

STATE OF NEVADA

Review of Governmental and Private Facilities for Children

January 2017



Legislative Auditor
Carson City, Nevada

Review Highlights



Highlights of Legislative Auditor report on the Review of Governmental and Private Facilities for Children issued on January 18, 2017. Report # LA18-06.

Background

Nevada Revised Statutes 218G.570 through 218G.585 authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of governmental and private facilities for children.

As of June 30, 2016, we had identified 56 governmental and private facilities that met the requirements of NRS 218G: 20 governmental and 36 private facilities. In addition, 124 Nevada children were placed in 20 facilities in nine different states as of June 30, 2016.

NRS 218G requires facilities to forward to the Legislative Auditor copies of any complaint filed by a child under their custody or by any other person on behalf of such a child concerning the health, safety, welfare, and civil and other rights of the child. During the period from July 1, 2015, through June 30, 2016, we received 1,723 complaints from 30 facilities in Nevada. Twenty-six facilities reported that no complaints were filed during this time.

Purpose of Reviews

Reviews were conducted pursuant to the provisions of NRS 218G.570 through 218G.585. This report includes the results of our reviews of 4 children's facilities, unannounced site visits to 4 children's facilities, and a survey of 56 children's facilities. As reviews and not audits, they were not conducted in accordance with generally accepted government auditing standards, as outlined in *Government Auditing Standards* issued by the Comptroller General of the United States, or in accordance with the *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants.

The purpose of our reviews was to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities, and whether the facilities respect the civil and other rights of the children in their care. These reviews included an examination of policies, procedures, processes, and complaints filed since July 1, 2014. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from January 2016 through December 2016.

Review of Governmental and Private Facilities for Children January 2017

Summary

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

The policies, procedures, and processes at one of the four facilities reviewed were not adequate to provide reasonable assurance that they protect the health, safety, and welfare of the youths at the facility. We reported our concerns to this facility's licensing agency in August 2016 after our visits to the facility in June and July 2016.

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

Facility Observations

ART Homes' policies, procedures, and processes need substantial improvements related to: medication administration and documentation; ensuring treatment plans are complete and accurate; maintaining comprehensive personnel records related to background investigations and training; and ensuring the safety of the youths in its foster homes. There was no documentation of consent by the person legally responsible for the psychiatric care of the youths for any of the psychotropic medications administered to the three youths whose files we reviewed who were administered psychotropic medications. We also observed a filing cabinet in the ART Homes' office that was filled with expired and unexpired psychotropic medications and expired non-psychotropic prescription medications, including physicians' samples. All nine treatment plans reviewed were missing signature, dates, and the number of approved hours of Medicaid treatment services. Finally, ART Homes did not comply with NRS 424.135, which requires comprehensive personnel records, and was unable to provide 8 of 11 clearance letters upon our request. Clearance letters provide evidence that employees or potential employees have satisfactorily completed the background investigation process. (page 6)

Three of the four facilities reviewed for this report needed to improve their processes and procedures for obtaining consent to administer psychotropic medications to youths from the persons legally responsible for the psychiatric care of each youth. One of the facilities' forms for obtaining consent did not include the information required by statute, and its policy did not address all the required elements of a consent. The other two facilities were missing signed consent forms for one or more youths whose files indicated they received psychotropic medications while at the facilities. (page 8)

Three of the four facilities reviewed did not have evidence that employees who are statutorily required to attend medication administration training had received the training in the timeframe required. At these three facilities, there was no evidence in half (13 of 26) of the employees' files that they had received the training in the timeframes required. NRS 424.0365 and NRS 63.190 require employees who have direct contact with youths to receive certain training, including the administration of medication, within 30 days of employment and annually thereafter. There was no evidence two employees received any medication training even though they had worked at the facility for 3 and 5 years. Another employee had not received training since 2012, and another was missing evidence of training between January 2011 and May 2015. (page 9)

All four of the facilities reviewed either did not complete youths' treatment plans timely or the treatment plans were incomplete. In addition, two of the facilities did not review treatment plans periodically or have updated treatment plans in the youths' files. (page 10)

STATE OF NEVADA
LEGISLATIVE COUNSEL BUREAU

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

LEGISLATIVE COMMISSION (775) 684-6800
MICHAEL ROBERSON, *Senator, Chairman*
Rick Combs, *Director, Secretary*

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



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

BRENDA J. ERDOES, *Legislative Counsel* (775) 684-6830
ROCKY COOPER, *Legislative Auditor* (775) 684-6815
SUSAN E. SCHOLLEY, *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 is to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care.

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

Respectfully submitted,

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

Rocky Cooper, CPA
Legislative Auditor

December 30, 2016
Carson City, Nevada

STATE OF NEVADA
REVIEW OF GOVERNMENTAL AND PRIVATE FACILITIES FOR CHILDREN
JANUARY 2017

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INTRODUCTION

This report includes the results of our work as required by Nevada Revised Statutes 218G.570 through 218G.585. The report includes the results of our reviews of 4 children's facilities (page 11), unannounced site visits to 4 children's facilities (page 67), and a survey of 56 children's facilities (pages 64 - 66).

BACKGROUND

Nevada Revised Statutes (NRS) authorize the Legislative Auditor to conduct reviews, audits, and unannounced site visits of governmental children's facilities. In addition, NRS authorizes the Legislative Auditor to conduct reviews and unannounced site visits of private children's facilities. Copies of NRS 218G.500 through 218G.535 and NRS 218G.570 through 218G.585 are included in Appendix A of this report.

Number and Types of Facilities

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

As of June 30, 2016, we had identified a total of 56 governmental and private facilities that met the requirements of NRS 218G: 20 governmental and 36 private facilities. Exhibit 1 lists the types of facilities located within Nevada and the total capacity of each type as of June 30, 2016.

Exhibit 1

**Summary of Nevada Facilities
As of June 30, 2016**

Facility Type	Number of Facilities	Population		Staffing Levels	
		Maximum Capacity	Average Population	Average Full-time	Average Part-time
Correction and Detention Facilities	12	897	589	511	58
Child Welfare Facilities	4	198	145	120	71
Mental Health Treatment Facilities	8	372	253	421	65
Substance Abuse Treatment Facilities	4	51	40	56	8
Group Homes	12	200	166	127	30
Residential Centers	3	309	108	61	5
Foster Care Agencies	13	751	520	182	68
Total – Facilities Statewide	56	2,778	1,821	1,478	305

Source: Reviewer prepared from information provided by facilities.

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

- Correction facilities provide custody and care for youths in a secure, highly restrictive environment who would otherwise endanger themselves or others, be endangered by others, or run away. Correction facilities may include restrictive features, such as locked doors and barred windows.
- Detention facilities provide short-term care and supervision to youths in custody or detained by a juvenile justice authority. Detention facilities may include restrictive features, such as locked doors and barred windows.
- Child welfare facilities provide emergency, overnight, and short-term services to youths who cannot remain safely in their homes or their basic needs cannot be efficiently delivered in the home.
- 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 structured, highly supervised environment.

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

In addition to youths placed in facilities within the State of Nevada, an additional 124 youths were placed in out-of-state facilities by a District Court or the State as of June 30, 2016. Nevada youths were placed in 20 different facilities in nine different states across the United States. In general, a youth may be placed in an out-of-state facility because the youth has been denied placements within the State, the youth has a combination of diagnoses that cannot be treated in Nevada, the youth has been diagnosed with sexual victimization or abusiveness, or the youth is aggressive.

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

Exhibit 2

**Summary of Nevada Youths Placed in Out-of-State Facilities
As of June 30, 2014, 2015, and 2016**

Placing Entity	As of June 30, 2014	As of June 30, 2015	As of June 30, 2016
1 st Judicial District Court (Carson City and Storey County)	3	4	7
2 nd Judicial District Court (Washoe County)	23	46	29
3 rd Judicial District Court (Lyon County)	6	10	5
4 th Judicial District Court (Elko County)	1	0	1
5 th Judicial District Court (Esmeralda and Nye Counties)	4	4	9
6 th Judicial District Court (Humboldt County)	2	1	1
7 th Judicial District Court (Eureka, Lincoln, and White Pine Counties)	1	0	1
8 th Judicial District Court (Clark County)	33	20	25
9 th Judicial District Court (Douglas County)	0	0	1
State of Nevada Division of Child and Family Services	32	40	45
Total	105	125	124

Source: Reviewer prepared from information provided by entities.

Complaints

NRS 218G requires facilities to forward to the Legislative Auditor copies of any complaint filed by a child under their custody or by any other person on behalf of such a child concerning the health, safety, welfare, or civil and other rights of the child.

