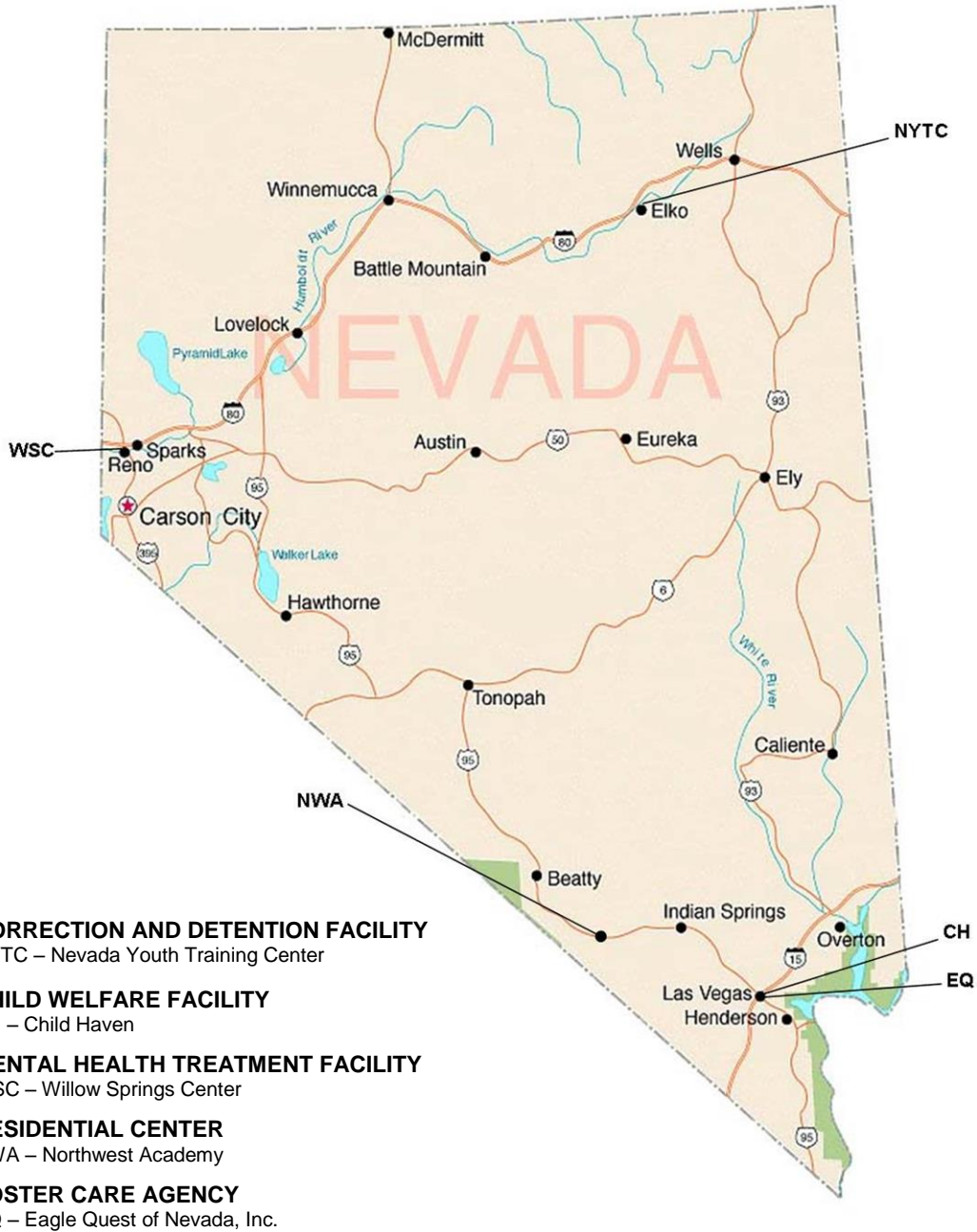
The Legislature may wish to consider enacting legislation to amend NRS 449 to include a definition of "residential services" to encompass all psychiatric hospitals that provide inpatient treatment and services to children.

REPORTS ON INDIVIDUAL FACILITY REVIEWS

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

Exhibit 3

Map of Facilities Reviewed



Source: Reviewer prepared.

Nevada Youth Training Center

Background Information

Nevada Youth Training Center (NYTC) is a staff-secured correctional facility located in Elko, Nevada. NYTC is a state funded facility serving male youths; it is operated by the state's Division of Child and Family Services, Juvenile Justice Services. NYTC's mission is to offer an environment which is free from the fear of assault or intimidation by others and that promotes positive self-growth, creates change in behavior, attitude, values, and thinking by participating in programs of education, vocational, and therapeutic treatment in a staff-secure environment with appropriate medical and mental health services.

As of June 30, 2015, NYTC:

- Served male youths between the ages of 12 and 18.
- Had a maximum capacity of 140 youths.
- Had an average daily population of 46 youths with an average length of stay of 7 months.
- Had an average of 68 full-time staff.

Purpose of the Review

The purpose of our review was to determine if the Nevada Youth Training Center (NYTC) adequately protects the health, safety, and welfare of the children at NYTC and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 1, 2013, through September 2014. We discussed related issues and observed related processes during our visit in October 2014.

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 Nevada Youth Training Center (NYTC) 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

Nevada Youth Training Center (continued)

youths in its care. However, NYTC could improve its policies and procedures to help ensure it complies with state and federal law and the Division of Child and Family Services' (DCFS) policies and procedures.

Principal Observations

Policies and Procedures

Many of NYTC's policies and procedures are outdated, inconsistent, or incomplete. Some of the policies reviewed were a decade old and do not reflect newer state and federal laws and DCFS policies that have been enacted or changed in the past 10 years.

- The minimum daytime staff-to-youth ratios contained in NYTC's policies are not consistent with NYTC's practices or adequate to comply with the Federal Department of Justice National Standards for the implementation of the Prison Rape Elimination Act (PREA) (28CFR Part 115). NYTC's policy, adopted in 2004, requires minimum staff-to-youth ratios of 1:10 during awake hours and 1:14 during sleep hours. PREA standards, effective in 2012, require, and NYTC practices, minimum ratios of 1:8 during awake hours and 1:16 during sleep hours. In addition, NYTC's procedure for transportation of youths outside of the facility is not consistent with DCFS's statewide policy. NYTC's procedure, which is not dated, requires a staff to take at least two youths but no more than five youths at a time. DCFS's statewide policy, which was last reviewed in 2005, requires a minimum of two staff for each vehicle for up to 14 youths, with an additional staff for every 7 additional youths, unless the Superintendent authorizes one-on-one transportation.
- NYTC's room confinement and "cool off" procedures are not consistent with DCFS's room confinement and "cool off" policies or state law. NYTC's procedures require staff to have visual contact with youths in room confinement every 15 minutes. NRS 63.505 and DCFS's policy require staff to complete a visual check of youths in room confinement every 10 minutes. NYTC's procedure for "cool off" requires doors be locked. DCFS's policy requires doors be unsecured while youths are in "cool off". NYTC's procedures

Nevada Youth Training Center (continued)

were effective in January 2013, while NRS 63.505 and DCFS's policy were effective in October 2013.

- DCFS's Personnel Policy and Procedure Manual and NYTC's Personnel Policy are both outdated and do not ensure NYTC's hiring practices adequately screen employees for criminal convictions. NRS 62B.270 requires all employees of detention facilities to be subject to fingerprint background checks and lists the convictions that would require employees be dismissed from employment. These requirements were effective October 1, 2011. DCFS's policy and procedure require fingerprint background checks be conducted using the list of disqualifying crimes in NRS 179A. This policy was last revised in 2008. NYTC's policy, last revised in 2006, states NYTC will adhere to DCFS's policies and procedures.
- NYTC's policy for obtaining consent from the person legally responsible for the psychiatric care of each youth for the administration of psychotropic medication is not consistent with NRS 432B.4685 and NRS 432B.4687. NYTC's policy, last reviewed in 2006, defines informed consent as a voluntary agreement to a treatment, examination, or procedure by the youth after the youth is informed of the nature, consequences, risks and alternatives of the proposed treatment, examination or procedure. It further requires the youth sign a written consent form authorizing the specific treatment, which is to be included in the youth's medical record. NRS 432B.4685, effective October 1, 2011, requires the court appoint the person who is legally responsible for the psychiatric care of a child, which may be a person nominated by the agency which provides child welfare services or any other person the court determines is qualified. NRS 432B.4687, also effective October 1, 2011, requires the person who is legally responsible for the psychiatric care to approve or deny the administration of a psychotropic medication to the child, and the consent shall be written. Five of the ten youths whose files we reviewed were prescribed psychotropic medication; none of these five youths' medication files contained evidence of the written consent of the persons legally responsible for the psychiatric care of the youths.

Nevada Youth Training Center (continued)

- NYTC's handling of complaints is not consistent with DCFS's Juvenile Services Statewide Institutional policy or the youth handbook. Last reviewed in 2005, the policy states the Superintendent has sole possession of the keys to the complaint boxes; but, according to the Superintendent, the Training Officer checks the boxes and resolves the complaints. In addition, the youth handbook indicates the Assistant Superintendent or his designee will log and resolve the complaints.
- NYTC's policy on searches of youths, last reviewed in January 2006, is outdated and is not consistent with NYTC's practices on the documentation of searches. The policy requires staff document general area searches, but not other types of searches, such as body cavity, strip, or visitor searches. However, according to management, all searches are documented. We verified the documentation of searches during our review of youths' files. In addition, the policy does not require staff document the reason a search was conducted.
- NYTC's procedure for the Intensive Management Unit Program, effective in 2013, is outdated. According to management, NYTC no longer has an Intensive Management Unit Program.
- DCFS's Juvenile Services Statewide Institutional Policy, last reviewed in 2005, requires all suspected incidents of child abuse and neglect *be reported immediately to child protective services or local law enforcement and the Superintendent*. The Superintendent will then notify the DCFS Administrator and Deputy Administrator. This policy is consistent with NRS 432B.220, which requires reporting incidents as soon as reasonable, but no later than 24 hours after the person has cause to believe that the youth has been abused or neglected. However, management reported staff are required to complete a report and submit it to the Superintendent, who then notifies the DCFS Deputy Administrator, who then notifies child protective services or local law enforcement. This process may result in delays in reporting suspected incidents of child abuse or neglect

Nevada Youth Training Center (continued)

because the reports must be handled by at least two persons before child protective services or local law enforcement is notified.

In addition, staff did not always follow established policies and procedures. For example:

- DCFS's Juvenile Services Statewide Institutional Policy requires each youth admitted to a facility be verbally told of the complaint process and sign a receipt of this orientation. However, 2 of the 10 youths' files we reviewed did not contain a signed receipt acknowledging they were informed of the complaint process. In addition, 4 of the 10 files contained receipts that were signed from 2 to 8 weeks after the youths' admittance to NYTC.
- NYTC's policies require employees be subject to a search of the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child (CANS) as a condition of employment. Any person with a substantiated report of child abuse or neglect in the CANS database is considered not suitable for employment at NYTC. These policies were last revised in 2008. Of the 10 employees whose files we reviewed, 8 were hired after this policy was effective, but there was no evidence 1 of the 8 was subject to a CANS search as a condition of employment. This employee was subjected to a CANS search more than a year after hire. In addition, according to information in their files, two employees hired prior to 2008 were not subjected to a CANS search until 5 and 6 years after the initial date of their employment and 4 years after the policy was adopted.
- U. S. Department of Justice's National Standards to Prevent, Detect, and Respond to Prison Rape (28 CFR Part 115), effective August 20, 2012, and NYTC's policy for implementing the Prison Rape Elimination Act, which is not dated, require NYTC to screen and assess youths for risk of sexual victimization and abusiveness within 72 hours of arrival at NYTC. However, management stated NYTC did not have a process to assess and screen youths during our review. Since our review, management has indicated a

Nevada Youth Training Center (continued)

process has been developed to screen and assess youths within 72 hours of arrival.

