

STATE OF NEVADA

Review of Governmental and Private Facilities for Children

January 2020



Legislative Auditor
Carson City, Nevada

Review Highlights



Highlights of Legislative Auditor report on the Review of Governmental and Private Facilities for Children issued on February 18, 2020.

Report # LA20-12.

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, 2019, we had identified 58 governmental and private facilities that met the requirements of NRS 218G: 20 governmental and 38 private facilities. In addition, 71 Nevada children were placed in 14 facilities in 7 different states as of June 30, 2019.

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, 2018, through June 30, 2019, we received 1,339 complaints from 30 facilities in Nevada. Twenty-eight 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 four children's facilities, unannounced site visits to 11 children's facilities, and a survey of 58 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, 2017. In addition, we discussed related issues and observed related processes during our visits.

Review of Governmental and Private Facilities for Children

January 2020

Summary

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

The following four pages contain a brief summary of the issues noted at the four facilities reviewed:

- Oasis On-Campus Treatment Homes; (page i)
- Never Give Up Youth Healing Center; (page ii)
- Apple Grove Foster Care Agency; (page iii)
- Koinonia Family Services. (page iv)

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 8 of the facilities. At two facilities, we observed conditions that caused us to question the welfare of the youths in its care. Based on our observations, we contacted the facilities' licensing agency. The licensing agency initiated corrective actions. At one facility, we observed several issues that caused us to question whether the facility adequately protected the health, safety, and welfare of the youth in its care. Based on our observations, we contacted the facility's licensing agency. The facility was subsequently closed. (page 48)

Review Conclusions

The most common and significant weaknesses noted at the four facilities reviewed included:

- Consent to Administer Psychotropic Medication – We found issues at all four facilities related to the statutorily required consent of the person legally responsible for the psychiatric care of the child prior to administering psychotropic medications (NRS 432B.4687 and 432B.4688).
- Annual Medication Training – Not all foster parents or employees received annual training on medication administration, or did not receive the training timely, at three of the four facilities.
- Background Investigations – Three facilities' policies and procedures were incomplete, inaccurate, or non-existent.
- Complaints – All four facilities need to update their policies and procedures. (page 4)

In December 2019, we sent a letter to 56 of the 58 facilities listed in Appendix D of the report informing them of the requirements for obtaining consent from the person legally responsible prior to administering psychotropic medications. In addition, we asked the facilities to respond whether their policies and procedures address the statutory requirements and whether each employee who administers medication had received a copy of the policies and procedures and understood the consent requirements. As of December 31, 2019, we had received responses from 42 facilities stating their policies and procedures do address the statutory requirements and all employees who administer medication had received a copy of the policies and procedures and understood the consent requirements. Of the remaining 14 facilities:

- Three facilities confirmed their policies and procedures address the statutory requirements, but did not address whether all employees received a copy or understood the consent requirements.
- One facility confirmed it does have policies and procedures to address the statutory requirements and it is in the process of distributing a copy to employees.
- Three facilities confirmed they are in the process of updating policies and procedures, even though staff have received a copy and understand the consent requirements.
- One facility responded it does not have policies and procedures addressing the statutory consent requirements.
- Six facilities did not respond. (page 4)



Review of Governmental and Private Facilities for Children, January 2020

Oasis On-Campus Treatment Homes: Reviewers rated the issues identified during a review of Oasis On-Campus Treatment Homes, foster home that provides specialized care, as noted below.

Summary of Issue Ratings February 2019		
Issue Rating ⁽¹⁾	Key Issues	Page
Health ★★☆☆☆		
	Staff did not ensure the consent forms from the person legally responsible for the psychiatric care of a child in the custody of a child welfare agency were properly completed. Consent forms for four of the five youths whose medication files we reviewed were not properly completed.	8
	Policies do not adequately ensure that all employees receive required medication administration training annually, as required by NRS 424.0365. Three of the five employees whose training files we reviewed showed they received their annual training between 3 weeks and 18 months late.	8
	The policy on medication management was not always effective in detecting and correcting medication errors.	9
	Initial and updated treatment plans were often prepared later than allowed by Oasis's policy and were sometimes not signed by all persons required to sign the plans.	10
Safety ★★☆☆☆		
	Oasis generally complied with background check requirements in NRS 424.031; however, Oasis does not have a policy or procedure addressing the criminal history requirements. Oasis' hiring practices are governed by DCFS's hiring policy and procedure; however, DCFS's policy and procedure does not reflect statutory requirements.	11
	Oasis' policies for health and safety inspections do not describe to whom deficiencies should be reported or who is responsible for correcting issues noted during the inspections.	11
Welfare ★★★★★		
	No issues noted.	-
Rights ★★☆☆☆		
	Oasis's complaint policy is not complete and does not accurately describe the complaint process used.	12

★☆☆☆☆	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.



Review of Governmental and Private Facilities for Children, January 2020

Never Give Up Youth Healing Center: Reviewers rated the issues identified during a review of Never Give Up Youth Healing Center, a psychiatric residential treatment facility, as noted below.

Summary of Issue Ratings October 2018		
Issue Rating ⁽¹⁾	Key Issues	Page
Health ★☆☆☆☆		
	Policies do not adequately address obtaining the consent of the person legally responsible for the psychiatric care of a child in the custody of a child welfare agency prior to administering psychotropic medications.	14
	The medication inventory form and the medication inventory policy are not complete or consistent.	14
	The medication errors policy is not complete and staff did not always follow the policy.	15
	Other policies that need to be updated, expanded, or followed included: documenting refusal of medication; documenting physicians' orders; minimizing and addressing errors in the administration of medication; documenting release of medication when youths are discharged; and documenting the disposal of medications.	15
Safety ★★☆☆☆		
	Procedures do not specify that contractors are required to obtain background checks within 10 days after entering into a contract with the Center.	18
	Policies do not mention that reports of all instances of known or suspected abuse or neglect must be reported to law enforcement or a child welfare agency no later than 24 hours after becoming aware of the suspected abuse or neglect, as required by NRS 432B.220.	19
	Several policies and procedures were not developed or were incomplete, including: a policy requiring identity kits or face sheets; a policy on the safety and security of keys; an inadequate policy on preventing access to tools and chemicals, and an inadequate policy ensuring the facility is secure to discourage running away or unwelcome intruders.	19
Welfare ★★★★★		
	No issues noted.	-
Rights ★★★★★		
	The grievance policy is not complete and staff do not always comply with the policy.	20

★☆☆☆☆	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.



Review of Governmental and Private Facilities for Children, January 2020

Apple Grove Foster Care Agency: Reviewers rated the issues identified during a review of Apple Grove, a foster care agency, as noted below.

Summary of Issue Ratings May 2019		
Issue Rating ⁽¹⁾	Key Issues	Page
Health ★☆☆☆☆		
	Apple Grove's medication policies and procedures are missing key areas of the medication administration process. Some of these processes are described in the Foster Parent Manual, but the manual is not sufficiently detailed.	23
	Training files for both of the foster parents whose files we reviewed were missing documentation of receiving annual medication administration training required by NRS 424.0365. One did not contain documentation of training for a period of 35 months and the other for 36 months.	23
	Policies and procedures do not include information on when consent from the person legally responsible for the psychiatric care of a youth is required, the information that must be included on the consent, or that the consent must be written and signed by the person legally responsible prior to administering psychotropic medications or changing the administration or dosage of the medication. One youth received a psychotropic medication for nearly 5 months before consent was documented in the youth's file.	24
	Policies do not establish a timeframe for the development of an initial treatment plan or establish when a treatment plan is considered final.	28
Safety ★★★☆☆		
	Apple Grove's staff did not always follow its policy of maintaining face sheets or identity kits at each youth's foster home and at the Apple Grove office. None of the three foster homes we visited had face sheets for the youths in the homes, and the file for one of the five youths whose files we reviewed at the office did not contain a face sheet.	30
	Policies and procedures do not address the safety and security of cleaning chemicals, firearms, and ammunition.	30
Welfare ★★★★★		
	No issues noted.	-
Rights ★★★☆☆		
	The grievance policy is not complete and staff do not always comply with the policy.	30

★☆☆☆☆	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.



Review of Governmental and Private Facilities for Children, January 2020

Koinonia Family Services: Reviewers rated the issues identified during a review of Koinonia Family Services, a foster care agency, as noted below.