During the period from July 1, 2015, through June 30, 2016, we received 1,723 complaints from 30 facilities in Nevada. Twenty-six facilities in Nevada reported that no complaints were filed by youths during this time. We also received complaint information from out-of-state facilities.

SCOPE, PURPOSE, AND METHODOLOGY

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

The purpose of our reviews was to determine if the facilities adequately protect the health, safety, and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care. These reviews included an examination of policies, procedures, processes, and complaints filed since July 1, 2014. In addition, we discussed related issues and observed related processes during our visits. Our work was conducted from January 2016 through December 2016.

A detailed methodology of our work can be found in Appendix F of the report, which begins on page 68.

FACILITY OBSERVATIONS

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

The policies, procedures, and processes at one of the four facilities reviewed were not adequate to provide reasonable assurance that they protect the health, safety, and welfare of the youths at the facility. We did not note anything to make us question whether the facility respects the civil and other rights of the youths in its care.

Many of the facilities had common weaknesses. Appendix C, on page 63, contains a partial listing of the more common weaknesses found at the four facilities reviewed.

We also conducted unannounced site visits to four children's facilities and did not note anything that caused us to question the

health, safety, welfare, or protection of the rights of the children in those facilities.

One Facility's Processes Not Adequate

ART Homes' policies, procedures, and processes need substantial improvements related to: medication administration and documentation; ensuring treatment plans are complete and accurate; maintaining comprehensive personnel records related to background investigations and training; and ensuring the safety of the youths in its foster homes.

ART Homes is a privately operated foster care agency located in Las Vegas. ART Homes is licensed by the Clark County Department of Family Services. ART Homes did not respond to our survey of facilities for the fiscal year 2016. However, as of June 30, 2015, ART Homes reported it had a maximum capacity of 22 youths and a staff of seven full-time employees. ART Homes also reported it serves youths from birth to 18 years of age.

We reported our concerns to ART Homes' licensing agency in August 2016 after our visits to the facility in June and July 2016.

Medication records for 3 of the 10 youths whose files we reviewed indicated they were prescribed and taking psychotropic medications while at ART Homes. There was no documentation of consent by the person legally responsible for the psychiatric care of the youths for any of the psychotropic medications administered.

During our review, we observed a filing cabinet in the ART Homes' office that was filled with medications. All but one of the drawers of the cabinet were unlocked, and the room was unlocked. ART Homes did not have a list of the medications, but we inventoried the drawers that were unlocked and found expired and unexpired psychotropic medications and expired non-psychotropic prescription medications, including physicians' samples. The following pictures are examples of some of the medications found in the unlocked drawers of the filing cabinet.



Source: Reviewer photographs.

ART Homes' policies are missing several of the policies required by NRS 424.0385. These include: documenting the orders of the treating physician; storing, handling, and disposing of unused, wasted, or expired medications; documenting the administration of medication and any errors in the administration of medication; minimizing errors in the administration of medication; and addressing errors in the administration of medication.

ART Homes' staff did not comply with its policies for treatment plans. All of the nine treatment plans reviewed were missing

signatures, dates, and the number of approved hours of Medicaid treatment services. Four of the youths' files were missing at least one updated treatment plan. Two of the nine service intensity instruments, or intake assessments, contained mathematical scoring errors.

ART Homes did not comply with NRS 424.135, which requires comprehensive personnel records. ART Homes was unable to provide 8 of 11 clearance letters upon our request, although it did obtain copies from its licensing agency. Clearance letters provide evidence that employees or potential employees have satisfactorily completed the background investigation process. In addition, ART Homes has not developed policies and procedures addressing suicide prevention, or crisis and non-medical emergencies.

The complete report on ART Homes begins on page 47. ART Homes did not respond to our review.

SERIOUS CONCERNS ABOUT MEDICATION ADMINISTRATION AND MENTAL HEALTH SERVICES

In this report, we note concerns that could potentially impact the health and safety of children at several of the facilities reviewed. These concerns are related to facilities' compliance with state law requiring the consent of the person legally responsible for the psychiatric care of children prior to administering psychotropic medications. In addition, we found no evidence that half of the staff at three of the four facilities had received statutorily mandated medication administration training. Furthermore, all four facilities either did not complete youths' treatment plans timely, the treatment plans were incomplete, or the treatment plans were not reviewed and updated periodically. A copy of this report or a link to this report on the Audit Division's website has been sent to all 56 facilities listed in Appendix D, which begins on page 64, and their licensing agencies.

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

Three of the four facilities reviewed for this report needed to improve their processes and procedures for obtaining consent to administer psychotropic medications to youths from the persons legally responsible for the psychiatric care of each youth. One of the facilities' forms for obtaining consent did not contain the information required by statute and its policy did not address all the

elements of a consent required by state law. The other two facilities were missing signed consent forms for one or more youths whose files indicated they received psychotropic medications while at the facilities.

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

This concern has been repeated during several of our recent facility reviews. In our last report, issued in May 2016, we reported that three of the five facilities reviewed for that report needed to improve their processes and procedures for obtaining consent to administer psychotropic medications to youths. Two of those facilities' forms for obtaining consent did not contain the information required by statute, and the third's policies required the youth to sign the form rather than the person legally responsible.

Records Lack Evidence of Required Medication Training

Three of the four facilities we reviewed did not have evidence that employees statutorily required to attend medication administration training had received the training in the timeframe required.

NRS 424.0365 and NRS 63.190 require employees who have direct contact with youths to receive certain training, including the administration of medication, within 30 days of employment and annually thereafter.

At these three facilities, there was no evidence in half (13 of 26) of the employees' files we reviewed who were required to have medication training that they had received the training in the timeframes required. For example, there was no evidence two employees received any medication training even though they had

worked at the facility for 3 and 5 years. At another facility, one employee had not received training since 2012 and another was missing evidence of training between January 2011 and May 2015. At the third facility, there was no evidence one employee had received medication training during the 14 months employed, and another employee received training 10 months after hire, or 9 months late.

Treatment Plan Development Needs Improvement

All four of the facilities we reviewed either did not complete youths' treatment plans timely or the treatment plans were incomplete. In addition, two of the facilities did not review treatment plans periodically or have updated treatment plans in the youths' files.

Some of the problems we found at the four facilities included:

- All nine of the treatment plans we reviewed at one facility were incomplete, missing signatures, dates, and the number of approved hours of Medicaid treatment services. Four of the nine youths' files were missing at least one updated treatment plan.
- Two of ten plans were missing from youths' files at another facility, and seven of the eight plans we found were completed an average of 16 days later than allowed by the facility's policies. Five of the youths' files were missing evidence of updated treatment plans for 2 to 6 months, even though policies required updates every 30 days.
- Two of ten plans were not signed by the patient, parent or guardian at a third facility, and three of ten were not signed by the physician until after the youths were discharged.
- One of four treatment plans at the fourth facility was completed 45 days later than the facility's policies allowed. In addition, we could not determine if a fifth youth should have had a treatment plan because intake documentation was incomplete.

REPORTS ON INDIVIDUAL FACILITY REVIEWS

This section includes the results of reviews at each of the four facilities. Exhibit 3 lists the facilities and shows their locations. These results were provided to each facility and a written response was requested. A summary of each facility's response is included after each applicable issue. ART Homes did not respond to our letter of review results.

Exhibit 3

Map of Facilities Reviewed



Caliente Youth Center

Background Information

Caliente Youth Center (CYC) is a juvenile correctional facility located in Caliente, Nevada. CYC is a state funded facility serving male and female youths; it is operated by the state's Division of Child and Family Services, Juvenile Justice Services. CYC's mission is to enhance community safety by promoting positive change, positive life outcomes and accountability for the youth in its care and custody by investing in highly qualified team members and a service continuum that engages youth, families and communities in services that support positive youth development.

As of June 30, 2016, CYC:

- Served male and female youths between the ages of 12 and 21.
- Had a maximum capacity of 140 youths.
- Had an average daily population of 133 youths with an average length of stay of 8 months.
- Had an average of 79 full-time staff.

Purpose of the Review

The purpose of our review was to determine if Caliente Youth Center adequately protects the health, safety, and welfare of the children at CYC 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, 2014, through March 30, 2016. We discussed related issues and observed related processes during our visit in April 2016.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the Caliente Youth Center provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility and respects the civil and other rights of youths in its care. Caliente Youth Center could improve its policies and procedures in several areas, including medication administration and

Caliente Youth Center (continued)

documentation, mental health services, background investigations, safety issues, and youths' rights.

Principal Observations

Medication Administration and Mental Health Services

CYC needs to improve its policies and procedures, ensure employees follow the policies and procedures, and better document compliance with certain laws and Division of Child and Family Services (DCFS) policies related to medication administration.

