

STATE OF NEVADA

Review of Governmental and Private Facilities for Children

December 2018



Legislative Auditor
Carson City, Nevada

Review Highlights



Highlights of Legislative Auditor report on the Review of Governmental and Private Facilities for Children issued in 2019.
Report # LA20-02.

Background

Nevada Revised Statutes (NRS) 218G.570 through 218G.595 authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of governmental and private facilities for children.

As of June 30, 2018, we had identified 60 governmental and private facilities that met the requirements of NRS 218G: 20 governmental and 40 private facilities. In addition, 77 Nevada children were placed in 16 facilities in eight different states as of June 30, 2018.

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, 2017, through June 30, 2018, we received 1,531 complaints from 33 facilities in Nevada. Twenty-seven 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.595. This report includes the results of our reviews of 2 children's facilities, unannounced site visits to 8 children's facilities, and a survey of 60 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, 2016. In addition, we discussed related issues and observed related processes during our visits.

Review of Governmental and Private Facilities for Children

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Summary

Based on the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the two 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. However, we identified several areas for improvement at both facilities.

We also conducted unannounced site visits to eight children's facilities. At one facility, Northwest Academy, we observed several issues that prompted us to question whether the facility adequately protected the health, safety, and welfare of the youths at the facility. As a result, we contacted Northwest Academy's licensing agency, the Bureau of Health Care Quality and Compliance, to express our concerns (see page 35).

Review Conclusions

Statutes do not require most health facilities licensed by the state's Bureau of Health Care Quality and Compliance (HCQC) to ensure employees who have direct contact with children are trained in certain areas specific to children. This includes private psychiatric hospitals that provide 24-hour care to children, facilities for the treatment of abuse of alcohol or drugs that provide residential services to children, and psychiatric residential treatment facilities. In contrast, training is required by law for employees at state-operated psychiatric hospitals (NRS 433B.175), governmental and private child care facilities and institutions (NRS 432A.177), group foster homes (NRS 424.0365), and correction and detention facilities (NRS 63.190 and NRS 62B.250) which includes:

- Controlling the behavior of children;
- Using force and restraint on children;
- Suicide awareness and prevention;
- Rights of children in the facility;
- Other matters affecting the health, welfare, safety, and civil and other rights of children in the facility; and
- Working with lesbian, gay, bisexual, transgender, and questioning children.

The Legislature may wish to consider enacting legislation to require psychiatric hospitals that provide 24-hour care, psychiatric residential treatment facilities, and facilities for the treatment of abuse of alcohol or drugs and that provide residential treatment to children who have been placed in a facility pursuant to an order of a court to require staff who have direct contact with children be trained in areas specific to children. (page 5)

Clark County's Juvenile Detention Center – Detention Facility (page 9)

Health	★ ★ ★ ☆ ☆	Oversight of medical contractor and contractor policies needed. Neither the contractor's nor the Center's policies and procedures addressed psychotropic medication administration processes and procedures. In addition, our review of three youths' medication files found several errors: missing physicians' orders, missing documentation of verification of medication at intake, blank spaces on medication administration records, evidence of missed medication for up to 11 days, and missing documentation of the contractor's staff's medication training.
Safety	★ ★ ★ ★ ☆	Additional procedures for completing incident reports are needed.
Welfare	★ ★ ★ ★ ★	No issues noted.
Rights	★ ★ ★ ★ ☆	Update of youth's handbook is needed, including the grievance process.

Willow Springs Center – Psychiatric Hospital (page 17)

Health	★ ★ ★ ☆ ☆	Policies and procedures need to be established for consent to administer psychotropic medication, medication release at discharge, documentation of prescriptions, and admittance with an addiction disorder.
Safety	★ ★ ★ ☆ ☆	Background check policy needs to be updated, abuse reporting policy needs to be followed, and the face sheet policy needs to be updated.
Welfare	★ ★ ★ ★ ★	No issues noted.
Rights	★ ★ ★ ☆ ☆	Policies need to be updated to address the grievance process, patients' rights, and contraband.

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We have conducted 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.595. 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,



Rocky Cooper, CPA
Legislative Auditor

December 14, 2018
Carson City, Nevada

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

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INTRODUCTION

This report includes the results of our work as required by Nevada Revised Statutes 218G.570 through 218G.595. The report includes the results of our reviews of 2 children's facilities (page 7), unannounced site visits to 8 children's facilities (page 35), and a survey of 60 children's facilities (pages 32 - 34).

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.595 are included in Appendix A of this report (pages 25 - 27).

Number and Types of Facilities

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

For the fiscal year ended June 30, 2018, we had identified a total of 60 governmental and private facilities that met the requirements of NRS 218G: 20 governmental and 40 private facilities. Exhibit 1 lists the types of facilities located within Nevada and the total capacity of each type for the fiscal year ended June 30, 2018.

**Summary of Nevada Facilities
Fiscal Year Ended June 30, 2018**

Exhibit 1

Facility Type	Number of Facilities	Population		Staffing Levels	
		Maximum Capacity	Average Population	Average Full-time	Average Part-time
Correction and Detention Facilities	12	801	586	553	42
Child Welfare Facilities	3	182	82	109	69
Psychiatric Hospitals	8	343	238	388	42
Psychiatric Residential Treatment Facilities	1	91	25	28	0
Facilities for the Treatment of Abuse of Alcohol or Drugs	4	51	27	54	10
Group Homes	17	167	120	138	34
Residential Centers	4	454	169	133	9
Foster Care Agencies	11	746	516	219	40
Total – Facilities Statewide	60	2,835	1,763	1,622	246

Source: Reviewer prepared from information provided by facilities.

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

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

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

In addition to youths placed in facilities within the State of Nevada, an additional 77 youths were placed in out-of-state facilities by a District Court or the State as of June 30, 2018. Nevada youths were placed in 16 different facilities in eight different states across the United States. In general, a youth may be placed in an out-of-state facility because the youth has been denied placements within the State, the youth has a combination of diagnoses that cannot be treated in Nevada, the youth has been diagnosed with sexual victimization or abusiveness, or the youth is aggressive.

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

**Summary of Nevada Youths Placed in Out-of-State Facilities
As of June 30, 2016, 2017, and 2018**

Exhibit 2

<u>Placing Entity</u>	<u>As of June 30, 2016</u>	<u>As of June 30, 2017</u>	<u>As of June 30, 2018</u>
1 st Judicial District Court (Carson City and Storey County)	7	9	8
2 nd Judicial District Court (Washoe County)	29	18	19
3 rd Judicial District Court (Lyon County)	5	6	2
4 th Judicial District Court (Elko County)	1	3	3
5 th Judicial District Court (Esmeralda and Nye Counties)	9	4	3
6 th Judicial District Court (Humboldt County)	1	1	1
7 th Judicial District Court (Eureka, Lincoln, and White Pine Counties)	1	1	1
8 th Judicial District Court (Clark County)	25	31	19
9 th Judicial District Court (Douglas County)	1	2	2
State of Nevada Division of Child and Family Services	45	44	19
Total	124	119	77

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, 2017, through June 30, 2018, we received 1,531 complaints from 33 facilities in Nevada. Twenty-seven 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.595. 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, 2016. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from February 2018 through September 2018.

