

STATE OF NEVADA  
LEGISLATIVE COUNSEL BUREAU

LEGISLATIVE BUILDING  
401 S. CARSON STREET  
CARSON CITY, NEVADA 89701-4747  
Fax No.: (775) 684-6600



LEGISLATIVE COMMISSION (775) 684-6800  
JOHN OCEGUERA, *Assemblyman, Chairman*  
Lorne J. Malkiewich, *Director, Secretary*

INTERIM FINANCE COMMITTEE (775) 684-6821  
BERNICE MATHEWS, *Senator, Co-Chair*  
STEVEN HORSFORD, *Senator, Co-Chair*  
Mark Krmpotic, *Fiscal Analyst*  
Rick Combs, *Fiscal Analyst*

LORNE J. MALKIEWICH, *Director*  
(775) 684-6800

BRENDA J. ERDOES, *Legislative Counsel* (775) 684-6830  
PAUL V. TOWNSEND, *Legislative Auditor* (775) 684-6815  
DONALD O. WILLIAMS, *Research Director* (775) 684-6825

Legislative Commission  
Legislative Building  
Carson City, Nevada

We have conducted a series of reviews of governmental and private facilities for children in the State of Nevada. These reviews were authorized by Nevada Revised Statutes 218G.570 through 218G.585. The purpose of these reviews was to determine if the facilities 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.

Respectfully presented,

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

Paul V. Townsend, CPA  
Legislative Auditor

November 24, 2010  
Carson City, Nevada



STATE OF NEVADA  
REVIEW OF GOVERNMENTAL AND PRIVATE FACILITIES FOR CHILDREN  
DECEMBER 2010

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## **INTRODUCTION**

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This report includes the results of our work as required by Nevada Revised Statutes 218G.570 through 218G.585. The report includes the results of our reviews of 6 children's facilities (page 9), unannounced site visits to 6 children's facilities (page 57), and surveys of 57 children's facilities (pages 55-56).

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## **BACKGROUND**

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Nevada Revised Statutes authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of residential children's facilities. A copy of NRS 218G.570 through 218G.585 is included in Appendix A of this report.

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

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

We have identified a total of 57 governmental and private facilities which meet the requirements of NRS 218G: 21 governmental and 36 private facilities. Exhibit 1 lists the types of facilities located within Nevada and the total capacity of each type during the fiscal year ended June 30, 2010.

**Exhibit 1**

**Summary of Nevada Facilities  
Fiscal Year 2010**

Facility Type	Number of Facilities	Population for FY 2010		Staffing Levels	
		Maximum Capacity	Average Population	Full-time	Part-time
Correction and Detention Facilities	12	1,035	845	666	109
Resource Centers	2	64	27	25	17
Child Welfare Facilities	4	192	64	85	37
Mental Health Treatment Facilities	7	291	233	333	111
Substance Abuse Treatment Facilities	4	39	25	40	6
Group Homes	20	707	433	350	191
Residential Centers	8	370	204	105	18
<b>Total - Facilities Statewide</b>	<b>57</b>	<b>2,698</b>	<b>1,831</b>	<b>1,604</b>	<b>489</b>

Source: Reviewer prepared from information provided by facilities.

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

- Correction facilities provide custody and care for youths in a secure, highly restrictive environment who would otherwise endanger themselves or others, be endangered by others, or run away. Correction facilities may include restrictive features, such as locked doors and barred windows.
- Detention facilities provide short-term care and supervision to youths in custody or detained by a juvenile justice authority. Detention facilities may include restrictive features, such as locked doors and barred windows.
- Resource centers provide more than one type of service simultaneously. For example, a resource center may provide both substance abuse treatment and detention services.
- Child welfare facilities provide emergency, overnight, and short-term services to youths who cannot remain safely in their home or their basic needs cannot be efficiently delivered in the home.

- Mental health treatment facilities provide mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. Mental health facilities also provide services to behaviorally disordered youths. Services provided include a full range of therapeutic, educational, recreational, and support services provided by a professional interdisciplinary team in a highly supervised environment.
- Substance abuse treatment facilities provide intensive treatment to youths addicted to alcohol or other substances in a structured residential environment. Substance abuse treatment facilities focus on behavioral change and services to improve the quality of life of residents.
- Group homes provide safe, healthful group living environments in a normalized, developmentally supportive setting where residents can interact fully with the community. Group homes are used for children who will benefit from supervised living with access to community resources in a semi-structured environment. Group homes generally consist of detached homes housing 12 or fewer children.
- Residential centers provide a full range of therapeutic, educational, recreational, and support services. Residents are provided with opportunities to be progressively more involved in the surrounding community.

In addition to youths placed in facilities within the State of Nevada, we identified an additional 121 youths who were placed in out-of-state facilities by a county or the State as of June 30, 2010. Nevada youths were placed in 25 different facilities in 12 different states across the United States from California to Florida. In general, a youth may be placed in an out-of-state facility because: the youth has failed several placements within the State; the youth has a combination of diagnoses that cannot be treated in Nevada; the youth has been adjudicated as a female sex offender; or the youth is sexually aggressive. Exhibit 2 lists the entities that placed youths in an out-of-state facility, the number of youths placed in out-of-state facilities, and the number of states where youths were placed as of June 30, 2010

**Exhibit 2**

**Summary of Nevada Youths Placed in Out-of-State Facilities as of June 30, 2010**

Placing Entity	Number of Youth Placed in Out-of-State Facilities as of June 30, 2010	Number of Different States
Clark County Department of Juvenile Justice Services, Probation	56	7
Washoe County Department of Juvenile Services, Probation	11	5
Lyon County Juvenile Probation	10	4
5th Judicial District Court (Esmeralda, Mineral, and Nye Counties)	5	1
Elko County Juvenile Probation	3	2
Churchill County Juvenile Probation	2	2
1st Judicial District Court (Carson City and Storey County)	1	1
State of Nevada Division of Child and Family Services	33	11
<b>Total</b>	<b>121</b>	

Source: Reviewer prepared from information provided by entities.

**Grievances and 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, 2009, through June 30, 2010, we received 868 complaints from 57 facilities in Nevada. The most common type of complaint was related to welfare. A welfare related complaint is one affecting the general well being of a youth. This includes issues related to education, wellness activities, and discipline.

**SCOPE, OBJECTIVE, AND METHODOLOGY**

Reviews were conducted pursuant to the provisions of NRS 218G.570 through 218G.585. As reviews and not audits, they were not conducted in accordance with generally accepted government auditing standards, as outlined in *Government Auditing Standards* issued by the Comptroller General of the United States, or in

accordance with the *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

The purpose of our reviews was to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care. These reviews include an examination of policies, procedures, processes, and complaints filed since July 1, 2008. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from February 2010 to November 2010.

A detailed methodology of our work can be found in Appendix F of the report, which begins on page 58.

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## **MEDICATION MANAGEMENT TRAINING NEEDS TO BE EXPANDED**

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One of the most common problems we found at the six facilities reviewed was medication management. For example, we noted at least one type of medication management error at each of the facilities reviewed. Errors included not following physician's orders, missing or incomplete medication documentation, and youths not receiving medications timely. Although statutes require employees receive training on the administration of medication, the delivery of instruction needs strengthening.

In general, staff receive training on the administration of medication to youths and how to identify the signs and symptoms of illnesses. However, facilities should consider training surrounding both medication management and handling medication errors. For example, facilities should document medications missed and the reason why, and medication errors, like incorrect dosage.

NRS 449.037(6)(e) requires employees of residential facilities for groups who assist residents with their medications to successfully complete training and pass an examination approved by the Health Division of the Department of Health and Human Services. Residential facilities for groups include facilities that furnish food, shelter, assistance, and limited supervision to a person with mental retardation or with a disability or a person who is aged or infirm, but excludes facilities funded by the Department. Most of the children's facilities that are included in our reviews pursuant to NRS 218G are not required to receive training as outlined in NRS 449.037. However, this type of training may help reduce the number of



medication errors and improve the facilities' responses to errors that do occur.

The Bureau of Health Care Quality and Compliance maintains a list of approved medication training programs on its website. As of September 2010, there were 10 programs on this list. We contacted eight of these training providers. Two entities did not provide training to persons outside their facilities. The other six do provide medication management training. These six entities provided us with information on the topics covered in the training. While some of the topics are not applicable to children's facilities, since they deal with elderly populations, most of the topics addressed common problems at children's facilities. For example, some of the topics included dispensing, storage and handling of medications, over the counter medications, documenting medication errors, and disposing of discontinued and expired medications. This training is available at a cost ranging from \$70 to \$100 for a full day class.

### **Recommendation**

1. All facilities should strengthen medication management training by having key medication management staff participate in training conducted by an agency independent of the facility. This training should include the administration of medication, documentation of administration and medical orders, and minimizing and handling medication errors.

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## **FACILITY OBSERVATIONS**

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Based on the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the facilities we reviewed provide reasonable assurance that they adequately protect the health, safety, and welfare of youths at the facilities, and they respect the civil and other rights of youths in their care. In addition, during the six unannounced visits conducted, we did not note anything that caused us to question the health, safety, welfare, or protection of the rights of the children in the facilities.

Many of the facilities had common weaknesses. For example, policies and procedures needed to be developed or were outdated. In addition, medication administration processes and procedures needed to be strengthened. Finally, facilities needed to ensure youths are aware of their right to file complaints or grievances.

### **Develop or Update Policies and Procedures**

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All six facilities reviewed needed to develop or update policies and procedures. The types of policies and procedures that were missing, unclear, or outdated ranged from mandatory reporting of child abuse and neglect to off-campus activities.

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

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

### **Medication Administration Processes and Procedures Need to Be Strengthened**

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Medication administration processes and procedures need improvement at all six facilities. The medication administration process includes documentation of medications administered to youths, controls over prescribed medications, and the process used to ensure the accuracy of medication files and records. Youth medical files did not always contain complete or clear documentation of dispensed, prescribed medication at five of six facilities reviewed. Some youths' files were missing evidence of physicians' orders at four of six facilities. Some medication administration records were missing at two of six facilities. In addition, youths did not always receive medications timely at two of six facilities.

Medication administration procedures include procedures used to ensure youths take medications administered. Specifically, staff did not check for "cheeking" at four of six facilities. Cheeking is a method used to conceal medication administered. Medication

administration procedures also include approved, non-prescription medication lists to ensure medications are not administered that are no longer approved or recommended by the Federal Food and Drug Administration. Four of six facilities need to develop or update their over-the-counter standing order forms. A standing order form identifies over-the-counter medications a facility may administer to youths.