There was no evidence in five employee files that they received required training on medication administration. NRS 63.190 requires each employee who has direct contact with children to receive certain training, including the administration of medication to children, within 30 days after employment and annually thereafter. Of the 10 employees whose files we tested, 2 were not required to have medication administration training. Five of the remaining eight employee files were missing documentation that they received the required training. According to the documents found in the employees' files:

- There was no evidence in one employee's file that she had received medication administration training since 2012.
- There was no evidence in one employee's file that he received medication administration training between January 2011 and May 2015.
- There was no evidence in one employee's file that he received medication administration training between February 2013 and May 2015.
- There was no evidence one employee received his initial medication administration training, which was 12 days past due at the time of our testing.
- Another employee's file contained evidence the employee received initial medication administration training 5 months after being employed, which is 4 months past due.

Caliente Youth Center (continued)

The lack of training for some employees may have contributed to documentation errors found in the youths' medication files. Of the 10 youths' medication files we reviewed, 3 were prescribed and taking medication when admitted to CYC. Two of the three youths' intake documentation contained errors related to their prescriptions.

- The discharging facility's prescription information showed the youth was prescribed an extended release medication, while the youth's medication administration record from the facility showed he was taking the same medication, but not in the extended release form. There was no evidence in the youth's file that CYC noted the discrepancy or contacted the discharging facility to determine the correct type of medication. Rather, CYC continued to administer the non-extended release form of the medication for more than a month.
- The second youth's file showed he received the correct medication as a routine medication. However, information from the discharging facility showed the youth should have received the medication as needed and not on a routine basis. The documentation from the discharging facility included a copy of the physician's prescription and the medication administration record.

Other documentation errors noted for the six youths whose files we reviewed and who received prescription medication while at CYC included:

- Seven of the thirty-six medication administration records reviewed had at least one blank space for one or more medications on one or more days. A blank space may mean the staff forgot to initial the medication administration record or the youth refused the medication or did not receive the medication for some other reason.
- Some of the medication administration records were missing other information, such as the name of the staff person who administered the medication or the month and year the medication was administered.

Two of the youths' files showed there was a significant amount of time between when a doctor prescribed medication or changed a

Caliente Youth Center (continued)

prescription and when the youths began receiving the medications or new dosage of medications. For example, one youth's prescription was changed from twice a day to three times a day, but the youth did not receive the increased dose until a week after the doctor's orders. The doctor then changed the prescription back to twice a day, but the youth continued to receive the medication three times a day for more than 7 weeks after the doctor changed the dosage. The other youth's medication administration record did not reflect the doctor's change in the dosage amount for 20 days.

CYC's process for disposing of expired or unused medications is not consistent with DCFS's Juvenile Justice policy for disposal of medication. The Juvenile Justice policy requires the disposal of controlled substances be witnessed by two staff and medications in blister packs be returned to the pharmacy for disposal. However, CYC uses contractors to dispose of unused medications. CYC has not developed a standard operating procedure for staff to implement the Juvenile Justice policy. According to DCFS's policy, a standard operating procedure establishes requirements for the staff to ensure local compliance with DCFS policies.

Documentation of mental health treatment plans and updates and treatment received by youths needs to be improved. First, there was no documentation a treatment plan was prepared for 2 of the 10 youths whose files we reviewed. In addition, seven of the eight treatment plans that were in the youths' files were prepared later than DCFS's or CYC's policies allow. DCFS's Juvenile Justice Services statewide policy and CYC's policy both require initial treatment plans be developed within 30 days. The seven treatment plans were finalized between 3 and 36 days late and an average of 16 days late.

Further, both policies require the treatment plans be reviewed every 30 days and CYC's policy requires treatment plans be updated every 30 days. Of the eight youths who had initial treatment plans documented in their files, five files were missing evidence of updated treatment plans for 2 to 6 months.

Finally, CYC has not developed a process or a procedure to document mental health services provided to youths by an independent contractor. According to CYC staff, the contractor provides various mental health services including aftercare planning and placement services. However, CYC could not provide

Caliente Youth Center (continued)

a list of youths receiving services, and there was no evidence in any of the 10 youths' files we reviewed that they received any services from the contractor.

Facility Response

In all areas of medication administration, having a fully staffed Nursing Department is critical. Due to challenges in recruitment and an extended issue with a workman's compensation case, CYC was only able to maintain one of the three nursing positions for 16 of the 21 months covered in this review. In early 2016, CYC and DCFS implemented changes to pre-employment procedures to accelerate the hiring process, and, in late 2016, the pending workman's compensation issue resolved itself after 18 months, opening the third position for recruitment. CYC now has two very qualified nurses and anticipates having the third position filled by the first of the year. Between the review and this response, the DCFS – Juvenile Services Director of Nursing was able to assist with some shifts and operations, traveling from his duty state of Las Vegas to Caliente when needed. In the future, if there are similar instances of nursing staff shortages, CYC will work in a more coordinated way with the Department of Health and Human Services' agencies to minimize any negative effect on medication management at the facility.

Regarding training, only specific positions currently administer medications to youth. In the absence of an on-duty nurse, the dispensing of medication is the responsibility of the Shift Supervisor, which will be one of our four Assistant Head Group Supervisors or seven Group Supervisor IV's, who serve as Head Group relief. The Medication Administration and Management policy, approved on June 30, 2015, contains 26 specific points that must be trained on thoroughly and should be performed by qualified medical staff. CYC focused all formal training efforts on the four Assistant Heads and seven GS IV's. The first DCFS Juvenile Justice Director of Nursing traveled to CYC and conducted an orientation and training session with our specified staff immediately prior to resigning. Our current Director of Nursing has since developed an adequate training curriculum to meet the standards of the Division

Caliente Youth Center (continued)

Facility Response (continued)

policy. That training includes demonstrated skills training, including a Medication Administration Clinical Skills Checklist to meet this need. He has also developed a Monthly Nursing Training Agenda. The Director of Nursing has visited the CYC campus approximately six times since June and has offered to assist with training our Shift Supervisors by the first of the year and we will then provide training for the rest of our staff. The former Training Officer states that all staff have completed the previously available on-line Medication Administration course, but it is not adequate for the new policy.

Immediately following the site visit and review, our Correctional Nurse II and our Training Officer provided Medication Administration Record (MAR) training for our Shift Supervisor group to ensure thorough and accurate documentation in the MAR binders. Again, we focused training efforts on this group, as no other staff are involved in distributing medications. Twelve random MAR's were reviewed for the month of October 2016, and there were no blank spaces or discrepancies. Now that there is a new training curriculum, all staff will be trained on their responsibilities within 90 days. The Assistant Superintendent and the Director of Nursing will complete regular spot checks of MAR's to ensure continued compliance with the policy and procedure.

While there is a natural delay between a doctor's prescription, ordering the medication, and having the medication delivered, properly sorted, and charted, that delay should not be as significant as the review found. In addition to successfully adequately staffing the Nursing Department, CYC has implemented assistance from the facility Mental Health Counselors and administrative staff to assist in charting new doctor orders, setting up the MAR binders, making parental notifications, triple checking pharmacy orders, and meeting the other requirements of the policy. Having additional nurses and multiple people involved in charting and recording the orders has reduced the possibility of any changes being overlooked. Additional support for the nursing staff has been effective.

Caliente Youth Center (continued)

Facility Response (continued)

Neither the local pharmacy nor the local hospital can provide the service of medication disposal. CYC established a contract with a private vendor to provide medication disposal services. The Nurse, Superintendent, and Assistant Superintendent jointly perform the contractor protocols for disposal. Unused blister packs of medication are returned to the pharmacy for reimbursement. CYC is currently drafting a Standard Operating Procedure noting the contracted services procedure and ensuring that the local procedure is in compliance with the statewide policy with minimal deviations. The Deputy Administrator has asked for the initial draft by January 6, 2017.

Following the site visit and review, the Mental Health Department was directed to place focus on the timelines for treatment plan formulations. The Mental Health Counselors (MHC's) are instructed to make every effort to make contact with the parent or guardian of each youth for input in developing the individualized treatment plans. New youth go through a 14-day training program before being permanently assigned to a treatment group and the MHC's had established a practice of waiting until group assignment to begin developing treatment plans. We have instructed the Group Leader of each unit to take an active role assisting the MHC in making contacts and gathering available information to ensure the initial treatment plan is prepared within the 30-day timeframe. The Group Leader will also work with the assigned MHC to ensure that treatment plan updates and alterations are documented following the monthly Treatment Team Meeting. A review of October admissions showed 18 of the 19 youths had plans within the 30-day requirement. The one that did not meet the 30-day requirement was completed within 37 days of admission. This will be incorporated into the internal annual quality assurance process.