- We observed several items belonging to staff and considered to be contraband in the cottages. NYTC's Mail, Visiting, and Telephone Policy defines contraband as any item or articles in the possession of a youth or found within the facility that has not been officially issued, purchased in the commissary, or approved by written policy. The policy, posted list of contraband, and youth handbook specifically identify as contraband the following items, which we observed in the cottages in the possession of staff: two movies with restricted ratings, a set of car keys, an unlabeled bottle of medication, two cans of snuff, and an aerosol can. NYTC provides areas where staff may securely store personal items, but the items listed were not securely stored and were accessible to youths.

Finally, some practices have not been fully documented in policies or procedures.

- Youth computer use and internet access guidelines and practices have not been formally adopted as policies or procedures. NYTC distributes guidelines and rules to the youths regarding use of computers. However, these guidelines and rules and a requirement to use them have not been adopted as a policy with a related procedure. Therefore, there is no evidence that the guidelines and rules have been approved.
- NYTC's medical staff review medical records on a daily basis; however, this process is not documented in a policy or procedure. We reviewed 50 medication administration records for 6 youths and found a relatively low error rate on the records. One youth's medication administration record contained an error, showing an incorrect dose of one medication, and two youth's medication administration records contained a total of three blank spaces. In addition, one youth's file was missing medication administration records for 4 months due to not retaining a copy of the records before transferring them and the youth to a different facility.

Nevada Youth Training Center (continued)

- DCFS's Juvenile Services Statewide Mental Health Care Plan Policy and NYTC's policy and procedure for treatment planning do not designate a treatment team member responsible for documentation of the treatment or mental health care plan. In addition, the procedure is not clear as to the frequency of treatment team meetings. In one place it requires treatment teams to review and evaluate each youth's progress at least once a month. In another place it states that treatment team meetings will be held every other month, one month in the Southern District and the next month in the Northern District. This lack of clarity may have contributed to the treatment plan not being developed timely for 1 of the 10 youths whose files we reviewed. In addition, files for seven youths did not contain evidence their treatment plans were periodically reviewed.
- DCFS's Juvenile Services policy for medication administration and management does not address how often medication should be disposed.
- NYTC's admissions policy, last reviewed in 2006, does not require staff to document whether youths have allergies, even though the case file face sheet completed for each youth contains a section for staff to list allergies. Of the 10 youths' files reviewed, 5 of the case file face sheets did not contain allergy information.
- NYTC's policies do not contain a requirement that a description of the complaint process be posted in areas visible to all youths, staff, and visitors. As a result, a description of the process was not posted in two of the four cottages we visited.

Facility Response

In August of 2014, DCFS, Juvenile Services, created a Policy Workgroup. Members consist of the Quality Assurance Manager, both Superintendents of NYTC and Caliente Youth Center (CYC), Unit Manager of the Northern Youth Parole Bureau, the Contract Compliance Monitor, and the Juvenile Justice Specialist. This workgroup meets weekly and is

Nevada Youth Training Center (continued)

Facility Response (continued)

reviewing and revising DCFS Statewide Policies to ensure that all policies include new state and federal regulations. NYTC's PREA Manual has been reviewed in December of 2014 by a certified federal PREA Auditor and has met or exceeded standards. It is the goal of this workgroup to review and revise every statewide DCFS Policy in order to eliminate several of the Standard Operating Procedures (SOP) that NYTC currently has implemented. NYTC will only implement new SOP's when it is determined that more specificity must be provided to employees to ensure compliance with federal and state regulations.

NYTC complies with the mandatory PREA Standard staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours. This is identified in the NYTC PREA Safety Standards Manual, now dated most recently April 6, 2015. The PREA Manual serves as the policy for NYTC pertaining to all PREA Standards, which includes the provisions for staffing ratios. This PREA Manual was determined to exceed standards during the federal PREA Audit conducted in December 2014.

Any exceptions to this ratio must be documented within the Shift Supervisor Report submitted daily to the Superintendent and the Statewide PREA Coordinator. The Statewide Policy Workgroup will review and revise the DCFS Statewide Policy on transportation of youth to include the federal staffing ratios within the next 30 days. It should also be noted that the staffing ratios for PREA do not go into effect until January of 2017.

NYTC's Behavioral Room Confinement policy issued September 13, 2013, under definitions, identifies that staff must complete a visual check on each youth in confinement at least once every ten minutes. This is documented on the Room Confinement Log or Cool Off Log. Within this same policy, under procedures, it

Nevada Youth Training Center (continued)

Facility Response (continued)

states that, for youth placed in “cool off” in a living unit, the door must be unlocked. This is also documented on the Cool Off Log. DCFS’s Statewide Policy takes precedence over NYTC’s policy which will be reviewed and revised to match the current Statewide Policy including the requirements of NRS 63.505.

NYTC no longer operates under its own Personnel Policy; rather, it operates under the DCFS’s Personnel Policy and Procedure Manual. The former NYTC Personnel Policy has been removed from the NYTC Policy/SOP Index. The DCFS Personnel Department has reported that they are reviewing their hiring practices and will review and revise their Personnel Policy and Procedure Manual to include the requirements of NRS 62B.270.

DCFS’s Statewide Institutional Policy for Medication Administration and Management was approved on October 28, 2014. This policy was recently revised in accordance with NRS 432B.4687 and is currently being reviewed by the Deputy Attorney General as well as the medical staff of NYTC. Legally, the youth are in the custody of DCFS. NYTC nursing staff consistently work towards getting written consent from the youths’ parents or guardians, however, the return rate is fairly low. The nurse sends out a certified letter, with a self-addressed return envelope, the consent form and a letter explaining the need for written consent. The NYTC nurse also tries to contact the parent or guardian by phone to follow up on the documents sent. This process is conducted with a witness and documented within the medical file. The barrier of having parental involvement and responsiveness to written informed consent requests will continue to be a priority for NYTC medical staff to overcome.

Nevada Youth Training Center (continued)

Facility Response (continued)

DCFS's Statewide Institutional Policy on the Youth Grievance Procedure has been reviewed and revised and was approved on February 3, 2015. Within this policy, the concerns above have been addressed and resolved. Additionally, the youth handbook has been revised and has been submitted for review and approval. The revised youth handbook matches the Statewide Institutional Policy.

DCFS's Statewide Policy Workgroup has identified the policy on searches of youths as a priority policy to review, revise and approve within the next 45 days. In addition, NYTC's PREA Safety Standards Manual addresses cross gender searches.

The Intensive Management Unit is no longer operating within NYTC. This program was discontinued in December of 2013. The Intensive Management Unit Standard Operating Procedure has been removed from NYTC's manual in its entirety.

DCFS's Statewide Institutional Policy regarding suspected incidents of child abuse and neglect has been reviewed and was revised in January of 2015. This policy is now being reviewed by the Attorney General's Office to ensure compliance with federal and state regulations. The policy identifies the mandatory reporter as notifying both Child Protective Services and the Superintendent to eliminate any delays in reporting. In addition, DCFS will educate and require staff to participate in the free online training provided by the Child Welfare Training Academy tailored for mandatory reporters.

The youth files reviewed during the audit were during a time when the previous Training Officer had left state employment and the current Training Officer had been hired. It was during her training period that two youth did not receive the official Grievance Training that is currently provided. The remaining four youths were identified, through file review, of not receiving

Nevada Youth Training Center (continued)

Facility Response (continued)

the formal Grievance Training. At that time, the current Training Officer met with them and provided them with the information. DCFS's Statewide Institutional Policy on the Youth Grievance Procedure has been reviewed, revised and approved on February 3, 2015. NYTC's Training Officer provides this training within 72 hours of the youth being admitted. The Statewide PREA Coordinator will provide the training to the youth in the absence of the Training Officer. All youth attending initial and sign an acknowledgement of understanding after the class is completed.

DCFS's Personnel complete a CANS check on all DCFS employees before an employment offer is made. Both the DCFS Administrator and Personnel Officer must approve and sign prior to any employment offer. However, the CANS documents are maintained in a separate, confidential file with the candidate's criminal background check results. If any NYTC staff files are missing the documented results of a CANS search, they will be identified and the issue will be rectified. Personnel will continue to review files and ensure that all staff has the mandatory background checks.

In December of 2014, NYTC's Mental Health Personnel implemented the Practical Adolescent Dual Diagnostic Interview (PADDI-5) as a pilot program to ensure the ability to capture all the necessary data for youth assessment. PADDI-5 is an evidence-based assessment tool used to capture co-occurring disorders as well as sexual aggressive tendencies and prior victimization. After 30 days of the pilot, the decision was made to implement the PADDI-5 permanently for all youth.

Also, within 72 hours, the resident will watch a video on sexual assaults and read the handbook. If necessary, staff will read the resident handbook and questionnaire with the resident. The goal of this

Nevada Youth Training Center (continued)

Facility Response (continued)

department is to provide a safe environment for residents while adjudicated at NYTC.

Within 7 days of a youth's arrival, the Mental Health Counselor will conduct a more comprehensive assessment of the youth by completing the PADDI-5. The results will be included in the youth's file and will be reassessed anytime a new PREA allegation surfaces, or, at a minimum, every 45 days.

The Statewide Policy Workgroup has identified the Mail, Visiting and Telephone Policy as a priority to review, revise and approve within the next 45 days. Staff identified as having items that are considered contraband will be addressed by the Superintendent. The Superintendent, the Training Officer, and the Statewide PREA Coordinator conduct bi-weekly unannounced visits to each cottage on grounds. These visits are documented within the PREA Standard's database. The youth handbook has also been updated and awaiting final approval.

NYTC has developed a draft Standard Operating Procedure on internet usage and management. This procedure will be approved within the next 14 days.

The Medication Administration and Management Policy will be revised to include NYTC's medical staff to review medical records on a daily basis. At the end of the month, the nurse, again, reviews the Medication Administration Records' (MAR) signatures before they are filed in case there are any signatures missing. The nurse is notified by the Assistant Head Group if there are discrepancies on the MARs and Infirmary Sheets. In addition, during the Medication Administration Training, NYTC's nurse presses the importance of the MARs for signatures and to ensure that Shift Supervisors compare the Infirmary Sheet, Face Sheet, MARs and Informed Consent Forms. The missing youth's file happened due to personnel sending the original medical records to the receiving

Nevada Youth Training Center (continued)

Facility Response (continued)

facility. When NYTC's nurse contacted the receiving facility to send them back, they reported they had no records for this youth on-site. This will be avoided in the future by sending copies of the medical records rather than the original file.