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

### **Complaint Processes Need Improvement**

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Complaint and grievance processes need improvement. For example, youth files did not contain evidence of a youth's acknowledgment of his right to file a complaint at three of six facilities. In addition, a description of the complaint process was not posted or visible to youths at three of six facilities.

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## **UPDATE ON PRIOR FACILITY REVIEW – NEVADA YOUTH TRAINING CENTER**

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In April 2010, we conducted an unannounced visit of the Nevada Youth Training Center (NYTC). The focus of our visit was to review actions taken by NYTC to address supervision, the complaint process, and contraband. We found NYTC had made improvements in these areas. In addition, we reviewed required and recommended training of staff that have direct contact with youth. This training includes Use of Force and Handle With Care training. Based on our testing, we noted staff did not always receive required and recommended training. Facility management stated that, while training is ongoing, NYTC has developed a corrective action plan to ensure that all mandatory training is completed.

We also noted employees do not always receive annual evaluations. Completing timely annual evaluations may help identify training deficiencies. According to facility management, annual evaluations were to be completed by August 2010.

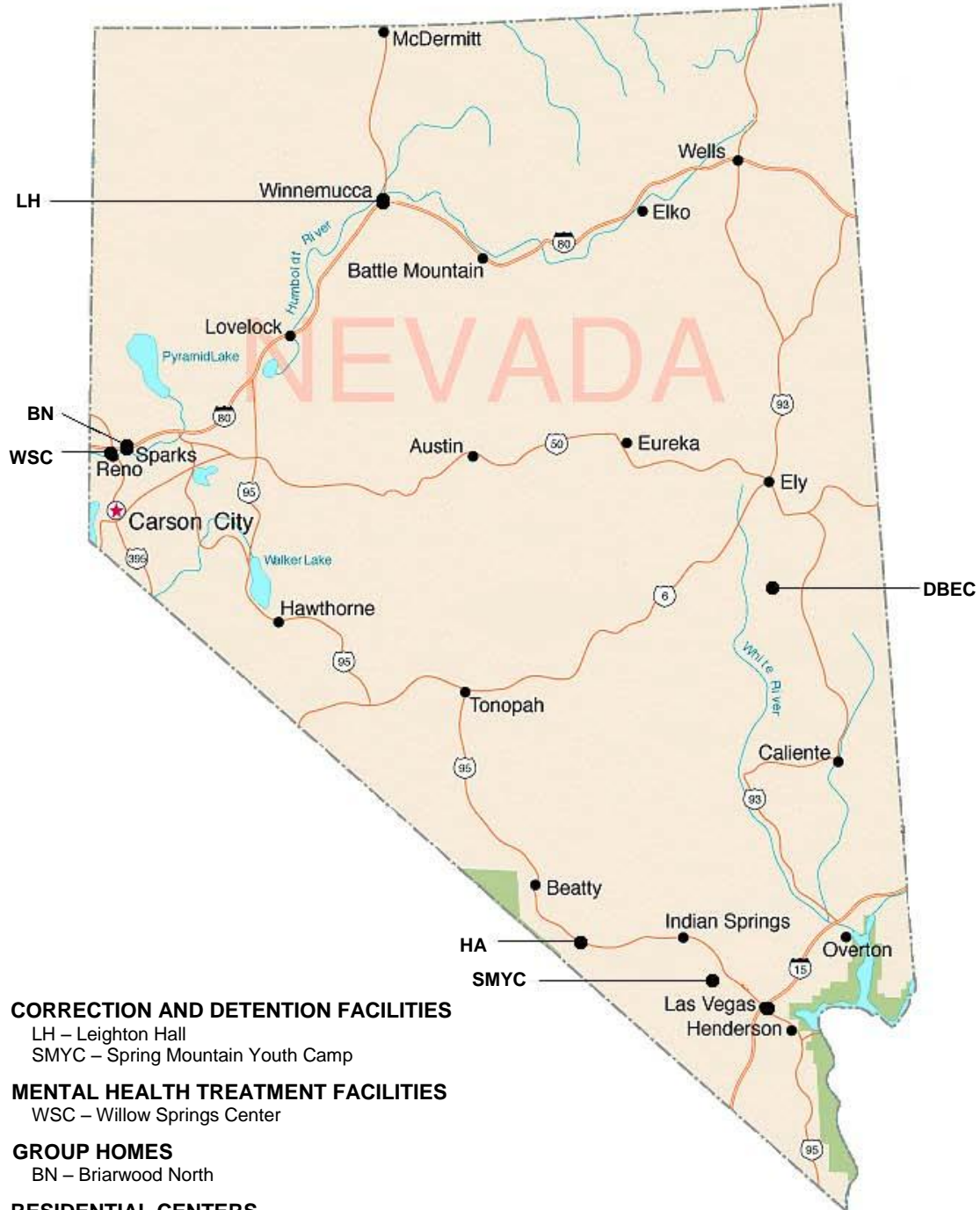
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## **REPORTS ON INDIVIDUAL FACILITY REVIEWS**

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This section includes the results of reviews at each of the six 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**



**CORRECTION AND DETENTION FACILITIES**

- LH – Leighton Hall
- SMYC – Spring Mountain Youth Camp

**MENTAL HEALTH TREATMENT FACILITIES**

- WSC – Willow Springs Center

**GROUP HOMES**

- BN – Briarwood North

**RESIDENTIAL CENTERS**

- DBEC – DayBreak Equestrian Center
- HA – Horizon Academy

Source: Reviewer prepared.

## **DayBreak Equestrian Center**

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### **Background Information**

DayBreak Equestrian Center (DBEC) is a private, for profit, residential facility that opened in February 2010. The facility is staff secured, serves female youths between the ages of 12 and 18, and is located in a rural area of Lund, Nevada. DBEC's mission is to offer a clinically intensive program in an equestrian environment to youths with emotional and behavioral issues. DBEC's objective is to provide residents with a supportive, therapeutic environment based on positive peer culture.

DBEC's maximum capacity is 16 youths. During DBEC's operating period of February 10, 2010, to June 30, 2010, the daily population averaged 4 youths with an average length of stay of 37 days. During the month of our visit, July 2010, the average population was 12 youths.

During DBEC's operating period, DBEC had an average of 10 full-time employees. The facility is licensed by the Division of Child and Family Services (DCFS) as a child care facility.

### **Purpose of the Review**

The purpose of our review was to determine if DayBreak Equestrian Center adequately protects the health, safety, and welfare of the children in DBEC 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 February 2010 through May 31, 2010. In addition, we discussed related issues and observed related processes during our visit in July 2010.

### **Results in Brief**

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at DBEC 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, we noted some areas for improvement. Specifically, DBEC needs to improve its medication administration processes and procedures; update and comply with policies and procedures; and strengthen its background check process.

## ***DayBreak Equestrian Center (continued)***

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### **Principal Observations**

#### Medication Administration Process

DBEC needs to improve its medication administration process. Specifically, 7 of 10 youth files tested contained a medication documentation error. For example, documentation of medications youths were taking at intake was sometimes inconsistent; there were transcription errors on medication management logs, which are used to document medication administered to youths; prescription verification forms did not contain a second signature to verify medications received by DBEC; and there were no physician's orders to support discontinuing a youth's medication. In addition, we noted a discrepancy in the number of pills with which a youth was discharged, which may have been caused by a transcription error at intake. Finally, the dosage administered to one youth was inconsistent with the physician's order.

#### Medication Administration Procedures

DBEC needs to improve its medication administration procedures. Although DBEC has revised its intake information to address allergies, 4 of 10 youths' files contained inconsistent or incomplete allergy information. For example, three student intake assessment forms did not contain information to indicate if the youths had allergies or not. Identifying allergies may reduce the risk of reactions to medications of food.

#### *Facility Response*

*DBEC requires all employees to complete medication administration training. In May 2010, before the review, DBEC's internal audit noted medication administration issues; thus, in June 2010, DBEC implemented step-by-step punch lists to decrease medication administration errors and streamline the medication processes. At this time, all steps of the medication processes have increased effectiveness.*

## ***DayBreak Equestrian Center (continued)***

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### Policies and Procedures

DBEC needs to update and comply with policies and procedures. Policies and procedures that need to be updated include records retention, rights of youths, and prohibition of discrimination. We noted DBEC's policies address records retention for some elements of medical records, such as prescribed medication. However, policies do not address records retention for all of the facility's records, including other elements of medical records. In addition, we noted inconsistent discrimination policies and procedures. Resident Rights Policies assure equal treatment without discrimination based on sexual orientation. However, Rights of Youths, and Prohibition of Discrimination policies do not include sexual orientation. Inconsistent policies and procedures can cause confusion.

DBEC should comply with the following established policies and procedures: tool and inventory control; reporting allegations of child abuse and neglect; and complaint logs. DBEC's tool and inventory control policies and procedures require tools and equipment be secured after use. Policies also require an annual inventory of tools and equipment. However, we observed unsecured tools that were not in use and, according to staff, tools had not been inventoried.

In addition, DBEC's policies and procedures require allegations of child abuse and neglect to be documented on an incident report and reported to DCFS or law enforcement. However, we noted three instances where staff did not complete an incident report to document the allegations, as required by policy.

Also, DBEC's policies and procedures require the use of a complaint log to document complaints filed; however, the log was not used. A complaint log would help management identify the types of complaints filed, which would facilitate a trend analysis. It would also assist management with identifying common issues.

### Facility Response

*DBEC has added the following information to the policies and procedure manual:*



### ***DayBreak Equestrian Center (continued)***

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- *All youth records, which includes but is not limited to medical, educational, basic life skills, communication logs, and program forms, are to be kept for the period of 7 years.*
- *In all areas of the policy and procedure manual that note equal treatment without discrimination, the words sexual orientation have been added.*
- *DBEC has created a tools log. All tools are to be locked up unless they are in use.*
- *DBEC has increased the verbiage in the policy and procedure manual regarding reporting of abuse. The verbiage makes it clear to all employees that if a youth discloses abuse, even if it happened prior to her arrival at DBEC, the allegation is to be reported to the proper authorities. Staff is to fill out an incident report noting it was reported and what was communicated back to them by the authorities to whom they spoke.*
- *DBEC is now tracking all complaints.*

#### Background Checks

DBEC needs to strengthen its background check process. One of six employees whose files we reviewed was not fingerprinted timely, as required by statutes. Statutes require employees be fingerprinted within 3 days of being hired. Based on our review of personnel files, one employee was not fingerprinted until 7 days after being hired. In addition, DBEC has not developed a process to ensure background checks are completed on a periodic basis for all employees after employment.