All youth receiving services from the contractor are discussed monthly via a video conference with Youth Parole, the contract clinicians, and the facility Mental Health Department. The contract clinicians do not have access to

Caliente Youth Center (continued)

Facility Response (continued)

UNITY (Unified Nevada Information Technology for Youth) to make case notes for their individual clients. CYC has implemented a system of having a staff member transfer the contractor's written notes to UNITY for proper documentation. A random check of recent case notes indicate that CYC is regularly entering the contracted mental health services notes into UNITY within 10 business days.

Background Investigations

Although CYC obtains fingerprints for criminal history background checks as required by NRS 62B.270, DCFS processes the fingerprints under NRS 179A and NRS 449. NRS 179A contains provisions allowing governmental agencies in general to obtain background check results on prospective employees and does not contain specific criteria the prospective employees must meet. NRS 449 applies to medical facilities. A similar issue was addressed in our May 2016 report on Nevada Youth Training Center. DCFS's policy requires background checks of prospective employees and requires termination if the criminal history search reveals arrests or convictions deemed inconsistent with employment by DCFS or as required by NRS 62B.275. However, it does not require DCFS staff to submit the fingerprints listing NRS 62B.275 as the authority for the background checks.

DCFS management explained to us that they require prospective employees to be subject to two background checks: an initial one using NRS 179A and NRS 449, and a subsequent one using NRS 62B. However, we found no evidence of background check results using NRS 62B in any of the 10 employee's files we reviewed. As a result, DCFS staff must screen the background check results obtained under NRS 179A rather than the results being screened by the Criminal History Repository for the requirements in NRS 62B.275. Since the DCFS policy only lists the statute and does not include a list of the disqualifying convictions, staff must research the results of each background check after looking up the appropriate statute.

Background check results from NRS 449 are screened by the Criminal History Repository, but the requirements of NRS 449 are

Caliente Youth Center (continued)

slightly different than those of NRS 62B. For example, NRS 62B prohibits employment of a person if they have a conviction for violation of any federal or state law regulating the possession, distribution or use of any controlled substance or dangerous drug; NRS 449 prohibits employment only if the person was convicted of those crimes in the immediately preceding 7 years. NRS 449 prohibits the employment of a person with a conviction in the past 7 years of an attempt or conspiracy to commit any of the offenses listed in NRS 449.174; NRS 62B does not prohibit employment of persons convicted of an attempt or conspiracy to commit any of the offenses listed in NRS 62B.270.

Facility Response

CYC staff do not coordinate the background process for facility staff. The DCFS central office processes all hiring paperwork, including ensuring that the appropriate background screen is executed. As such, the following response was authored by the DCFS Human Resource Officer.

This response is intended to clarify the background investigation process of the DCFS – CYC. DCFS Human Resources (HR) does, in fact, run all employees at CYC under NRS 62B.270. It is the process of DCFS HR to run potential candidates under a no-cost account which processes the fingerprints under NRS 179A and NRS 449. This background check is performed for the mere fact that it is free of charge, as to not strain a potential candidate. When the background results are received from this account check, DCFS HR screens the results against NRS 62B.270 to ensure that the person has no prohibited convictions. Before an offer of employment is made, DCFS runs another check to further ensure candidates do not have any prohibited convictions. After a job offer is made and the candidate becomes employed by CYC, they are sent within 2 weeks for another background investigation under NRS 62B.270 in order to maintain compliance. DCFS HR maintains a background log for all Juvenile Services employees, to act as a tracking mechanism to ensure that employees complete a background check under NRS 62B.270, and that those results are received. Background investigation results and files for all DCFS employees,

Caliente Youth Center (continued)

Facility Response (continued)

including CYC employees, are maintained in the DCFS Central Human Resources office located in Carson City. Therefore, DCFS HR ensures that all CYC prospective employees' background investigations are properly processed and in compliance with NRS 62B.275.

Reviewer's Comments

None of the ten employees' files reviewed at the Carson City DCFS Central Human Resources office in Carson City contained evidence that DCFS HR had conducted a background check, either before or after the employee was hired, using NRS 62B.270 as the relevant statute.

Safety Issues

During the review, we noted several safety issues including lack of standard operating procedures, outdated procedures, or not complying with procedures.

CYC did not always comply with staff-to-youth ratios required by CYC's and DCFS's policies. Policies require staffing ratios of 1:8 during awake hours and 1:16 during sleep hours. However, we observed ratios of 1:10 and 1:19 during awake hours. In addition, CYC's documented ratios included ratios as high as 1:21 during awake hours and 1:22 during sleep hours. Management stated they have been unable to maintain required staffing ratios because of staff vacancies. CYC's organization chart, dated April 11, 2016, showed the facility had a 15% vacancy rate. A review of the states' Human Resources Data Warehouse showed the vacancy rate at 11% as of October 15, 2016. Other instances of noncompliance with policies included:

- Staff did not censor incoming mail for contraband as required by policy. CYC's policy requires all mail be opened by the youths in the presence of a staff member. According to CYC's management, staff only censor mail for youths who have a history of contraband possession.

Caliente Youth Center (continued)

- Staff in one of the three cottages we visited did not have facility keys in their possession as required by CYC's policies. In addition, the keys in the storage cabinet were in disarray. According to management, CYC's key storage policy has not been followed for the past 3 years. CYC's policies require on-duty staff to have facility keys in their possession at all times, and management is to inventory, securely store, and check all keys and locks daily.
- Staff did not comply with CYC's fire prevention procedures which require all staff ensure fire control equipment is checked regularly. One of the fire extinguishers observed in one of the three cottages we visited did not contain evidence of any inspections; another fire extinguisher in the same cottage indicated it needed to be recharged.
- The policy regarding completion of face sheets at intake does not require staff to complete all of the sections and does not mention the gang affiliation section of the face sheet used by CYC. The policy, effective in 2012, lists the components of the face sheet, but does not provide instructions to enter "unknown," "none" or "not applicable" in sections that might not have an entry, like medications, allergies, or distinguishing features. We reviewed 10 youths' face sheets and found all 10 contained blank spaces. A blank space may mean either staff forgot to complete the section, staff did not know the information to enter, or the section may not apply to the youth.
- CYC has not formally adopted policies related to the Prison Rape Elimination Act of 2003 (PREA). The policies have been developed, but they do not have an effective date, an issue date, or the date they were approved by DCFS. In addition, our review of 10 youths' files showed no evidence CYC complied with certain sections of PREA or CYC's draft policies. For example, PREA standards adopted by the federal Department of Justice and CYC's draft policies require youths be screened for vulnerability for victimization and for sexually aggressive behavior within 72 hours of arrival at the facility. None of the 10 youths' files we reviewed contained evidence they had received this screening.

Caliente Youth Center (continued)

- Some documented processes specific to CYC have not been updated since 2004 and some have not been approved and adopted as standard operating procedures. For example, “post orders” for hostage situations, disturbance management, and hazardous chemicals were all dated and last reviewed in August 2004, and none have been officially adopted as standard operating procedures. In addition, CYC’s “Safety Program and Evacuation Plans for Fire and Bomb Threats” and “Facility Emergency Plan” were last reviewed in 2005, although they have been adopted as standard operating procedures.
- The established contraband list is not documented in a standard operating procedure. A list of prohibited items and contraband is posted at the facility, and the Student Orientation and Training Manual and the youth handbook provided to youths address some items considered to be contraband. However, the list is not documented in the approved procedures used by staff.

Facility Response

The PREA required staffing ratios of 1:8 and 1:16 go into effect in October of 2017. Now that DCFS has hired a Statewide PREA Coordinator, CYC is working closely with her to submit and review staffing plans to ensure adherence to the PREA ratios. In conjunction with regularly submitted staffing plans, CYC will be documenting any deviations from the PREA ratios to enact strategies to avoid future deviations from the required ratios. Those strategies may include, but are not limited to: cottage assignments, shift assignments, changes in youth movement or schedules, youth population adjustments, and requesting additional appropriations for staff in the future.

CYC has been unable to identify what supervisor may have relayed this information and believe there may have been confusion over incoming and outgoing mail. CYC utilizes a very structured group mail call procedure wherein the group organizes their requests, stand silently along the interior wall and staff call them to the desk one at a time, issuing them mail and other requested items (hygiene, envelopes, etc.).

Caliente Youth Center (continued)

Facility Response (continued)

Youth open their mail at the desk when issued by staff before the next youth is called to the desk. All unit managers report that their teams consistently use this process, but have been instructed to address the procedure with the teams and groups. DCFS adopted an updated Youth Correspondence Policy in September of 2016 which now allows for inspection of both incoming and outgoing mail. In the event the correspondence policy is violated or contraband is found, an incident report is completed. The referenced CYC key exchange policy wherein each employee traded a "chit" for their assigned cottage key was ineffective in meeting the shift change needs of the facility, primarily by preventing timely relief of the out-going shift. CYC will formulate a Standard Operating Procedure in compliance with the DCFS Key Control Policy and current practice and routing. The policy is due to the Deputy Administrator by January 6, 2017.