Summary of Issue Ratings November 2018		
Issue Rating ⁽¹⁾	Key Issues	Page
Health ★★☆☆☆		
	Koinonia's procedure for documenting medication received when a child is placed in a home is not adequately detailed. It does not require documentation of the medication received or the signatures of the persons providing and receiving the medication.	34
	The policy and procedure for consent to administer psychotropic medications is not complete. It does not require staff or foster parents to review the consents to ensure they are complete and accurate. Our review of five youths' files found written consents documented in the files; however, the consent forms did not always contain the information required by NRS 432B.4687.	34
	Koinonia's policies and procedures did not ensure the foster parents complied with the medication administration training requirements in NRS 424.0365. We reviewed training files for two foster parents and found both received their annual medication training almost 7 months late.	34
	Koinonia's policy for treatment planning does not specify the timeframes when initial or updated treatment plans are due or when plans are considered final.	35
Safety ★★★☆☆		
	Koinonia's policies and procedures for background checks were not complete and were not based on requirements found in state law. As a result, one of the three employees whose files we reviewed had a background check under an incorrect statute.	35
	Koinonia's policies and procedures do not address the security of keys and tools, the safe storage of firearms, or the information to be included in identity kits or face sheets.	36
Welfare ★★★★★	No issues noted.	-
Rights ★★★★★		
	The grievance policy is not complete.	36

★☆☆☆☆	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.

STATE OF NEVADA
LEGISLATIVE COUNSEL BUREAU

LEGISLATIVE BUILDING
401 S. CARSON STREET
CARSON CITY, NEVADA 89701-4747

LEGISLATIVE COMMISSION (775) 684-6800
NICOLE J. CANNIZZARO, *Senator, Chair*
Rick Combs, *Director, Secretary*

INTERIM FINANCE COMMITTEE (775) 684-6821
MAGGIE CARLTON, *Assemblywoman, Chair*
Cindy Jones, *Fiscal Analyst*
Mark Krmpotic, *Fiscal Analyst*



RICK COMBS, *Director*
(775) 684-6800

BRENDA J. ERDOES, *Legislative Counsel* (775) 684-6830
DANIEL L. CROSSMAN, *Legislative Auditor* (775) 684-6815
MICHEL J. STEWART, *Research Director* (775) 684-6825

Legislative Commission
Legislative Building
Carson City, Nevada

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,

A handwritten signature in black ink, appearing to read "Daniel Crossman".

Daniel L. Crossman, CPA
Legislative Auditor

January 30, 2020
Carson City, Nevada

STATE OF NEVADA
REVIEW OF GOVERNMENTAL AND PRIVATE FACILITIES FOR CHILDREN
JANUARY 2020

Table of Contents

	<u>Page</u>
Introduction	1
Background	1
Number and Types of Facilities	1
Complaints	3
Scope, Purpose, and Methodology	3
Facility Observations	4
Reports on Individual Facility Reviews	5
Oasis On-Campus Treatment Homes	7
Never Give Up Youth Healing Center	13
Apple Grove Foster Care Agency	22
Koinonia Family Services	33
Appendices	
A. Nevada Revised Statutes 218G.500 Through 218G.535 and 218G.570 Through 218G.595	38
B. Glossary of Terms	41
C. Summary of Observations at Four Facilities Reviewed	44
D. Nevada Facility Information	45
E. Unannounced Visits to Nevada Facilities	48
F. Methodology	50

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 four children's facilities (page 4), unannounced site visits to 11 children's facilities (page 48), and a survey of 58 children's facilities (pages 45 - 47).

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 38 - 40).

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, 2019, we identified a total of 58 governmental and private facilities that met the requirements of NRS 218G: 20 governmental and 38 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, 2019.

**Summary of Nevada Facilities
Fiscal Year Ended June 30, 2019**

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	805	543	564	35
Child Care Facilities and Institutions	3	188	96	127	65
Psychiatric Hospitals	8	258	167	360	63
Psychiatric Residential Treatment Facilities	1	91	45	29	0
Treatment of Abuse of Alcohol or Drugs Facilities	4	51	25	23	19
Foster Homes that Provide Specialized Care	15	170	114	137	30
Others	3	222	134	101	3
Foster Care Agencies	12	756	493	197	60
Total – Facilities Statewide	58	2,541	1,617	1,538	275

Source: Reviewer prepared from information provided by facilities.

In addition to youths placed in facilities within the State of Nevada, an additional 71 youths were placed in out-of-state facilities by a District Court or the State as of June 30, 2019. Nevada youths were placed in 14 different facilities in 7 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 for the past 3 years.

**Summary of Nevada Youths Placed in Out-of-State Facilities
As of June 30, 2017, 2018, and 2019**

Exhibit 2

Placing Entity	As of June 30, 2017	As of June 30, 2018	As of June 30, 2019
1 st Judicial District Court (Carson City and Storey County)	9	8	6
2 nd Judicial District Court (Washoe County)	18	19	18
3 rd Judicial District Court (Lyon County)	6	2	4
4 th Judicial District Court (Elko County)	3	3	4
5 th Judicial District Court (Esmeralda and Nye Counties)	4	3	2
6 th Judicial District Court (Humboldt County)	1	1	0
7 th Judicial District Court (Eureka, Lincoln, and White Pine Counties)	1	1	1
8 th Judicial District Court (Clark County)	31	19	15
9 th Judicial District Court (Douglas County)	2	2	0
10 th Judicial District Court (Churchill County)	0	0	1
11 th Judicial District Court (Lander, Mineral, and Pershing Counties)	0	0	1
State of Nevada Division of Child and Family Services	44	19	19
Totals	119	77	71

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, 2018, through June 30, 2019, we received 1,339 complaints from 30 facilities in Nevada. Twenty-eight 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, 2017. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from September 2018 through November 2019.

A detailed methodology of our work can be found in Appendix F of the report, which begins on page 50.

FACILITY OBSERVATIONS

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

Appendix C, on page 44, contains a partial listing of the weaknesses found at the four facilities reviewed. The most common and significant weaknesses noted at the facilities included:

- Consent to Administer Psychotropic Medication – We found issues at all four facilities related to the statutorily required consent of the person legally responsible for the psychiatric care of the child prior to administering psychotropic medications (NRS 432B.4687 and 432B.4688).
- Annual Medication Training – Not all foster parents or employees received annual training on medication administration, or did not receive the training timely, at three of the four facilities.
- Background Investigations – Three facilities' policies and procedures were incomplete, inaccurate, or non-existent.
- Complaints – All four facilities need to update their policies and procedures.

In December 2019, we sent a letter to 56 of the 58 facilities listed in Appendix D of the report informing them of the requirements for obtaining consent from the person legally responsible prior to administering psychotropic medications. In addition, we asked the facilities to respond whether their policies and procedures address the statutory requirements and whether each employee who administers medication had received a copy of the policies and procedures and understood the consent requirements. As of

December 31, 2019, we had received responses from 42 facilities stating their policies and procedures do address the statutory requirements and all employees who administer medication had received a copy of the policies and procedures and understood the consent requirements. Of the remaining 14 facilities:

- Three facilities confirmed their policies and procedures address the statutory requirements, but did not address whether all employees received a copy or understood the consent requirements.
- One facility confirmed it does have policies and procedures to address the statutory requirements and it is in the process of distributing a copy to employees.
- Three facilities confirmed they are in the process of updating policies and procedures, even though staff have received a copy and understand the consent requirements.
- One facility responded it does not have policies and procedures addressing the statutory consent requirements.
- Six facilities did not respond.

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 8 of the facilities. At two facilities, we observed conditions that caused us to question the welfare of the youths in its care. Based on our observations, we contacted the facilities' licensing agency. The licensing agency initiated corrective actions. At one facility, we observed several issues that caused us to question whether the facility adequately protected the health, safety, and welfare of the youth in its care. Based on our observations, we contacted the facility's licensing agency. The facility was subsequently closed. (page 48)

REPORTS ON INDIVIDUAL FACILITY REVIEWS

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

Map of Facilities Reviewed



Source: Reviewer prepared.

Oasis On-Campus Treatment Homes

Background Information

Oasis On-Campus Treatment Homes (Oasis) are operated by the Division of Child and Family Services (DCFS), Department of Health and Human Services, and are licensed by Clark County's Department of Family Services as specialized foster homes. Oasis is located in Las Vegas. According to Oasis, its mission is to bridge the wants and needs of a youth and family through collaborative efforts in partnership with community supports to help them reach their highest level of functioning. According to DCFS's website, Oasis consists of residential homes that provide intensive, highly structured treatment for severely emotionally disturbed children and adolescents.

During the year ended June 30, 2019, Oasis:

- Served youths between the ages of 6 and 18.
- Had a maximum capacity of 28 youths.
- Had an average daily population of 15 youths with an average length of stay of 4 months.
- Had an average of 41 full-time staff, 2 part-time staff, and 1 contract staff or foster parent.