## ***DayBreak Equestrian Center (continued)***

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### *Facility Response*

*We live in a rural community and often times meeting the 3 day requirement is very hard. It is our policy that no staff may start until their fingerprints and consent and release form has been completed and given to the administrative staff. Note that the hire date of a staff is not always the same as the employee's start date. DBEC has added to its policy and procedure manual the processes of conducting in-house routine background checks on staff at various intervals of employment.*

### Other Items

DBEC does not provide a handbook to youths at admission. In general, youth handbooks address the following: facility rules, the complaint and resolution process, youths' rights and privileges, and prohibited items and contraband.

In addition, DBEC does not require signed youth statements indicating youths understand their rights to file complaints. Without signed statements, management does not have assurance youths have been informed of their rights to file complaints.

Also, DBEC documents youth supervision; however, DBEC's policies do not require documentation of supervision of youths placed on suicide risk. Changes to documentation requirements should be added to policies and procedures.

### *Facility Response*

*DBEC has created a handbook that is given to each girl when she arrives at the facility. Prior to the completion of the handbook and still in practice is a verbal orientation for all girls regarding what is expected of them at the facility.*

*DBEC has created a form for the youths to sign noting they understand DBEC policies regarding the right to file*

### ***DayBreak Equestrian Center (continued)***

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*complaints. The policies have also been added to the youth handbook.*

*DBEC has increased and clarified the policy regarding steps that take place when a youth is placed on suicide watch.*

## Horizon Academy

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### Background Information

Horizon Academy is a private, for profit, residential school. The facility is staff secured and serves male and female youths between the ages of 13 and 18. The facility is located in Amargosa Valley, Nevada. Horizon's mission is to provide youths with the tools to build strong character and positive self-esteem, develop responsible decision making skills, and improve family relationships. Horizon provides a safe and structured environment to youths who have a history of behavior problems, including defiance, school troubles, drugs, alcohol, and anger management.

Horizon's maximum capacity is 228 youths. During the fiscal year ending June 30, 2010, the daily population averaged 121 youths with an average length of stay of 14 months. During the month of our visit, August 2010, the average population was 110 youths.

During fiscal year 2010, Horizon had an average of 50 employees: 40 full-time and 10 part-time. The facility is licensed by the Division of Child and Family Services as a child care facility.

### Purpose of the Review

The purpose of this review was to determine if Horizon adequately protects the health, safety, and welfare of the children in Horizon 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 July 1, 2009, to June 30, 2010. In addition, we discussed related issues and observed related processes during our visit in August 2010.

### Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Horizon 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, we noted some areas for improvement. Specifically, Horizon needs to improve its medication administration processes and procedures; develop and formally adopt comprehensive facility policies and procedures; improve its complaint process; improve its mandatory

## ***Horizon Academy (continued)***

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reporting and background check processes; and strengthen its supervision of youths.

### **Principal Observations**

#### Medication Administration Processes

Horizon's medication files were incomplete and inconsistent with policies. Of the 20 youths' medication files reviewed, 14 were missing documentation or documentation was incomplete. For example, three files were missing medication orders or medication administration sheets. Medication administration sheets are used to document medication administered to youths. In addition, medication orders were not followed in 7 of the files reviewed. For example, Horizon administered an incorrect dosage of prescribed medication to a youth for at least 5 days.

Also, medication administration sheets were not completely filled out, as required by policies. In addition, Horizon needs to add a menu to its medication administration sheets. A menu is a list of acronyms used to identify specific actions, such as medications missed when a youth was on a home pass or refuses his medication. Using a menu to indicate the reason medication was missed improves controls over the medications and may provide important information in a medical emergency. Blank spaces on the forms could indicate a youth was administered medication and staff forgot to complete the form, the youth refused the medication, or the youth did not receive medication for some other reason.

Horizon does not adequately document medication errors. During our review, we noted staff identified errors on medication administration sheets by writing "error" on the sheets. However, no explanations were written on the sheets and there were no supporting incident reports to explain the errors noted. Medication management and administration policy requires documentation of errors on an incident report. Inadequate documentation of errors could result in fraud or abuse, which could go undetected.

#### Medication Administration Procedures

Horizon should develop procedures to require staff observe youths complete mouth sweeps. Although management stated staff observe youths suspected of cheeking medication, policies do not

### ***Horizon Academy (continued)***

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require staff to observe youths complete mouth sweeps. A mouth sweep is a generally accepted method used to ensure medication has not been cheeked. Cheeking is a method used to conceal medication. Failure to complete a mouth sweep increases the risk of medication being cheeked for unauthorized use at a later time.

Horizon has an over-the-counter medication standing order form; however, the form is not dated. A standing order form identifies over-the-counter medication the facility may administer to youths. Not having a dated form could result in medication being administered to youths that is no longer approved or recommended for use by the Federal Food and Drug Administration.

We also noted youth files do not contain photos of the youths and no other methods were used to positively identify youths receiving medication. Photos help identify and match a youth with his medication. Further, we noted youths may not have received prescribed medication timely due to delays in picking up medications from a pharmacy or staff not administering medication. Delays in administering prescribed medication could result in adverse effects.

Weak medication administration processes and procedures may have contributed to a youth being prescribed medication to which he was allergic. During review of youth files, we noted medical information documented during intake that was not communicated to medical staff. In addition, 3 of 20 youths' files contained incomplete or inconsistent allergy information.

#### ***Facility Response***

*We are in the process of or have addressed the following concerns: medication errors are documented by statements of facts; mouth sweeps are done to ensure that medications are not abused; dates have been added to the over-the-counter permission slips; we are in the process of adding photos to the medical books; a menu has been added to the medication administration sheet; and pill count confirmation has been added to the intake form. In addition, Horizon has decreased the number of staff involved with medications and medication logs to two. This is to eliminate missing and incomplete documentation, ensure youth receive prescribed*

## ***Horizon Academy (continued)***

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*medication, and ensure allergy information is communicated as necessary.*

### Policies and Procedures

Horizon needs to develop and formally adopt comprehensive facility policies and procedures. Policies included some miscellaneous policies and procedures and an employee training manual. Some policies did not exist or needed to be updated and clarified. Without comprehensive written policies and procedures, management and staff may be unclear of the facility's processes and provide inconsistent services to youths.

Horizon did not have policies regarding suicide prevention, including increased supervision of youths placed on a risk status, counseling, observation, and reassessment; sanitation of the sick rooms; social skills; visitation; religious activities; control and inventory of keys, tools, and kitchen utensils; documentation and verification of medications received from a pharmacy or during intake from a youth's parent or guardian; and a list of criminal convictions that would exclude a person from employment.

In addition, facility policies that needed to be updated included medication management and administration, complaints, and student rights. Medication management and administration policies instruct staff to give all expired and discontinued medication to medical staff for disposal. However, policies do not address the process used to dispose of medication, the form used to document disposal, or who is required to witness disposal. Complaint policies need to be updated to include: a timeframe to resolve complaints, prohibition of staff retaliation, and youths' communication with their legal representatives. Student rights policies need to be updated to be consistent with discrimination policies. Although discrimination policies state discrimination based on a youth's sexual orientation is prohibited, the student rights policies do not address this prohibition.

Facility policies need to be updated to include the following procedures that are addressed in the employee training manual: health, safety, treatment, and privileges. Health procedures include medical emergencies, intake health assessments, and prescribed medications a youth was taking at intake. Safety procedures include transportation, de-escalation and non-physical intervention,

### ***Horizon Academy (continued)***

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and crisis and non-medical emergencies. Treatment procedures include: intake screenings; treatment plans, including timeframes; therapeutic services, such as mental health, substance abuse, and anger management; and youths running away, including counseling, supervision, and processes after a youth runs away. Privilege procedures include: contraband, including documentation of all searches, not just documentation when contraband is found; off-campus activities, including sufficient staff-to-youth ratios; and documentation of all youths attending off-campus activities. In addition, both the policies and the employee training manual need to be updated to eliminate references to other academies and to ensure the length of time to retain records is consistent.

Mandatory reporting policies and Horizon's employee training manual need to be updated to include: a contact number for reporting allegations of abuse or neglect during and after business hours; the form used to report allegations; and a method to track reports made. In addition, the policies and the training manual need to be revised to address the same reporting process. For example, policies require staff to report to the Director, the Human Resource Director, or a supervisor. However, the employee manual directs staff to report to the Administrator or an on-call worker.

Facility procedures that need clarification include Horizon's use of isolation and room confinement. Although management confirmed Horizon does not use isolation or room confinement, the training manual provided to staff addresses intervention placement procedures, including an intervention room.

Although management stated youths' personal belongings are returned to parents or guardians, Horizon does make exceptions. Horizon's procedure should address these exceptions to include inventorying and safeguarding personal belongings.

Horizon's lack of comprehensive facility policies and procedures may have contributed to inadequate communication within the facility. For example, we were unable to locate evidence to support whether recommended therapeutic services and two youths' disclosures of suicidal ideations were communicated to mental health professionals. Inadequate facility communication could result in youths not receiving services needed.



## ***Horizon Academy (continued)***

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### *Facility Response*

*Horizon is in the process of compiling and revising all policies. The new policies will require communication with Horizon's mental health professional when appropriate.*

### Complaint Process

Horizon needs to improve its complaint process. During the period of our review, Horizon's complaint policy and employee training manual were not consistent with the actual complaint process. For example, the complaint policy states the facility's complaint box is checked twice each week and youths meet with the grievance board to resolve complaints. The facility's employee training manual states the facility's Quality Assurance Manager will check the complaint box and forward the complaints to staff for action. However, according to management, the complaint box is checked three times a week and youths meet with the facility Director to resolve complaints.

In addition, complaint forms were not readily available to youths, there was only one complaint box available for the entire facility, and management does not log complaints filed to identify trends. Also, management should obtain a signed statement from youths indicating youths understand they have the right to file a complaint.

### *Facility Response*

*A log has been created to observe patterns and to keep a record of complaints. Staff has been assigned to assure forms are available at all times. Horizon has added a policy clarifying that retaliation towards a student who writes a complaint will result in disciplinary action. Revised policies have eliminated the inconsistencies between the complaint policy, the employee training manual, and the actual complaint process. Horizon will obtain a signed statement from students indicating they understand they have the right to file a complaint. Horizon will continue to use only one complaint box, but the box will be checked three times a week.*

## ***Horizon Academy (continued)***

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### Mandatory Reporting

Horizon needs to improve its mandatory reporting process. NRS 432B.220 requires those who know or have reasonable cause to believe that a child has been abused or neglected to make a report within 24 hours to child welfare services or law enforcement. We noted three instances of youths' disclosures of allegations to staff; however, Horizon did not report the allegations to child welfare services or law enforcement. Although Horizon's policies require staff to notify management, policies do not identify staff as mandatory reporters.