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

FACILITY OBSERVATIONS

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

Appendix C, on page 31, contains a partial listing of the weaknesses found at the two facilities reviewed. Both facilities had weaknesses related to the administration of medication. For example, neither facility had adequate policies and procedures for obtaining consent to administer psychotropic medications to children. In addition, both facilities lacked adequate policies and procedures addressing documenting errors in the administration of medication or the procedures did not reflect the process used by the staff.

We also conducted unannounced site visits to eight children's facilities. At one facility, Northwest Academy, we observed several issues that prompted us to question whether the facility adequately protected the health, safety, and welfare of the youths at the facility. As a result, we contacted Northwest Academy's licensing agency, the Bureau of Health Care Quality and Compliance, to express our concerns (see page 35).

LICENSED HEALTH FACILITIES' EMPLOYEES NOT REQUIRED TO HAVE TRAINING SPECIFIC TO CHILDREN

Statutes do not require most health facilities licensed by the state's Bureau of Health Care Quality and Compliance (HCQC) to ensure employees who have direct contact with children are trained in certain areas specific to children. This includes private psychiatric hospitals that provide 24-hour care to children, facilities for the treatment of abuse of alcohol or drugs that provide residential services to children, and psychiatric residential treatment facilities.

In contrast, statutes governing state-operated psychiatric hospitals require employees who have direct contact with youth to have specific training. The training required by law for employees at state-operated psychiatric hospitals (NRS 433B.175), governmental and private child care facilities and institutions (NRS 432A.177), group foster homes (NRS 424.0365), and correction and detention facilities (NRS 63.190 and NRS 62B.250) includes:

- Controlling the behavior of children;
- Using force and restraint on children;
- Suicide awareness and prevention;
- Rights of children in the facility;
- Other matters affecting the health, welfare, safety, and civil and other rights of children in the facility; and
- Working with lesbian, gay, bisexual, transgender, and questioning children.

In our 2018 report *Review of Guidelines for Licensing Children’s Facilities*, we clarified that HCQC licenses psychiatric hospitals that provide 24-hour care, and the residential aspects of facilities for the treatment of abuse of alcohol or drugs. As of June 30, 2018, HCQC licensed seven psychiatric hospitals that provide 24-hour care, and four facilities for the treatment of abuse of alcohol or drugs that provided residential services to children pursuant to an order of a court. It also licensed two psychiatric residential treatment facilities that provided residential services to children pursuant to an order of a court. The facilities included in our analysis and licensed by HCQC are listed in Exhibit 3.

Facilities Included in Analysis

Exhibit 3

Psychiatric Hospitals	Facilities for the Treatment of Abuse of Alcohol or Drugs	Psychiatric Residential Treatment Facilities
Desert Parkway Behavioral Healthcare Hospital, LLC	Nevada Homes for Youth I	Never Give Up Youth Healing Center
Desert Willow Treatment Center ⁽¹⁾	Nevada Homes for Youth II	China Spring Youth Camp ⁽²⁾
Montevista Hospital	Vitality Center-ACTIONS of Elko	
Seven Hills Hospital	Western Nevada Regional Youth Center	
Spring Mountain Treatment Center		
West Hills Hospital		
Willow Springs Center		

Source: Reviewer prepared from surveys of children’s facilities.

⁽¹⁾ Desert Willow Treatment Center is operated by the state’s Division of Child and Family Services and is required by NRS 433B.175 to provide training specific to children.

⁽²⁾ Facility also provides other services, such as juvenile detention, and is required by NRS 62B.250 to provide training specific to children.

HCQC uses the requirements found in the Nevada Administrative Code (NAC) to license each of the three types of facilities that provide 24-hour care or residential services to children pursuant to an order of a court. However, license requirements addressed in the NRS and NAC do not require training specific to children.

Recommendation

The Legislature may wish to consider enacting legislation to require psychiatric hospitals that provide 24-hour care, psychiatric residential treatment facilities, and facilities for the treatment of abuse of alcohol or drugs, that provide residential treatment to children who have been placed in a facility pursuant to an order of a court to require staff who have direct contact with children be trained on specific topics, including:

- Controlling the behavior of children;
- Using force and restraint on children;
- Suicide awareness and prevention;
- Rights of children in the facility;
- Other matters affecting the health, welfare, safety, and civil and other rights of children in the facility; and
- Working with lesbian, gay, bisexual, transgender, and questioning children.

REPORTS ON INDIVIDUAL FACILITY REVIEWS

This section includes the results of reviews at each of the two facilities. Exhibit 4 lists the facilities and shows their locations. These results were provided to each facility and a written response was requested. A summary of each facility's response is included after each applicable issue.

Map of Facilities Reviewed





Review of Governmental and Private Facilities for Children, December 2018

Clark County’s Juvenile Detention Center: Reviewers rated the issues identified during a review of Clark County’s Juvenile Detention Center, as noted below.

Summary of Issue Ratings September 21, 2018		
Issue Rating ⁽¹⁾	Key Issues	Page
Health ★★☆☆☆	Oversight of medical contractor and contractor policies needed. Neither the contractor’s nor the Center’s policies and procedures addressed psychotropic medication administration processes and procedures. In addition, our review of three youths’ medication files found several errors: missing physicians’ orders, missing documentation of verification of medication at intake, blank spaces on medication administration records, evidence of missed medication for up to 11 days, and missing documentation of the contractor’s staff’s medication training.	11
Safety ★★★★★	Procedures for completing incident reports need to provide additional guidance to staff.	15
Welfare ★★★★★	No issues noted.	-
Rights ★★★★★	The youth handbook is outdated and includes information on a program that no longer exists and information that is not sufficiently specific about the grievance process.	15

★☆☆☆☆	Maximal Improvement Needed	★★★★☆	Minor Improvement Needed
★★☆☆☆	Major Improvement Needed	★★★★★	No Issues Noted
★★★☆☆	Moderate Improvement Needed		

⁽¹⁾ Reviewers used professional judgement and rated the issues identified in the report based on the degree of risk to children at the facility.