NYTC's Statewide Policy Workgroup has reviewed, revised, and submitted the Statewide Institutional Mental Health Care Plan Policy to the Deputy Attorney General for review and approval. This policy will be completed within the next 30 days.

NYTC's medical staff will follow the procedures identified within the Statewide Institutional Policy on Medication Administration and Management. Additionally, NYTC will develop a disposal schedule of medication within the next 14 days. The Superintendent will act as the witness with the NYTC nurse to count all medication that needs to be disposed, seal in the proper container, and sign off on the chain of command. The medication will be disposed through the Elko County Sheriff's Department.

Through the process of reviewing these youths' files, it was discovered intake staff left the allergy section blank when the youths reported no allergies. Intake staff have been trained to ensure that every section of the form is completed with no blank sections. In addition, the Administrative Assistant reviews all youths' intake forms to ensure that all sections are completed correctly.

NYTC has posted all grievance process and contraband lists in every cottage, the dining hall and the school infirmary. NYTC's Training Officer will ensure that mandatory posters remain in each cottage during her weekly walk through.

Child Haven

Background Information

Child Haven is a staff-secured child welfare facility located in Las Vegas. Child Haven is funded and operated by Clark County's Department of Family Services. Child Haven is licensed as a child care facility by the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance. Clark County's Department of Family Services' mission includes protecting children from abuse and neglect by partnering with the community to build safe, nurturing and stable families, supporting family preservation when possible, providing permanent families for those children who cannot return home, and ensuring the well-being of children in its care.

As of June 30, 2015, Child Haven:

- Served male and female youths between the ages of 0 and 17.
- Had a maximum capacity of 90 youths.
- Had an average daily population of 54 youths with an average length of stay of 11 days.
- Had an average of 102 staff: 43 full-time and 59 part-time.

Purpose of the Review

The purpose of our review was to determine if Child Haven adequately protects the health, safety, and welfare of the children at Child Haven and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 1, 2013, through January 2015. We discussed related issues and observed related processes during our visit in February 2015.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Child Haven provide reasonable assurance that it adequately protects the health, safety, and welfare of the youths at the facility and respects the civil and other rights of youths in its care.

Child Haven (continued)

However, Child Haven needs to improve its policies and procedures and ensure staff comply with policies and procedures. In addition, management should monitor the policies and procedures adopted by its contractor for medical services.

Principal Observations

Policies and Procedures

Complaints

Child Haven did not always comply with its policies and procedures for informing youths of their right to file a complaint. Policy requires staff to explain the complaint process during orientation; it also requires orientation be completed within 12 hours of admission to the facility. Seven of the ten youths' files we reviewed did not contain evidence that staff informed the youths of their right to file complaints. Documentation in an eighth youth's file indicated she was not informed of her right to file a complaint until 2 months after her admission to Child Haven. In addition, complaint procedures were not posted in an area visible to youths. Child Haven's policies indicate that complaint procedures are posted.

Child Haven's policy on complaints does not address the timeframe in which complaints must be resolved. The policy does state that complaints will be handled with the "greatest possible speed."

Facility Response

Child Haven supervisors are now responsible for the quality assurance of all youth files to ensure that youth have been informed of their right to file a complaint and have been provided with a full orientation within 12 hours of admission to the facility.

Complaint procedures are now posted in each cottage in a visible area for all youth housed at Child Haven.

A formal request has been submitted to the policy and procedure review team asking that Child Haven's existing policies regarding youth grievances be

Child Haven (continued)

Facility Response (continued)

revised to read “the matter must be addressed within two business days of the submission of the grievance”.

Medication Administration

Medication policies and procedures also need improvement. Child Haven uses the services of a contractor for the administration and documentation of medication. The contractor has developed some policies and procedures, but they were not complete and were not always clear. Child Haven has not adequately reviewed the contractor’s health-related policies. Child Haven’s policies state there will be a quarterly review of the mutually agreed upon policies for medication management. The policies also state that the contractor must at all times have a current policy for medication management.

Some of the policies and procedures that were missing or unclear include:

- The contractor’s policies do not address the process used to destroy medications. As a result, documentation of medications destroyed is incomplete and inconsistent; it does not identify the method used for destruction of the medications and does not always contain two signatures.
- The standing order form, used to list non-prescription medications which may be administered, has been properly approved; however, the form is not dated. Therefore, we could not determine how long ago the form was developed or approved. Keeping the standing order form up-to-date is important since the list of medications approved for youths of various ages changes periodically as medications are developed, recalled, or no longer manufactured.
- The contractor’s policies do not address that staff should require mouth “sweeps” to help ensure youths swallow their medications. However, we did observe staff requiring mouth “sweeps” when administering medications.
- The contractor’s policies do not address documenting medication errors, such as refusals or missed medications.

Child Haven (continued)

- The contractor's policies do not address documenting adverse drug reactions or interactions.
- The contractor's policies require medical staff to obtain consent from the person legally responsible before administering psychotropic medications. However, there is no established method to identify the person legally responsible.
- The contractor's policies state the initial health screening will be documented on the health screening form approved by the Health Authority. However, the policies do not define what the Health Authority is.
- The contractor's policies require medical staff to follow the physician's orders when administering medications. However, if staff are not able to administer medications prior to youths leaving for school, they will administer the medications when the youths' return from school. This practice may lead to uneven levels of some medications throughout the youths' day or night, and should be considered a medication error.

NRS 432A.1757 requires facilities to adopt medication policies to: administer medication; store, handle, and dispose of medication; document the administration of medication and errors; and minimize and address medication errors.

In addition, Child Haven's staff could improve its monitoring of the contractor's documentation related to medications. For example, 3 of the 10 youths' files we reviewed indicated they were taking medication when they arrived at Child Haven. However, two youths' files did not indicate if the youths arrived with medication. One of the youth's medication administration record was missing evidence that the medication was administered for 2 days; the record did not contain an explanation for this omission. Child Haven's policies state it will provide oversight with the medical services contractor and will review copies of documentation provided by the contractor to identify any potential errors.

Child Haven (continued)

Facility Response

The Director of Child Haven has reviewed the policies and procedures of its contracted medical services provider. The contractor has been provided with feedback on the areas of their policies and procedures that needed improvement. An implementation date for the revised document has been set for August 1, 2015. Child Haven is also looking to increase the frequency of its reviews from quarterly to monthly or bi-monthly. The identified reviewer will be provided with the most current version of the contractor's policies and procedures.

The contractor has submitted a draft of its revised policies and procedures to the Director of Child Haven and subsequently received guidance on areas for improvement. The complete version of the contractor's approved policies and procedures address: the process for destroying medications; the requirement to date the standing order form each time it is updated and approved; the current practice of requiring mouth "sweeps" when administering medications; the requirement of documenting medication errors including refusals and missed medications on the Medication Administration Review Sheets; the requirement of documenting adverse drug reactions or interactions in each youth's medical file; a process for obtaining the contact information of the Person Legally Responsible for medication consents for each youth receiving psychotropic medication at Child Haven; specifying that the contracted agency is the Health Authority that must approve the initial health screening form that is used by the contractor; and clearly define what constitutes a medication error and the procedures that must be followed when an error occurs. The anticipated effective date of the revised policies and procedures is August 1, 2015.

Child Haven has quarterly quality assurance reviews by a registered nurse in the State of Nevada to monitor the contracted medical service provider's documentation related to medication. Child Haven is

Child Haven (continued)

Facility Response (continued)

currently looking to increase the frequency of those reviews from quarterly to monthly or bi-monthly. The errors that have been found in youth files were found to be staff-specific and staffing changes have since been made, additional coaching and counseling has also been provided to the contractor's remaining staff. Child Haven will continue to provide oversight and review the contractor's medical documentation through the use of our external quality assurance reviewer.

Other Policies and Procedures

Child Haven's contracted medical services provider's policies do not specifically require staff who complete a health screening for each youth at admission to document allergy information, although the form used to complete the screening contains a space for documenting allergies. Two of the ten youths' initial screening forms did not contain information about whether the youths had allergies or not.

Child Haven's policy states a list of prohibited items and contraband is posted in every building. However, one of the four buildings we observed did not have a list of prohibited items and contraband posted. In addition, the posted lists were not consistent with Child Haven's policies related to prohibited items and contraband or policies related to what items visitors may not bring on campus.

Cleaning chemicals were not securely stored in two of the five cottages we observed. Child Haven's security policy states youths will not have access to any toxic, flammable, or caustic materials, including cleaning supplies.

There were no treatment plans for three of the five youths who should have had treatment plans. The treatment plan prepared for a fourth youth was not signed by the youth and preparer until 2 months after the youth's admission to Child Haven. Child Haven's policy requires the treatment plan be developed within 3 days of admission.

Child Haven (continued)

Facility Response

The contractor has submitted a draft of its revised policies and procedures to the Director of Child Haven and subsequently received guidance on areas for improvement. The complete version of the contractor's approved policies and procedures does state that staff must specifically identify whether each youth they complete an intake screening on has allergies or not. The anticipated effective date of the revised policies and procedures is August 1, 2015.

A list of prohibited items and contraband is now posted in every cottage at Child Haven, including the nursery and toddler cottages. The lists are consistent with Child Haven's policies related to prohibited items and contraband policies related to what visitors may not bring on campus.

All cleaning chemicals are securely stored in each of Child Haven's cottages. Staff have been instructed that if a locking mechanism malfunctions on a cabinet that contains cleaning chemicals, then the items are to be immediately moved to a different cabinet with a functioning locking mechanism.

The assignment of youth to workers for the creation of a Treatment Plan is now the responsibility of the lead staff on each shift. The completion and quality of the treatment plans is now the responsibility of the supervisors of each shift and will be reviewed with staff at their regularly scheduled supervision meetings.

Since the time of the Child Haven review, February 2015, a concerted effort has been made to receive detailed policies and procedures from our contracted Medical Service provider. The completed policies and procedures will allow Child Haven the opportunity to increase monitoring of the contractor as Child Haven will now be able to implement the services of a quality assurance reviewer on a more frequent basis to

Child Haven (continued)

Facility Response (continued)

ensure that the contractor policies and procedures are being strictly adhered to. Since the review, Child Haven has also increased the responsibilities of its lead and supervisory staff to ensure that all staff are being held accountable for following the existing policies and procedures of the facility, especially with regards to orientation for incoming youth and ongoing treatment planning.

Willow Springs Center

Background Information

Willow Springs Center is a secure, residential mental health treatment facility located in Reno. Willow Springs is a private, for-profit facility. It is licensed as a hospital by the Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care and Quality Compliance. Willow Springs' mission is to provide innovative, evidence-based therapeutic interventions, tailored to individual needs, which represent a wide range of clinical modalities and structure. Willow Springs provides intensive individual, group and family psychotherapy.

As of June 30, 2015, Willow Springs:

- Served male and female youths between the ages of 5 and 18.
- Had a maximum capacity of 116 youths.
- Had an average daily population of 100 youths with an average length of stay of 60 days.
- Had an average of 193 staff: 150 full-time and 43 part-time.

Purpose of the Review

The purpose of our review was to determine if Willow Springs Center adequately protects the health, safety, and welfare of the children at Willow Springs and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 1, 2013, through November 2014. We discussed related issues and observed related processes during our visit in December 2014.