Purpose of the Review

The purpose of our review was to determine if Oasis adequately protects the health, safety, and welfare of the children at Oasis and whether Oasis 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, 2017, through our visit in February 2019.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Oasis 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, Oasis could improve some of its policies and procedures, including medication, treatment, and safety policies and procedures.

Oasis On-Campus Treatment Homes (continued)

Principal Observations

Medication Policies and Procedures

Several of Oasis's policies, procedures, and forms are outdated, not clear, incomplete, or not followed. For example:

- The Admission Medication Inventory Log does not contain any space for admissions staff to document the medication route or times of administration. Documentation in one of the four youth's medication files indicated they were taking medication when they arrived at Oasis, but did not contain documentation of the route or times the medication should be administered.
- Staff did not ensure the consent forms from the person legally responsible for the psychiatric care of a child in the custody of a child welfare agency were properly completed. This form is required to be signed by the person legally responsible before such a child is administered psychotropic medication. NRS 432B.4687 contains a list of the information that must be included on the consent signed by the person legally responsible. However, our review found consent forms in four of the five youths whose medication files we reviewed were not properly completed. Information missing from the consents included times of medication administration, purpose of the medication, side effects of the medication, and contact information for the person legally responsible for the psychiatric care of the child.
- Policies do not adequately ensure that all employees receive required medication administration training annually, as required by NRS 424.0365. DCFS policies require managers and supervisors to ensure staff receive medication administration training at least annually. However, the policy does not establish a system to either remind managers and supervisors of those staff who are approaching the 1 year anniversary of their prior training or to advise them of any staff who did not receive the annual training. As a result, our review of five employees' training files showed three received their annual training between 3 weeks and 18 months late.

Oasis On-Campus Treatment Homes (continued)

- The policy on medication management was not always effective in detecting and correcting medication errors. DCFS's policy on medication management requires supervisors to conduct weekly reviews of medication administration records to identify errors and to confirm the accuracy of the data. In addition, the policy lists and describes medication errors. However, we found one of the five youth's medication file contained evidence the youth was administered medication at the wrong time; the youth's medication administration records show this continued for about 1 month. Another youth's medication administration record showed a different dosage amount than the physician's order and the consent form for a period of 5 months.
- The policy on medication management does not address the established reorder process for medications.
- The policy does not address documentation of medication released to another person when a youth is discharged.

Facility Response

We are adapting the Admission Medication Inventory Log to include that information to be gathered from the legal guardian. This will be completed by the end of September 2019. We have also added the form for consent from the person legally responsible for the psychiatric care of a child to the medication training for staff, and it will be monitored on the weekly audit by the supervisor and the monthly audit by either the nurse or the program manager.

We have designed a new training schedule to occur every 9 months to ensure we are in the annual timeframe for existing staff and during orientation for new staff. When the nurse is hired, it will be scheduled every 6 months and will be competency-based. As we become a Psychiatric Residential Treatment Facility, the nurses will assume the responsibility of medication administration.

In the absence of a nurse, the Clinical Program Manager will conduct the monthly medication audits to ensure the weekly audits are being completed.

Oasis On-Campus Treatment Homes (continued)

The Oasis Standard Operating Procedure has been edited to include the re-ordering process. Updates were also provided for the Children's Mental Health Policy. In addition, a section was added to the policies to describe the procedure used when a youth is discharged from the program with medication.

Treatment Policies and Procedures

Initial treatment plans were often prepared later than allowed by Oasis's policy and were sometimes not signed by all persons required to sign the plans. For example, the policy requires an initial treatment plan be completed within 30 days of a youth's admittance, and requires the guardian, youth, mental health counselor, and treatment home provider sign and date the plan. Our review of four youths' initial treatment plans found two plans were prepared 20 and 46 days after the 30-day deadline in the policy. Furthermore, one of the treatment plans was not signed by the youth, and one was signed by the youth but not dated.

In addition, Oasis's policies also require youths be re-assessed every 90 days, and their treatment goals be updated and changed as needed, although it does not specifically state an updated treatment plan will be prepared or who must sign an updated treatment plan. Our review found four youths had eight updated treatment plans. Of these eight plans, one was dated almost 3 months after the required 90-day re-assessment, and two were not signed by the youth.

Facility Response

The current Mental Health Counselor III will maintain a database with reminders for the supervisors regarding the due dates for any 30, 60, or 90-day reviews. She will be responsible for developing the initial treatment plan with input from the staff in the home. The timeliness of the completion will be monitored by the program manager, who must approve them in the database. This oversight will be added to the Standard Operating Procedure, which will be completed by the end of September. The 30-day review policy has been updated along with the form that will provide the necessary information to the Child and Family Team and a system-generated "to do" message will be sent to the staff 14 days prior to the due date.

Oasis On-Campus Treatment Homes (continued)

Safety Policies and Procedures

Background Check Policy and Procedure Outdated

Oasis generally complied with NRS 424.031; however, Oasis does not have a policy or procedure addressing the criminal history requirements, and DCFS's policy and procedure does not reflect the statutory requirements. NRS 424.031 requires each employee obtain a criminal history check prior to having unsupervised contact with children at the facility and requires those criminal history checks be conducted for each employee at a minimum of every 5 years. The licensing authority (Clark County's Department of Family Services) is required to conduct the criminal history check.

DCFS's policy, which was last updated in April 2008, cites NRS 239B.010 (Disclosure of Personal Information to Governmental Agencies) as authority to require criminal background checks. It also mentions NRS 179.190, which is not a valid reference. It does not mention NRS 424. In addition, the process described in the policy and procedure is not the process used by Oasis and its licensing agency. Furthermore, the policy and procedure does not mention the requirement that a criminal history check be conducted for every employee at a minimum of every 5 years.

Home Inspection Policies Incomplete

Policies for health and safety inspections discuss home health inspections by the Division Safety Committee and county licensing. However, it does not mention the checklist used by Oasis staff for conducting home health and safety inspections or describe who is responsible for completing the checklist, who deficiencies are reported to, or who is responsible for correcting issues noted.

Facility Response

The 5-year background check has been added to the Oasis Standard Operating Procedure, and the procedure will be updated as we convert to the NABS (Nevada's Automated Background System). The recommendation to add the 5-year background check to the DCFS Children's Mental Health Policy will be shared with the policy committee.

Oasis On-Campus Treatment Homes (continued)

The Home Inspection Policy was updated to state that the inspections are completed monthly by the supervisors using a uniform checklist. If any defects are identified, they are to be communicated through the Administrative Assistant to Maintenance or the appropriate department to be resolved. Once resolved, Maintenance will email the Administrative Assistant, who will check off that the repair has been completed.

Other Issues

Oasis's complaint policy is not complete and does not accurately describe the complaint process used. The policy:

- Does not include that staff shall not retaliate against a youth for filing a complaint.
- States youth should request a complaint form; but complaint forms were readily available.
- States complaint findings are filed in the client's clinical records; but complaint findings are filed centrally and are not included in the youths' files.

Facility Response

The Standard Operating Procedure for the complaint process was rewritten to accurately reflect the process used at Oasis. The former policies were deleted and will be superseded by the new procedure.

Never Give Up Youth Healing Center

Never Give Up Youth Healing Center (Center) is a psychiatric residential treatment facility (PRTF) located in Amargosa Valley. The Center is a private, for-profit facility. It is licensed as a PRTF by the Department of Health and Human Services, Division of Public and Behavioral Health, Bureau of Health Care Quality and Compliance. According to the Center, its mission is to provide resources, guidance, and support to participants as they meet challenging personal, physical, and academic goals — ensuring a successful transition.

During the year ended June 30, 2019, the Center:

- Served youths between the ages of 8 and 17.
- Had a maximum capacity of 91 youths.
- Had an average daily population of 45 youths with an average length of stay of 10 months.
- Had an average of 29 full-time staff and 12 contract staff.

Purpose of the Review

The purpose of our review was to determine if the Center adequately protects the health, safety, and welfare of the children at the 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, 2017, through our visit in September 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 Center provide marginal 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. The Center needs to make substantial improvements to its policies, procedures, and processes related to medication administration, treatment planning, and safety. In addition, the management and staff need to understand the policies, and management needs to ensure staff comply with the policies and procedures.