Clark County's Juvenile Detention Center

Background Information

Clark County's Juvenile Detention Center is located in Las Vegas. The Center's mission is to promote the safety and restoration of the community; hold juvenile offenders accountable for their behavior; and assist offenders and families in recognizing their potential by providing meaningful treatment, services, and programs. Its guiding principles are to provide for the temporary, secure, and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a restricted environment for their own and the community's protection while pending legal action. It provides a wide range of helpful services, which support the juvenile's physical, emotional, and social development.

During the year ended June 30, 2018, the Juvenile Detention Center:

- Had a maximum capacity of 192 youths.
- Had an average daily population of 154 youths with an average length of stay of 19 days.
- Had an average of 139 full-time staff and 30 part-time staff.

Purpose of the Review

The purpose of our review was to determine if the Juvenile Detention Center adequately protects the health, safety, and welfare of the children at the Juvenile Detention Center and whether the facility respects the civil and other rights of the children in its care. The review included an analysis of policies, procedures, and processes for the period from July 1, 2016, through our visit in July 2018.

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 Juvenile Detention Center provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. However, the Juvenile Detention Center could improve its management and oversight of the contractor that provides health-related services to the youths at the facility. The contractor's processes did not always follow state requirements or best practices for the administration of medication to juveniles.

Clark County's Juvenile Detention Center (continued)

Principal Observations

Medication Policies, Procedures, and Processes

The Juvenile Detention Center did not provide sufficient oversight of its medical contractor to ensure the contractor administered and documented medications according to contract provisions, state laws, and best practices. Most health functions at the detention center are performed by a contractor, including the administration of medication to the youths.

We found the contractor had not developed policies specific to the Juvenile Detention Center. Instead, the contractor relied on corporate policies. The policies and procedures that were either not developed or not adequate included:

- Maintaining physicians' orders, although policies do require written physicians' orders prior to administering medications. One of the three youths' medication files we reviewed did not contain evidence of physicians' orders. NRS 62B.240 requires facilities for the detention of children adopt a policy concerning the manner in which to document the orders of the treating physician of a child. The Juvenile Detention Center's policy also requires a written physician's order prior to the administration of any medication.
- Documenting and verifying medications at intake, including the medications received and from whom they were received. The contractor's policy states the Health Services Administrator will develop local procedures for medication verification and continuation (or discontinuation) during intake screening. The form used for receipt of medications does not include the name of the person supplying the medication or the instructions for the administration of the medication. In addition, although the form includes an area for the dosage of the medication, staff did not always include this information on the form.
- Documenting errors in the administration of medication, including blank spaces on medication administration forms and missed doses. The contractor's policy states there is a procedure in place for identifying and correcting medication errors; however, the procedure is not described. The medication administration records for one of the three youths whose medication files we reviewed contained two blank spaces, or two missed days of a psychotropic medication

Clark County's Juvenile Detention Center (continued)

with no explanation. In addition, another medication administration record contained evidence the contractor administered the wrong type of medication to the youth for 10 days. The medication administered to the youth was an extended release medication rather than the regular type of medication prescribed by the doctor. NRS 62B.240 requires facilities for the detention of children to adopt a policy concerning the manner in which to document any errors in the administration of medication.

- Releasing medication to a youth's guardian when the youth is discharged, including obtaining the guardian's signature. The policies do include sending information and medications to another facility when a youth is transferred, but do not address documentation of information and medications when a youth is discharged. The contractor's form for release of medication to youths when they are discharged does not require complete information or the signature of the youth's guardian. The form does require the signature of the youth. The form includes the name and amount of the medication released, but not the instructions for administration of the medication.
- Ensuring youths' prescriptions are refilled in a timely manner. The contractor's corporate policy requires the Health Services Administrator to develop facility specific policies and procedures; however, we found no facility specific policies and procedures addressing refilling prescriptions. In addition, one youth's medical records show psychotropic medication was held, or not administered, for a total of 11 days during 1 month, with no documentation explaining why the medication was withheld. However, we were able to determine the youth was out of medication based on emails showing the contractor's staff contacted the youth's guardian the day before the youth ran out of medication. NRS 62B.530 requires juvenile detention facilities to establish policies to ensure the children detained in the facilities have timely access to and safe administration of appropriate psychotropic medication.
- Minimizing and addressing errors in the administration of medication. None of the three youths' medication files we reviewed contained evidence of an independent review to identify errors and omissions. The contractor's corporate policies outline a continuous quality improvement program. However, corporate policies also require a facility specific

Clark County's Juvenile Detention Center (continued)

quality improvement program, which has not been developed. NRS 62B.240 requires juvenile detention facilities adopt a policy concerning the manner in which to minimize and address errors in the administration of medication.

In addition, the contractor did not maintain training records as required by the contractor's corporate policies. Without adequate training records, the Juvenile Detention Center cannot ensure all staff administering medication have received a copy of and understand the policies adopted pursuant to NRS 62B.240. In addition to requiring specific policies, NRS 62B.240 requires a juvenile detention facility to ensure that each employee of the facility who will administer medication receives a copy of and understands the policies adopted.

The contract requires the contractor to follow practices consistent with generally accepted professional and technical standards, and to be in compliance with all pertinent state, federal, and local statutes, codes, ordinances, resolutions and other regulations. In addition, the contract stipulates the contractor will provide pharmacy services 7 days a week, with scheduled shipment of medications 6 days a week and local backup pharmacy services available on Sundays, holidays, and in urgent or emergent situations. Further, the contract provides that the contractor will review the Juvenile Detention Center's policies and procedures related to the delivery of medical services and develop mutually agreeable policies.

In addition, neither the contractor's nor the Juvenile Detention Center's policies and procedures address the administration of psychotropic medication. NRS 62B.530 requires detention facilities to establish policies to ensure that children in the facility have timely access to and safe administration of clinically appropriate psychotropic medication. Two of the six youths whose files we reviewed were prescribed psychotropic medication during their stay at the Juvenile Detention Center. One of the youth's files showed the youth's guardian informed the contractor's intake staff that the youth had been prescribed a psychotropic medication, but had not taken the medication in over a month. The intake notes show the contractor's staff notified the Juvenile Detention Center's mental health staff. However, mental health records at the detention center show the youth was not referred until 20 days after the youth's placement. According to the youth's medication administration record, the medication was first administered the following day, or 21 days after placement.

Clark County's Juvenile Detention Center (continued)

Furthermore, neither the contractor nor the Juvenile Detention Center have developed policies and procedures specific to the Juvenile Detention Center addressing when consent to administer psychotropic medications is necessary, and who should provide the consent. The contractor's corporate policies state that consent is obtained and documented prior to performing procedures and treatment governed by informed consent in the facility's jurisdiction, and that informed consent of the next of kin, guardian, or legal custodian applies when required by law and is documented in the juvenile's health record. Our review of six youths' medical files showed two received psychotropic medications while at the Juvenile Detention Center and neither youth's file contained evidence of consent from a responsible adult. NRS 62B.530 requires juvenile detention centers to establish policies to ensure that children who are detained in the facility have safe administration of clinically appropriate psychotropic medication. Documentation of the consent of a youth's guardian or the manager of the detention center would help ensure the youth receives appropriate medication.