CYC contracts with a fire safety company to annually inspect and service all facility fire extinguishers. Invoices indicate that the contractor was on site and certified all extinguishers on August 4, 2015, and August 5, 2016. In between annual checks our Maintenance Department conducts a monthly safety inspection which includes the inventory and inspection of all fire extinguishers. If an extinguisher is discovered to have an issue, it will be replaced with a newly purchased unit and will not be tagged with the contracted proof of inspection until the contracted fire safety company does the next site visit. These monthly checks will be logged and reviewed by the CYC Administrative Services Officer, noting any instances of needing to replace an extinguisher.

We will establish an updated Standard Operating Procedure regarding completion of face sheets to include the gang affiliation portion and instructions for leaving no blank spaces. The Administrative Assistant I has been tasked with finalizing all face sheets before entry into the data base and will ensure that all possible information is included in compliance with the new procedure and ensuring nothing is left blank.

Caliente Youth Center (continued)

Facility Response (continued)

Since the review, DCFS has hired a Statewide PREA Coordinator. This Coordinator has been instrumental in helping CYC execute the requirements of PREA. The Statewide PREA Policy was approved and signed by management in July of 2016. CYC submitted the proposed PREA Standard Operating Procedure in September 2016 and again at the end of November after feedback from the PREA Coordinator. The PREA Coordinator is currently doing a final review to make sure the CYC procedure is compliant with the Statewide Policy and the PREA Regulations. At the time of the review, the State had not found a validated tool for the initial youth screening. CYC contacted the state of Washington and obtained a screen to use temporarily. Nevada developed a screening tool and it was implemented statewide in September 2016. CYC has ensured that every youth was screened using one of the two screening tools beginning in April 2016. At that time, we conducted the screening interview with every youth in residence regardless of date of entry. From that point forward, every youth received the Risk Assessment within the first 72 hours of admission. As these documents are deemed confidential, we have not placed them in the youth's master files to this point in time. The facility PREA Compliance Manager has kept them in a separate file for confidentiality.

DCFS adopted a Statewide Disaster Plan Policy in November 2016. That policy requires all DCFS facilities to submit updated Disaster Plans and the deadline for submission of those plans is February 1, 2017. As it relates to the contraband list and other "post orders", CYC is working to convert the internal facility policies and procedures into the Standard Operating Procedure format. The new DCFS policy making process is more structured than before, providing guidance to CYC on deadlines for drafting, adoption, and review of local procedures. The Standard Operating Procedures will account for operational requirements of each of the state facilities within the boundaries of the statewide policies. CYC intends to address the standard operating procedures and

Caliente Youth Center (continued)

Facility Response (continued)

simultaneously review and update the old internal policies using small working groups of staff. The working groups will remain in place as new statewide policies are adopted, triggering the need to draft and adopt local procedures.

Youths' Rights

We also noted some policies related to youths' rights that need to be updated, and staff did not always follow some policies.

- CYC staff did not always comply with CYC's policy or NRS 432B.220 regarding reporting allegations of abuse or neglect to law enforcement or a child protective services agency. Of the 10 youths' files we reviewed, 6 contained allegations of abuse or neglect. Files for two of those six youths did not contain evidence the allegations were reported to a law enforcement or child protective services agency. Furthermore, we reviewed the two youth's files in the Unified Nevada Information Technology for Youth (UNITY) database and did not find where reports for these incidents of alleged abuse or neglect were documented. NRS 432B.220 requires staff to make a report to a law enforcement or child protective services agency no later than 24 hours after the person knows or has reasonable cause to believe that a child has been abused or neglected. DCFS's policy also requires staff to refer suspected cases of abuse or neglect to a child protective services agency.
- CYC has not developed a standard operating procedure to document deviations from DCFS's Statewide Juvenile Justice Youth Grievance Policy. First, the Assistant Superintendent assigns grievances to a supervisor for resolution rather than the Assistant Superintendent responding as required by the statewide policy. The policy does allow the Superintendent to designate a supervisor to respond to the grievance if the Assistant Superintendent is not available. Second, the statewide policy states that grievances will be logged upon receipt and tracked. However, CYC logs grievances after they have been resolved, and the logs do not contain all of the information required by the policy.

Caliente Youth Center (continued)

- CYC's policy related to grievances does not require documentation of youths who may refuse to participate in the orientation class to learn about the youth grievance process. The policy does not require the youths to attend the class, but does require youths to sign a document stating they have completed the class. However, 2 of the 10 youths' files we reviewed did not contain a signed document stating they had completed the class. Therefore, we do not know if the youths refused to take the class, or took the class but did not sign a document stating they took the class. Documenting a youth's refusal to take the orientation class would help provide assurance that all newly admitted youths were given the opportunity to attend the class.
- CYC's policy for releasing youths has not been updated to reflect changes in the process. The policy, effective in June 2001, does not reflect the current process for returning youths' personal items when the youths are released to youth parole agencies.

Facility Response

This issue (grievances) will also be addressed as the facility focusses on developing standard operating procedures. The current procedure has been effective in achieving the goals of the grievance procedure. The unit manager working directly with their assigned youth and staff in addressing issues has been very productive in teaching conflict resolution, developing treatment strategies for youth, identifying staff development needs, and resolving issues informally. We will ensure that the procedure meets the requirements of the policy when it is submitted to the Deputy Administrator for review by January 6, 2017.

DCFS adopted a new Child Abuse and Neglect Policy in November 2016. The policy clarifies the reporting responsibilities of staff at the facilities in reporting alleged abuse and neglect in compliance with NRS 432B.220. CYC is in the process of adopting a local procedure to further clarify the procedure for appropriately reporting suspected abuse or neglect when disclosures are made by facility youth

Caliente Youth Center (continued)

Facility Response (continued)

or others. The Standard Operating Procedure will be submitted to the Deputy Administrator by January 6, 2017.

All youth go through the orientation during the 2 week training cycle. The grievance procedure is posted on the unit and is also included in the Student Handbook. While formulating the standard operating procedure related to the grievance procedure, we will address the documentation issue so in the event a youth refuses a class, a form is also completed.

DCFS is currently reviewing a statewide facility release policy. That statewide policy will include the need in inventory and establish a procedure of returning the youth's personal items upon release. Upon approval of the statewide policy, CYC will adopt a standard operating procedure in compliance with the statewide policy.

Desert Parkway Behavioral Healthcare Hospital

Background Information

Desert Parkway Behavioral Healthcare Hospital is a secure mental health treatment facility located in Las Vegas. Desert Parkway is a private, for-profit facility. It is licensed as a hospital by the Division of Public and Behavioral Health in the Nevada Department of Health and Human Services. Desert Parkway's mission is to serve as a community resource and employer of choice by providing high quality behavioral and addiction treatment to those in need. Its vision is to deliver outstanding clinical care and meet each patient's needs on an individual basis.

As of June 30, 2015, Desert Parkway:

- Served male and female youths between the ages of 5 and 17.
- Had a maximum capacity of 21 youths.
- Had an average daily population of 15 youths with an average length of stay of 9 days.
- Had an average of 25 staff: 23 full-time and 2 part-time.

Purpose of the Review

The purpose of our review was to determine if Desert Parkway Behavioral Healthcare Hospital adequately protects the health, safety, and welfare of the children at Desert Parkway 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, 2014, through December 2015. We discussed related issues and observed related processes during our visit in January 2016.

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the Desert Parkway Behavioral Healthcare Hospital 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 the youths in its care. However, Desert Parkway could

Desert Parkway Behavioral Healthcare Hospital (continued)

improve its policies and procedures in several areas, including medication administration and documentation, mandatory reporting of allegations of abuse or neglect, and documentation of treatment plans.

Principal Observations

Medication Administration and Documentation Policies and Procedures

Desert Parkway can improve its policies and procedures for medication administration and documentation and needs to better ensure policies and procedures are followed.

Consent to Administer Psychotropic Medication

The policy on informed consent does not include information specific to children prescribed psychotropic medications and does not address the information required by NRS 432B.4687 (2). In addition, the form used by Desert Parkway to obtain consent does not include space to document the required information. Instead, the policy and the form state that the information will be discussed with the person legally responsible for the psychiatric care of the child. NRS 432B.4687 (2) requires specific information be included on the consent form which must be signed by the person legally responsible before psychotropic medication may be administered to a child. Some of the information required but not found on the consent form included:

- The purpose and expected time frame for improvement for each medication;
- The dosage, times of administration and, if applicable, the number of units at each administration of the medication which may be administered to the child;
- The duration of the course of treatment; and
- A description of the possible risks, side effects, interactions with other medications or foods, and complications of the medication.