#### *Facility Response*

*The new staff manual makes it clear that staff are mandatory reporters. In addition, policies have been added to ensure abuse or neglect is reported.*

### Background Checks

Horizon needs to improve its background check process. Horizon has not developed policies and procedures to ensure background checks will be completed on a periodic basis for all employees after employment. NRS 432A.170 requires employees be fingerprinted every 6 years following employment.

#### *Facility Response*

*We will continue to follow the requirements set by our licensing bureau.*

### Supervision

Horizon needs to strengthen its supervision of youths. During our review, we noted multiple instances of inadequate supervision of youths. For example, we observed staff-to-youth ratios of: 1 staff to 44 youths; 2 staff to 46 youths; and 1 staff to 24 youths. In addition, we noted eight instances of unsupervised youths or youths supervising other youths. Horizon's employee training manual states each youth group will be supervised by at least two staff members at all times. Inadequate supervision of youths could result in inappropriate behavior and unsafe situations.

## ***Horizon Academy (continued)***

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### *Facility Response*

*The manual is being revised to describe staff-to-student ratios. A procedure has been created to inform staff of their responsibilities to radio students from building to building to assure appropriate supervision. In addition, staff has been made aware of the ratio and to be available to assist with supervision.*

### Other Items

Other items noted during our review included: facility vehicles did not include a fire extinguisher or a first aid kit; the dormitory building, which has a maximum capacity of 228 youths, contained only one first aid kit; cleaning chemicals were unsecured; contraband-type items were found in the dormitory; and an established nutrition protocol was not followed. In addition, the following items were not posted in areas visible to youths, staff, and visitors: the youth schedule, a list of prohibited items and contraband, and a description of the complaint process.

We also noted youths are not provided with youth handbooks. A youth handbook should outline: the facility's complaint process; facility rules, including a list of prohibited items and contraband; and youths' rights and privileges. A youth handbook may aid a youth's transition to his stay at Horizon.

### *Facility Response*

*Staff is required to check out a first aid kit and a fire extinguisher when taking a Horizon Academy vehicle. A list of items that are not allowed or considered to be contraband will be made aware to all visitors and students. The youth schedule has been posted in the dining room. New policies describe searching students and dorms. A nutrition protocol will be established and followed. A student manual has been downloaded to each computer. All students have access to the manual and are required to be aware of the rules.*

## Leighton Hall

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### **Background Information**

Leighton Hall (LH) is a multi-county temporary holding facility located in Winnemucca, Nevada. The facility houses male and female youths between the ages of 8 and 17. LH provides for the safe and secure custody of youths accused of committing offenses while pending legal action. LH's mission is to hold youths accountable for their actions and to offer rehabilitation and prevention services, including alcohol or drug programs.

LH is a secure facility with a maximum capacity of 24 youths. During the fiscal year ended June 30, 2010, the daily population averaged 9 youths with an average length of stay of 13 days. During the month of our visit, April 2010, the average population was 9 youths. LH is funded by and provides services to Humboldt, Lander, and Pershing Counties. During fiscal year 2010, LH had an average of 14 employees: 12 full-time and 2 part-time.

### **Purpose of the Review**

The purpose of our review was to determine if Leighton Hall adequately protects the health, safety, and welfare of the children in LH 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, 2008, to March 31, 2010. In addition, we discussed related issues and observed related processes during our visit in April 2010.

### **Results in Brief**

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at LH 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, we noted some areas for improvement. Specifically, LH needs to improve its medication administration process and procedures, develop and periodically update policies and procedures, and strengthen its background check process.

## ***Leighton Hall (continued)***

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### **Principal Observations**

#### Medication Administration Process and Procedures

LH needs to properly document medications returned to parents or guardians when youths leave the facility. We found documentation that 2 of the 10 youths included in our sample were released to guardians with prescribed medications. However, the documentation did not identify the medications or the quantity of medications given to the guardians. Current release policies require LH to return a youth's unused medication to his parents or guardians; they do not require documentation of the name or quantity of medications released. Without complete documentation of the medication and the quantity released, potential errors, fraud, or abuse could occur and go undetected.

In addition, LH has not established a protocol to follow when a youth refuses prescribed medication. Without an established protocol, youths may experience a change in behavior, which could go unreported to the prescribing physician. Awareness of changes in behaviors could provide management with greater assurance of youths' health and safety. Some other types of residential facilities are required to notify a physician within 12 hours after a medication is refused.

LH does not always check for cheeking. Cheeking is a method used to conceal medication. A mouth sweep or use of a tongue blade are methods used to ensure medication has not been cheeked. These methods reduce the risk of medication being cheeked for unauthorized use at a later time.

LH does not have an established physician approved over-the-counter medication standing order form. A standing order form identifies over-the-counter medications the facility may administer to youths. Without a formal standing order form, medications could be administered to youths that are no longer approved or recommended for use by the Federal Food and Drug Administration.

## ***Leighton Hall (continued)***

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### *Facility Response*

*LH has updated its policies and procedures to ensure that staff documents the quantity and type of medication which will be released to a parent or guardian, and this will be noted in the shift log upon a youth's release. Refusal on a youth's behalf to take his prescribed medication will be noted in the shift log and the prescribing physician will be contacted as soon as possible.*

*LH has updated its policies and procedures to ensure staff will monitor all medication being administered. To ensure residents swallow their pills, they will be required to open their mouths and use their index fingers to sweep the inside of their mouths. This procedure is used to prevent hiding or cheeking of medication. Residents will wash their hands before and after the mouth sweep. LH now has a standing order form signed by a local physician identifying over-the-counter medications LH may administer to residents.*

### Policies and Procedures

LH needs to develop and periodically update policies and procedures. During the period of our review, there were no policies specific to: staff, visitor, and parent complaint and resolution process; mandatory reporting responsibilities of detention staff; and records retention. Without comprehensive policies and procedures, management and staff may be unclear of the facility's processes and provide inconsistent services to youths.

In addition, we noted facility adopted procedures that were not formally addressed in policies. For example, policies do not include: the facility's drug treatment program; the codes used to identify youths on precaution, such as suicide or elopement; and accounting for and control of utensils used by youths. Also, policies should be updated to ensure equal opportunity without discrimination based on sexual orientation. Furthermore, policies that refer to the complaint process should be updated to include resolving complaints in a specific timeframe, prohibiting staff retaliation, and using a complaint box. Updating policies and procedures on a regular basis increases assurance that the

## ***Leighton Hall (continued)***

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facility's mission, purpose, and processes are documented and are consistent with actual practices.

### *Facility Response*

*LH updated its policies and procedures specifically to address: staff, visitor, and parent complaint and resolution process; mandatory reporting responsibilities of detention staff; record retention; the Adolescent Substance Abuse Program; the codes used to identify youths on precaution, such as suicide or elopement; accounting for and control of utensils used by youth; and providing equal opportunity to youths without discrimination based on sexual orientation. Policies and procedures that refer to the complaint process were updated to include resolving complaints in a specific timeframe, prohibiting staff retaliation, and using a complaint box.*

### Background Checks

LH needs to strengthen its background check process. During our review of personnel files, we noted background checks of employees hired prior to September 2008 were sometimes based on the employee's social security number. Background checks based on social security numbers may be less comprehensive than fingerprint-based background checks. Since September 2008, LH changed its process to require fingerprint-based background checks; however, policies have not been completely updated to reflect the change. In addition, policies do not require regular or periodic background checks following employment, or identify the types of prior convictions that would exclude an applicant from employment. Without updated policies and procedures, LH may be unaware of an employee's involvement in, or conviction of, a criminal activity incompatible with the facility's mission.

### *Facility Response*

*At the time of hire, LH requires fingerprint-based background checks on all employees, thereby identifying the type of prior convictions that would exclude an employee from employment. Periodic background checks will be conducted at the discretion of the Chief*

## ***Leighton Hall (continued)***

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*Juvenile Probation Officer for all employees if deemed necessary. Offenses which could preclude employment with LH would include the following: felonies, sexual related offenses, or any other conviction as deemed by the Chief Juvenile Probation Officer.*

### Other Items

Other items noted during our review included a facility vehicle that did not contain a first aid kit or a fire extinguisher, while another did not contain a first aid kit. In addition, the following items were not posted in areas visible to youths, staff, and visitors: a list of prohibited items and contraband, youth schedules, and a description of the complaint process.

LH should also update its youth handbook to include a list of prohibited items and contraband and a description of the complete complaint process. The handbook should also be updated to include the timeframe for complaint resolution, that staff retaliation is prohibited, and that a complaint box is used by youths to file complaints. An updated youth handbook may help youths transition to their stay at LH.

### Facility Response

*LH has provided a first aid kit for all vehicles. Fire extinguishers have been ordered and will be placed in each work crew vehicle. It has been determined by the administrative staff at LH that fire extinguishers will not be placed in each department vehicle. We have checked with our insurance provider and this is not required.*

*LH has posted a list of prohibited items and contraband, youth schedules, and a description of the complaint process in the classroom along with a secure complaint box. LH has posted a list of prohibited items and contraband, visiting rules, and a description of the complaint process in the lobby along with a secure complaint box.*

*LH has updated its policies and procedures to specifically address all the above.*



## **Spring Mountain Youth Camp**

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### **Background Information**

Spring Mountain Youth Camp (SMYC) is a Clark County correctional facility. The facility is staff secured, serves male youths between the ages of 12 and 18, and is located in the Spring Mountain Recreation Area, about 45 minutes from Las Vegas. SMYC's mission is to teach youths skills and behaviors that will enable them to successfully solve problems and understand the basics of building positive relationships while deterring further delinquent behavior. In addition, the facility's mission is to motivate youths to make positive changes in their behavior and lifestyle so they can be successful in the community and an asset to their families.

SMYC's maximum capacity is 100 youths. During the fiscal year ended June 30, 2010, the daily population averaged 99 youths with an average length of stay of 5 months. During the month of our visit, June 2010, the average population was 100 youths.

SMYC is primarily funded by Clark County. During fiscal year 2010, SMYC had an average of 81 employees: 59 full-time and 22 part-time.

### **Purpose of the Review**

The purpose of our review was to determine if Spring Mountain Youth Camp adequately protects the health, safety, and welfare of the children in SMYC 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 July 1, 2008, to April 30, 2010. In addition, we discussed related issues and observed related processes during our visit in June 2010.