Facility Response

The contractor will develop site specific policies regarding documentation of physicians' medication orders and will update site specific procedures for medication verification and continuation during the intake screen. The contractor's form for receipt of medications has been revised to include the name of the person supplying the medication and instructions for the administration of the medication. The contractor has provided education and training to its staff in regard to thorough completion of the form.

While the contractor has conducted training to address the identification, correction, and documentation of medication errors, its policy will also be updated. The policy will include site specific procedures for documentation of medications at discharge of youth to another facility, placement, or home. In addition, the contractor's form for release of medication at discharge has been updated to include the signature of an adult responsible party and instructions for the administration of the medication.

The contractor will develop a site specific policy to address continuity of medications to prevent medication lapses, which will include an action plan to resolve medication lapses that do occur. Such a policy will include using

Clark County's Juvenile Detention Center (continued)

information from the contractor's electronic medical records system which generates weekly reports alerting of youth whose medication will be expiring in 10 days so refills can be obtained in a timely manner. In addition, the night nurse runs reports twice weekly to identify youth whose medication will be expiring in 10 days.

The contractor will develop a policy to ensure site specific quality improvement procedures. In addition, the Department of Juvenile Justice Services (Department) will develop a quality assurance policy to monitor and address multiple areas in service delivery outlined in NRS 62B.240 and NRS 62B.530 and will include, but not be limited to, medication administration errors, medication lapses, documentation of medication orders, required training records, and access to psychotropic medication. The contractor will provide the Department with a local database of training records as required by the contractor's policy, including acknowledgment that each of its employees who administer medication has received a copy of and understands the policies. Further, the contractor will develop site specific policies and procedures regarding the administration of psychotropic medication. Last, the contractor will review the Department's policies and procedures related to the delivery of medical services and will develop agreeable policies. The policies will be updated and developed by the contractor and the Department by January 2019.

Other Issues

The Juvenile Detention Center's youth handbook is outdated. The handbook includes information about an honors program; however, management told us there is no longer an honors program. In addition, the handbook states grievances will be resolved as quickly as possible, but the staff's standard operating procedures state grievances will be resolved within 5 days.

Policies related to incident reports do not always include instructions for staff to complete the reports. For example, a policy directs staff to document various actions involving youth behavioral intervention on an incident report and to give a copy to the youth to read, sign, or possibly respond. However, the policy does not explain to staff where to obtain a form, how to complete the form, the timeframe to complete the form, or what to do with the form, other than give a copy to the youth. Another policy directs staff

Clark County's Juvenile Detention Center (continued)

involved in any critical incident, such as a fire or power outage, to complete an incident report. Again, the policy provides no direction to staff on how to complete the form or what to do with the form after it is completed. A third policy requires staff to complete an incident report when youth refuse to participate in orientation; a fourth policy requires staff to complete an incident report when a youth receives more than 2 hours of corrective room restriction; a fifth requires an incident report when a weapon or item of contraband is discovered. Only one of these policies instructs the staff where to find an incident report, the timeline to complete the report, and provides information on how the form should be completed.

Facility Response

The youth handbook is being updated to reflect consistency with the youth grievance process. This will include the time from filing a grievance to the time of resolution. The handbook will also be updated to reflect that our Honor's Program will operate when our population and staffing are appropriate.

In addition, our policies and standard operating procedures will be updated to reflect a consistent process for all incident reports, up to and including our use of force reports. This will inform our staff where to find an incident report, the timeline to complete the report, and information on how the form should be completed.

Updates to the youth handbook, policies, and standard operating procedures will be completed by the Juvenile Detention Center by January 2019.



Review of Governmental and Private Facilities for Children, December 2018

Willow Springs Center: Reviewers rated the issues identified during a review of Willow Springs Center, a private psychiatric hospital, as noted below.

Summary of Issue Ratings July 27, 2018		
Issue Rating ⁽¹⁾	Key Issues	Page
Health ★★☆☆☆		
	Did not have policies related to consent to administer psychotropic medication to a child in the custody of a child welfare agency prior to administering psychotropic medication.	19
	Policies and procedures addressing medication released with a patient at discharge are not clear.	19
	Procedure for documenting missed doses of prescribed medication did not match the process for documenting these errors described by staff and management.	20
	Has not developed a complete policy related to children admitted with an addiction disorder.	20
Safety ★★★☆☆		
	Procedure for obtaining background checks of current or potential employees does not reflect the current process used by the hospital and its licensing agency.	21
	Staff did not always comply with the hospital's abuse reporting policy.	22
	Has a policy requiring certain information on a face sheet; however, the information required is not sufficient.	22
Welfare ★★★★★		
	No issues noted.	-
Rights ★★★☆☆		
	The grievance policy is not complete. It does not address the availability of grievance forms or the grievance box, including who has access to the box and how frequently the box is checked for grievances.	23
	Policy does not require patients to sign a Patients' Rights and Responsibilities information form acknowledging they were informed of their rights, including the right to make a grievance.	23
	The personal belongings policy and the youths' patient handbooks are not complete and clear about the items considered contraband.	24

★☆☆☆☆	Maximal Improvement Needed	★★★☆☆	Minor Improvement Needed
★★☆☆☆	Major Improvement Needed	★★★★★	No Issues Noted
★★★☆☆	Moderate Improvement Needed		

⁽¹⁾ Reviewers used professional judgement and rated the issues identified in the report based on the degree of risk to children at the facility.

Willow Springs Center

Background Information

Willow Springs Center (Willow Springs) is a psychiatric hospital located in Reno. Willow Springs is a private, for-profit facility. It is licensed by the Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance. According to Willow Springs' management, Willow Springs is dedicated to inspire hope, as well as the ability to achieve and celebrate success through the power of relationships developed with children, families, and the communities it supports. In addition, Willow Springs promotes clinical excellence, and an environment of collaboration and trust, while maintaining fiscal responsibility and integrity, for the patients, customers, and communities it serves.

During the year ended June 30, 2018, Willow Springs:

- Served male and female youths between the ages of 5 and 17.
- Had a maximum capacity of 116 youths.
- Had an average daily population of 94 youths with an average length of stay of 96 days.
- Had an average of 143 full-time staff and 19 part-time staff.

Purpose of the Review

The purpose of our review was to determine if Willow Springs 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, 2016, through our visit in April 2018.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Willow Springs 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 related to medication administration, treatment, safety, and youths' right to file grievances.