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 Willow Springs 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, Willow Springs could improve its policies and procedures

Willow Springs Center (continued)

in many areas, including medication administration and background investigations.

Principal Observations

Policies and Procedures

Willow Springs' policies and procedures could be improved. First, some practices, while documented, have not been formally adopted as policies and procedures. For example, Willow Springs' policy on complaints was last reviewed in October 2014 and shows it has been revised multiple times since 2000. However, the policy has not been incorporated into Willow Springs' official policies. Other key policies that have not been formally adopted include patient rights, medication reconciliation, authentication of signatures, and informed consent for psychotropic medication.

In addition, some policies and procedures were not consistent with information given to the youths or parents in handbooks. Willow Springs' unofficial policy states complaint forms are available on all units; the youth handbooks state complaint forms must be requested or complaints may be documented on any piece of paper. The Willow Springs' policy lists several items as contraband that are not included in the Parent Handbook or the posted list as contraband. Some of the items included in the policy but not included in the Handbook or the posted list are scissors and other sharp objects, and medications.

Finally, one policy and procedure was unclear and not consistent with other guidance and documents provided to staff. The policy and procedure for providing information to first responders or other medical providers in emergency medical situations, last revised in March 2012, states staff will send certain forms with the patient, including a face sheet, a list of medical allergies and current medications (Medication Reconciliation Form), and medication administration records. However, the Emergency Services Checklist, last revised in October 2009, does not include a list of medical allergies and current medications. In addition, none of the 10 youths' face sheets reviewed contained a list of medical allergies. Documentation of allergies was found in the files, but no standardized form was used to list all the allergies for each youth in a consistent, complete, and readily accessible manner. Neither the face sheet nor the Medication Reconciliation Form contained an

Willow Springs Center (continued)

area for staff to list allergies. Finally, the Emergency Services Checklist does not include a Medication Reconciliation Form, which is required by the policy.

Facility Response

The emergency services check list and policy was reviewed and updated to explain allergies are listed on the medication administration record and the medication reconciliation form. The check list states a copy of the medication administration record, which is a list of the current medications that a patient would be taking, and the allergies are listed at the top of the medication administration record. Our standardized practice for allergies is to list them in the history and physical, the admission physician orders, the nursing assessment, and the medication administration records, and, for current patients, on the front of the medical record. There are no separate pages just for listing allergies. The face sheet is used for patient demographic information.

Medication Administration

Many of Willow Springs' policies and procedures for the administration of medication and the documentation of the administration of medication are incomplete, outdated, or unclear.

Willow Springs has not documented in its policies and procedures its process of completing checks of medication records. Medical staff complete a medical chart review every 24 hours to help ensure new physician orders have not been missed. In addition, management completes a monthly review of medication records for all new youths admitted to the facility. However, these practices have not been documented in written procedures. Furthermore, Willow Springs has not established a process to complete and document periodic independent reviews of youths' medication files. This may have contributed to several errors in youths' medication files noted during our review. For example, 6 of the 10 youths' medication administration records reviewed contained at least one blank space with no description of why the medication was not distributed. One youth's file was missing medication administration records for 14 days. Finally, five youths' files contained other types

Willow Springs Center (continued)

of errors, such as staff initials crossed out on the medication record with no explanation, and documentation that more or fewer pills were administered than were prescribed.

The policy and procedure for the disposal of unused, expired, or wasted medications is outdated and does not comply with the intent of the federal Secure and Responsible Drug Disposal Act of 2010. The Willow Springs' policy *Wasting of Medications* states the medication nurse will dispose of wasted or refused medications by pouring liquids and crushed medications down the sink or toilet, and tablets and pills will be destroyed by flushing down the toilet. Wasted medications may also be disposed in a sharps container for medical waste. Medications disposed of in a sharps container are mixed with other waste and may include controlled substances. The mixed waste in the sharps containers is picked up and destroyed by a contractor. The policy does not distinguish between controlled substances and other medications. This policy was last revised in September 2013. Federal rules for disposing of medications were effective in October 2014. These rules implement the Secure and Responsible Drug Disposal Act of 2010. The Act's goal is to decrease the amount of pharmaceutical controlled substances introduced into the environment, particularly into the water. The rules require that, when the actual substances collected for destruction are unknown but may reasonably include controlled substances, the method of destruction shall be sufficient to render non-retrievable any controlled substance likely to be present. Flushing controlled substances down a toilet is not consistent with the intent of the Secure and Responsible Drug Disposal Act. However, disposing of controlled substances in a sharps container may be consistent with the intent of the federal law if Willow Springs ensures the contractor adequately alters or destroys the substances and maintains the proper documentation.

Staff was not familiar with Willow Springs' medication refusal policy. The policy states the nurse will notify the patient's physician as to the reason the medication was omitted. However, staff told us the policy directs staff to notify the youth's physician after a youth refuses his prescribed medication three times. Staff stated a preference to notify the youth's physician each time a youth refuses a medication. NRS 449.181(2) requires each medical facility that has custody of a child pursuant to the order of a court to ensure that each employee who will administer medication to a child

Willow Springs Center (continued)

receives a copy of and understands the facility's policy related to addressing errors in the administration of medication.

Facility Response

All medication policies and procedures were reviewed, revised, and updated in January and February of 2015. The medication administration record check was turned into a Performance Improvement Project in February 2015. All in-patient medication records are audited once a week. Any records that are found with medication not signed out is copied and entered as an incident, under the category of Medication Other, with a note "meds not signed out, was it given?" A copy of the medication record is given to the Chief Nursing Officer for the identification of the staff involved, and followed up with a 1 on 1 conversation. This data is reported to the Performance Improvement Committee monthly. Review of the medication administration record was also added to the Discharge Audit that occurs during the morning meeting.

The registered nurses complete the 24-hour review of the physician's orders.

The policy for disposal of unused, expired, or wasted medication was reviewed and revised to support the new process and what we are currently using. In addition, staff has been trained.

We have annual competencies for registered and licensed practical nurses who administer medication.

Background Investigations

Willow Springs' policy contains a list of disqualifying crimes that is not entirely accurate when compared to the disqualifying crimes listed in NRS 449.174. For example, Willow Springs' policy lists a conviction of any felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon within the past 7 years. However, NRS 449.174 does not impose a limit of 7 years for this conviction. In addition, Willow

Willow Springs Center (continued)

Spring's policy includes assault with intent to kill or to commit sexual assault or mayhem, but does not include battery with intent to kill or to commit sexual assault or mayhem, which is included in NRS 449.174.

Willow Springs does not have a policy requiring checks of the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child (CANS), and we found no evidence in the 10 employees' files we reviewed that a CANS search was requested. NRS 449.125 states that, upon receiving information from the Central Repository for Nevada Records of Criminal History, or evidence from any other source that an employee or independent contractor has had a substantiated report of abuse or neglect and he or she is employed at a facility or hospital that provides residential services to children, the administrator or person licensed to operate the facility or hospital shall terminate the employment or contract of that person. The statute does not specifically state that Willow Springs is required to conduct searches of CANS for employees who work with children; however, CANS may be the best source of information about whether a person has a substantiated report of abuse or neglect of a child.

Facility Response

Willow Springs has reviewed, revised, and updated our Criminal Background Storage and Dissemination of Criminal History policy to include CANS to our process and to include the disqualifying crimes listed in NRS 449.17.

Other Issues

Complaint forms were not readily available to all youths. During our review, complaint forms were not available to the youths in one of Willow Springs' five units for youths. Willow Springs' unofficial policy requires complaint forms to be available for all patients and visitors. In addition, a description of the complaint process was not posted in any of the five units housing youths.

Willow Springs has not developed policies and procedures that address the privileges youths can earn while at Willow Springs.

Willow Springs Center (continued)

Youth privileges are addressed in the youth handbooks, which are distributed to the youths at intake.

A list of prohibited items and contraband was not posted in two of the five units housing youths.

Facility Response

Willow Springs will change the process to check the patient grievance boxes every morning and refill the supply of forms, keeping the forms available at all times. Each nursing station also has an extra supply of forms. A patient family grievance box was added to the main lobby.

The prohibited items and contraband list were reviewed and updated and reposted on each unit, along with updating each handbook. When leadership makes the environment of care rounds, they will be checking to assure that the signs are up. Rounds are conducted weekly. We will continue to maintain the list in the handbooks.

A description of the complaint process will be posted on each of the five programs by July 15th. The plan is to be post in each activity room. This will also be added to leadership rounds.

Privileges are addressed in the youth handbook, and we will develop a guideline due to the changes in our programs. The guidelines will be brought to the PI committee in July.

Northwest Academy

Background Information

Northwest Academy is a residential center located in Amargosa Valley. Northwest Academy is a private, for-profit facility and is licensed by the Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Healthcare Quality and Compliance, as a child care facility. A residential center is defined as providing a full range of therapeutic, educational, recreational, and supportive services. NRS 432A.0245 defines a child care institution as a facility which provides care and shelter and developmental guidance to 16 or more children who do not routinely return to the homes of their parents or guardians. An institution may provide: education; services to children diagnosed as severely emotionally disturbed; or emergency shelter to children in protective custody.

The Academy's mission is to offer a safe, enriched environment that promotes each student's character development, academic success, and family unity, and embodies a merit based program that rewards academics and behavior through a level and point system while challenging students through character and leadership development programs.

As of June 30, 2015, Northwest Academy:

- Served male and female youths from age 13 through 18.
- Had a maximum capacity of 228 youths.
- Had an average daily population of 41 youths with an average length of stay of 12 months.
- Had an average of 38 staff: 35 full-time and 3 part-time.

Purpose of the Review

The purpose of our review was to determine if Northwest Academy adequately protects the health, safety, and welfare of the children at Northwest Academy and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 1, 2013, through March 2015. We discussed related issues and observed related processes during our visit in April 2015.

Northwest Academy (continued)

Results in Brief

Based on the results of the procedures performed, the policies, procedures, and processes at Northwest Academy need to be improved in order to provide reasonable assurance that it adequately protects the health, safety, and welfare of the youths at the facility and respects the civil and other rights of youths in its care. Policies and procedures related to health, safety, welfare, and civil and other rights were incomplete and not incorporated into a comprehensive set of policies and procedures.

Principal Observations

Health and Medication Administration

Northwest Academy had not developed a comprehensive and complete set of policies and procedures related to the administration of medications as required by NRS 432A.1757. The statute requires facilities to adopt medication policies that include:

- Documenting the orders of the treating physician;
- Administering medication to children;
- Storing, handling, and disposing of medication;
- Documenting the administration of medication and any errors in the administration of medication;
- Minimizing errors in the administration of medication; and
- Addressing errors in the administration of medication.

Some of the Academy's processes related to medication administration have been documented in the employee handbook. These processes include administering medication timely in accordance with physicians' orders; retaining physician's orders; and handling refusal of medications by youths, missed medications, and adverse reactions to antibiotics. However, the guidance provided by the handbook is not complete, and the processes have not been documented in the Academy's official policy manual.