### **Results in Brief**

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at SMYC 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, we noted some areas for improvement. Specifically, SMYC needs to improve its medication administration process and procedures; develop and

## ***Spring Mountain Youth Camp (continued)***

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update policies and procedures; and strengthen its background check process.

### **Principal Observations**

#### Medication Administration Process

SMYC needs to improve its medication administration process. Improvements are needed to ensure medication records are consistent with policies. Specifically, policies require a written, signed, and current physician's order prior to administration of medications. However, two medication files reviewed did not contain current physician's orders for medications administered to youths for up to 5 months. The remaining eight files reviewed contained no indication the youths received medication.

In addition, medication administration records were not completely filled out. Medication administration records are used to record medication administered to youths. Blank spaces on the forms could indicate a youth was administered medication and staff forgot to complete the forms, the youth refused the medication, or the youth did not receive medication for some other reason.

SMYC should also add a menu to its medication administration record. A menu is a list of acronyms used to identify specific actions, such as medications missed when a youth is off campus or refuses his medications. Furthermore, SMYC should consider designating a section on the medication record for youths to initial after they have received medications. Designating an area for youths to initial after they have received medications may reduce the potential for errors, fraud, or abuse occurring and going undetected.

#### *Facility Response*

*Policy was revised on September 2, 2010, creating a procedure for auditing Medication Administration Records on a weekly basis. The new procedure was implemented on June 21, 2010.*

*Effective June 21, 2010, the SMYC Nursing Staff began auditing medication records for accurate documentation of medication administration on a weekly basis. Any*

## ***Spring Mountain Youth Camp (continued)***

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*observed discrepancies are reported to SMYC Management and the Nursing Supervisor. The SMYC Nurse will provide copies of pages with blank spaces on the forms to the SMYC Management that will be reviewed at the weekly SMYC Supervisor meetings. Supervisors will investigate all discrepancies on the form and report to SMYC Management and Nursing Supervisor. Nursing will audit medication administration records for the presence of current Physician Orders on a weekly basis.*

*Effective June 21, 2010, all occurrences of youths not receiving medication will require documentation within the Medication Administration Records. Unit/Nursing staff will be responsible for clearly documenting the reason for missing a dose, such as the youth being off unit, out of medication, refusing the medication, or the presence of unclear medication order.*

### Medication Administration Procedures

SMYC's physician approved over-the-counter medication standing order form has not been updated since 2007. A standing order form identifies over-the-counter medications the facility may administer to youths. Not updating the approved form on a regular basis could result in medications being administered to youths that are no longer approved or recommended for use by the Federal Food and Drug Administration.

In addition, records for one youth contained inconsistent allergy information. Physical examination records identified the youth's allergies; however, electronic medical records indicated the youth did not have any allergies. Consistent allergy information may reduce the risk of reactions to medications, food, or other allergens.

### Facility Response

*On June 21, 2010, the Physician Standing Orders for over-the-counter medications were updated and will be updated on an annual basis by facility physician and nursing supervisor. Beginning June 21, 2010, all youth allergies will be audited by SMYC nursing staff from the date of intake to SMYC and continuing on a weekly basis*

## ***Spring Mountain Youth Camp (continued)***

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*to ensure electronic medical records reflect current allergy information for youth within SMYC.*

### Policies and Procedures

SMYC needs to develop and update policies and procedures. For example, policies do not provide guidelines for staff to monitor and screen the appropriateness of movies and video game content. This may have contributed to “R” rated movies observed in three of the five dorms. In addition, policies do not address complaint resolution timeframes. The facility’s youth handbook should be updated consistent with updated policies.

In addition, SMYC needs to update policies and procedures to be consistent with facility practice. For example, staff take appropriate actions when youths refuse medications, but the policies outline different actions. Further, policies state unused medications returned to a youth’s parent or guardian will be documented in the youth’s medical file. However, policies do not address the facility’s medication form which is signed by a youth’s parent or guardian upon receipt of medications from nursing staff. Without clearly documented policies and procedures, management and staff may be unclear of the facility’s processes and provide inconsistent services to youths.

### Facility Response

*On June 24, 2010, SMYC implemented a policy and procedure regulating the use, storage, and ratings of movies/video games, which was further revised on September 8, 2010.*

*On June 24, 2010, a timeframe was implemented for the youth complaint process. Complaint boxes will be checked three times per week by the supervisor, who has 4 working days to investigate the complaint and make a recommendation. The complaint will be forwarded to the SMYC manager for approval and/or further action. Supervisors will advise the youth of the final recommendation within 2 working days of his submission to the Camp Manager.*

## ***Spring Mountain Youth Camp (continued)***

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*The policy changes that affected the youth handbook were changed on June 24, 2010. As per SMYC policy, all policies and procedures are updated yearly.*

*On September 2, 2010, the policy regarding appropriate action for youths who refuse medication was removed. Effective September 1, 2010, when medications are removed from camp, whether at time of release or for weekend visitation, medications are to be transported with youths to detention. Upon arriving at detention, the transport officer will give the medications to the nurse.*

*Effective September 1, 2010, parents will be required to obtain medication from detention nursing. Nursing staff will ensure proper documentation of receipt of medications by youth's parent or guardian.*

### **Background Checks**

SMYC needs to strengthen its background check process. Background checks are not completed on a periodic basis for all staff after employment. Some facilities are required to conduct background checks every 6 years. SMYC should consider adopting a policy to require periodic employee background checks.

In addition, until 2009, SMYC did not always require employees to submit fingerprints for state or federal background checks. Instead, SMYC used employees' social security numbers to check local databases to complete background checks. Background checks based on an employee's social security number may be less accurate than checks based on his fingerprints. According to management, SMYC began requiring electronic fingerprint background checks in early 2009, which may result in more accurate results.

### **Facility Response**

*The Department of Juvenile Justice Services and the Clark County Human Resource Department are currently working on a policy and practice to ensure periodic background checks that will include fingerprints. The process will require background checks every 6 years.*

## ***Spring Mountain Youth Camp (continued)***

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*Random background checks will be completed on all current staff by January 1, 2011.*

### Other Items

During our review, we also noticed computers used by youths were not screened for inappropriate language, and a bottle of bleach (caustic material) in one of the dorms was not secured.

### Facility Response

*Effective on June 21, 2010, the Clark County School District Principal requires teachers to inspect all computers daily. A School District computer employee will perform monthly inspections on all school computers to which youths have access.*

*On June 15, 2010, a procedure that requires all chemicals to be locked up in the supply room was implemented. Dorm supervisors will perform daily inspections to ensure that no caustic materials are unsecured.*

## **Willow Springs Center**

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### **Background Information**

Willow Springs Center (WSC) is a private, for-profit, secured mental health treatment facility located in Reno, Nevada. The facility serves male and female youths between the ages of 5 and 17. WSC's mission includes helping youths and their families overcome psychiatric difficulties and return to healthier lives. WSC's child and adolescent programs are designed to help youths recover from emotional, psychiatric, behavioral and chemical dependency problems. The facility is licensed as a hospital by the Nevada Department of Health and Human Services, Bureau of Health Care Quality and Compliance.

WSC's maximum capacity is 76 youths. During the fiscal year ended on June 30, 2010, the daily population averaged 72 youths with an average length of stay of 3 months. During the month of our visit, February 2010, the average population was 74 youths. During fiscal year 2010, WSC had an average of 183 employees: 108 full-time and 75 part-time.

### **Purpose of the Review**

The purpose of our review was to determine if the Willow Springs Center adequately protects the health, safety, and welfare of the children in WSC 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 July 1, 2008, to December 31, 2009. In addition, we discussed related issues and observed related processes during our visit in February 2010.

### **Results in Brief**

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at WSC 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, we noted some areas for improvement. Specifically, WSC needs to improve its medication administration process and procedures; develop and periodically revise policies and procedures; strengthen its complaint process; ensure youths are adequately supervised; and improve its mandatory reporting and background check processes.

## ***Willow Springs Center (continued)***

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### **Principal Observations**

#### Medication Administration Process and Procedures

WSC's medication files were incomplete and inconsistent with policies. Policies require documentation of medication administered to youths, medication refused by youths, or medication not administered for some other reason. However, medication administration records were not always completely filled out. For example, we noted blank spaces and missing staff initials in 5 of 10 medication files reviewed. Blank spaces and missing initials on a medication record could indicate a youth was administered medication and staff forgot to complete the form, a youth refused the medication, or a youth did not receive medication for some other reason.

In addition, we noted the method used to dispose of medication is not documented. Medications are disposed of when they are outdated, unneeded, or mishandled during the medication administration process. Although WSC has developed a disposal policy, the policy does not require documentation of the method used to destroy medication. Not documenting the method used to dispose of medication increases the risk of potential errors, fraud, or abuse, which could go undetected.

Finally, WSC does not always check for cheeking. Cheeking is a method used to conceal medication. A mouth sweep or use of a tongue blade are methods used to ensure medication has not been cheeked. These methods reduce the risk of medication being cheeked for unauthorized use at a later time.

#### *Facility Response*

*Since the review, we have taken the following actions: all current staff have been re-educated regarding documentation on the medication administration records; medication variances are audited daily; the Chief Nursing Officer and Nurse Manager are informed of any variances; staff involved are identified and have a one-to-one conversation; and medication variances are tracked*



## ***Willow Springs Center (continued)***

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*and trended monthly and reported to the Performance Improvement Committee monthly.*

*The form for drugs stored under single lock or controlled access refrigerator was revised and updated to include an area for the disposal of wasted medications. The form will be available for use in June 2010.*

*In addition, checking for cheeking of medications has always and will continue to be a part of initial orientation with a return demonstration for any new hire. Random observation will be completed by the Chief Nursing Officer or Nurse Manager to assure that staff is following our current policy and procedure. Nursing leadership will report to the Performance Improvement Committee the number of patients observed and the percentage of compliance. We will follow up with noncompliance with further educational opportunities and performance counseling.*

### Policies and Procedures

WSC needs to develop and periodically revise facility policies and procedures. During the period of our review, there were no policies specific to kitchen utensils, tools, and a system to earn privileges consistent with the youth handbooks. Without comprehensive policies and procedures, management and staff may be unclear of the facility's processes and provide inconsistent services to youths.

In addition, some policies and procedures had not been revised or updated since 1999. Policies and procedures that are updated on a regular basis increase assurances that the facility's mission, purpose, and processes are documented and are consistent with actual practices.