Willow Springs Center (continued)

Principal Observations

Medication and Treatment Policies and Procedures

Willow Springs' policies and procedures for the administration of medication and treatment plans are sometimes confusing and are not always complete. Most notably, Willow Springs did not have policies specifically related to consent to administer psychotropic medication to a child in the custody of a child welfare agency prior to administering psychotropic medication. Instead, the policy on obtaining consent applies to all patients, children and adults, and does not require the same documentation of consent as does NRS 432B.4687 (protection of children). For example, Willow Springs' policy allows a youth's parent or guardian to sign or give verbal consent for the administration of psychotropic medication. NRS 432B.4687 requires the person who is legally responsible for the psychiatric care of a child who is in the custody of a child welfare agency to approve or deny the administration of a psychotropic medication in writing. In addition, the form used by Willow Springs to document written consent does not include some information required by NRS 432B.4687, including the address and telephone number for the person legally responsible, the expected time frame for improvement, the times of administration of the medication, and the duration of the treatment.

NRS 432B.4687 forbids a provider of substitute care to administer a psychotropic medication to a child in the custody of a child welfare agency unless the person who is legally responsible for the psychiatric care of the child has consented to the administration of the medication in writing. A substitute care provider may administer psychotropic medication to a child in the custody of a child welfare agency without written consent of the person legally responsible for the psychiatric care of the child if the child had a prescription for a psychotropic medication upon entering the custody of the child welfare agency and the medication is administered in accordance with that prescription or a physician determines that an emergency exists which requires the administration of the medication before consent may be obtained. The child welfare agency must obtain documentation demonstrating that an emergency existed.

Policies and procedures addressing medication released with a patient at discharge are not clear. One policy instructs medical staff to document all medications with which a patient is discharged using a specified form. However, another policy states that staff prepare the same specified form to document medications brought from home and returned to the patient or family per physician order,

Willow Springs Center (continued)

and that prescriptions are written at discharge. A third policy states that all discharge prescriptions will be filled by the patient's local pharmacy or sent to a pharmacy named in the policy. None of the three policies state whether the facility will or will not discharge a patient with a supply of current medications.

The written procedure for documenting missed doses of prescribed medication did not match the process for documenting these errors described by staff and management. The written procedure requires the nurse to complete a medication variance report. However, medical staff and management stated missed medication events are documented in an incident report. We requested documentation of missed doses of medication, but Willow Springs' staff did not provide any documentation.

Willow Springs has not developed a complete policy related to children admitted with an addiction disorder. The initial assessment policy states a multidisciplinary treatment team will assess the need for further assessment for addictions. The policy does not mention what procedure will be followed if a youth is assessed as having an addiction. However, one of the handbooks provided to the youths states that, if a patient or family member has been identified as having an addiction problem, the youth will participate in the Ascent Program. A different handbook states that youths with addictions will be introduced to the twelve-step system and address denial, acceptance, and relapse prevention, along with the matrix model. This handbook also states youths will have the opportunity to participate in alcoholics anonymous and narcotics anonymous meetings while at Willow Springs.

Willow Springs' policy does not reflect the current process for beginning the development of treatment plans. The policy states the physician will evaluate the patient and complete the admission assessment. However, management stated the registered nurse and the physician evaluate the patient. Management also stated the therapist evaluates the patient and makes an assessment; however, this is not mentioned in the policy.

Facility Response

The Consent for Psychotropic Medications and Non-Psychotropic Medications has been revised to require the person who is legally responsible for the patient to approve or deny the administration of a psychotropic medication in writing before psychotropic medications are administered to be in compliance with NRS 432B.4687. The policy is

Willow Springs Center (continued)

scheduled to be approved by the Performance Improvement, Medical Executive and Governing Board committees by August 31, 2018. The consent form has been updated to incorporate the elements required by NRS 432B.4687, including address and telephone number for the person legally responsible, the expected time frame for improvement, the times of administration of the medication, and the duration of treatment.

The Treatment Plan Policy that addresses the initial assessment processes for newly admitted patients was revised to clarify the assessment requirements by discipline to include physician, nursing, therapist, and substance abuse counselor. The policy also addresses the development of the individualized treatment plans and has been updated to reflect the multi-disciplinary treatment team approach that is in practice at this time. The specific process for patients who have a substance use and/or substance abuse disorder diagnosis as part of their treatment has been updated in both the assessment and treatment planning policies as applicable. The policy is scheduled to be approved by the Performance Improvement, Medical Executive, and Governing Board committees.

Willow Springs Center has updated the Medications Omitted/Refused Policy to ensure that both a medication variance report and an incident report are completed if there is a missed medication dose or if a patient refuses a medication. The registered nursing staff has received education regarding the updated policy.

The policy on Physician Discharge of Patients was created, approved, and implemented. This outlines that the prescription is documented as a 15-day supply plus one refill.

Safety Policies and Procedures

Willow Springs' procedure for obtaining background checks of current or potential employees does not reflect the current process used by the facility and its licensing agency, the Bureau of Health Care Quality and Compliance (HCQC). The procedure does not mention using the Nevada Automated Background Check System (NABS). According to HCQC's staff, each licensed facility should establish a profile for each employee in NABS. Once a profile is established, NABS will notify the facility when employees need to

Willow Springs Center (continued)

be re-fingerprinted, which is every 5 years. Of the five whose files we reviewed, two should have been re-fingerprinted for a background check 5 years after their initial background check. One of the two was 9 months past due for a background check at the time of our review. According to HCQC's staff, Willow Springs had not created a profile in NABS for this employee, so Willow Springs was not notified when the employee's background check was due.

Willow Springs' staff did not always comply with the facility's abuse reporting policy. The policy requires staff to complete an abuse reporting form. Staff is also required to document that a report was made and to whom the report was made within 24 hours, as required by NRS 432B.220. Our review of five youths' files found that four youths had made disclosures of possible abuse or neglect. However, one file did not contain any information that the disclosure had been reported to either law enforcement or an agency which provides child welfare services. A second file contained documentation that Willow Springs' staff reported the disclosure, but more than a month after the disclosure was made.

Other policies and procedures that need to be developed or revised include:

- Control of Keys: Although Willow Springs has developed a process for controlling keys, it has not developed a policy.
- Face Sheets: Willow Springs has a policy requiring certain information on a face sheet; however, the information required is not sufficient. The policy does not require a photo of the youth, allergies, medications, or aliases to be included on the face sheet. This information may be found in the youths' files in different locations, but is not included on the face sheets.

Finally, during our review, we noted that fire escape routes were not posted in two of the three units visited: the Journey Unit (boys and girls wings) and the Pediatric Unit.