Never Give Up Youth Healing Center (continued)

Principal Observations

Medication and Treatment Policies and Procedures

Policies do not adequately address obtaining the consent of the person legally responsible for the psychiatric care of a child in the custody of a child welfare agency prior to administering psychotropic medications to the child. In addition, the form used to obtain consent does not include all the information required by NRS 432B.4687. The policy requires the completion of a Consent for Medication form for all medications prescribed by a physician. However, the policy does not require the form be completed before changes in the administration of psychotropic medications to children in the custody of a child welfare agency and does not require the form be signed by the person legally responsible for the psychiatric care of the child. In addition, the policy lists the information the form must contain, but it does not list all of the items required by NRS 432B to be on the form. For example, the policy does not require the name and contact information of the person legally responsible, or the time of administration of the psychotropic medication. Our review of five youths' files showed four of the youths' files were missing consents for a change in the administration of a psychotropic medication. Furthermore, three of the files also contained evidence that a consent form was signed after the change in the administration of psychotropic medication occurred.

The medication inventory form and the medication inventory policy are not complete or consistent.

- Neither the form nor the policy require documentation of the name or signature of the person who provided medication when a youth is admitted.
- Neither the form nor the policy require documentation of the frequency of the administration of the medication.
- The policy requires documentation of the prescription number, but the form does not have a space to document the number.
- The policy requires documentation of all medications entering the facility. Noncontrolled medication is to be documented on the medication inventory form, but the policy does not state where incoming controlled medication is to be documented.

Never Give Up Youth Healing Center (continued)

The medication errors policy is not complete and staff did not always follow the policy. The policy requires medication errors be reported according to the critical incident policy. The risk reduction and critical incident reporting policy requires medication errors be documented using a critical incident report. Staff reported documenting medication errors on a medication error form. Neither policy mentions a medication error form. Further, during our review of five youths' medication files, we did not find either medication error forms or critical incident reports, even though we found errors in two of the youths' files.

Other areas where policies that need to be updated, expanded, or followed include:

- Documenting a youth's refusal of medication. The medication administration policy directs staff to complete a progress note in the record as "per policy and procedures." It does not mention which policy and procedures the staff should follow. Furthermore, medical staff stated they initial the youth's medication administration record and make a note on the back of the record.
- Documenting physicians' orders. The medication documentation policy requires a physician order form be completed by a physician or a nurse, acting on orders from the physician. In addition, NRS 449.181 requires documentation of the orders of the treating physician. However, our review of five youths' medication files found that two of the files were missing at least one physician's order. One was missing four orders to begin, discontinue, or change dosage of medications. The other was missing a physician's order to increase a medication from once a day to twice a day.
- Documenting pharmacy instructions. Although not required by law, retention of pharmacy instructions is a best practice that may assist medical staff in cases of emergency and provide information and instruction related to the medication beyond the physician's order.
- Minimizing and addressing errors in the administration of medication. NRS 449.181 requires medical facilities that have custody of children pursuant to the order of a court to adopt policies to minimize errors in the administration of medication.

Never Give Up Youth Healing Center (continued)

- Reordering medication. Staff do follow a process that helps ensure medications are received timely, but the process is not included in the policies.
- Documenting release of medication when youths are discharged. Policies do not require the name and signature of the person to whom medication is given when a youth is discharged. In addition, the medication inventory form does not contain a space for the name and signature of the person to whom medication is given when a youth is discharged.
- Destroying or disposing of expired, discontinued, or unused medications. The policy includes flushing small quantities of medication down a toilet; staff said medication is never flushed. This policy is also not consistent with the intent of the Code of Federal Regulations, Title 21 (2014) for disposing of controlled medications. The regulations impose a standard of “non-retrievable” for the disposal of medications. In addition, one of the goals of the regulations is to decrease the amount of pharmaceutical controlled substances introduced into the environment, particularly into the water.
- Documenting disposal of medications. Staff did not comply with the policy requiring documentation of medications disposed. The policy requires medication disposed be documented on a log and include a staff signature and witness signature. However, staff stated they do not complete the log when medication is placed in a biohazard waste container or returned to the pharmacy.

The Center’s practices related to the persons allowed to administer medications are not consistent with its policies and state regulations. Nevada Administrative Code 449.432(1) states that only members of the staff of a psychiatric residential treatment facility who are legally authorized to administer medications may do so. According to the Center’s licensing agency, the Bureau of Health Care Quality and Compliance, only physicians, nurses, and licensed practical nurses are legally authorized to administer medications. The Center’s policy states that only a registered nurse or someone holding a higher medical license should administer medications. However, the Center’s management told us that trained members of management can administer medication in the absence of a nurse.

Never Give Up Youth Healing Center (continued)

The Center's policies and practices related to preparing treatment plans are not consistent. Two policies state that an individual treatment plan is prepared within 14 days of a youth's admittance. One policy requires the completed plan be reviewed and signed by the youth. Neither policy states when the plan is considered final or what signatures, besides the youth's, are necessary. However, management stated treatment plans are prepared within 30 days of a youth's arrival and are considered final when approved by the Clinical Director. We reviewed seven master treatment plans prepared for four youths. Only one of the master treatment plans showed approval by the Clinical Director, and the plan and the approval were dated 2 months after the youth was placed at the Center.

Although not contradictory, the two policies for updating treatment plans are not consistent or adequately specific. One policy states plans will be updated whenever a significant change in clinical status, services, or programming requires such a revision, and/or by timelines established by the organization. The other policy states there is at least a quarterly review of each person's plan of services, but does not specifically require the treatment plan be updated. Management stated treatment plans are updated every 90 days. Our review found two updated treatment plans for four youths: one updated plan was signed only by the youth and was dated 4 months after a second master treatment plan was prepared; the other updated plan was also prepared 4 months after a third master treatment plan, and was signed by the youth and a social worker who was not an employee of the Center.

Facility Response

After this review, Never Give Up Youth Healing Center created a Policies and Procedures Review Committee, and policies and procedures have been changed to improve the areas identified by the review. The Center is committed to improving all systems, and this is an ongoing process to ensure that all procedures will continue to align with the company's practices.

Never Give Up Youth Healing Center (continued)

The Center now provides all documentation needed on medication consent forms required by NRS 432B.4687. We have worked with our electronic health records system to have all required documentation pulled directly from the client's file to populate all the areas where the information is needed. However, if we are unable to get the electronic medication consent form signed, then we will obtain a written version to be signed and filed.

As the Center continues to improve its electronic health records system, it will develop a review process on providing all client information from the system, paper records, and other sources during audits, reviews, surveys, and investigations to ensure efficient viewing of clients' file information. The assignment of client information as a whole will be written out, and staff will maintain the client information to ensure easy retrieval and viewing.

The Director of Nursing will continue to work with staff on updating forms. The Center's updated policies and procedures will be finalized on June 30, 2019. The Center is ensuring that all required changes are made and, before being finalized, the policies and procedures are cross-referenced with its accreditation organization, the Commission of Accreditation Rehabilitation Facilities, standards for policies and procedures.

Background Investigations and Other Safety Issues

The Center did not always comply with NRS 449.123(1), which requires facilities to obtain one set of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation within 10 days after entering into a contract. We reviewed a contractor's personnel file and found evidence that his initial background check was completed 5 months after he began work at the Center. While the Center's procedures require background checks for all employees, it does not specify that contractors are also required to obtain background checks. In addition, the policy does not mention background checks must be obtained every 5 years for all employees and contractors, as required by NRS 449.123(4).

Never Give Up Youth Healing Center (continued)

The Center's policy for reporting known or suspected instances of abuse or neglect of a child is not complete and is not always consistent with the requirements of NRS 432B.220.

- The policy does not mention that reports of all instances of known or suspected abuse or neglect must be reported to law enforcement or a child welfare agency as soon as practicable, but not later than 24 hours after becoming aware of the suspected abuse or neglect, as required by NRS 432B.220.
- The policy directs professional staff to report suspected abuse or neglect to their supervisor and, together, they will seek validation of the suspected abuse or neglect. The policy also states that, in the case of persons under 18 years of age who provide evidence to warrant suspicion of abuse or neglect, staff will seek validation with their supervisor and immediately contact the appropriate agency. NRS 432B.220 does not mention or require validation of known or suspected abuse or neglect. Any actions taken by the Center that may delay the reporting of known or suspected abuse or neglect past the 24 hours required by NRS 432B would result in a violation of the statute.
- The policy states the professional staff and supervisor will consult regarding reporting the abuse to the appropriate authority, but does not mention who the appropriate authority might be.
- The policy states that victims will be advised to contact local law enforcement, while NRS 432B.220 clearly requires the facility staff to make a report to law enforcement or a child welfare agency.

Several policies and procedures were not developed or were incomplete.

- The Center has not established a policy or procedure requiring identity kits or face sheets.
- The Center has not established a policy or procedure to document its process to ensure the safety and security of keys.

Never Give Up Youth Healing Center (continued)

- The Center has not adequately addressed preventing youths' access to tools, chemicals, or areas of the facility that may be unsafe, or ensuring the facility is adequately secure to discourage running away or unwelcome intruders.
- The Center has not developed a policy to document all searches conducted.