### Facility Response

*All policies will be reformatted, renumbered, references added, list the staff and committees that contributed and the dates the policies went through the committees. The following policies are completed and are going through committees: infection prevention and controls, dietary,*

## ***Willow Springs Center (continued)***

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*pharmacy, provision of care, patient rights, human resources, kitchen utensils, and tools. The process for review of policies will include a review and update of each policy every 2 years and the Compliance Committee will set up the rotation for review.*

### Complaint Process

WSC needs to strengthen its complaint process. During the period of our review, WSC did not use a complaint box in which youths could place their written complaints. A locked complaint box provides reasonable assurance that the integrity of information is maintained. Not using a locked complaint box could result in a complaint going undocumented or uninvestigated.

### Facility Response

*WSC has purchased locked boxes for each unit and they will be mounted to the walls. Our Patient Advocate, Chief Nursing Officer, Nurse Manager, and Risk Manager will be responsible for checking the boxes daily. All complaints will be logged on the Complaint Log prior to going to the Department Manager for follow up and response. Once the follow-up is completed, the Department Manager will return the complaint to the Patient Advocate or Risk Manager.*

### Youth Supervision

WSC should ensure youths are adequately supervised at all times. Based on our review of facility reports, there were some incidents of inadequate supervision. One incident report stated a staff returned youths to a unit and subsequently left the youths unsupervised. Other incident reports describe youths engaging in inappropriate activity. In addition, 4 of 10 youths' files were either missing observation sheets or the sheets were incomplete. Adequate supervision minimizes the risk that youths will be a danger to themselves or others.

## ***Willow Springs Center (continued)***

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### *Facility Response*

*The Willow Way is to ensure that the safety of our patients is first. Due to the type of patients here, sometimes we have inappropriate behaviors, which makes staff supervision the utmost importance to their safety. Our Therapeutic Service Department also assists with this supervision.*

*The Chief Nursing Officer set up a process with the Charge Nurses, unit receptionist and the night shift staff so no observation sheets are filed if there are any incomplete areas. In July 2010, a medical record audit will be completed on 100% of all medical records. The audit will consist of observation sheet documentation. The results of this audit will be reported to the Performance Improvement Committee. The Director of Performance Improvement and Risk Management will review the data and determine the percent of medical records to be audited starting in August and monthly thereafter. The percent will be at least 10% of the census per unit.*

### **Mandatory Reporting**

WSC needs to improve its mandatory reporting process. Specifically, NRS 432B.220 requires those who know or have reasonable cause to believe that a child has been abused or neglected make a report within 24 hours to child welfare services or law enforcement. However, WSC's reports were unclear and incomplete. For example, two reports did not contain documentation of all parties involved. In addition, one report was not made because the reportable issue was thought to be consensual, and it was not clear whether or not a report was made for a second incident. Although WSC's policies include when to make a report to an agency independent of WSC, WSC's reporting weaknesses may have occurred because of WSC's staff's misinterpretation of policies and mandatory reporting requirements.

## ***Willow Springs Center (continued)***

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### *Facility Response*

*All new hires are educated on Mandatory Reporting during our Human Resources Orientation. In addition, in May 2010, we will re-educate the Therapeutic Service and Nursing Staff on what and how to report. Finally, abuse reporting has now been added as a core annual competency.*

### Background Checks

WSC needs to improve its background check process. WSC did not complete employee background checks consistent with statutes and policy. Statutes and policy require fingerprint based background checks. However, all eight background checks we reviewed were completed using an employee's name and social security number. In February 2010, WSC issued a memo indicating all current and new unlicensed employees will be fingerprinted.

Lastly, WSC has not developed a process to ensure background checks will be completed on a periodic basis for all employees after employment. NRS 449.179 requires employees be fingerprinted at least every 5 years following employment.

### *Facility Response*

*Effective March 2010, all employees will have social security number/name search background checks conducted at the onset of employment and every 2 years. In addition, at the onset of employment, a criminal history background check will be conducted by submitting fingerprints to the Central Repository on non-licensed staff who provide direct patient care. All non-licensed direct care staff will undergo a background check every 5 years by submitting fingerprints to the Central Repository.*

## **Briarwood North**

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### **Background Information**

Briarwood North (Briarwood) is a private, for-profit, sex offender treatment facility. The facility is staff secured, serves male youths between the ages of 12 and 20, and is located in Sparks, Nevada. Briarwood's mission is to provide a continuum of services for sex offenders or youths with sexual behavior problems in a structured and safe environment. Briarwood's mission also places emphasis on relapse prevention techniques and concepts by providing early intervention to maintain the safety of clients and the community. Briarwood is licensed as a group foster home by the Washoe County Department of Social Services (FFDA).

Briarwood's maximum capacity is 42 youths. During the fiscal year ended June 30, 2010, the daily population averaged 30 youths with an average length of stay of 12 months. During the month of our visit, March 2010, the average population was 35 youths. Briarwood is primarily funded by Medicaid through contracts with the State and Washoe and Clark Counties. During fiscal year 2010, Briarwood had an average of 36 staff: 29 full-time and 7 part-time.

### **Purpose of the Review**

The purpose of this review was to determine if Briarwood adequately protects the health, safety, and welfare of the children in Briarwood 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 July 1, 2008, to February 28, 2010. In addition, we discussed related issues and observed related processes during our visit in March 2010.

### **Results in Brief**

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at Briarwood provide reasonable assurance that it adequately protects the health, safety, and welfare of the youths at the facility and respects the civil and other rights of the youths in its care. However, we noted some areas for improvement. Specifically, Briarwood needs to improve its medication administration process and procedures; develop, update, and periodically revise policies

## ***Briarwood North (continued)***

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and procedures; strengthen its complaint process; ensure youths are adequately supervised; and improve its background check process.

### **Principal Observations**

#### Medication Administration Process and Procedures

There were several problems with Briarwood's documentation of medication administered, medication errors, and medical orders. Without adequate documentation, errors, fraud, or abuse could occur and go undetected.

- Medication tracking sheets were not always completely filled out even though Briarwood's policies require documentation of medication administered to youths. In 5 of the 10 medication files reviewed, the medication tracking sheets contained blank spaces and were missing staff initials. A blank space and missing initials could indicate the youth was administered medication and staff forgot to complete the form, the youth refused the medication, or the youth did not receive medication for some other reason. Also, one file was missing a medication tracking sheet for 1 month.
- Five of ten youths' files were missing medication information such as documentation of physician's orders, changes to medication, or discontinued medication.
- Briarwood did not document a medication error using the form specified in its policies. Medication policies require medication errors be documented using a medication error form. However, the medication error was documented on an incident report rather than on a medication error form.
- Briarwood does not always verify prescription medications received from other facilities.
- Six of ten medication files showed youths did not receive prescribed medications for up to 31 days. In some cases, this may have been caused by a delay in obtaining parent or guardian consent. However, Briarwood did not consistently document its attempts to obtain timely consent.

### ***Briarwood North (continued)***

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- Briarwood staff does not always check for cheeking. Cheeking is a method used to conceal medication. A mouth sweep or use of a tongue blade are methods used to ensure medication has not been cheeked. These methods reduce the risk of medication being cheeked for unauthorized use at a later time.
- Briarwood's physician approved over-the-counter medication standing order form is not dated. A standing order form identifies over-the-counter medications the facility may administer to youth. Not dating the approved form could cause confusion, resulting in medication being administered to youths that is no longer approved or recommended for use by the Federal Food and Drug Administration (FFDA).

#### *Facility Response*

*The medication administration policies and procedures have been revised so that problems identified have been or are in the process of being addressed in the form of guidelines within the document. All employees have been required to review the revised medication management policies and procedures document. All employees have been retrained on medication administration procedures. Additional training occurs at monthly staff in-services and on an individual basis when indicated. Retraining our employees has been in the interest of decreasing our errors and potential for harm, fraud and abuse. In addition to administration procedure matters, our over-the-counter medication standing order form is now reviewed and dated by the psychiatrist a minimum of every 6 months to ensure the list has approved FFDA medications.*

#### Policies and Procedures

Briarwood needs to develop, update, and periodically revise its policies and procedures. During the period of our review, there were no policies specific to: crisis and nonmedical emergencies, with the exception of fire drills; guidelines for staff to monitor and screen the appropriateness of television viewed by youths; documentation of all searches conducted; and controls over tools. Without comprehensive policies and procedures, management and

## ***Briarwood North (continued)***

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staff may be unclear of the facility's processes and provide inconsistent services to youth.

In addition, some policies and procedures need to be updated and revised. For example, abuse and neglect policies do not identify the party responsible for reporting allegations to child welfare services or law enforcement. Also, admission and medical care policies do not include the timeframe to complete a health assessment. Furthermore, contraband and program policies and rules for residents and families do not address controls over management and therapist approved movies. Self injury precaution policies should be updated to require additional searches of youths on precaution, instead of additional searches based on staff's discretion. Also, policies and procedures are not dated. Policies and procedures that are dated and updated on a regular basis increases assurances that the facility's mission, purpose, and processes are documented and are consistent with actual practices.

### *Facility Response*

*At the time of the review, Briarwood had just created a new policy and procedures manual. Areas identified as being deficient have been or are in the process of being revised. All revisions and additions made are brought to our employees' attention at monthly mandatory in-services or through individual memos. Briarwood is committed to ensuring that employees are clear about facility procedures and that consistency is maintained.*

### Complaint Process

Briarwood needs to strengthen its complaint process. One of two buildings did not contain a complaint box in which youths could place their written complaints. A complaint box provides reasonable assurance that the integrity of information is maintained. Not using a complaint box could result in a complaint going undocumented or uninvestigated.

In addition, 9 of 10 files did not contain the youths' signature on the Patient Rights Information Receipts, as required by policy. A



## ***Briarwood North (continued)***

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signed receipt acknowledges a youth understands his right to file a complaint. Although the receipts were signed by the youths' parents or guardians, they were not signed by the youths. Briarwood's policy guidelines state clients will sign the "Client Rights" document. Without a signed acknowledgment, management has no assurance the youth understands his right to file a complaint.

### *Facility Response*

*The complaint procedure has been revised so that the process can occur in both Briarwood buildings, ensuring that all residents have access to complaint forms and can independently and confidentially submit their complaints. On admission, information about "Patient Rights" is reviewed with the guardian and client, but the form only required the guardian's signature. The form has since been revised to now include a signature line for the client to acknowledge he has received the information.*

### Youth Supervision

Briarwood needs to ensure youth are adequately supervised. During our review, we found reports of inappropriate activity between youths. In addition, reports indicated poor supervision may have resulted in two youths taking a facility vehicle and leaving the campus. Although Briarwood did terminate an employee for inadequate supervision, the importance of youth supervision should be addressed with all employees on a regular and consistent basis.