Facility Response

Willow Springs is now in compliance with obtaining background checks of current and potential employees. Fingerprints are completed on all staff upon hire and every 5 years. The employee file that was out of compliance during the review has been updated and now contains the notification of clearance from NABS. Willow Springs Center

Willow Springs Center (continued)

has modified the policy to include the process of utilizing NABS. The policy is scheduled to be approved by the Performance Improvement, Medical Executive, and Governing Board committees by August 31, 2018. Further, we developed an additional safety net, titled an applicant log, to support facility management with re-check requirements to maintain compliance with NRS 449.123.

Willow Springs Center created and implemented the Control of Keys Policy. The Performance Improvement, Medical Executive, and Governing Board committees approved the policy. The policy outlines appropriate action to take when keys are lost or damaged and during employment termination. The Supervisor and the Human Resources Director are responsible for obtaining the keys and providing them to the Plant Operations Director, who manages the key control system. Supervisors were educated on this policy in the August leadership meeting. Staff are educated on the policy upon hire and annually.

Staff are educated on the Abuse Reporting Policy upon hire and annually. The Director of Clinical Services also re-educated all clinical staff on the requirements of NRS 432B.220.

Willow Springs Center has implemented an additional communication tool to streamline comprehensive communication. In addition to the Face Sheet, this communication tool contains a photo of the youth and information on allergies, medications, and aliases.

Willow Springs Center has also posted fire escape routes on all units.

Rights and Grievances

Willow Springs' grievance policy is not complete. The policy does not address the availability of grievance forms or the grievance box, including who has access to the box and how frequently the box is checked for grievances. In addition, the policy does not require patients to sign the Patients' Rights and Responsibilities information form acknowledging they were informed of their rights, including the right to make a grievance.

Willow Springs Center (continued)

In addition, Willow Springs' personal belongings policy and the youths' patient handbooks are not complete and clear about the items considered contraband. The policy does not contain a list of items considered contraband and one of the two youths' handbooks does not include a list of items considered contraband. The other handbook does contain a list of items considered contraband.

Facility Response

Grievance boxes are located on each unit, as well as in the lobby. The Patient Grievance and Complaint Policy was revised to reflect the process for the Patient Advocate checking the complaint/grievance box daily, as well as ensuring that forms are available. The policy was revised to include that the Patients' Rights and Responsibilities information is provided to patients by the Admitting Department and contains the explanation of the hospital's complaint and grievance process. The policy is scheduled to be approved by the Performance Improvement, Medical Executive, and Governing Board committees by August 31, 2018. Patients are informed of their rights during the admission process and sign the Acknowledgement of Patients' Rights form. The Willow Springs team will monitor for signatures, and if a patient refuses, that will be noted. Patient rights are also posted on all units.

The Performance Improvement Team initiated a Contraband Team to review and evaluate the management of contraband. The Performance Improvement Team reviewed and revised the Personal Belongings Policy and the contraband list. The policy is scheduled to be approved by the Performance Improvement, Medical Executive, and Governing Board committees by August 31, 2018. The contraband competency has been updated and staff have been educated. The contraband competency will also be completed by staff upon hire and annually. In addition, all patient handbooks have been updated to include the contraband list.

Appendices

Appendix A

Nevada Revised Statutes 218G.500 Through 218G.535 and 218G.570 Through 218G.595

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.595 (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 A

Nevada Revised Statutes 218G.500 Through 218G.535 and 218G.570 Through 218G.595 (continued)

Facilities Having Physical Custody of Children (continued)

NRS 218G.590 Duty to report deficiencies of facilities. After concluding, as the result of an inspection, review and survey of a governmental facility for children or a private facility for children pursuant to NRS 218G.575, that the facility has deficiencies in policies or procedures that could be detrimental to the health, safety or welfare of children in the care of the facility or violate the civil or other rights of such children, the Legislative Auditor or the Legislative Auditor's designee shall provide a report of those deficiencies to any licensing entity from which the facility is required to obtain a license or, if the facility is not required to obtain a license, to the Division of Child and Family Services of the Department of Health and Human Services.

(Added to NRS by 2017, 4216)

NRS 218G.595 Duty of licensing entity to review whether certain facilities have corrected reported deficiencies.

1. Not later than 45 days after receiving a report pursuant to NRS 218G.590 concerning a child care facility licensed pursuant to chapter 432A of NRS, the Division of Public and Behavioral Health of the Department of Health and Human Services or the county or incorporated city from which the facility has obtained a license pursuant to NRS 432A.131, as applicable, shall review the facility to which the report pertains to determine whether the facility has corrected the deficiencies described in the report. The review may include a physical inspection of the facility at the discretion of the Division, county or city, as applicable.

2. After conducting a review pursuant to subsection 1, the Division, county or city shall provide a report of its determinations to the Legislative Auditor. The report must include:

(a) A determination of whether the deficiencies described in the report of the Legislative Auditor or the Legislative Auditor's designee have been resolved;

(b) If the deficiencies described in the report of the Legislative Auditor or the Legislative Auditor's designee have not been resolved, a description of the measures being taken by the facility to resolve the deficiencies, a determination of whether those measures are adequate and the expected date by which the deficiencies will be resolved; and

(c) A statement of any issues of fact or law on which the Division, county or city, as applicable, disagrees with the report of the Legislative Auditor or the Legislative Auditor's designee.

3. If the Division, county or city concludes, after a review conducted pursuant to subsection 1, that a child care facility has not resolved a deficiency described in the report of the Legislative Auditor or the Legislative Auditor's designee, the Division, county or city, as applicable, shall, not later than 30 days after completing the review:

(a) Provide a copy of its report to each court or other governmental agency that places children in the facility and post the report publicly on an Internet website maintained by the Division, county or city, as applicable; and

(b) Schedule another review of the facility which must be conducted not later than 30 days after the review conducted pursuant to subsection 1. After the review conducted pursuant to this paragraph, the Division, county or city, as applicable, shall take the actions described in subsection 2 and, if necessary, this subsection.

4. The Legislative Auditor or the Legislative Auditor's designee shall include any information provided by the Division, a county or an incorporated city concerning any deficiency identified at a child care facility in any report issued by the Legislative Auditor or the Legislative Auditor's designee concerning the inspections, reviews and surveys required by NRS 218G.575.

5. This section shall not be construed to prohibit or limit the ability of:

(a) A licensing entity to impose sanctions on a facility for children under its jurisdiction; or

(b) A law enforcement agency to respond to criminal conduct at a facility for children.