Facility Response

The Director of Nursing has started to update the policies and procedures as recommended. The Center's updated policies and procedures will be finalized on June 30, 2019. The Center is ensuring that all required changes are made and, before being finalized, the policies and procedures are cross-referenced with its accreditation organization, the Commission of Accreditation Rehabilitation Facilities, standards for policies and procedures.

Other Issues

The Center did not comply with its policy requiring first aid kits be available. Instead, first aid kits were available upon request from medical staff, but medical staff stated they are not at the Center at all times.

The Center did not follow its policy regarding verification of contractors' credentials. The policy requires all contract employee personnel files to include verification of credentials. In addition, the policy and procedure require contract employees to provide a copy of any professional license or certification and require staff to contact and verify that the license or certification is current and in good standing. We reviewed one contract psychiatrist's file and it did not contain a copy of his license as required by the policy.

The grievance policy is not complete and staff do not always comply with the policy. First, the policy states grievances will be resolved within 5 days; however, management stated grievances are resolved within 10 days. Second, the policy states that staff will maintain a log of grievances; however, management stated no log is maintained. Third, the policy states grievance forms are available within both the facility and the program area; however, management stated youths must request a form from staff when the youths are in the dormitories. And, lastly, the policy does not address the use of a grievance box for grievances, even though we observed a grievance box.

Never Give Up Youth Healing Center (continued)

Facility Response

After this review, Never Give Up Youth Healing Center has had multiple policy and procedure reviews and meetings. The Center's updated policies and procedures will be finalized on June 30, 2019. The Center is ensuring that all required changes are made and, before being finalized, the policies and procedures are cross-referenced with its accreditation organization, the Commission of Accreditation Rehabilitation Facilities, standards for policies and procedures.

Apple Grove Foster Care Agency

Background Information

Apple Grove Foster Care Agency (Apple Grove) is a private foster care agency located in Las Vegas. Apple Grove's foster homes are licensed by Clark County's Department of Family Services. According to Apple Grove, its mission is to provide positive and nurturing foster homes to children and youth who come into care under the protection of the Department of Child and Family Services and the State, or parental placements, and administer quality mental services accessible to the growing community.

During the year ended June 30, 2019, Apple Grove:

- Served youths between birth and the age of 18.
- Had a maximum capacity of 52 youths.
- Had an average daily population of 33 youths with an average length of stay of 9 months.
- Had an average of 12 full-time staff, 6 part-time staff, and 17 contract staff or foster parents.

Purpose of the Review

The purpose of our review was to determine if Apple Grove adequately protects the health, safety, and welfare of the children at Apple Grove and whether Apple Grove 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, 2017, through our visit in May 2019.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Apple Grove provide marginal 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. Apple Grove needs to update and improve its policies and procedures in most areas. In addition, Apple Grove needs to strengthen its processes to help ensure staff and foster parents are adequately trained and follow established processes.

Apple Grove Foster Care Agency (continued)

Principal Observations

Medication Policies and Procedures

Apple Grove's medication policies and procedures are missing key areas of the medication administration process. Some of these processes are described in the Foster Parent Manual, but the manual is not sufficiently detailed. In addition, foster parents did not always receive medication administration training required by statute.

Training files for both of the foster parents whose files we reviewed were missing documentation of receiving annual medication administration training. One did not contain documentation of training for a period of 35 months and the other for 36 months. NRS 424.0365 requires foster parents receive medication administration training at least annually. Apple Grove's policy addressing training for foster parents is not sufficiently detailed. It does not mention that medication administration training is required annually. Instead, the policies discuss training required by Nevada Medicaid and the total number of hours required for foster parents annually. The Foster Parent Manual does state that medication administration training is included in pre-service training and is required annually.

Apple Grove's Foster Parent Manual requires foster parents to complete a Medication Intake Form when a youth is placed in their home, and states the form should be signed by the foster parent and the individual providing the medication. However, we spoke with three foster parents about verification and documentation of medication at intake; each provided different answers about the process and none mentioned completing the Medication Intake Form.

The Foster Parent Manual directs foster parents to document refusal of medication on the youth's medication administration record and to document medication errors in an incident report. However, we spoke with three foster parents about documentation of errors and refusals and each provided a different description of the documentation required: one documents the refusal on the medication administration record and contacts the youth's physician after two consecutive refusals; another contacts the youth's case worker and documents the errors; and the third completes an incident report for errors and refusals.

Apple Grove Foster Care Agency (continued)

Apple Grove's policies and procedures for obtaining the consent of the person legally responsible for the psychiatric care of a youth prior to administering psychotropic medications or changing the administration or dosage of the medications is not adequate. The Foster Parent Manual states consent from the person legally responsible for the psychiatric care of a youth in the custody of a child welfare agency is required before administering psychotropic medication or changing psychotropic medication. The manual also places responsibility for ensuring consent is obtained on the Apple Grove case manager. However, the policies and procedures do not include information on when consent is required, the information that must be included on the consent, or that the consent must be in writing and signed by the person legally responsible for the psychiatric care of the youth. One of the youth's, whose medication file we reviewed, was administered three different psychotropic medications while at Apple Grove. The youth received one of the psychotropic medications for nearly 5 months before consent was documented in the youth's file. In addition, one of the consent forms was not complete.

Other policies and procedures were not developed, complete, or followed.

- No policies or procedures address the established medication reorder process, including who is responsible for reordering medication, when it should be reordered, verification of medication received, documentation of medication received, and documentation of discrepancies in medication received.
- No policies or procedures address the disposition of medication when a youth is discharged. The Foster Parent Manual states that when medication leaves a home, it is documented on a Medication Transfer Form, which is signed by a foster parent and the individual responsible for the youth. However, this information is not included in the policies and procedures, and management and foster parents responded differently when asked about the process.

Apple Grove Foster Care Agency (continued)

- No policies or procedures address the destruction of medication. The Foster Parent Manual states medication is destroyed after a youth is discharged or when medication is changed. In addition, it states psychotropic medications should be returned to the pharmacy, which is documented on a Controlled Substance Disposal form, including the number of pills, foster parent's signature, and pharmacist's signature. The manual does not describe how non-psychotropic medications should be disposed or how the disposal should be documented.
- No policies or procedures address maintaining physicians' orders, although it is addressed in the Foster Parent Manual. NRS 424.0385 requires specialized foster homes to adopt a policy that includes documenting the orders of the treating physician. We reviewed one youth's file that did not contain a physician's order for three different medications for periods of 1 to 5 months.
- No policies or procedures address conducting periodic independent reviews of medication records. The Foster Parent Manual states the records are checked randomly by the Quality Assurance Department and twice a month by a case manager. Management stated the medication administration records are reviewed. However, there was no guidance in the manual or policies or procedures on what reviewers should look for, such as physicians' orders, consents, or whether prescribed dosages matched the dosages administered.

Facility Response

Apple Grove has taken this opportunity to clarify and expand upon the policies related to medication administration to ensure the safety of the children that we serve. We continue to update the Medication Manual that guides our foster parents and staff as necessary. Apple Grove is working to incorporate agency policies into one comprehensive policies and procedures manual to ensure that all information is clear and consistent. The medication policies have been updated as described below.

Apple Grove Foster Care Agency (continued)

Ongoing medication training is planned, with the first scheduled in November 2019, to ensure that the foster parents are well trained and that the needs of the children are met. Apple Grove is working on revising and/or creating multiple medication reminder forms and pictograms that can serve as quick cues to staff and foster parents regarding appropriate completion of the medication administration record, medication-related documentation required in the home, including physician's orders, medication disposal, and the steps in the administration of medication. These topics will be reviewed consistently throughout the year by management, trainers, case managers, and the quality assurance department to ensure the safety of the children we serve.

Staff that oversee medication will be trained as medication trainers to ensure that case management and quality assurance staff are discussing medication administration, reviewing medication-related documents and observing medication administration either through direct observation or role play activities through a similar lens as well as to allow for personalized training to occur in the home and in the office setting. Training policies have been clarified, outlining the annual medication training requirement in both the Policies and Procedures Manual and the Foster Parent Manual.

Apple Grove policies have been clarified regarding the transition of children on medications into or out of the home. Children should take their medications with them upon leaving the home, and foster parents and the other responsible adult will complete a pill count and document the transition on our revised Medication Transfer Form, which, once complete, will remain in the child's home binder. Policies regarding intake of medication have been clarified as well, reflecting that two adults are responsible for counting pills and completing a Medication Transfer Form to document the medication coming with a child. These policies will be reviewed with the foster parents and staff at their next training.