Northwest Academy (continued)

Obtaining Consent to Administer Psychotropic Medications

The Academy uses a consent form to obtain consent from the person legally responsible for the psychiatric care of each youth. However, the form used does not meet the requirements contained in statute. The form used by the Academy is titled "Permission to Administer Medication," and contains spaces for the name of the person granting consent, the name of the child, and a date. The form contains a space to list the name of the medication; however this space was sometimes left blank or the word "medication" was written. The form states that the Academy has the signor's permission to administer "blank" to the child as prescribed or directed on the medication container. Five of the eight youths' files we reviewed indicated they were prescribed at least one psychotropic medication after admission to the Academy, and none of the five files contained an adequate consent from the person legally responsible for the psychiatric care of the youths.

NRS 432B.4687(2) requires written consent to include: the name of the child; the name, address and telephone number of the person who is legally responsible for the psychiatric care of the child; the name, purpose and expected time frame for improvement for each medication; the dosage, times of administration and, if applicable, the number of units at each administration of the medication which may be administered to the child; the duration of the course of treatment for the administration of the medication; a description of the possible risks, side effects, interactions with other medications or foods, and complications of the medication; and, if applicable, specific authorization for use of a psychotropic medication that has not been tested or approved for the age of the child or the condition for which it is prescribed, or the child's concurrent use of three or more classes of psychotropic medication, or the child's concurrent use of two psychotropic medications of the same class.

Disposal of Medications

The Academy's practices and policies for the disposal of medication are not adequate and are not consistent with the federal Secure and Responsible Drug Disposal Act of 2010. The Academy's policy on the disposal of medications is included in the employee handbook and states that "Expired meds are destroyed according to policy with 2 staff present and a med disposal sheet assuring that meds are

Northwest Academy (continued)

destroyed.” We were unable to locate any additional policies addressing medication disposal. According to staff and review of supporting documentation, the Academy’s process for disposing of medication includes flushing unused or wasted medications down a toilet.

The goal of the Secure and Responsible Drug Disposal Act of 2010 is to decrease the amount of pharmaceutical controlled substances introduced into the environment, particularly into the water. The Drug Enforcement Administration of the Department of Justice has adopted rules to implement this Act. Those rules allow pharmacies to accept expired or unused medications from persons who lawfully possess the medications for the purpose of destroying the medications. In addition, the rules allow other methods of destruction, but the methods must render the controlled substance non-retrievable and the method of destruction must be consistent with preventing diversion of any substance to illicit purposes and protecting the public health and safety.

Independent Review of Medication Records

The Academy’s process to review medication records is not documented in its policies. Therefore, there is no formal guidance to staff regarding the information that should be reviewed, what reviewers should look for, who should perform the reviews, how the reviews should be documented, or how errors should be resolved when they are found.

Although Academy staff review medication administration records, the process could be improved. Staff’s review includes determining whether the medications were administered at the correct time on the correct day, and whether the record contains the correct initials. However, we found other types of errors related to medication administration that could have been discovered and corrected if a more thorough review were conducted. For example, of the eight youths’ whose medication files we reviewed, seven were prescribed medication during their stay at the Academy, and the files for five of those seven contained documentation indicating the youths did not receive one or more of their prescribed medications timely. We noted there were delays up to 15 days from when medications were available from the pharmacy until the medications were administered to the youths. In addition, three of the youths’ files were missing

Northwest Academy (continued)

physician's orders for at least one prescribed medication, and one file was missing pharmacy instructions. Finally, none of the 146 medication administration records we reviewed contained documentation that the record had been reviewed.

Mental Health and Substance Abuse Issues

The Academy has not established official, approved, and dated policies and procedures related to mental health and substance abuse treatment. According to management, youths at the Academy have access to counselors and programs for mental health and substance abuse issues. However, the policy and procedure manual did not address mental health screening at intake, treatment plans, or suicide prevention.

Some youths' files included a copy of an enrollment agreement. This agreement states the Academy is not equipped to provide services for students who are suicidal, have serious health problems, or significant behavior, mental, or emotional problems. It further states all medication is self-administered by the student under the general supervision of non-medical staff members, and that there may be times the youths may not have access to medications for certain periods of time. Further, it states the Academy is not recommended when medications are paramount to the student's physical, mental, or emotional well-being. This agreement is signed by the legal guardian of the youth.

Our review of eight youths' files found five of the eight were prescribed psychotropic medications after admission to the Academy, and two were already prescribed psychotropic medication when they were admitted to the Academy. This would indicate that seven of the eight youths' whose files we reviewed have serious behavior, mental, or emotional problems. Further, since psychotropic medications can have serious side effects, and missing doses of these medications can also be serious, the Academy should be prepared to ensure the youths receive their medications as prescribed and always have access to their medications. Therefore, the adoption of comprehensive and complete mental health and substance abuse policies and procedures is important, in addition to a complete and documented set of medication administration policies and procedures, since youths taking psychotropic medications should be closely monitored for mental, emotional, and physical well-being.

Northwest Academy (continued)

Policies and procedures should alert staff to watch for possible side effects and food and drug interactions, which can have physical, mental, or emotional symptoms.

Other Health and Medication Issues

The Academy did not have policies or procedures to verify the medication received when youths are admitted. When youths arrive at the Academy with medications, staff do not document that the medications received match the medication bottles, that the number of pills received match the information on the bottles, or any other information received from the placing agency. The information regarding dosage and type of medication on the pill bottle is copied onto the medication administration record and then used for administering the medication to the youth.

The Academy has not established official, documented, and approved medical emergency policies and procedures. These procedures should include intervention and isolation, emergency medical and facility contacts, transportation, family or legal guardian contacts, sanitation, and blood borne pathogens.

Facility Response

Each of these issues is specifically addressed in the Northwest Academy Progressive Policies and Procedures Manual enclosed.

Complaints and Civil and Other Rights

Northwest Academy has not established official, documented, and approved policies and procedures for youth, employee, or visitor complaints or describing youths' civil and other rights. In addition, the Academy does not provide youths with handbooks outlining their right to file a complaint or describing their civil or other rights.

Complaint policies should address: the youths' rights to file a complaint, regardless of the topic or type; the availability of forms for documenting complaints; a secure box in which youths may put their complaints; how often the complaint box is emptied and by whom; the maximum length of time for management to respond to complaints; informing youths of their right to file complaints at admission; including the youths' right to file complaints in the youth

Northwest Academy (continued)

handbook, along with a description of the process; and posting a description of the complaint process in an area visible to all youths and staff. According to management, the complaint process is discussed with youths at intake; however, none of the eight youths' files reviewed contained evidence that the youths were informed of their right to file a complaint. In addition, the complaint process is addressed in the Academy's staff manual. However, the description of the process is not complete and is outdated. First, it refers to a staff person who no longer works at the Academy. Second, it does not include timeframes for removing complaints from the box or responding to the complaints. Third, it states that staff will only respond to "legitimate" complaints.

In addition, best practices suggest that policies and procedures be developed and documented that address: youths' rights to equal treatment, regardless of gender, ethnicity, religion, disability, or sexual orientation; a prohibition against staff making racist or other discriminating comments, including disciplinary options for making such comments; and a process for informing the youths of their rights. The Academy has not adopted these types of policies.

The Academy's privileges and personal items checklists are not comprehensive and have not been added to the policy and procedure manual. Also, there are no complete policies and procedures regarding visitation, including a visitor log, supervision of visitors, and a list of items visitors may not bring into the facility. Instead, the job duties list for the Family Representative title includes "Plan and facilitate family visits and tours."

Furthermore, the Academy does not provide youths with handbooks at intake. Youth handbooks should include a description of the youth's right to file a complaint, civil and other rights, facility rules, privileges, and contraband and prohibited items. In lieu of providing youths with a handbook at intake, training addressing these areas may be provided at intake. In addition, according to staff, each youth admitted to the Academy is paired with another youth at the facility who is expected to teach the new youth about the facility; however, the responsible youth is not provided with any structure or guidelines for topics to discuss with the newly admitted youth. In addition, the Academy has not posted a list of the youths' basic civil and other rights in an area visible to the youths.

Northwest Academy (continued)

Facility Response

Concerns related to youth's rights are covered in the Progressive Policies and Procedures Manual and also in the Student/Parent Orientation Handbook, which is enclosed herein for your reference. Additionally, there is a "Youth's Basic Civil Rights" poster in common areas frequented by the student population, a copy of which is also contained in the Northwest Academy Progressive and Procedures Manual.

Safety

The Academy has not developed a full set of policies and procedures related to the safety of youths and staff. In addition, we observed some practices that may not minimize risks to the safety of youths and staff.

- The youths' dormitories do not contain first aid kits. In addition, the first aid kit observed in the staff dormitory was not easily accessible and contained outdated and unsanitary supplies.
- Some clearly marked exits were securely locked so as to not allow staff or youth to exit. In addition, staff did not have keys to unlock the exits. Marked exits should be unsecured to allow for exit during an emergency, or all staff should have keys to unlock the exits in cases of emergency.
- The Academy has not established approved and documented policies and procedures related to staff-to-youth ratios. Different policies require staff supervision during certain activities, but do not establish a minimum staff-to-youth ratio. During our visit to the Academy, we observed unsupervised youths in the kitchen, outdoors using gardening tools, and walking between buildings.
- The Academy has not developed approved policies and procedures for youth identity kits. None of the eight youths' files we reviewed contained complete identity kit information in a quickly obtainable summary for use during an emergency.

Northwest Academy (continued)

- The Academy has not adopted comprehensive policies and procedures for assessing run risk, handling run-aways, and documenting incidents involving run-away youths. A document, titled “Runaway Procedures,” has not been incorporated in the policy and procedure manual; it is not dated nor does it have approvals indicated. In addition, the procedure does not include staff’s responsibility for identifying youths at risk of running away, or what documentation is required when a youth does run away, such as an incident report. Finally, the procedure does not require staff to immediately call law enforcement or the youth’s emergency contact. Rather, it requires staff to call Academy management and states that “Administration shall determine who to contact.”
- Policies and procedures for contraband and items that should be secured are not comprehensive or included in the policy and procedure manual. The contract youth must sign for an overnight or home pass or for going off grounds prohibits activities and items like smoking, alcohol, caffeine, R-rated movies, and cell phone and internet use. The list of rule violations and consequences in the Parent Handbook includes certain items, like tobacco, alcohol and drugs, and illegal items. The Staff Manual includes a list of items not allowed inside the facility, which includes drugs, alcohol, tobacco, matches, laptop computers, handheld games, headphones, DVD players, iPods, and cell phones. However, the policy and procedure manual does not include a complete list of contraband, nor does it describe when and how to perform a search for contraband to reduce the contraband entering and circulating in the facility. In addition, the policies and procedures do not address items which should be secured when not in use, like keys, tools, and kitchen utensils.
- The Academy has not established personnel policies and procedures that address employee background checks and CANS checks (Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child) for employees. NRS 432A.175 requires child care facilities to notify the Division of Public and Behavioral Health as soon as practicable but not later than 24 hours after hiring an employee. In addition, it requires every employee to submit to the Division a complete set of fingerprints and written

Northwest Academy (continued)

authorization for the Division to submit for state and federal criminal history background checks and written authorization for the Division to obtain information available from CANS. The Academy's policies and procedures do not address these requirements.