6. As used in this section, "child care facility" has the meaning ascribed to it in NRS 432A.024.

(Added to NRS by 2017, 4216)

Appendix B

Glossary of Terms

Child Welfare Agency	In a county whose population is less than 100,000, the local office of the state's Division of Child and Family Services or, in a county whose population is 100,000 or more, the agency of the county which provides or arranges for necessary child welfare services.
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 homes.
Civil and Other Rights	This relates to a youth's civil rights, as well as his rights as a human being. It includes protection from discrimination, the right to file a complaint, and protection from racist comments.
Consent	Authorization for the administration of psychotropic medications given by the person legally responsible for the psychiatric care of a child. Consent must include specific items as listed in NRS 432B.4687, such as the name of the child, the name of the person legally responsible, the name, purpose and expected time frame for improvement for each medication; the dosage, times of administration, and number of units at each administration of the medication; the duration of the course of treatment; and a description of the risks, side effects, interactions, and complications of the medication.
Correction Facility	Provides custody and care for youths in a secure, highly restrictive environment who would otherwise endanger themselves or others, be endangered by others, or run away. Correction facilities may include restrictive features, such as locked doors and barred windows.
Court Ordered Admission	An order from a court to admit a youth who is in the custody of an agency that provides child welfare services with an emotional disturbance into a facility that provides mental health treatment.
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.

Appendix B

Glossary of Terms

(continued)

Facility for the Treatment of Abuse of Alcohol or Drugs	Provides intensive treatment to youths addicted to alcohol or other substances in a structured residential environment. These facilities focus on behavioral change and services to improve the quality of life of residents.
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 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.
Health	Anything related to a youth's physical health, including medical care and medication administration.
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.
NABS	Nevada Automated Background System, which is used to perform background investigations of employees of facilities licensed by the Bureau of Health Care Quality and Compliance.
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.

Appendix B

Glossary of Terms

(continued)

Psychiatric Hospital	Provides mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. Psychiatric hospitals 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.
Psychotropic Medication	A prescribed medication used to alter a youth's thought process, mood, or behavior.
Psychiatric Residential Treatment Facility	Provides inpatient psychiatric services to youths in a non-hospital setting. Services are provided by an interdisciplinary team at the direction of a physician in a safe, appropriate setting.
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.
Welfare	Anything related to the general well-being of a youth. This includes punishments or discipline.

Appendix C

Summary of Observations at Two Facilities Reviewed

Observations	Number of Facilities
Medication Administration Processes and Procedures	
Policies and procedures did not contain adequate guidance on obtaining consent to administer psychotropic medications to children	2
Policies and procedures addressing medication released with youths were not adequate	2
Policies and procedures did not address maintaining physicians' orders	1
Policies and procedures addressing documenting errors in the administration of medication were not adequate or did not reflect the process used by staff	2
Policies and procedures addressing documenting and verifying medications a youth is taking at intake to the facility were not adequate	1
Policies and procedures to ensure youths' prescriptions are refilled in a timely manner have not been developed	1
Other Items	
Policies and procedures for background checks of employees were not current and did not reflect the process used	1
The youths' handbooks were not complete or were outdated	1
Staff did not always follow the facility's abuse reporting policy	1

Source: Reviewer prepared from facility reviews.

Note: This is not a comprehensive list of observations.

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2018

Table 1: Correction and Detention Facilities				Background		Population for FY 2018		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	118	89	0		
China Spring Youth Camp	State/Counties	Gardnerville	12 - 18	65	49	45	0		
Clark County's Juvenile Detention Center	Clark County	Las Vegas	8 - 24	192	154	139	30		
Douglas County Juvenile Detention Center	Douglas County	Stateline	10 - 18	16	3	6	1		
Jan Evans Juvenile Justice Center	Washoe County	Reno	10 - 17	108	50	46	0		
Leighton Hall	Humboldt County	Winnemucca	10 - 18	14	2	9	3		
Murphy Bernardini Regional Juvenile Detention Center	Carson City	Carson City	10 - 17	18	8	15	0		
Nevada Youth Training Center	State	Elko	12 - 18	60	55	72	0		
Northeastern Nevada Juvenile Detention Center	Elko County	Elko	10 - 21	24	8	12	0		
Spring Mountain Youth Camp	Clark County	Las Vegas	12 - 18	100	95	62	3		
Summit View Youth Center	State	Las Vegas	14 - 19	48	34	45	0		
Teurman Hall	Various Counties	Fallon	10 - 18	16	10	13	5		
Total – 12 Correction and Detention Facilities				801	586	553	42		

Table 2: Child Welfare Facilities				Background		Population for FY 2018		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	5	6		
Child Haven	Clark County	Las Vegas	0 - 18	90	60	60	63		
Kids' Kottages	Washoe County	Reno	0 - 18	82	17	44	0		
Total – 3 Child Welfare Facilities				182	82	109	69		

Table 3: Psychiatric Hospitals				Background		Population for FY 2018		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Adolescent Treatment Center ⁽¹⁾	State	Sparks	11 - 17	16	12	19	0		
Desert Parkway Behavioral Healthcare Hospital, LLC	Private	Las Vegas	8 - 17	21	16	19	3		
Desert Willow Treatment Center	State	Las Vegas	12 - 17	20	15	54	1		
Montevista Hospital	Private	Las Vegas	5 - 17	72	52	98	2		
Seven Hills Hospital	Private	Henderson	11 - 17	38	14	8	0		
Spring Mountain Treatment Center	Private	Las Vegas	5 - 17	28	18	16	7		
West Hills Hospital	Private	Reno	5 - 17	32	17	31	10		
Willow Springs Center	Private	Reno	5 - 17	116	94	143	19		
Total – 8 Psychiatric Hospitals				343	238	388	42		

Table 4: Psychiatric Residential Treatment Facilities				Background		Population for FY 2018		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Never Give Up Youth Healing Center	Private	Amargosa Valley	8 - 17	91	25	28	0		
Total – 1 Psychiatric Residential Treatment Facility				91	25	28	0		

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2018 (continued)

Table 5: Facilities for the Treatment of Abuse of Alcohol or Drugs

Facilities	Background			Population for FY 2018		Staffing Levels	
	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	6	4	3
Nevada Homes for Youth II	Private	Las Vegas	13 - 18	10	8	5	4
Vitality Center-ACTIONS of Elko	Private	Elko	13 - 18	13	2	27	0
Western Nevada Regional Youth Center	Various Counties	Silver Springs	12 - 18	18	11	18	3
Total – 4 Facilities for the Treatment of Abuse of Alcohol or Drugs				51	27	54	10