In addition, the policy on informed consent does not require staff to document unsuccessful attempts to obtain consent from the person

Desert Parkway Behavioral Healthcare Hospital (continued)

legally responsible. As a result, if consent is not obtained, there may be no documentation showing whether staff contacted the person legally responsible or the person legally responsible did not give consent.

Disposal of Unused Medications

Desert Parkway staff do not follow its policies related to disposal of unused, expired, or wasted medications. Documentation showed staff disposed of medication in a sink 18 times over a 5-week period. Desert Parkway's policies state it follows federal drug disposal laws. The policy also includes three options for destroying controlled substances, none of which include rinsing or flushing them into the sewer. According to Desert Parkway management, staff are prohibited from wasting medication in the sink, and medication disposal is the responsibility of the contracted pharmacy. The goal of the federal Secure and Responsible Drug Disposal Act of 2010 is to decrease the amount of pharmaceutical controlled substances introduced into the environment, particularly in the water. The Justice Department's rules for implementation of the Act state that the Drug Enforcement Administration has determined that a substance is rendered non-retrievable when its physical or chemical state is permanently and irreversibly altered and flushing or rinsing controlled substances may not render them non-retrievable.

In addition, staff did not always document a witness to the destruction of the medications. Desert Parkway's policy states the wastage of controlled drugs shall be witnessed by a licensed nurse or a Pharmacist, and immediately documented by both people on the Controlled Substance Administration Record.

Accuracy and Completeness of Documentation

The Patient Medication Information/Reconciliation policy and the Medication Reconciliation/Discharge Order form could be improved to require better and more accurate documentation of patients' medications when admitted. The policy requires the date and time that the patient's medication was last taken and the reason for each medication be documented on the form. The policy also requires the nurse assigned to the patient be responsible for comparing the medication information provided by the patient with the medications ordered for the patient to identify and resolve discrepancies. It also

Desert Parkway Behavioral Healthcare Hospital (continued)

requires the nurse to notify the physician of any discrepancies. However, the form does not include a place to document the date and time the medications were last taken or to explain discrepancies and document any actions taken by the nurse to resolve the discrepancies.

As a result, we found missing intake documentation in 6 of the 10 youths' medication files we examined. All six files were missing documentation of the date and time the medication was last taken and the reason why the medication was prescribed; three were missing information on the route of administration of the medication; and one was missing information on the frequency of administration of the medication.

Other documentation issues we observed included one youth whose medication administration record showed medication administered, with a line drawn through it, but no explanation. Therefore, we cannot determine if the youth received his medication on that day. In addition, 3 of the 20 medication administration records reviewed contained one or more blank spaces for medications. Since there were no explanations on the records, we could not determine if staff forgot to initial the records, the youths refused the medication, or the medication was not administered for some other reason.

Administration of Medication

The policies and procedures for the administration of medications are outdated and need revision. For example, the medication administration policy, effective in December 2013, requires staff to read the identification wristband to obtain positive identification of patients before administering medication. However, youths are not provided with wristbands. In addition, the policy does not require staff check youths for "cheeking" or hiding medication. It does require the nurse administering the medication to stay with the patient until the medication is taken.

Facility Response

Policies on medication administration and documentation and consent to administer psychotropic medication are to include all elements required by law. All consent forms are being revised to include space to document the required

Desert Parkway Behavioral Healthcare Hospital (continued)

Facility Response (continued)

information. Policy revisions also include documenting unsuccessful attempts to obtain consent, documenting whether the person legally responsible did or did not give consent, and a process for proper follow up and subsequent attempts to contact the person legally responsible to obtain consent.

The disposal of medication is determined by the actual medication. The varied options have been explained to the nursing staff through a small slide show and a competency quiz given during a mandatory meeting. The slides have also been adhered to the containers in which medication to be disposed. In addition, hospital policy was written to address all pharmaceutical waste.

The Medication Reconciliation/Discharge Order form was improved to document the date and time medication was last taken. In addition, nurses were re-educated on completing the admission form to ensure the reason/indication for prescriptions is consistently documented. Other revisions to the form include verifications and signature of the reconciling prescriber and documentation of any alterations or modifications. The Chief Nursing Officer reviews open charts and 24 hour chart checks include a review for accuracy and completeness of the medication administration records, and will also include a review for accuracy and completeness of the medication reconciliation form. The policy and procedure on correcting an error in the medical record has been reviewed and updated and will be added to our yearly competencies.

The policy on the “Role of Nursing in Medication Administration” has been corrected and updated. Checking for cheeking of medications has also been added to the policy and procedure.

Mandatory Reporting Procedures Not Always Followed

Our review of 10 youths' files found 8 files contained allegations of abuse or neglect, but 2 of the files contained evidence showing staff did not follow Desert Parkway's procedures for reporting the

Desert Parkway Behavioral Healthcare Hospital (continued)

allegations. Desert Parkway's policies and procedures related to mandatory reporting require all cases of known or suspected abuse to be reported to the appropriate agency within 24 hours by the employee who was informed of the incident, consistent with the requirements of NRS 432B.220. It also gives contact information for the Clark County Department of Family Services' hotline for reporting child abuse and requires the completion of an Abuse Reporting Form.

One of the youths' files did not contain any evidence that the youth's allegation had been reported to either a law enforcement agency or the Department of Family Services. Documentation in the second youth's file indicates the youth's allegation was not reported timely; it was made on the 6th day following the allegation. In addition, the documentation does not state to what entity the report was made.

Facility Response

Mandated reporting laws and documentation procedures are provided to all staff at orientation, and again during the competencies fair held annually. Desert Parkway Behavioral Healthcare Hospital, LLC, reports to child protective services and/or law enforcement any allegations of abuse or neglect. This is documented in the patient's medical record with the date and time the staff person calls and also the incident number given by the respective agency. Our open chart audit form now has this item added to ensure we are following the mandates. All appropriate staff are reminded during staff meetings that they are all mandated reporters and they need to file the report in the regulatory time frame.

Treatment Plan Procedures Need To Be Improved and Followed

Policies and procedures related to treatment plans could also be improved. While policies require the involvement of the patient in the development of the treatment plan and in monitoring their treatment progress, they do not require the patient's signature on the plan itself. Instead, the Patient Care Procedures, effective in December 2013, states that each interdisciplinary treatment staff member shall check for the patient's/parent's/guardian's dated signature on the treatment plan. However, of the 10 youths'

Desert Parkway Behavioral Healthcare Hospital (continued)

treatment plans we reviewed, 2 were not signed by the patient, parent, or guardian.

In addition, treatment plan policies and procedures were not always followed. Of the 10 youths' treatment plans we reviewed, 3 were not signed by the physician until after the youths were discharged. The Comprehensive Interdisciplinary Treatment Plan policy states that each interdisciplinary team member shall sign and date the treatment plan. The Plan of Care – Physician's Role in Multidisciplinary Team policy states the treatment team is led by the patient's attending psychiatrist. Furthermore, the psychiatrist must indicate approval to validate the written Multidisciplinary Plan of Care and has responsibility for the overall case management of the patient's treatment. The policy states the psychiatrist must indicate approval to validate the Multidisciplinary Plan of Care.

Finally, we reviewed an additional five youths' files. These five youths were admitted under NRS 432B.6076 (court ordered admission). NRS 432B.6081 requires facilities which provide treatment for a child admitted under NRS 432B.6076 to develop a treatment plan no later than 10 days after the child is admitted. Treatment plans for two youths were not finalized within 10 days of the youths' admittance: one was 48 days late, the other was 20 days late. These times are from the date of the youths' admittance to the date the treatment plan was signed by the physician. In both cases, the treatment plan was developed and signed by all treatment team members except the physician within a day of the youth's admittance. However, the plans were not signed by the physician until 20 and 46 days after the youths had been discharged.

Facility Response

New treatment plans and updates have been created and will be rolled out. Mandatory training will occur with all staff, including the Psychiatrists, on the new forms and deadlines for completion of the forms. All paperwork will be brought into the treatment team meetings weekly, so patients and team members can sign at the same time. We will audit post-implementation for compliance. The policy and procedure have been updated according to Corporate requirements. In addition, we have implemented a process for the doctors to sign the treatment plans timely.