### *Facility Response*

*Briarwood's supervision guidelines are considered paramount in regard to protecting the residents and providing a safe and secure environment for all. As indicated in the review findings, failure to follow procedures will be investigated and will result in corrective action up to termination. As part of increasing supervision awareness, a communication binder has been developed to provide alerts regarding individual residents and/or instructions for staff to review at the start of every shift. Supervision guidelines for each shift have*

## ***Briarwood North (continued)***

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*been reviewed with employees to ensure all staff members are aware of their supervision duties specific to their shift. Supervision guidelines are addressed on an on-going basis at monthly staff in-services.*

### Background Checks

Briarwood needs to improve its background check process. Briarwood hired an employee who had not been cleared for employment by its licensing agency, Washoe County Department of Social Services. According to the licensing agency, cleared employees who leave employment for more than 6 months are required to be re-cleared for employment. This employee had been separated from employment 17 months prior to being re-hired by Briarwood. Therefore, the employee should have been cleared for employment by the licensing agency.

In addition, one of the seven employees whose personnel files we reviewed was not subjected to a fingerprint background check. Briarwood's licensing agency does not require maintenance staff to be fingerprinted. However, all employees should have a fingerprint background check to help ensure the safety of the youths in the facility.

### Facility Response

*Briarwood wants to ensure the safety and welfare of our residents. We have developed a procedure for processing new hires to ensure consistency in regard to the background check process so that all employees have completed their fingerprinting, background checks and clearances. Rehires are subject to clearance procedures when they have returned to work more than 6 months later.*

### Other Items

Other items noted during our review included: a facility vehicle did not contain a first aid kit; a rental vehicle used by the facility did not contain a first aid kit or a fire extinguisher; and computers used by youths were not screened for inappropriate references, requests, and content. In addition, the following items were not posted in

### ***Briarwood North (continued)***

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areas visible to youths, staff, and visitors: a list of prohibited items and contraband; youth schedules; and a description of the complaint process. Also, itineraries for facility organized group activities are not documented and filed with someone independent of the activity.

#### *Facility Response*

*All vans now contain a first aid kit and fire extinguisher. The maintenance person checks and maintains the emergency equipment on a scheduled basis or beforehand if needed. A list of contraband and a description of the complaint process have been posted visible to youths, staff, and visitors. Youth schedules have been posted visible to youths and staff. To improve screening of computer use, residents are provided with flash drives that are subject to random screening twice a month.*

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# Appendices

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## Appendix A

### Nevada Revised Statutes 218G.570 Through 218G.585

#### 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)

## Appendix A

### Nevada Revised Statutes 218G.570 Through 218G.585 (continued)

**NRS 218G.585 Duty of facilities to cooperate with inspection, review and survey.** Each governmental facility for children and private facility for children shall:

1. Cooperate fully with the Legislative Auditor or the Legislative Auditor's designee in the performance of his or her duties pursuant to NRS 218G.575 and 218G.580;

2. Allow the Legislative Auditor or designee to enter the facility and any area within the facility with or without prior notice;

3. Allow the Legislative Auditor or designee to interview children and staff at the facility;

4. Allow the Legislative Auditor or designee to inspect, review and copy any records, reports and other documents relevant to his or her duties; and

5. Forward to the Legislative Auditor or designee copies of any complaint that is filed by a child under the care or custody of a governmental facility for children or private facility for children or by any other person on behalf of such a child concerning the health, safety, welfare, and civil and other rights of the child.

(Added to NRS by 2009, 3)

## **Appendix B**

### **Glossary of Terms**

<b>Cheeking</b>	A method used to conceal medication administered to a youth.
<b>Child Welfare Facility</b>	Provides emergency, overnight, and short-term services to youths who cannot remain safely in their home or their basic needs cannot be efficiently delivered in the home.
<b>Civil and Other Rights</b>	This relates to a youth's civil rights, as well as his rights as a human being. It includes protection from discrimination, the right to file a complaint, replacement of missing personal items, and protection from racist comments.
<b>Correction Facility</b>	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.
<b>CPS</b>	Child Protective Services in Washoe County is part of the Department of Social Services, in Clark County it is part of the Department of Family Services, and in other counties it is part of DCFS.
<b>DCFS</b>	The Nevada Division of Child and Family Services.
<b>Detention Facility</b>	Provides short-term care and supervision to youths in custody or detained by a juvenile justice authority. Detention facilities may include restricted features, such as locked doors and barred windows.
<b>Federal Food and Drug Administration</b>	Federal Food and Drug Administration is a federal agency responsible for protecting public health by assuring the safety, efficacy, and security of medications. The agency is also responsible for determining if approved medications are no longer safe for administration to youths.
<b>Group Homes</b>	Provide safe, healthful group living environments in a normalized, developmentally supportive setting where residents can interact fully with the community. Used for children who will benefit from supervised living with access to community resources in a semi-structured environment. Generally consists of detached homes housing 12 or fewer children.

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

<b>Home Pass</b>	A home pass is a privilege earned by a youth and approved by a facility. During an approved home pass, youth can visit with his parent(s) or guardian(s) for a specified length of time. In general, passes do not occur on a facility's campus.
<b>Mandatory Reporter</b>	A mandatory reporter includes any person in his professional or occupational capacity who knows or has reasonable cause to believe that a child has been abused or neglected.
<b>Mental Health Facility</b>	Mental health facilities provide mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. Mental health facilities also provide services to behaviorally disordered youth. Services provided include a full range of therapeutic, educational, recreational, and support services by a professional interdisciplinary team in a highly structured, highly supervised environment.
<b>Privileges</b>	Items considered earned and not considered a right. Items considered privileges may include movies, recreation time, phone calls, and reading material.
<b>Residential Center</b>	Provide a full range of therapeutic, educational, recreational, and support services. Residents are provided with opportunities to be progressively more involved in the community.
<b>Resource Center</b>	A facility that provides more than one type of service simultaneously. For example, a facility that provides both treatment and detention services.
<b>Safety</b>	Anything related to the physical safety of youths. This includes physical security and environment, protection from inappropriate comments or contact by staff or another youth, and staffing issues.
<b>Staff-Secure</b>	Access out of the facility is limited by staff and not monitored by a secure system.
<b>Standing Order Form</b>	Physician approved order for over-the-counter medication a facility may administer to youths.

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

**Substance Abuse Treatment Facility**

Substance abuse treatment facilities provide intensive treatment to youths addicted to alcohol or other drug substances in a structured residential environment. Substance abuse facilities focus on behavioral change and services to improve the quality of life of residents.

**Sweep**

A method used to detect medication concealed in the mouth.

**Use of Force**

Use of force is a technique used to prevent a youth from harming themselves or others. Techniques include restricting or reducing the youth's ability to move.

**Welfare**

Anything related to the general well being of a youth. This includes education, wellness activities, and punishments or discipline.

**Youth**

The term youth is intended to describe children of all ages, including infants and adolescents.



## Appendix C

### Summary of Common Observations at Six Facilities Reviewed

Observations	Facilities
<b>Policies and Procedures</b>	
Policies and procedures were not developed, not complete, or needed to be updated	6
<b>Medication Administration Process and Procedures</b>	
Incomplete or unclear documentation of dispensed prescribed medication	5
Staff did not check for “cheeking” of medication	4
Over-the-counter standing order form needs to be developed or updated	4
Inconsistent or incomplete allergy information	3
Medication administration records needs to be revised or updated	2
Youths did not always receive prescribed medications timely	2
<b>Background Checks</b>	
No process or policy to address periodic or post employment background checks	5
Background checks based on social security numbers or names instead of fingerprints	2
Policies and procedures did not address hiring employees with a prior criminal history	2
<b>Complaints and Grievances</b>	
Youth did not always sign or no form for youth to sign to indicate they understand their right to file a complaint or grievance	3
Description of complaint or grievance process was not posted or visible to youth	3
<b>Other Significant Items</b>	
Youths not provided with a youth handbook or handbook provided needs to be revised or updated	4
List of prohibited items and contraband was not posted	3
Facility vehicle(s) did not contain a fully stocked first aid kit	3
Supervision of youths needs improvement	3

Source: Reviewer prepared from facility conclusions.

Note: This is not a comprehensive list of observations.

## Appendix D

### Nevada Facility Information Fiscal Year Ended June 30, 2010

Facilities	Background			Population for FY 2010		Staffing Levels	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Full-Time	Part-Time
Caliente Youth Center	State	Caliente	12 to 18	120	117	79	0
China Spring Youth Camp/Aurora Pines Girls Facility	State/Counties	Minden	12 to 18	65	59	38	1
Clark County Juvenile Detention Center	Clark County	Las Vegas	8 to 18	192	187	172	60
Douglas County Juvenile Detention Center	Douglas County	Stateline	8 to 18	15	6	8	1
Jan Evans Juvenile Justice Center	Washoe County	Reno	8 to 17	108	39	50	0
Leighton Hall	Various Counties	Winnemucca	8 to 17	24	9	12	2
Murphy Bernardini Regional Detention Center	Carson City	Carson City	8 to 18	22	10	15	6
Nevada Youth Training Center	State	Elko	13 to 20	140	130	105	0
Northeastern Nevada Juvenile Detention Center	Various Counties	Elko	8 to 17	24	8	11	0
Rite of Passage-Silver State Academy	Private	Yerington	14 to 18	225	181	117	17
Spring Mountain Youth Camp	Clark County	Las Vegas	12 to 18	100	99	59	22
Summit View Youth Correctional Center <sup>(1)</sup>	State	Las Vegas	14 to 18				
<b>Total - 12 Correction and Detention Facilities</b>				<b>1,035</b>	<b>845</b>	<b>666</b>	<b>109</b>

Facilities	Background			Population for FY 2010		Staffing Levels	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Full-Time	Part-Time
Don Goforth Resource Center	Various Counties	Hawthorne	8 to 17	32	12	6	14
Western Nevada Regional Youth Center	Various Counties	Silver Springs	13 to 18	32	15	19	3
<b>Total - 2 Resource Centers</b>				<b>64</b>	<b>27</b>	<b>25</b>	<b>17</b>

Facilities	Background			Population for FY 2010		Staffing Levels	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Full-Time	Part-Time
Carson Valley Children's Center	Private	Carson City	0 to 18	10	2	4	5
Child Haven	Clark County	Las Vegas	0 to 18	80	10	33	6
Kids' Kottage	Washoe County	Reno	0 to 18	82	40	38	25
WestCare-Emergency Shelter	Private	Las Vegas	10 to 17	20	12	10	1
<b>Total - 4 Child Welfare Facilities</b>				<b>192</b>	<b>64</b>	<b>85</b>	<b>37</b>