Apple Grove Foster Care Agency (continued)

Policies to reflect updated requirements for medication disposal based on the recommendations for disposal as outlined by the US Food and Drug Administration, with the expectation being that two individuals observe and sign off on the disposal of the medication with pill(s) mixed with an unpalatable substance (used coffee grounds, dirt, or kitty litter) and placed in a sealed plastic bag and disposed into the household garbage can. The disposal will be documented on the Medication Disposal Form, which will clearly document the name of the prescription, dosage, pill count, and reason for disposal, along with two adult signatures asserting that the information is correct and the medication has been disposed of as stated.

The policies and procedures describing the documentation of medication refusals and medication errors are in the process of being reviewed with foster parents and staff during training sessions. Policies require that Incident Reports are completed for any medication errors and refusal to assist with tracking issues and allowing for discussion and plan of action to respond to multiple incidents of refusal.

Policies have been added to outline the foster parent responsibilities and process for the filling of prescriptions to include time frames for reordering medications, expectations for following up with multiple pharmacies to prevent medication disruptions, if necessary, and expected follow up for ongoing medications that are without refills. New medication administration records have been implemented that allow for refills to be documented on the form and this expectation will be reiterated during the scheduled training for medication administration and responsibilities. Medication discrepancies will be noted on incident reports, with foster parents responsible for contacting the pharmacy to rectify the situation.

Apple Grove policies and procedures are being amended to more clearly outline the process for receiving signed consent, via the Department of Family Services (DFS) consent form, when any psychotropic medication is prescribed, changed, or discontinued. Policies are being revised to include the information outlined by NRS 42B.4687 to be included in the consent form; however, Apple Grove does use the form required by Clark County DFS. Quality Assurance checks will include ensuring that the forms used are accurately completed and include the required information.

Apple Grove Foster Care Agency (continued)

It is Apple Grove's policy that medication oversight is provided at multiple levels, by the Case Managers during home visits and through review of documents at the end of the month, and by Quality Assurance staff during biannual home checks and through monthly document reviews. Case Managers are responsible for checking medication logs during home visits, checks of medication storage at least once monthly, and review of the logs prior to submission to the DFS Medical Records Unit. A new checklist has been implemented, which focuses solely on medication and ensures the following: logs are up-to-date and medication counts match the form, that physician's orders and face sheets are accessible in the home, that medications match as stated on the physician's orders, logs, and medication bottle, and that, when necessary, consent forms are accessible in the home. Apple Grove will ensure that errors are documented in a timely manner and that any concerns are addressed through continued training and other corrective action steps. Additional in-home training has been added to give parents the opportunity to demonstrate appropriate medication administration actions through role play activities that will be completed annually by the Case Managers and Quality Assurance staff. This change will allow for more one-on-one attention for foster parents, as well as provide opportunities for extra training, modeling, and other corrective action.

Mental Health Treatment

Apple Grove's policies for treatment plans and other mental health issues need to be improved.

- Policies do not establish a timeframe for the development of an initial treatment plan or establish when a treatment plan is considered final. Three of the five initial treatment plans we reviewed did not contain any signatures or dates. Apple Grove's policy requires treatment plans be approved by a clinician and signed by the youth and the youth's family or representative.
- Policies do not address access to substance abuse counselors or programs.
- Policies do not address suicidal ideation or increased supervision.

Apple Grove Foster Care Agency (continued)

- Policies do not address youths who are at risk of running away.

Facility Response

Apple Grove was in the process of revising the process for mental health treatment prior to and during the review. A Preliminary Treatment Plan is developed within 72 hours of placement/assessment in order to address immediate client needs while assessments and evaluations are being completed and is based on the information gathered during admission and the initial assessment. The Master Treatment Plan is developed within the first 30 days of placement and reflects the assessed needs, strengths, and barriers of each client. The Master Treatment Plan will be signed by all members of the Inter-disciplinary Treatment Team (ITT) and, at this point, the Treatment Plan is considered completed. The Master Treatment Plan will be reviewed at a minimum of every 90 days, which will ensure the development of an integrated, individualized, and comprehensive plan of care and treatment.

Apple Grove has also developed and implemented a monthly safety assessment protocol in order to regularly gauge the degree to which clients feel safe in their foster placements. As part of the assessment, suicidal ideation is discussed. All staff receive training in suicide awareness and prevention on an annual basis. Therapists and service providers assess the level of suicide risk during sessions with the youth they serve. In addition, Apple Grove has developed and implemented a Suicide Risk Policy and Procedure.

Apple Grove has developed and implemented an Elopement of a Client Policy in order to prevent elopement and to have a strong and consistent procedure with which to respond to an elopement.

Apple Grove does not currently provide substance abuse treatment or programs. If one of the youths or families receiving services at Apple Grove are in need of substance abuse counselors or programs, Apple Grove staff will provide information about community programs and provide assistance with referrals to the programs. The policy has been updated.

Apple Grove Foster Care Agency (continued)

Other Issues

Apple Grove staff did not always follow its policy of maintaining face sheets or identity kits at each youth's foster home and at the Apple Grove office. None of the three foster homes we visited during our review had face sheets for the youths in the homes, and the file for one of the five youths whose files we reviewed at the office did not contain a face sheet. In addition, the face sheets did not always include whether the youth was taking medication or not, allergies, distinguishing features (such as tattoos), or aliases. Apple Grove's Foster Parent Manual includes information about face sheets; however, its policy manual and standard operating procedures do not include information about face sheets.

Several of Apple Grove's policies, procedures, and manuals were either not complete or were outdated.

- Safeguarding of tools and keys is not addressed in policies or procedures. The Foster Parent Manual states foster parents are responsible for keeping personal, valuable, or potentially dangerous items out of the reach of youths; however, it does not specifically mention tools and keys.
- Policies and procedures do not address the safety and security of cleaning chemicals.
- Policies and procedures do not address the safety and security of firearms and ammunition, although it is addressed in the Foster Parent Manual.
- Policies, procedures, and manuals do not include a complete list of youths' rights included in Nevada's Foster Youth Bill of Rights. For example, the Foster Parent Manual and the Youth Handbook do not address the right to attend after school and extra-curricular scholastic activities, or to get help with school, if needed, or the right to resolution of any violations of rights.
- Two of the five youth's files we reviewed did not contain evidence the youths were made aware of their right to file a complaint. Apple Grove's policy requires the grievance policy be provided to the youths on an annual basis and a receipt acknowledgement, signed by the youth, be placed in the youth's file. Management stated youths are made aware of their rights at intake.

Apple Grove Foster Care Agency (continued)

- Youths' privileges are not addressed in policies and procedures, but are addressed in the Foster Parent Manual and the Youth Handbook.
- Contraband, searches for contraband, documentation of searches, and notification to visitors of items considered contraband are addressed in the Foster Parent Manual and the Youth Handbook, but not in policies or procedures.

Facility Response

While the safety and security of weapons in the foster home is checked each month by the Case Manager or Quality Assurance Specialist, and weapons are maintained in accordance with regulations, there was not a formal policy in regard to the proper storage of weapons in foster homes. That policy has been developed and implemented.

Face sheets have been revised to clearly label it as a face sheet and will be included in the monthly medication checks and during binder reviews. This will be reviewed with foster parents and staff at the November training.

Securing and safeguarding tools and keys, including personal, valuable, or potentially dangerous items is also reviewed monthly and as a part of the Apple Grove protocols. However, there were not written policies in place to support the practice. That has been rectified with policies addressing these procedures.

Case Managers and Quality Assurance Specialists will be receiving training on the Client Grievance Policy and Procedure. An acknowledgment form will be completed as a part of the annual review of the Grievance Policy and included in the client file.

The Nevada Foster Youth Bill of Rights has been developed into policy form and added to the Youth Handbook and the Foster Parent Manual. In addition, Case Managers and the Family Development Specialist will make sure the correct version is displayed in each foster home.

Apple Grove Foster Care Agency (continued)

Apple Grove has developed policies addressing contraband, documentation of searches, and notification of items considered contraband. Youth privileges have been developed into policy format and the Foster Parent Manual and the Youth Handbook will be updated for consistency.

Koinonia Family Services

Background Information

Koinonia Family Services (Koinonia) is a foster care agency located in Reno. Koinonia is a private, non-profit agency that contracts with the Human Services Agency (HSA) of Washoe County to place youths in specialized foster homes. According to Koinonia, its mission is to bring hope and healing to children, youth, and families through meaningful relationships and quality programs and services.

During the year ended June 30, 2019, Koinonia:

- Served youths between the ages of 3 and 18.
- Had a maximum capacity of 32 youths.
- Had an average daily population of 20 youths with an average length of stay of 21 months.
- Had an average of 5 full-time staff and 19 contract staff or foster parents.