- The Academy has not established personnel policies and procedures that include training required for all employees who have direct contact with youths. NRS 432A.177 requires all child care facilities who have physical custody of children pursuant to the order of a court to ensure each employee who comes into direct contact with children in the facility receive specific training within 30 days after employment and annually thereafter. This training includes the use of force and restraints, the rights of the children, suicide awareness and prevention, and the administration of medication to children. One of the ten employees' files we reviewed did not contain evidence the employee had received any of the training required by NRS 432A.177; the employee was hired by the facility over 3 months before we reviewed the file.
- The Academy has not established policies and procedures to help ensure the use of volunteers complies with the requirements of the Nevada Administrative Code (NAC). NAC 432A.200 requires the Division of Public and Behavioral Health to conduct a background investigation of volunteers who are at least 18 years of age and regularly work 15 hours or more per week. A volunteer's fingerprints must be taken and an application for an investigation must be made within 3 working days after the volunteer's presence in the facility. In addition, volunteers are subject to partial investigations every 2 years after the initial investigation. The one volunteer's file we reviewed had been subject to a background investigation by the Division. However, we could not determine if the investigation was conducted timely because the Academy did not have adequate records to show when the volunteer was first present at the facility or the number of hours regularly worked.
- The Academy has not developed risk management policies and procedures. During our observations at the Academy during April 2015, we noted possible mold in a housing unit at the facility, which management said was the result of flood

Northwest Academy (continued)

damage in October 2014. Management was not able to provide documentation to support the steps taken to clean up the damage or remediate the mold. Risk management policies and procedures should include the identification, evaluation, monitoring, remediation, and related documentation of potentially dangerous situations, including flood damage.

- The Academy's guidance to staff for mandatory reporting of suspected or alleged abuse or neglect is not comprehensive or consolidated into the policies and procedures manual. The job duties description for the family representative position include compiling and reporting abuse reports to the Nye County Sheriff's Office. The job duties do not establish a timeframe in which the incident must be reported. The staff manual requires staff document reported or suspected abuse or neglect on an incident report, which is to be provided to management who then report the incident to the Department of Health and Human Services, Division of Child and Family Services. While the staff manual requires the incident report be completed as soon as possible and within the same day of the incident, it does not establish a timeframe for management to report the incident to the Division of Child and Family Services. Statutes (NRS 432B.220) require allegations of abuse or neglect to be reported within 24 hours to an agency that provides child welfare services or a law enforcement agency. The lack of comprehensive and consolidated policies and procedures may have contributed to a lack of evidence to support whether disclosures of allegations of abuse or neglect were timely reported to the proper agency for four of the eight youths whose files we reviewed.

Facility Response

Each of these safety issues are specifically addressed in the Northwest Academy Progressive Policies and Procedures Manual enclosed.

Brand first aid kits have been ordered and installed in each of the dorm units, the kitchen, the gym, the front administrative offices, the cafeteria, the nurses station, the staff house, and in each of the three school transport vehicles. The inventory supervisor is

Northwest Academy (continued)

Facility Response (continued)

responsible for maintaining and refreshing the first aid kits on a monthly basis, and has on hand "First Aid Replacement Kits".

Keys to the breezeway exits which were the subject of concern have been added to all master key rings, including the supervisors' keys, the dorm parents' keys, and the kitchen staff's keys.

Staff to student ratios are addressed in the Employee Handbook under "Work Hours". Upper level students are no longer allowed to escort lower level students without staff supervision, as had been the protocol prior to the review. Youth Identity Kits have been revised, refined, and improved, a copy of which is contained in the Progressive Policies and Procedures Manual enclosed. Additionally, a Runaway Procedures policy has been developed and is likewise documented in the Progressive Policies and Procedures Manual enclosed.

Contraband policies and procedures are contained in the schedules provided in the Student/Parent Orientation Handbook, again, enclosed for review. Additionally, the Safety and Injury policy is a part of the Progressive Policies and Procedures Manual.

The policy for required background checks and the mandatory trainings are outlined in the Employee Handbook and a list of Mandatory Trainings is contained in the Progressive Policies and Procedures Manual.

Each of the areas of concern for the safety of the youth at Northwest Academy has been addressed in one of the three manuals enclosed. All procedures were already in practice, however they have now been written, revised, improved, and documented in policy.

Northwest Academy (continued)

Welfare

The Academy has not established comprehensive policies and procedures to help ensure the welfare of the youths residing at the Academy.

- Education and computer use practices have not been developed into comprehensive policies and procedures. The Academy does have a “Classroom Structure” document; however, this document has not been included in the Academy’s policies and procedures.
- There are no policies and procedures addressing isolation or room confinement. Such policies should include documenting justification of using isolation or room confinement, management approval, prohibiting use of isolation or room confinement as punishment, and documenting periodic checks on youths in isolation or room confinement.

Facility Response

Northwest Academy does not participate in any form of “isolation”. When absolutely necessary based on current behavior of students who are exercising behavior threatening the safety of themselves, staff, or their peers, we do exercise student intervention to remove them from the instant triggers of the situation. Those students are then accompanied by staff and upper level students when appropriate and monitored on an hourly basis, which is documented with an activity log. The maximum term for intervention is 4 hours, however, we find that students typically de-escalate quickly and return to class. The policy and procedure for “Isolation or Room Confinement” is addressed in the Crisis Intervention Policy which is contained in the Progressive Policies and Procedures Manual.

In each area of concern, since the review in April, Northwest Academy has either revised and improved existing policy or has written and developed new written policy for procedures that were being carried out daily but never documented in formal policy.

Northwest Academy (continued)

Reviewers' Comments

We reviewed the policies and procedures submitted by Northwest Academy after our review. While some policies have been added or improved, others still need improvements, and some were either not included in the information submitted or have not been developed. Specific areas where the policies and procedures still need attention include obtaining consent to administer psychotropic medications, medication administration, mandatory reporting of suspected or alleged abuse or neglect, risk management, crisis intervention, mental health and substance abuse, and education and computer use.

We discussed our concerns with the Academy's response with the facility's management. Management indicated they are continuing to revise, review, and upgrade the policies, procedures, and training manual. However, no additional documentation of the revised policies and procedures was submitted. We reported the results of our review and the Academy's response to the licensing agency, the Nevada Division of Public and Behavioral Health.

Eagle Quest of Nevada, Inc.

Background Information

Eagle Quest of Nevada, Inc. (Eagle Quest) is a foster care agency with homes in Las Vegas, Reno, and Pahrump, and headquartered in Las Vegas. Eagle Quest is a private, for-profit agency and is licensed as a foster care agency by the Clark County Department of Family Services. Foster homes located in Reno are licensed by the Washoe Department of Social Services; foster homes located in Las Vegas are licensed by the Clark County Department of Family Services; foster homes located in Pahrump are licensed by the state's Department of Health and Human Services, Division of Child and Family Services. Eagle Quest operates about 50 licensed homes with 85 foster parents. Eagle Quest's mission is to help members of our community reach new heights through quality behavioral healthcare and unmatched customer service.

As of June 30, 2015, Eagle Quest:

- Served male and female youths from infants to age 21.
- Had a maximum capacity of 178 youths.
- Had an average daily population of 164 youths with an average length of stay of 11 months.
- Had an average of 81 staff: 76 full-time and 5 part-time.

Purpose of the Review

The purpose of our review was to determine if Eagle Quest adequately protects the health, safety, and welfare of the children at Eagle Quest and whether the agency respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 1, 2013, through May 2015. We discussed related issues and observed related processes during our visit in June 2015.

Results in Brief

Based on the results of the procedures performed, and except as otherwise noted, the policies, procedures, and processes in place at Eagle Quest provide reasonable assurance that it adequately protects the health, safety, and welfare of youths in its homes and respects the civil and other rights of youths in its care. Our last

Eagle Quest of Nevada, Inc. (continued)

review of Eagle Quest was in March 2011. Since that review, Eagle Quest has made significant improvements in its efforts to ensure the health, safety, welfare, and rights of youths in its care are protected. However, Eagle Quest could improve some processes and policies and procedures, particularly related to medication administration and documentation.

Principal Observations

Health and Medication Policies and Procedures

Eagle Quest's process of documenting consent to administer psychotropic medication needs to be updated to comply with NRS 432B.4687(2). The form used to document consent of the person legally responsible does not include the address and telephone number of the person legally responsible for the psychiatric care of the child, the purpose and expected time frame for improvement for each medication, the duration of the course of treatment for the administration of the medication, or the possible interactions with other medications or foods. These items are all required by NRS 432B.4687(2) to be included in the written consent. Furthermore, foster parents did not always comply with Eagle Quest's policies regarding obtaining consent. The policies require foster parents to obtain and document consent prior to administering medications. Four of the ten youths' files we reviewed indicated they were administered psychotropic medications while at an Eagle Quest foster home and contained evidence that the consents were either not obtained or obtained after the foster parents had already administered the medications for a period of time ranging from 6 days to almost 5 months. In addition, foster parents sometimes left key sections of the consent document blank, such as possible side effects.

Files for five of the eight youths who were administered medication while in an Eagle Quest home did not contain a copy of the physicians' orders for the medications received. Eagle Quest's policies require foster parents to maintain a copy of the physician's orders.

The medication files for the eight youths whose files we reviewed who were administered medication while in an Eagle Quest home also contained other errors. Some of the errors we found included:

Eagle Quest of Nevada, Inc. (continued)

medication administration records in two files contained multiple blank spaces; one youth's file was missing some medication administration records; and one youth's medication administration record contained another person's initials for receiving medication that was apparently administered at the wrong time.

Eagle Quest does not require documentation of the number of pills received when a youth arrives at an Eagle Quest home. Foster parents confirm the type of medication received and document this information on the Medication Administration Record. Documenting the number of pills or amount of medication received allows management review to provide assurance that all medication received is properly inventoried and accounted for.

Eagle Quest's Operations Manual, Employee Handbook, Foster Parent Policies, and the disposal form do not require documentation of the method used to destroy medications, management review of the form for completeness, or comparison of the form to medication records for accuracy.

Eagle Quest's list of over-the-counter medications foster parents may give youths does not contain evidence it was approved by a physician or the date it was approved. A list of approved over-the-counter medications should be signed by a physician and dated to help ensure the list is properly authorized and updated to reflect current federal Food and Drug Administration approvals and suggestions.

Policies and procedures for the preparation of initial treatment plans are not clear regarding the timeframe in which they are to be completed. The foster parent manual states that case managers have 30 days to prepare initial treatment plans, but the case managers' job description does not address the timelines for developing the initial treatment plan. All 10 youths' files we reviewed contained initial treatment plans; however, seven were missing one or more of the five signatures required. In addition, one treatment plan was signed by one person 3 months after it was prepared, and another plan was signed by two persons 6 months after it was prepared.

Eagle Quest of Nevada, Inc. (continued)

Facility Response

Eagle Quest takes accountability and recognizes areas for improvement in regard to medication administration and documentation. It is important to note, annually Eagle Quest receives in-depth medication management training for both its employees and foster parents from an independent agency. Eagle Quest has updated our medication consent forms to comply with NRS 432B.4687(2) to reflect the address and telephone number of the person legally responsible. Eagle Quest has also added the expected timeframe for improvement of each medication, the duration of the course of treatment for the administration of the medication, and the possible interactions with other medications or food. In regard to timeliness of consents, possessing physician orders, and completeness of medication logs, Eagle Quest will continue to uphold policy and procedure, as well as offer medication management retraining, conduct random audits and issue corrective action when necessary. Eagle Quest also requires Case Managers on a minimum of a monthly basis to review and sign-off on client medication logs in each of our foster homes to promote accuracy and proper completion and documentation.