Facilities	Background			Population for FY 2010		Staffing Levels	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Full-Time	Part-Time
Adolescent Treatment Center	State	Sparks	12 to 17	16	16	21	1
Desert Willow Treatment Center	State	Las Vegas	6 to 18	58	46	110	0
Montevista Hospital	Private	Las Vegas	5 to 18	28	20	20	10
Oasis On-Campus Treatment Homes	State	Las Vegas	6 to 17	27	25	41	2
Spring Mountain Treatment Center	Private	Las Vegas	5 to 18	56	43	15	13
West Hills Hospital	Private	Reno	3 to 17	30	11	18	10
Willow Springs Center	Private	Reno	5 to 17	76	72	108	75
<b>Total - 7 Mental Health Treatment Facilities</b>				<b>291</b>	<b>233</b>	<b>333</b>	<b>111</b>

Facilities	Background			Population for FY 2010		Staffing Levels	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Full-Time	Part-Time
Nevada Homes for Youth	Private	Las Vegas	13 to 18	10	9	4	6
Vitality Center-ACTIONS of Elko	Private	Elko	12 to 17	13	2	26	0
WestCare-Young FACES <sup>(1)</sup>	Private	Las Vegas	13 to 17				
WestCare-Harris Springs Ranch	Private	Las Vegas	12 to 17	16	14	10	0
<b>Total - 4 Substance Abuse Treatment Facilities</b>				<b>39</b>	<b>25</b>	<b>40</b>	<b>6</b>

**Appendix D**  
**Nevada Facility Information**  
**Fiscal Year Ended June 30, 2010**  
(continued)

Facilities	Background			Population for FY 2010		Staffing Levels	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Full-Time	Part-Time
Boys Town Nevada - Homes	Private	Las Vegas	10 to 17	30	27	20	0
Briarwood North	Private	Sparks	12 to 20	42	30	29	7
Briarwood South	Private	Las Vegas	13 to 20	15	13	13	1
Casa de Vida	Private	Reno	12 to 25	15	6	5	4
City of Refuge	Private	Minden	Various	8	3	2	3
Eagle Quest of Nevada, Inc.	Private	Las Vegas	0 to 18	140	110	130	10
Family Learning Homes	State	Reno	5 to 18	20	20	17	2
Foundation for the Stars <sup>(2)</sup>							
Golla Home	Private	Carson City	6 to 18	6	2	2	0
Hand Up Homes for Youth	Private	Reno	13 to 18	12	12	11	2
London Family and Children's Services	Private	Las Vegas	0 to 17	18	11	0	28
Maple Star Nevada	Private	Statewide	0 to 21	279	106	55	106
New Vista Group Homes	Private	Las Vegas	8 to 21	8	6	8	6
R House Community Treatment Home	Private	Reno	6 to 18	7	5	2	3
Rite of Passage-Qualifying Houses	Private	Minden	14 to 18	16	11	3	0
SAFY	Private	Las Vegas	10 to 18	9	8	6	13
Sankofa Group, Inc.	Private	Las Vegas	8 to 18	18	18	12	3
St. Jude's Ranch for Children	Private	Boulder City	0 to 22	60	42	33	2
Unity Village	Private	Las Vegas	0 to 18	4	3	2	1
Visions, LLC <sup>(1)</sup>	Private	Elko	0 to 18				
<b>Total - 20 Group Homes</b>				<b>707</b>	<b>433</b>	<b>350</b>	<b>191</b>

Facilities	Background			Population for FY 2010		Staffing Levels	
	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Full-Time	Part-Time
Charles M. McGee Center <sup>(4)</sup>	Washoe County	Reno	8 to 17				
DayBreak Equestrian Center <sup>(3)</sup>	Private	Lund	12 to 18	16	4	10	0
Fresh Start Services, LLC <sup>(1)</sup>	Private	Las Vegas	10 to 18				
HELP of Southern Nevada Center	Private	Las Vegas	16 to 24	62	38	12	0
Horizon Academy	Private	Amargosa Valley	13 to 18	228	121	40	10
Just a Touch of Love, Inc.	Private	Las Vegas	17 to 25	20	2	3	4
Spring Mountain Residential Center	County	Las Vegas	13 to 18	12	10	7	2
White Pine Boys Ranch	Private	Lund	12 to 18	32	29	33	2
<b>Total - 8 Residential Centers</b>				<b>370</b>	<b>204</b>	<b>105</b>	<b>18</b>
<b>Total - 57 Facilities Statewide</b>				<b>2,698</b>	<b>1,831</b>	<b>1,604</b>	<b>489</b>

Source: Reviewer prepared from information provided by facilities.

- <sup>(1)</sup> Closed during the fiscal year ending June 2010 (four facilities).
- <sup>(2)</sup> Facility did not provide information.
- <sup>(3)</sup> Facility opened in February 2010.
- <sup>(4)</sup> Facility's residential services closed during the fiscal year ending June 2010. However, the facility has remained open for day program services.

**Appendix E**  
**Unannounced Nevada Facility Visits**

<b>Facility Name</b>	<b>Facility Type</b>	<b>Date of Visit</b>
Briarwood North*	Group Home	February 19, 2010
Maple Star Nevada	Group Home	March 18, 2010
Vitality Center-ACTIONS of Elko	Substance Abuse	April 21, 2010
Nevada Youth Training Center	Correction	April 22-23, 2010
Desert Willow Treatment Center	Mental Health	June 18, 2010
White Pine Boys Ranch	Residential Center	July 12, 2010

Source: Reviewer prepared from unannounced facility visits.

\* Indicates the facility was also reviewed.

## Appendix F

### Methodology

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To gain an understanding of Nevada Revised Statutes 218G.570 through 218G.585, we reviewed the Nevada Institute for Children's Research and Policy's report and the Federal Department of Justice investigation report, issued to the State of Nevada, on the Nevada Youth Training Center. In addition, we interviewed management of the Division of Child and Family Services and reviewed applicable state laws and regulations.

To identify facilities pursuant to the requirements of statutes, we reviewed state accounting records for facilities funded directly by the State and the Substance Abuse Prevention and Treatment Agency's website for facilities indirectly funded by the State. In addition, we reviewed the website of the Bureau of Health Care Quality and Compliance, formerly the Bureau of Licensure and Certification, for facilities licensed by the State. We also included a search of the internet for other potential facilities and reviewed youth placement information submitted monthly by certain local governments. Next, we contacted each facility identified to confirm if it met the requirements of statutes. For each facility confirmed, we obtained complaint or grievance policies and procedures, and copies of complaints filed by youth or other persons on behalf of a youth while in the care of a facility, since July 1, 2008. In addition, we requested specific facility information, such as funding source, staffing, and youth population.

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

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

## Appendix F

### Methodology (continued)

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Treatment criteria related to the mental health and behavior treatment of youth, not necessarily how a youth was treated on a daily basis. This included access to counseling, treatment plans, and progress through the program.

We distinguished between criteria for privileges, and civil and other rights. Specifically, we determined privilege criteria included items considered earned, such as movies, recreational time, phone calls, and reading material. We determined civil and other rights criteria included a right as a human being, such as protection from discrimination and racist comments, the right to file a grievance, and replacement of missing personal items.

Next, we developed a database to analyze and track complaints filed by each facility. Our analysis included: classifying complaints according to complaint type (e.g. health, safety, welfare); facility response; external referral or investigation; and whether the complaint resulted in a fatality or near fatality. To aid this process, we developed a data entry sheet that we used as a guideline to code complaints received monthly. Complaints coded to our database were analyzed prior to beginning a facility review. In addition, we developed database queries to manipulate and present useful complaint information within this report.

Next, we developed a plan to review facilities. We judgmentally selected a sample of facilities for review. Our selection was partially based on our assessment of risk and the type of facility. As reviews and not audits, our work was not conducted in accordance with generally accepted government auditing standards, as outlined in *Governmental Auditing Standards* issued by the Comptroller General of the United States, or in accordance with the *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

Reviews were conducted pursuant to the provisions of NRS 218G to determine if facilities adequately protected the health, safety, and welfare of children in the facility and whether facilities respected the civil and other rights of children in their care. Reviews included a review of policies, procedures, processes, and complaints filed since July 1, 2008. In addition, we discussed related issues and observed related processes with management, staff, and youths.

## Appendix F

### Methodology (continued)

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Issues discussed included: the facility in general, such as reporting of child abuse and neglect, staffing, background checks, youth records, and contraband prevention; fatalities or near fatalities; the complaint and resolution process; health, including the administration of medication, medical emergencies, and health assessments; safety, such as census, maximum capacity, use of force and de-escalation, fire safety, and transportation of youth; welfare, such as education, behavior, visitation, and room confinement; treatment, such as intake screening, mental health and substance abuse treatment, crisis intervention and suicide and runaway prevention; civil and other rights, such as discrimination, safekeeping of personal items, and religion; and privileges, such as activities on and off-campus. Observations included the security of the facility, the sufficiency of operating communication equipment, the security of youth records and personal items, administration of medication, youth sleeping areas, staff interaction, and visitation areas.

Reviews also included reviewing management information and a sample of files. Management information reviewed included: reports of child abuse and neglect, fatalities, or near fatalities; 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 youth files for evidence of a youth's acknowledgement of his right to file a complaint, medication administered, treatment plan, and emergency contacts.

In addition to facility reviews, we performed six unannounced facility visits. Unannounced facility visits included discussions with management and a tour of the facility. Discussions included medication administration, the complaint process, and education. Tours included all areas accessible to youths. A list of unannounced Nevada facility visits is contained in Appendix E, which is on page 57. During one of our unannounced site visits, we examined youth files for compliance with NRS 432B.607 through NRS 432B.6085. The law relates to emotionally disturbed youths ordered by a court to be treated at a mental health treatment facility and applies to youths in the custody of child welfare services placed in a locked facility on an emergency basis. The law establishes timeframes for placement and youth's rights. Our

## Appendix F

### Methodology (continued)

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examination included determining if the facility complied with the following timelines: certification of an emergency admission; notification of youths' rights; and a plan of care. Our examination also included determining if youths were notified of their rights. Based on our testing, we did not note any significant issues.

Our work was conducted from February 2010 to November 2010 pursuant to the provisions of NRS 218G.570 through 218G.585.

In accordance with NRS 218G.230, we furnished each facility reviewed with a conclusion letter. We requested a written response from management at each facility. A copy of each facility's review conclusion and summaries of managements' responses begins on page 11.

Contributors to this report included:

Sandra McGuirk, CPA  
Deputy Legislative Auditor

Jane Bailey  
Audit Supervisor

Michael G. Herenick  
Deputy Legislative Auditor