Purpose of the Review

The purpose of our review was to determine if Koinonia Family Services adequately protects the health, safety, and welfare of the children at Koinonia and whether Koinonia 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, 2017, through our visit in November 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 Koinonia Family Services 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, Koinonia could improve some of its policies and procedures.

Koinonia Family Services (continued)

Principal Observations

Policies and Procedures Need Improvements

Many of Koinonia's policies were incomplete, some did not contain sufficient detail, and some did not exist.

Medication and Treatment Policies and Procedures

- Koinonia's procedure for documenting medication received when a child is placed in a home is not adequately detailed. It does not require documentation of the medication received or the signatures of the persons providing and receiving the medication. Our review of five youths' medication files found that this information is documented, even though the procedure does not require it.
- Koinonia's policy and procedure for consent to administer psychotropic medications is not complete. The procedure does require consent from the person legally responsible for the psychiatric care of the child, and requires the consent be in writing and the documentation be maintained. However, our review of five youths' medication files showed that, while consents were documented in the youths' files, the consent forms did not always contain the information required by NRS 432B.4687. The statute requires the person legally responsible for the psychiatric care of the child to complete the consent documentation; however, Koinonia's policy does not direct staff or foster parents to review the documentation to help ensure it is complete and accurate.
- Koinonia's policies and procedures did not ensure the foster parents, with which it contracts, complied with the medication administration training requirements in NRS 424.0365. This statute requires foster home licensees and each employee who comes into direct contact with the children in the home to receive annual training on the administration of medication to children. Koinonia's policy states that staff and caregivers must receive annual training on policies and procedures for medication administration, but it does not contain a process to monitor staff and caregiver training to ensure that it is completed timely. We reviewed training files for two contracted foster parents and found both received their annual medication training almost 7 months late.

Koinonia Family Services (continued)

- Koinonia's policies and procedures for medication administration do not address the process and required documentation when a youth is discharged, such as verifying and documenting the medication with which the youth is discharged, and obtaining the name and signature of the person to whom the medication was given.
- Koinonia's policy for ensuring the timely refilling of prescriptions is not sufficiently detailed. For example, it does not state when foster parents should notify the caseworker if prescriptions need to be refilled, or that medications received should be compared to the physician's orders and the information on the consent of the person legally responsible for the psychiatric care of the child, if applicable.
- Koinonia's policy for treatment planning does not specify the timeframes when initial or updated treatment plans are due or when plans are considered final. We reviewed four youths' initial treatment plans and found they were prepared between 4 and 133 days after the youths were placed at Koinonia.

Safety Policies and Procedures

Koinonia's policies and procedures for background checks were not complete and were not based on requirements found in state law. As a result, one of the three employees whose files we reviewed had a background check under an incorrect statute.

One employee's background check was conducted using NRS 449.174 rather than NRS 424.145. Koinonia's policies and procedures state background checks will be conducted in compliance with applicable federal and state laws; however, they do not specify any other detail, such as when checks will be conducted or under what specific laws they will be conducted. As a result, one employee was fingerprinted using the statute for health facilities (NRS 449.174). According to management, most employees' background checks are performed by the licensing agency, Washoe County's HSA. However, in certain instances, HSA instructed Koinonia to conduct its own background check. Since Koinonia's procedures were not adequate, management contacted Nevada's Department of Public Safety's Records, Communications and Compliance Division, Records Bureau. Possibly due to a misunderstanding about the type of agency Koinonia is, the Records Bureau instructed Koinonia to establish an account citing NRS 449 as the authority for the background check.

Koinonia Family Services (continued)

Several other safety-related policies and procedures need to be developed or improved.

- Policies do not address the security of keys and tools.
- Policies do not include the information to be included in identity kits or face sheets.
- Policies do not mention the safe storage of firearms in the homes.

Other Policies and Procedures

- Koinonia's grievance policy is not complete. The policy does not address using secure grievance boxes, checking the grievance boxes timely, or resolving the grievances timely. Based on our observations and discussions with management, foster homes use secured grievance boxes, which are checked at least weekly by a caseworker, and grievances are reviewed and addressed within 7 days of a youth filing a grievance.
- The draft internet policy does not include management's assertion that foster parents are required to complete an incident report to document misuse of electronic devices or access to inappropriate websites and forward the report to management.

Facility Response

The Grievance Policy has been updated to reflect our practice, which includes: each specialized foster home has a locked grievance box located in an accessible location; children have access to boxes 24 hours per day, 7 days per week; the caseworker checks the box at every home visit and will address any complaints with the child immediately if the child is accessible; if the child is not accessible, the written complaint is taken to the Associate Executive Director for review, who is responsible to ensure the final and satisfactory resolution of the complaint.

Koinonia Family Services (continued)

The Treatment Planning Policy has been updated to specify specific time frames when initial and updated treatment plans are due: plans are completed 30 days after the date of intake, at the first 90-day interval, and quarterly thereafter. A treatment plan is considered final when the Clinical Director has signed it.

The Safe Internet Use Policy has been updated to state that the specialized foster parents must report by phone call or email misuse of electronic devices or access to inappropriate websites within 24 hours of discovery to the caseworker, District Administrator, or the Associate Executive Director/Clinical Director.

The following policies are in process and will be completed by May 31, 2019: Background Checks and Clearances; Child/Youth Identity Kits and Face Sheets; Medication Administration and Monitoring; Safe Storage of Firearms and Ammunition; Security of Keys and Tools.

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 Care Facility	Provides emergency, overnight, short-term, or permanent care to five or more youths.
Child Care Institution	Provides care, shelter, and guidance to 16 or more youths who do not routinely return to the homes of their parents or guardians.
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.
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.
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.

Appendix B
Glossary of Terms
(continued)

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.
Foster Home that Provides Specialized Care	Provides a family type living environment to youths who do not routinely return to the homes of their parents or guardians. Used for children who require special care for physical, mental, or emotional issues.
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.
Nevada Automated Background System	The Nevada Automated Background System is used to perform background investigations of employees of facilities licensed by the Bureau of Health Care Quality and Compliance.
Other Facility	Provides a full range of therapeutic, educational, recreational, and support services. Residents are provided with opportunities to be progressively more involved in the community.
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.
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 Four Facilities Reviewed

Observations	Number of Facilities
Medication Administration Processes and Procedures	
Youths' files did not contain a copy of consent to administer psychotropic medication from the person legally responsible, or the consent was signed by the person legally responsible after psychotropic medications were administered, or the consent was not properly completed by the person legally responsible (NRS 432B.4687 and 432B.4688).	4
Foster parents or employees did not receive annual training on medication administration timely.	3
Youths' files were missing documentation of physicians' orders.	2
Policies and procedures for medication administration and management needed to be developed or were incomplete.	4
Treatment Plans	
Policies and procedures for treatment plans needed to be updated, as they did not specify when a plan is considered final, when a plan is due, or do not require team member signatures or dates.	4
Background Investigations	
Policies and procedures were incomplete, outdated, inaccurate, or non-existent. For example, they did not include provisions requiring contractors be fingerprinted or that employees be re-fingerprinted at least every 5 years.	3
Complaints or Grievances	
Policies were outdated or incomplete.	4

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, 2019

Table 1: Correction and Detention Facilities				Background		Population for FY 2019		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Caliente Youth Center	State	Caliente	12 - 19	140	95	89	0		
China Spring Youth Camp	State/Counties	Gardnerville	12 - 18	65	49	45	0		
Clark County Juvenile Detention Center	Clark County	Las Vegas	8 - 24	192	126	136	27		
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	41	49	0		
Leighton Hall	Humboldt County	Winnemucca	10 - 18	14	3	10	4		
Murphy Bernardini Regional Juvenile Detention Center	Carson City	Carson City	10 - 17	18	12	17	0		
Nevada Youth Training Center	State	Elko	14 - 18	64	53	66	0		
Northeastern Nevada Juvenile Detention Center	Elko County	Elko	10 - 21	24	9	13	0		
Spring Mountain Youth Camp	Clark County	Las Vegas	12 - 18	100	100	62	3		
Summit View Youth Center	State	Las Vegas	15 - 18	48	42	58	0		
Teurman Hall	Various Counties	Fallon	12 - 17	16	10	13	0		
Total – 12 Correction and Detention Facilities				805	543	564	35		

Table 2: Child Care Facilities and Institutions				Background		Population for FY 2019		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	13	19	0		
Child Haven	Clark County	Las Vegas	0 - 18	90	65	66	61		
Kids' Cottages	Washoe County	Reno	0 - 18	82	18	42	4		
Total – 3 Child Care Facilities and Institutions				188	96	127	65		