Eagle Quest has developed, trained on, and formally implemented a "Medication Inventory Log," which clearly documents the specific medication and number of pills received when a youth enters an Eagle Quest foster home. This form was developed in June 2015 and formally implemented in October 2015. The form provides documented assurance that all medication received is properly inventoried and accounted for.

Eagle Quest has revised our Operations Manual, Employee Handbook, Foster Parent Policies and our "Medication Disposal Form" to reflect the method used to destroy medications once they are discontinued. Eagle Quest has updated policy and

Eagle Quest of Nevada, Inc. (continued)

Facility Response (continued)

procedure to require monthly random audit sampling of client medication records to ensure accuracy of medication administration from the start of administration to its discontinuance. To accomplish the aforementioned, Eagle Quest staff will examine, compare and contrast the following: Medication Inventory Form, Medication Log, Medication Error Report, Medication Change Reports and our Medication Disposal Form.

Eagle Quest's "Over-the-Counter Medication Standing Order" form reflects physician approval, documenting physician signature and date approved. It should be noted, physician signature and date approved were in effect prior to our review. In an effort to provide additional clarity and increased visibility for legal guardians, Eagle Quest has added our Over-the-Counter Medication Standing Order form to our Client Information and Consent packet.

Eagle Quest has revised its initial treatment planning process to specify a clear timeframe in which treatment plans are to be completed. Case Manager job descriptions have been updated to accurately reflect policy timeframe requirements. In regard to missing signature and late signatures on treatment plans, it should be noted that at times biological parents are difficult to obtain consent signature from, as they may lack a physical address or telephone. This is a reality that providers who work with at-risk youth and families face. At times, we also have members of the team who do not communicate and/or respond punctually. Eagle Quest will improve upon our documentation of efforts to obtain timely treatment plan signatures through the use of case notes to document diligent efforts to obtain appropriate consent on treatment plans.

Eagle Quest of Nevada, Inc. (continued)

Other Issues

Eagle Quest's Employee Handbook's requirements for documentation of informing youths of their right to file a complaint is not consistent with the form used to document youths were informed of their right to file a complaint or with the documentation found in 8 of the 10 youths' files we reviewed. The Handbook states that each youth will be required to sign a receipt form acknowledging that an Eagle Quest staff has provided them a copy of the Youth Handbook, which includes the Client Agreement and Grievance Form. However, the Client Information and Consent Forms require the client's signature only if the client is not a legal minor, otherwise, the legal guardian or custodian signs the form. We found two files did not contain the complaint acknowledgment form, and six files contained the form signed by the legal guardian, but not the youth, and two files contained the form signed by the youth.

A foster parent did not comply with Eagle Quest's supervision policies. During our observation at one of Eagle Quest's rural homes, we found two foster youths were left unsupervised at home. Policies state youths should not be left unattended under any circumstances without written authorization from the youth's legal guardian. The youths' files did not contain evidence of written authorization. According to one of the youths, he has been left unsupervised on three other occasions. According to the foster parent, he had to go to work.

We also noted other potential safety issues to include:

- Portable fire extinguishers in all four of the foster homes we visited were not tagged showing the date of services, as required by the Nevada Administrative Code. NAC 424.400 requires all portable fire extinguishers be serviced and tagged annually by a company which is appropriately licensed by the State Fire Marshal.
- Cleaning chemicals were not securely stored at two of the four homes.
- Eagle Quest's policies and procedures do not include the control and security of keys, tools, or kitchen utensils. As a result, we observed unsecured tools and other sharp objects at one of the four homes we visited.

Eagle Quest of Nevada, Inc. (continued)

While Eagle Quest's policies and procedures address computer and internet access for juvenile sex offenders, it does not address computer and internet access for its other types of youths.

Policies and procedures related to privileges have not been adequately documented. The foster parent discipline policies address the use of a point system, but there are no details. For example, policies and procedures should distinguish between privileges and rights, address the process to earn privileges, and address the types of privileges that are appropriate for youths based on age and ability.

Eagle Quest has not developed policies for identity kits. As a result, none of the 10 youths' files we reviewed contained complete identity kit information. Identity kits should contain information that would be helpful to first responders or medical providers in case of emergencies and should be readily available to foster parents. One of the four foster homes we visited did not have identity kits. Other youths' identity kit information was lacking a list of medications, a list of allergies, and photos.

Five of the ten youths' files reviewed contained evidence the youth disclosed an allegation of abuse or neglect. One of the five files did not contain evidence Eagle Quest staff reported the allegation to child protective services or law enforcement within 24 hours as required by NRS 432B.200.

Facility Response

Eagle Quest has updated our Employee Handbook to accurately reflect the current process for obtaining consent pertaining to the Youth Handbook. Eagle Quest has also added a date requirement on the "Youth Handbook Acknowledgement" to confirm the physical date in which the client signed receipt of the Youth Handbook. All youth will be required to sign off on the Eagle Quest Youth Handbook.

The review revealed that a foster parent failed to comply with Eagle Quest's supervision policy. Eagle Quest immediately responded to the incident and promptly reported the occurrence to the appropriate

Eagle Quest of Nevada, Inc. (continued)

Facility Response (continued)

legal guardian, the licensing agency (the Division of Child and Family Services), and Child Protective Services. An incident report was generated in accordance with policy, as was a prompt and formal, written corrective action plan. The “Corrective Action” highlighted supervision concerns in the foster home and mandated additional training, increased Case Management visits (weekly) of which some were announced and some were unannounced. The foster parent signed the required corrective action and was compliant throughout the corrective action process.

While the review found that certain portable fire extinguishers were not tagged indicating dates of service, Eagle Quest remains in compliance with NAC 424.400 through keeping current receipts on file for each fire extinguisher in our foster homes. These receipts indicate the date of purchase and clearly document for the licensing authority that our portable fire extinguishers are replaced annually and are current in the event they do not possess a physical tag. Both Eagle Quest management and the licensing authority possess copies of the purchase receipts for fire extinguishers mounted in our foster homes. Eagle Quest will add additional language to require foster parents to discard or remove outdated fire extinguishers from common areas of the home.

Eagle Quest requires household chemicals to be properly stored and secure in our foster homes. On a minimum of a monthly basis, Eagle Quest Case Managers complete a “Monthly In-Home Safety Checklist” and foster home walkthrough to ensure chemicals are properly stored and secure. The Home Safety Checklist is subsequently filed and made available for audit and management review. It is important to note that a foster home is a family-based environment; it is a regular occurrence for foster parents and clients to facilitate household chores where household chemicals will be out and in use.

Eagle Quest of Nevada, Inc. (continued)

Facility Response (continued)

When household chemicals are not in use, they will be stored securely in accordance with licensing regulations.

In July 2015, Eagle Quest developed and subsequently implemented a “Home Safety and Security Hazards” policy. This policy addresses and requires the safe storage, control, and security of household items such as keys, tools, kitchen utensils, and other sharp items.

Eagle Quest has expanded our policies and procedures pertaining to computer use, Internet, and social media access. Previously, these policies were geared toward our juvenile sex offender population. Presently, the policy has been expanded to all clientele in foster homes requiring age appropriate supervision and monitoring. This also includes the sharing of certain usernames and passwords.

In August 2015, Eagle Quest developed and later implemented a “Youth Privileges” policy. This policy takes into consideration the age and maturity of a child and details an array of youth privileges and how they should be utilized to modify behavior and promote desirable behaviors. The policy also distinguishes privileges from youth rights and makes it clear that rights, such as family visitation, should never be withheld, threatened, or considered as a privilege.

Prior to our review, Eagle Quest had client binders in place, which served as client identity kits. Each binder, when properly completed, contained a picture of the client, current medications, emergency contact information, approved contact lists, as well as a form where a client’s identifying marks could be documented. At the time of the review, Eagle Quest lacked a formal policy. Since the review, Eagle Quest has developed and implemented a detailed “Client Binder” policy. Each Eagle Quest foster home is

Eagle Quest of Nevada, Inc. (continued)

Facility Response (continued)

required to have a completed client binder on site for each child residing in the home. The policy details the timeframe in which client binders must be completed, proper storage and security for client binders, helpful information in the event of an emergency, as well as pertinent information for respite providers. The policy also requires additional documentation of allergies, a copy of the client's treatment plan, youth handbook, medication standing order form, medication logs, etc.

Eagle Quest will continue to follow our policies in regard to mandated reporting and incident reporting. Eagle Quest staff and foster parents are retrained annually on mandated reporting. Incident Reports pertaining to allegations of abuse and neglect will be completed within 24 hours and shared with the legal guardian as well as the appropriate licensing authority.

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

CANS	Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child, which is a statewide database for the collection of information on child abuse and neglect.
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.
Consent	Authorization for the administration of psychotropic medications given by the person legally responsible for the psychiatric care of a child. Consent must include specific items as listed in NRS 432B.4687, such as the name of the child, the name of the person legally responsible, the name, purpose and expected time frame for improvement for each medication; the dosage, times of administration, and number of units at each administration of the medication; the duration of the course of treatment; and a description of the risks, side effects, interactions, and complications of the medication.
Corrective Room Restriction	NRS 62B.215 (8) defines corrective room restriction as the confinement of a child to his or her room as a disciplinary or protective action and includes, without limitation, administrative seclusion, behavioral room confinement, corrective room rest, and room confinement.
DCFS	The Nevada Division of Child and Family Services.

Appendix B
Glossary of Terms
(continued)

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.
Identity Kit	Provides quick access to important information in case of emergency, such as a youth's full name, known aliases, a photograph, a list of allergies and medications, and a list of contacts.
Independent Review of Medication Files	A process to review medication administration records and identify potential errors, fraud, or abuse. Independent review includes assignment of staff who are not routinely involved in the medication administration process to compare medication records with physician and pharmacy orders, and verify medication records are complete.

Appendix B
Glossary of Terms
(continued)

Mandatory Reporter	A mandatory reporter is any person who, in his professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected. NRS 432B.220 requires mandatory reporters to file a report with a child protective services agency or law enforcement within 24 hours after knowing or having reasonable cause to believe that a child has been abused or neglected.
Mental Health Treatment Facility	Provides mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. Mental health treatment facilities also provide services to behaviorally disordered youths. Services provided include a full range of therapeutic, educational, recreational, and support services by a professional interdisciplinary team in a highly structured, highly supervised environment.
Mouth Sweep	A method used to detect medication concealed in the mouth.
Person Legally Responsible	A person legally responsible for the psychiatric care of a youth, which could be the youth's parent(s), legal guardian, or other individual appointed by a court.
PREA	Prison Rape Elimination Act of 2003, including the U.S. Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape (28 CFR Part 115). The National Standards include guidance related to zero tolerance of sexual abuse and sexual harassment, supervision and monitoring, referrals of allegations for investigations, resident education, employee training, and obtaining information from residents.
Privileges	Items considered earned and not considered a right. Items considered privileges may include movies, recreation time, phone calls, and reading material.
Psychotropic Medication	A prescribed medication used to alter a youth's thought process, mood, or behavior.