Table 6: Group Homes

Facilities	Background			Population for FY 2018		Staffing Levels	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
Call to Compassion	Private	Reno	8 - 18	14	12	3	4
Children's Cabinet-Center for Aspiring Youth	Private	Sparks	12 - 17	15	10	14	11
Chrysalis	Private	Sparks	10 - 18	4	3	10	0
Family Learning Homes	State	Reno	5 - 17	20	15	14	0
Golla Home	Private	Washoe Valley	6 - 18	4	1	2	0
Hand Up Homes for Youth Northern Nevada	Private	Reno	13 - 17	12	11	13	3
Hope Healthcare Services	Private	Reno	10 - 18	6	3	6	1
JC Family Services	Private	Reno	13 - 18	3	3	0	0
Levada House, LLC.	Private	Reno	4 - 18	6	5	6	0
Oasis On-Campus Treatment Homes	State	Las Vegas	6 - 18	28	16	43	2
P6 Family Services	Private	Reno	7 - 18	6	6	3	5
Quest Counseling and Consulting, Inc.	Private	Reno	13 - 17	6	6	4	3
R House Community Treatment Home	Private	Reno	0 - 18	6	5	2	0
Rite of Passage-Qualifying Houses I	Private	Minden	14 - 18	16	6	6	1
Rite of Passage-Qualifying House II	Private	Gardnerville	14 - 18	8	8	6	1
Tahoe House Family Services, LLC.	Private	Reno	12 - 18	6	6	4	2
The Reagan Home	Private	Reno	6 - 18	7	4	2	1
Total – 17 Group Homes				167	120	138	34

Table 7: Residential Centers

Facilities	Background			Population for FY 2018		Staffing Levels	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
HELP of Southern Nevada-Shannon West Homeless Youth Center	Private	Las Vegas	16 - 24	162	68	21	0
Northwest Academy	Private	Amargosa Valley	12 - 18	228	44	40	8
Rite of Passage-Sierra Sage Academy	Private	Yerington	14 - 17	48	45	64	0
Spring Mountain Residential Center	County	Las Vegas	12 - 18	16	12	8	1
Total – 4 Residential Centers				454	169	133	9

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2018 (continued)

Table 8: Foster Care Agencies		Background		Population for FY 2018		Staffing Levels ⁽²⁾	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
3 Angels Care	Private	Reno	6 - 17	30	23	6	1
Apple Grove Foster Care Agency	Private	Las Vegas	0 - 18	50	31	14	10
Bamboo Sunrise, LLC	Private	Henderson	0 - 21	52	48	17	0
Eagle Quest	Private	Las Vegas	0 - 18	255	176	77	12
Genesis	Private	North Las Vegas	6 - 18	48	46	27	0
Koinonia Family Services	Private	Reno	3 - 18	44	27	5	0
Maple Star Nevada	Private	Reno	4 - 18	6	2	1	2
Mountain Circle Family Services	Private	Reno	3 - 18	29	13	6	3
Olive Crest	Private	Las Vegas	0 - 18	32	14	6	3
St. Jude's Ranch for Children	Private	Boulder City	0 - 18	46	31	25	5
Specialized Alternatives for Families and Youth of Nevada, Inc.	Private	Las Vegas	0 - 18	154	105	35	4
Total – 11 Foster Care Agencies				746	516	219	40
Total – 60 Facilities Statewide				2,835	1,763	1,622	246

Table 9: Facilities That Closed During Fiscal Year 2018 or No Longer Meet the Definition of a Facility in NRS 218G.535

Facilities	Type of Facility	Location
WestCare-Emergency Shelter	Child Welfare	Las Vegas
Total – 1 Facilities Closed or No Longer Meet the Definition of a Facility		

Source: Reviewer prepared from information provided by facilities.

⁽¹⁾ Adolescent Treatment Center is licensed as a child care facility.

⁽²⁾ Staffing levels do not include foster parents.

Appendix E

Unannounced Visits to Nevada Facilities

Facility Name	Facility Type	Date of Visit
Jan Evans Juvenile Justice Center	Detention	March 27, 2018
Children's Cabinet-Center for Aspiring Youth	Group Home	March 27, 2018
3 Angels Care	Foster Care Agency	March 27, 2018
Mountain Circle Family Services	Foster Care Agency	March 27, 2018
China Spring Youth Camp	Correction	March 28, 2018
Kids' Kottages	Child Welfare	April 20, 2018
Rite of Passage-Sierra Sage Academy	Residential Center	June 21, 2018
Northwest Academy	Residential Center	September 28, 2018

Source: Reviewer prepared from unannounced facility visits.

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

At Northwest Academy, we observed several issues that prompted us to question whether the facility adequately protected the health, safety, and welfare of the youths at the facility. Northwest Academy is licensed as a child care institution by the Bureau of Health Care Quality and Compliance (HCQC), Division of Public and Behavioral Health, Department of Health and Human Services. Our last review of Northwest Academy was in April 2015; we concluded that Northwest Academy needed to improve its policies, procedures, and processes in order to provide reasonable assurance that it protected the health, safety, welfare, and rights of the youths at the facility.

Several areas of the facility were dirty and in disrepair: the siding on one dormitory had a hole; a fence was broken, allowing access to construction materials; several dormitory toilets were excessively dirty; carpets were stained and covered with debris in a sleeping area of one dormitory; light bulbs were exposed in two dormitories; one unoccupied dormitory was missing a window; and one dormitory was missing a shower head. In addition, there were no fire evacuation routes posted in the boys' dormitories. Many of these maintenance and repair issues were included in HCQC's Statement of Deficiencies that resulted from a survey conducted 22 days prior to our visit. The Academy responded to the Statement of Deficiencies that the completion date for all repairs was 8 days prior to our visit.

Other issues we noted during our visit included: the Academy had not established a timeframe for completing youths' treatment plans; face sheets or identity kits were not prepared for the youths; complaint forms were not readily available to youths; and complaint boxes were not used.

After our unannounced visit on September 28, 2018, we notified HCQC of the potential hazards and deficiencies we observed at the Academy. HCQC confirmed in November that they had visited the Academy after our call and had issued a Statement of Deficiencies.

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, 2017.

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

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

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

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

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

Appendix F
Methodology
(continued)

Reviews were conducted pursuant to the provisions of NRS 218G to determine if facilities adequately protected the health, safety, and welfare of children in the facility and whether facilities respected the civil and other rights of children in their care. Reviews included a review of policies, procedures, processes, and complaints filed since July 1, 2016. In addition, we discussed related issues and observed related processes with management and staff during our visits.

Issues discussed included:

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

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

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

Appendix F
Methodology
(continued)

In addition to facility reviews, we performed seven unannounced facility visits. Generally, unannounced facility visits included discussions with management and a tour of the facility. Discussions included medication administration, the complaint 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 35.

Our work was conducted from February 2018 through September 2018 pursuant to the provisions of NRS 218G.570 through 218G.595.

We furnished each facility reviewed with a conclusion letter. We requested a written response from management at each facility. A copy of each facility's review conclusion and summaries of managements' responses begins on page 9.

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