Table 3: Psychiatric Hospitals				Background		Population for FY 2019		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Desert Parkway Behavioral Healthcare Hospital, LLC	Private	Las Vegas	8 - 17	21	15	13	2		
Desert Willow Treatment Center	State	Las Vegas	12 - 17	20	14	48	1		
Montevista Hospital ⁽¹⁾	Private	Las Vegas	5 - 17						
Reno Behavioral Healthcare Hospital	Private	Reno	12 - 17	21	10	14	2		
Seven Hills Hospital	Private	Henderson	11 - 17	20	15	95	1		
Spring Mountain Treatment Center	Private	Las Vegas	5 - 17	28	19	17	6		
West Hills Behavioral Health Hospital	Private	Reno	5 - 17	32	16	36	2		
Willow Springs Center	Private	Reno	5 - 17	116	78	137	49		
Total – 8 Psychiatric Hospitals				258	167	360	63		

Table 4: Psychiatric Residential Treatment Facility				Background		Population for FY 2019		Staffing Levels	
Facility	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	45	29	0		
Total – 1 Psychiatric Residential Treatment Facility				91	45	29	0		

Appendix D
Nevada Facility Information
Fiscal Year Ended June 30, 2019
(continued)

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

Facilities	Background			Population for FY 2019		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	12 - 18	10	6	1	7
Nevada Homes for Youth II	Private	Las Vegas	12 - 18	10	6	1	6
Vitality Unlimited-ACTIONS	Private	Elko	13 - 17	13	1	2	2
Western Nevada Regional Youth Center	Various Counties	Silver Springs	12 - 18	18	12	19	4
Total – 4 Facilities for the Treatment of Abuse of Alcohol or Drugs				51	25	23	19

Table 6: Foster Homes That Provide Specialized Care

Facilities	Background			Population for FY 2019		Staffing Levels ⁽²⁾	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
Austin's House	Private	Carson City	0 - 18	10	7	8	4
Children's Cabinet-Center for Aspiring Youth	Private	Sparks	12 - 17	15	8	12	3
Family Learning Homes	State	Reno	6 - 17	20	12	15	0
Golla Home	Private	Washoe Valley	6 - 18	4	2	2	0
Hand Up Homes for Youth Northern Nevada	Private	Reno	13 - 17	12	9	14	3
Hope Healthcare Services	Private	Reno	10 - 18	3	2	5	3
JC Family Services	Private	Reno	14 - 18	6	2	2	0
Kiddos Nevada	Private	Reno	12 - 18	6	6	2	4
Oasis On-Campus Treatment Homes	State	Las Vegas	6 - 18	28	15	41	2
P6 Family Services	Private	Reno	7 - 18	18	18	12	1
Quest Counseling and Consulting, Inc.	Private	Reno	13 - 18	12	9	8	6
R House Community Treatment Home	Private Community	Reno	5 - 18	6	5	2	0
Rite of Passage-Qualifying Houses	Private	Minden/Gardnerville	14 - 18	18	12	9	2
Tahoe House Family Services, LLC.	Private	Reno	12 - 18	6	5	3	1
The Reagan Home	Private	Reno	6 - 18	6	2	2	1
Total – 15 Foster Homes that Provide Specialized Care				170	114	137	30

Table 7: Others

Facilities	Background			Population for FY 2019		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	158	82	21	0
Rite of Passage-Sierra Sage Academy	Private	Yerington	14 - 17	48	40	73	3
Spring Mountain Residential Center	County	Las Vegas	12 - 18	16	12	7	0
Total – 3 Others				222	134	101	3

Appendix D
Nevada Facility Information
Fiscal Year Ended June 30, 2019
(continued)

Facilities	Background			Population for FY 2019		Staffing Levels ⁽²⁾	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
3 Angels Care	Private	Reno	5 - 17	23	23	5	4
180 Community Wellness Centers	Private	North Las Vegas	5 - 18	9	7	4	1
Apple Grove Foster Care Agency	Private	Las Vegas	0 - 18	52	33	12	6
Bamboo Sunrise, LLC	Private	Henderson	0 - 21	54	50	17	5
Call to Compassion	Private	Reno	5 - 17	16	10	4	0
Eagle Quest	Private	Las Vegas	0 - 18	235	170	66	24
Genesis	Private	North Las Vegas	6 - 18	51	48	18	12
Koinonia Family Services	Private	Reno	3 - 18	32	20	5	0
Mountain Circle Family Services	Private	Reno	3 - 18	13	7	3	2
Olive Crest	Private	Las Vegas	0 - 18	41	18	5	2
St. Jude's Ranch for Children	Private	Boulder City	0 - 18	62	35	26	2
Specialized Alternatives for Families and Youth of Nevada, Inc.	Private	Las Vegas	0 - 18	168	72	32	2
Total – 12 Foster Care Agencies				756	493	197	60
Total – 58 Facilities Statewide				2,541	1,617	1,538	275

Table 9: Facilities That Closed During Fiscal Year 2019 or No Longer Meet the Definition of a Facility in NRS 218G.535

Facilities	Type of Facility	Location
Northwest Academy	Child Care Institution	Amargosa Valley
Levada House, LLC	Foster Home That Provides Specialized Care	Reno
Chrysalis	Foster Home That Provides Specialized Care	Sparks
Maple Star Nevada	Foster Care Agency	Reno
Rite of Passage – Qualifying House II	Foster Home That Provides Specialized Care	Gardnerville
Total – 5 Facilities That Closed or No Longer Meet the Definition of a Facility		

Source: Reviewer prepared from information provided by facilities.

⁽¹⁾ Facility did not respond to our request for information.

⁽²⁾ Staffing levels do not include foster parents.

Appendix E

Unannounced Visits to Nevada Facilities

Facility Name	Facility Type	Date of Visit
West Hills Behavioral Health Hospital	Psychiatric Hospital	January 10, 2019
Levada House, LLC/Tomorrow Is Another Day	Foster Homes that Provide Specialized Care	January 10, 2019
Desert Willow Treatment Center	Psychiatric Hospital	February 1, 2019
Bamboo Sunrise, LLC	Foster Care Agency	April 9, 2019
HELP of Southern Nevada-Shannon West Homeless Youth Center	Other Facility Type	April 10, 2019
Spring Mountain Residential Center	Other Facility Type	April 10, 2019
Montevista Hospital	Psychiatric Hospital	May 3, 2019
180 Community Wellness Centers	Foster Care Agency	August 7, 2019
Seven Hills Hospital	Psychiatric Hospital	August 8, 2019
Call to Compassion	Foster Care Agency	September 4, 2019
P6 Family Services	Foster Homes that Provide Specialized Care	September 4, 2019

Source: Reviewer prepared from unannounced facility visits.

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 8 of the facilities. At two facilities, we observed conditions that caused us to question the welfare of the youths in its care. Based on our observations, we contacted the facilities’ licensing agency. The licensing agency initiated corrective actions.

At one of Levada’s homes, 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. Levada’s homes are licensed as foster care homes by Washoe County’s Human Services Agency. This was our first visit to Levada.

Several areas of the home were dirty and in disrepair. For example: the carpets were dirty; the kitchen was dirty, had a broken door, and unrefrigerated food; youth bathrooms contained overflowing garbage and litter; a youth’s bedroom had piles of clothes on the floor, in plastic bags. In addition, the foster parents’ bedroom did not have a bed and there were no clothes in the closet. Health issues observed included incomplete medication records and required documentation was missing. Safety issues observed included a baggie of disposable razors on a youth’s bed and two sets of unsecured keys. Other issues noted during our visit included face sheets or identity kits were not prepared for the youths in the home, and complaint forms and a complaint box were not available to youths. In addition, the staff who provided access to the home was unable to provide explanations for the conditions observed.

Appendix E

Unannounced Visits to Nevada Facilities

(continued)

Following our visit to the home, we met with Levada's management. Based on our discussion, policies and procedures were not readily available and some processes were not documented. In addition, management confirmed they were in the process of changing the entity's name from Levada to Tomorrow is Another Day.

After our unannounced visit to one of Levada's homes and with Levada's management on January 10, 2019, we notified Washoe County of the deficiencies we observed. In May 2019, Washoe County confirmed that it closed Levada and Tomorrow Is Another Day in January and March 2019, respectively.

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, 2018.

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, 2017. 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 11 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 48.

Our work was conducted from September 2018 through November 2019 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 7.

Contributors to this report included:

Jennifer Otto, MPA
Deputy Legislative Auditor

Jane Giovacchini, MS
Audit Supervisor

Sandra McGuirk, CPA
Audit Supervisor