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.
Safety	Anything related to the physical safety of youths. This includes physical security, environment, and adequate staffing.
Specialized Foster Care	Comprehensive care and services provided to youths who require more intensive therapy or supervision due to serious physical, emotional, or mental conditions.
Standing Order Form	Physician approved list of over-the-counter medication a facility may administer to youths.
Substance Abuse Treatment Facility	Provides intensive treatment to youths addicted to alcohol or other substances in a structured residential environment. Substance abuse treatment facilities focus on behavioral change and services to improve the quality of life of residents.
Welfare	Anything related to the general well-being of a youth. This includes education and punishments or discipline.
Youths	Children of all ages, including infants and adolescents.

Appendix C
Summary of Observations at Five Facilities Reviewed

Observations	Number of Facilities
Medication Administration Processes and Procedures	
Did not have comprehensive policies and procedures for the administration of medications as required by NRS 432A.1757	2
Medication administration records not always complete	4
Medication administration records contained errors or were missing	3
Missing or inadequate documentation of consent to administer psychotropic drugs from the person legally responsible for the psychiatric care of the youths	3
Policies for disposal of expired, discontinued, or unused medications need to be updated or developed	4
Other Significant Items	
Identity kits or face sheets were not prepared or were not complete	4
Policies and procedures do not ensure adequate screening of employees for criminal convictions	3
Treatment plans were not prepared, not prepared timely, or were incomplete	3
Incomplete or no documentation of reporting allegations of abuse or neglect within 24 hours as required by NRS 424B.200	2
No documentation that youths were informed of their right to file complaints or youths were not informed timely	4
Some youths were unsupervised during our visit	2

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, 2015

Table 1: Correction and Detention Facilities				Background		Population for FY 2015		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Caliente Youth Center	State	Caliente	12 - 21	140	121	87	0		
China Spring Youth Camp/Aurora Pines Girls Facility	State/Counties	Gardnerville	12 - 18	65	57	44	1		
Clark County Juvenile Detention Center	Clark County	Las Vegas	8 - 18	192	138	155	59		
Douglas County Juvenile Detention Center	Douglas County	Stateline	8 - 17	15	2	5	2		
Jan Evans Juvenile Justice Center	Washoe County	Reno	8 - 17	108	39	49	2		
Leighton Hall	Various Counties	Winnemucca	12 - 18	24	6	11	1		
Murphy Bernardini Regional Juvenile Detention Center	Carson City	Carson City	8 - 17	16	10	14	6		
Nevada Youth Training Center	State	Elko	12 - 18	140	46	68	0		
Northeastern Nevada Juvenile Center	Various Counties	Elko	8 - 17	24	9	11	0		
Rite of Passage-Silver State Academy	Private	Yerington	14 - 17	96	10	24	3		
Spring Mountain Youth Camp	Clark County	Las Vegas	12 - 18	100	96	56	6		
Teurman Hall	Churchill County	Fallon	12 - 18	16	11	10	0		
Total – 12 Correction and Detention Facilities				936	545	534	80		

Table 2: Child Welfare Facilities				Background		Population for FY 2015		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Austin's House	Private	Carson City	0 - 18	10	5	6	3		
Child Haven	Clark County	Las Vegas	0 - 17	90	54	43	59		
Kids' Kottages	Washoe County	Reno	0 - 18	82	66	45	3		
WestCare-Emergency Shelter	Private	Las Vegas	10 - 17	15	12	10	2		
Total – 4 Child Welfare Facilities				197	137	104	67		

Table 3: Mental Health Treatment Facilities				Background		Population for FY 2015		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Adolescent Treatment Center	State	Sparks	12 - 17	16	15	21	0		
Desert Parkway Behavioral Healthcare Hospital	Private	Las Vegas	5 - 17	21	15	23	2		
Desert Willow Treatment Center	State	Las Vegas	12 - 17	58	50	119	3		
Montevista Hospital	Private	Las Vegas	4 - 17	86	58	69	0		
Seven Hills Hospital	Private	Henderson	10 - 17	18	11	23	2		
Spring Mountain Treatment Center	Private	Las Vegas	5 - 17	28	22	16	4		
West Hills Hospital	Private	Reno	5 - 17	29	16	35	2		
Willow Springs Center	Private	Reno	5 - 18	116	100	150	43		
Total – 8 Mental Health Treatment Facilities				372	287	456	56		

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2015 (continued)

Table 4: Substance Abuse Treatment Facilities		Background		Population for FY 2015		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
Nevada Homes for Youth I	Private	Las Vegas	13 - 18	10	7	4	5
Nevada Homes for Youth II	Private	Las Vegas	13 - 18	10	7	4	5
Vitality Center-ACTIONS of Elko	Private	Elko	12 - 17	13	2	27	1
WestCare-Harris Springs Ranch	Private	Las Vegas	13 - 17	8	4	5	0
Western Nevada Regional Youth Center	Various Counties	Silver Springs	12 - 18	24	16	15	5
Total – 5 Substance Abuse Treatment Facilities				65	36	55	16

Table 5: Group Homes		Background		Population for FY 2015		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
Family Learning Homes	State	Reno	5 - 17	20	16	17	1
Golla Home	Private	Washoe Valley	6 - 18	4	3	2	0
Hand Up Homes for Youth, Inc.	Private	Reno	12 - 18	12	12	12	4
Hope Healthcare Services	Private	Reno	10 - 17	12	7	3	6
My Home, Inc.	Private	Reno	4 - 18	7	7	2	1
New Vista Group Homes	Private	Las Vegas	8 - 18	18	16	18	12
Oasis On-Campus Treatment Homes	State	Las Vegas	6 - 18	29	13	44	0
Quest Counseling and Consulting, Inc.	Private	Reno	13 - 17	10	10	8	8
R House Community Treatment Home	Private	Reno	8 - 18	3	3	2	0
Rite of Passage-Qualifying Houses I	Private	Minden	14 - 18	16	6	2	1
Rite of Passage-Qualifying House II	Private	Gardnerville	14 - 18	8	6	2	1
St. Jude's Ranch for Children	Private	Boulder City	0 - 18	66	66	34	1
The Reagan Home	Private	Reno	8 - 18	6	5	2	2
Total – 13 Group Homes				211	170	148	37

Table 6: Residential Centers		Background		Population for FY 2015		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
HELP of Southern Nevada-Shannon West Homeless Youth Center	Private	North Las Vegas	16 - 24	65	50	13	0
Northwest Academy	Private	Amargosa Valley	13 - 18	228	41	35	3
Spring Mountain Residential Center	State/County	Las Vegas	12 - 18	16	12	8	1
Total – 3 Residential Centers				309	103	56	4

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2015 (continued)

Table 7: Foster Care Agencies				Population for FY 2015		Staffing Levels⁽¹⁾	
Facilities	Background		Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
	Funded By	Location					
Apple Grove Foster Care Agency	Private	Las Vegas	0 - 18	65	55	16	10
ART Homes ⁽²⁾	Private	Las Vegas	0 - 18			7	0
Bamboo Sunrise, LLC	Private	Las Vegas	5 - 16	23	18	4	9
Bountiful Family Services	Private	Henderson	6 - 18	20	20	4	3
Boys Town Nevada	Private	Las Vegas	10 - 18	30	20	21	1
Eagle Quest of Nevada, Inc.	Private	Statewide	0 - 21	178	164	76	5
Genesis	Private	North Las Vegas	8 - 18	29	25	10	8
JC Family Services, LLC	Private	Reno	5 - 18	4	2	0	3
Koinonia Family Services	Private	Reno	3 - 18	55	29	6	1
Maple Star Nevada	Private	Reno	8 - 18	9	7	2	4
Mile High Foster Family Agency and Youth Services	Private	Las Vegas	5 - 18	13	11	1	0
Mountain Circle Family Services	Private	Reno	0 - 18	30	22	5	3
Olive Crest	Private	Las Vegas	0 - 18	49	34	7	6
Pathways of Nevada	Private	Las Vegas	0 - 18	38	31	4	0
Total – 14 Foster Care Agencies				543	438	163	53
Total – 59 Facilities Statewide				2,633	1,716	1,516	313

Table 8: Facilities That Closed During Fiscal Year 2015 or No Longer Meet the Definition of a Facility in NRS 218G.535

Facilities	Type of Facility	Location
Rite of Passage-Red Rock Academy	Correction	Las Vegas
Casa de Vida	Group Home	Reno
Etxea Services I	Group Home	Reno
Etxea Services II	Group Home	Reno
SAFY Houses	Group Home	Las Vegas
A Brighter Day Family Services	Foster Care Agency	Las Vegas
KidsPeace National Centers of North America, Inc.	Foster Care Agency	Las Vegas
London Family and Children's Services, Inc.	Foster Care Agency	Las Vegas

Total – 8 Facilities Closed or No Longer Meet the Definition of a Facility

Source: Reviewer prepared from information provided by facilities.

⁽¹⁾ Staffing levels do not include foster parents.

⁽²⁾ Facility provided incomplete information.

Appendix E
Unannounced Visits to Nevada Facilities

Facility Name	Facility Type	Date of Visit
Desert Parkway Behavioral Healthcare Hospital	Mental Health Treatment	February 3, 2015
Seven Hills Hospital	Mental Health Treatment	February 3, 2015
Jan Evans Juvenile Justice Center	Detention Center	July 29, 2015
Western Nevada Regional Youth Center	Substance Abuse Treatment	November 23, 2015
Maple Star Nevada	Foster Care Agency	November 24, 2015
Hand Up Homes For Youth, Inc.	Group Home	November 24, 2015
Quest Counseling and Consulting, Inc.	Group Home	November 24, 2015
Kids' Kottages	Child Welfare	November 24, 2015
Hope Healthcare Services	Group Home	November 25, 2015
Family Learning Homes	Group Home	November 25, 2015
Koinonia Family Services	Foster Care Agency	November 25, 2015

Source: Reviewer prepared from unannounced facility visits.

Appendix F

Methodology

To identify facilities pursuant to the requirements of statutes, we reviewed youth placement information submitted monthly by certain local governments. In addition, during examination of youths' files, we noted the youths' prior and subsequent placements. In addition, we discussed with facility staff and management whether they were aware of new facilities in the State. We also reviewed stories in the news media regarding children's facilities. Next, we contacted each facility identified to confirm it met the definitions included in NRS 218G.500 through 218G.535. For each facility confirmed, we obtained copies of complaints filed by youths or other persons on behalf of a youth while in the care of a facility since July 1, 2014.

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

We selected criteria that included issues related to the health, safety, welfare, civil and other rights of youths, as well as treatment 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, 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.

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

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

Appendix F
Methodology
(continued)

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, 2013. 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;
- Treatment, such as intake screening, mental health and substance abuse treatment, and suicide and runaway prevention;
- Civil and other rights, such as freedom from discrimination and freedom to practice 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

Appendix F
Methodology
(continued)

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.

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

In addition to facility reviews, we performed 11 unannounced facility visits. Generally, unannounced facility visits included with management and a tour of the facility. Discussions included medication administration, the complaint process, and background checks. Tours included all areas accessible to youths. A list of unannounced Nevada facility visits is contained in Appendix E, which is on page 74.

Our work was conducted from October 2014 through December 2015 pursuant to the provisions of NRS 218G.570 through 218G.585.

We furnished each facility reviewed with a conclusion letter. We requested a written response from management at each facility. A copy of each facility's review conclusion and summaries of managements' responses begins on page 12.

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