Desert Parkway Behavioral Healthcare Hospital (continued)

Other Policies and Procedures Need To Be Reviewed

Policies related to documenting that patients have been informed of their right to file a grievance need to be improved. Current policies are not adequate to ensure there is documentation that the patient was informed. The policy on the Content of the Patient Medical Record requires the record contain a signed copy of the patient's rights. The patient's rights contains a space for the patient's signature. However, the policy on the Patient Complaint and Grievance Process states the patient, guardian, legal representative, or caregiver will be provided with grievance information at the time of admission. We reviewed 10 youths' files and found 2 files were missing the signed copy of the patient's rights; 6 files contained a patient's rights document signed by a caseworker, probation officer, or guardian; and only 2 files contained a document signed by the youth.

Desert Parkway does not require newly employed persons to authorize a check of the Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child (CANS). Although not required to request information from CANS, Desert Parkway may request this information if the person authorizes the request or the person could have regular and substantial contact with children. If a check of CANS reveals that a person has a substantiated case of abuse or neglect of a child, Desert Parkway would then be obligated to terminate that person.

While Desert Parkway has a process to help ensure youths' educational needs are met, the process is not documented in a policy. In addition, the policies and procedures do not address that youths are prohibited from computer and internet access. Furthermore, the policy and procedure for visitation is not complete. It does not address the procedures staff must follow when a visitor arrives, such as requiring the visitor to sign a log and obtain a visitor's badge, securing visitors' items in lockers, limiting visits to the cafeteria, and requiring sight supervision.

Facility Response

The following policies and procedures have been reviewed and updated: Content of the Patient Medical Record; Background Checks; Patient Rights and Responsibilities (added computer usage for education); Patient Handbook

Desert Parkway Behavioral Healthcare Hospital (continued)

Facility Response (continued)

(updated to include grievances and elaborated on visitations).

St. Jude's Ranch for Children

Background Information

St. Jude's Ranch for Children is a group home located in Boulder City, Nevada. St. Jude's is a private, not-for-profit facility. St. Jude's homes are licensed by the Clark County Department of Family Services as foster homes for specialized foster care. St. Jude's mission is to transform the lives of abused and at-risk children, young adults, and families by empowering them to create new chances, new choices and new hope in a caring community. St. Jude's provides individualized therapeutic services to meet the needs of each youth. Other services provided by St. Jude's include transitional living to youths between the ages of 16 and 21 years and supportive housing and services to homeless adults between the ages of 18 and 25 years.

As of June 30, 2016, St. Jude's:

- Served male and female youths between birth and 18 years of age.
- Had a maximum capacity of 66 youths.
- Had an average daily population of 62 youths with an average length of stay of 581 days.
- Had an average of 40 staff: 37 full-time and 3 part-time.

Purpose of the Review

The purpose of our review was to determine if St. Jude's Ranch for Children adequately protects the health, safety, and welfare of the children at St. Jude's 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, 2014, through February 28, 2016. We discussed related issues and observed related processes during our visit in March 2016.

St. Jude's Ranch for Children (continued)

Results in Brief

Based on the results of the procedures performed and except as otherwise noted, the policies, procedures, and processes in place at the St. Jude's Ranch for Children 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, St. Jude's could improve its policies and procedures and staff compliance with policies and procedures, particularly related to medication administration.

Principal Observations

Medication Documentation

St. Jude's needs to make improvements to help ensure policies and procedures for documenting medications prescribed, destroyed, and administered are followed. We reviewed 10 youths' files and found evidence that 5 youths were prescribed medication while at St. Jude's. The files for the five youths receiving medication were missing several types of documentation.

- Files for four of the five youths receiving medication were missing physician's orders either for their initial prescription or for changes in prescriptions, including discontinuing or changing prescriptions. NRS 424.0385 requires foster homes to have a policy to document the orders of the treating physician and to ensure each employee who will administer medication receives a copy of and understands the policy.
- Files for four of the five youths receiving medication were missing pharmacy instructions. Although pharmacy instructions are not specifically required by either the statutes or administrative code, NAC 424.722 does require specialized foster homes that administer prescription medication to maintain a record of each medication that includes a notation or other documentation of potential and anticipated

St. Jude's Ranch for Children (continued)

effects of the medication, including the name and dosage, recommended schedule for administration, purpose of the medication, and potential side effects. Much of this information is often included in pharmacy instructions.

- Two youths' files were missing medication administration records for 1 month. St. Jude's has a policy that requires documentation of the dates and times that a prescription or over-the-counter medication was administered.
- Documentation in one youth's file was so poor, we could not determine if she received a medication in accordance with the physicians' orders. For example, the youth's file contained a copy of pharmacy instructions for a prescription medication, but the medication administration record and physician's orders were not in her file.

The files for two of the five youths who did not receive medication while at St. Jude's also contained incomplete information. The intake documents did not state whether or not the youths were taking prescription medication at the time they arrived at St. Jude's. Staff left the spaces on the intake forms blank rather than noting that the youths were or were not taking medication.

The medication files for one youth contained evidence that it took 9 days from the time the physician prescribed medication until it was first administered. Since there were no pharmacy instructions, we could not determine when the prescriptions were obtained, and there was no information in the youth's file to explain the delay in administering the medications.

Two of the five youths who received medication while at St. Jude's were administered psychotropic medications. However, neither youth's file contained a consent from the person legally responsible for the psychiatric care of the youth. NRS 432B.4687 requires a person who is legally

St. Jude's Ranch for Children (continued)

responsible for the psychiatric care of a child who is in the custody of an agency which provides child welfare services to approve or deny the administration of a psychotropic medication to the child. That consent shall be in writing to both the agency which provides child welfare services and the foster parent or other provider of substitute care.

The destruction of expired and unused medications was not documented. Three of the youths' medication records indicated some of their medication should have been destroyed. However, the files contained no documentation of when or how the medication was destroyed, who took it to be destroyed, or who witnessed the destruction. St. Jude's policy states that discontinued or expired medication and medication left at St. Jude's must be inventoried and must be destroyed in accordance with state and federal law. The record of destroyed medication must be retained for at least 1 year from the date of destruction. The Medication Administration Book given to house parents describes how the house parents should package medication to be destroyed and instructs them to contact the supervisor. The instructions also state that the Program Manager will ensure that the medications are documented appropriately and taken to a medication destruction site at the soonest possible date. It further states that no medications will be destroyed on campus. Neither the Medication Administration Book nor the policy describe the type of documentation which should be maintained when the possession of the medication changes from person to person, where medication should be destroyed, or how the destruction should be documented.

Policies and procedures do not adequately address the type of documentation needed when a youth is discharged with medications. According to St. Jude's management, the medications youths are discharged with are bagged, labeled, and discussed with the person to whom the youth is discharged. However, neither the type nor the amount of medication is documented in the youth's file, and the person receiving the medications is not required to verify and sign for the medication received.

St. Jude's Ranch for Children (continued)

St. Jude's policy for review of medication files needs improvement. The policy states medication administration records will be reviewed during weekly consultations and as needed for certain medication errors. However, the policy does not state who the consultation is between and does not provide guidance on what should be reviewed. According to St. Jude's management, the review includes counting medications and ensuring errors are documented and reported. However, these steps are not included in the policy. In addition, the policy does not address ensuring intake documentation is properly completed, matching administration information on the medication administration records with the physicians' orders, ensuring consents to administer psychotropic medications are properly documented, and ensuring the medication administration records do not contain blank spaces, unexplained marks, or missing initials and dates.

Of the 10 employees whose files we tested, 7 were required to have initial medication administration training within 30 days of employment. Two of the seven employees' files did not contain evidence that the employees received the required medication training. There was no evidence one had ever received the required training even though she had been employed at St. Jude's more than 14 months; the other employee's file contained evidence he received the required training 10 months after employment. NRS 424.0365 requires employees who have direct contact with youths to receive certain training, including the administration of medication, within 30 days of employment and annually thereafter.

Facility Response

St. Jude's Ranch for Children has taken the following actions since our review:

- *Updated the Medication Policy;*
- *Updated the youth intake packet to include forms for consent to administer medications and medications brought with youth;*

St. Jude's Ranch for Children (continued)

Facility Response (continued)

- *Updated the medication destruction form and collection.*

In addition, to ensure staff follow the medication administration and documentation policies, procedures, and laws, during the weekly consultation, Program Coordinators meet directly with staff, review medication logs, count medications, and remove any or all expired or discontinued medications. Staff also participate in a minimum of one medication management and administration training every 12 months.

Other Issues

We reviewed 10 youths' files to determine if they should have had treatment plans and if the treatment plans were prepared within the time allowed by St. Jude's policies. Four of the ten youths should have had treatment plans in their files; we could not determine if a fifth youth should have had a treatment plan because the intake documentation was incomplete. One of the four treatment plans we reviewed was finalized 45 days later than St. Jude's policies allowed.

One of the four face sheets, or identity kits, we observed in the four homes we visited did not comply with St. Jude's policy. The face sheet was missing a photo of the youth. The Youth Admission Policy requires face sheets kept in the homes include a photo of the youth. Policies for mandatory reporting of known or suspected child abuse or neglect could be strengthened to provide clearer guidance to employees and better documentation of reporting. NRS 432B.220 requires anyone who, in his or her professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected to report the abuse or neglect to a child welfare agency or to a law enforcement agency within 24 hours. St. Jude's policy states that all employees are mandatory reporters and must report any suspicions or allegations of child abuse to the

St. Jude's Ranch for Children (continued)

Clark County Department of Family Services and provides a phone number. However, it does not mention that suspicions or allegations of neglect of a child should also be reported, that reports may be made to law enforcement, that state law requires reports be made within 24 hours, or provide guidance on the type of documentation that should be maintained when a report is made. Two of the ten youths whose files we reviewed contained documentation that an indication or allegation of abuse was reported to a staff member, but the documentation did not include the date and time the allegations were reported to the child welfare agency. We were able to verify that the incidents were reported to a child welfare agency timely by reviewing the reports in UNITY (Unified Nevada Information Technology for Youth).

Policies and information provided to youths give inconsistent information to youths and staff on how to make a complaint, which could result in complaints not being reported. The policy states that youths and parents or legal guardians are informed of their right to express a grievance and are given a business card with a third-party toll-free telephone hotline for making complaints. The policy also includes an address in Pennsylvania where youths and guardians may e-mail or mail written complaints. In addition, complaints may be made verbally to St. Jude's staff. The Youth Rights policy states youths have the right to complain, but provides a different toll-free telephone number. The student handbook distributed to youths contains a third toll-free number that youths may call if they feel their rights are being violated. The handbook also states the youths may obtain a grievance form from the Program Manager. In addition, the policy on complaints does not require youths sign an acknowledgement that they have received a description of the complaint process and understand their right to make a complaint.

Facility Response

St. Jude's Ranch for Children has updated the youth care planning policy and the service plans policy to

St. Jude's Ranch for Children (continued)

Facility Response (continued)

ensure that treatment planning and service plans are prepared, as well as reviewed, in a timely

Updated face sheets have been implemented which include all current youth information and a photo. The policy on Reporting Serious Incidents was updated, requiring staff to include the date and time of the notification of all alleged child abuse and neglect reports to the Clark County Child Abuse and Neglect Hotline.

The Youth Rights Policy, Youth Grievance Policy, and Youth Handbook have been updated to ensure that all three have the same grievance reporting information.

ART Homes

Background Information

ART Homes is a privately operated foster care agency located in Las Vegas, Nevada. ART Homes is licensed by the Clark County Department of Family Services. ART Homes' vision is to maximize the profound opportunity that foster care offers to change the lives of children for the better; to select and support foster parents who are agents for healing and positive change; to provide leadership, training, and personal contact to help parents help children; and to be a resource and partner to other agencies and entities involved in helping to make the lives of children better.

ART Homes did not respond to our survey of facilities for fiscal year 2016. Therefore, the following information is for fiscal year 2015. As of June 30, 2015, ART Homes:

- Served male and female youths from birth to 18 years of age.
- Had a maximum capacity of 22 youths.
- Had an average of seven full-time staff.

ART Homes did not provide population information on their fiscal year 2015 survey of facilities.

Purpose of the Review

The purpose of our review was to determine if ART Homes adequately protects the health, safety, and welfare of the children at ART Homes 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, 2014, through June 30, 2016. We discussed related issues and observed related processes during our visits in June and July 2016.

ART Homes (continued)

Results in Brief

Based on the results of our review, the policies, procedures, and processes in place at ART Homes do not provide reasonable assurance that it adequately protects the health, safety, and welfare of youths at the facility. We did not note anything to make us question whether ART Homes respects the civil and other rights of youths in its care. ART Homes' policies, procedures, and processes need substantial improvements related to: medication administration and documentation; ensuring treatment plans are complete and accurate; maintaining comprehensive personnel records related to background investigations and training; and ensuring the safety of its foster homes.

In August 2016, we sent a letter to ART Homes' licensing agency, the Clark County Department of Family Services. The letter contained our preliminary review results, including significant weaknesses related to personnel records for background investigations and training, and medication administration.

Principal Observations

Medication Administration and Documentation

Medication records for 3 of the 10 youths whose files we reviewed indicated they were prescribed and taking psychotropic medications while at ART Homes. There was no documentation of consent by the person legally responsible for the psychiatric care of the youths for any of the psychotropic medications administered. ART Homes' medical records policy requires youths' files to include a medical consent form.

During our review, we observed a filing cabinet in the ART Homes' office that was filled with unused medications. All but one of the drawers of the cabinet were unlocked, and the room was unlocked. ART Homes did not have a list of the medications, but we inventoried the drawers that were unlocked and found expired and unexpired psychotropic medications and expired non-psychotropic prescriptions

ART Homes (continued)

medications, including physicians' samples. Management told us they were not aware of the medications in their offices.

ART Homes is required by NRS 424.0385 to develop policies concerning documenting the orders of the treating physician, storing, handling, and disposing of medication; documenting the administration of medication and any errors in the administration of medication; minimizing errors in the administration of medication; and addressing errors in the administration of medication. However, ART Homes' policies are missing several of these requirements, including:

- Documenting the orders of the treating physician. All five of the youths' files that indicated they received prescribed medication while at ART Homes were missing at least one physician's order for at least one medication.
- Storing, handling, and disposing of unused, wasted, or expired medications. The policy requires all medications that are discontinued to be immediately destroyed in accordance with local rules and noted on the medication administration record, indicating the date and quantity destroyed. It does not provide guidance on what local rules are or where to find local rules. It does not provide guidance on storing or handling medications.
- Documenting the administration of medication and any errors in the administration of medication. ART Homes' policy requires the administration of any medication be documented on the medication administration record and maintained in the youth's case record. It requires accurate records be kept of all medications given to youths. It does not mention errors in the administration of medication, how they should be documented, and steps foster parents should take when an error is discovered.

ART Homes (continued)

- Minimizing errors in the administration of medication. This is not addressed in ART Homes' policies.
- Addressing errors in the administration of medication. This is not addressed in ART Homes' policies.

In addition, NRS 424.0385 requires each employee of a specialized foster home or group foster home who will administer medication to a child at the home receive a copy of and understand the policy.

ART Homes' medication policies and procedures are missing other key elements, and foster parents did not always comply with some elements. Some of the policies and procedures missing from ART Homes' Foster Parent Guidelines include:

- Documenting and verifying medication received when a youth is admitted to a foster home. We did not find documentation in youths' files verifying the youths' prescription information or the amount of medication received at intake for two of the two youths whose files showed they were taking medication when they arrived at ART Homes.
- Documenting and verifying medication received from the pharmacy. In addition, we did not find any pharmacy instructions in the youths' files.
- Documenting and verifying medication released to a youth's guardian at discharge. ART Homes has established a protocol that includes documentation of the quantity of a youth's medication at discharge on the youth's medication administration record, a copy of which is to be provided to the Clark County Department of Family Services. However, we did not find any documentation in the two youths' files who were discharged while still taking prescription medication.

ART Homes (continued)

- Performing and documenting independent reviews of youths' medication files, including medication administration records. ART Homes' policy requires foster parents to fax or mail medical records to the Clark County Department of Family Services once a week. However, medication administration records are not submitted to the Department of Family Services for review.
- Performing mouth sweeps to help ensure youths take their medication rather than hide it.
- Re-ordering medications in a timely manner to help ensure youths do not have gaps in their medications.
- Documenting exceptions to medication administration on the medication administration record. Medication administration records do not contain a list of acronyms to record events such as youth refusal of medication or medication administered at school.

In addition, NRS 424.0365 requires initial and annual medication training. However, records for 6 of 11 employees, contractors, and foster parents reviewed did not contain evidence they received the required training.

- Two persons' files did not contain evidence of any medication training even though one had been with ART Homes more than 3 years and the other about 5 years.
- One person's records showed the person received the initial training 6 months after hire, which is more than the 30 days allowed by NRS 424.0365.
- Three other files showed the persons received their initial training, but the annual training was provided 3 years after the initial training for two, and the annual training was about 5 months past due for the third.

ART Homes (continued)

Welfare Policies and Procedures

ART Homes staff did not comply with its policies for treatment plans and some of the information used to prepare the treatment plans was inaccurate or incomplete.

First, all of the nine treatment plans we reviewed were incomplete. Some of the items that were missing from the plans included signatures, dates, and the number of approved hours of Medicaid treatment services. ART Homes' policy requires that, once a treatment plan has been approved by the Department of Family Services and Medicaid, the Home Manager will collect the appropriate signatures from the foster family, case worker, clinical supervisor and any others that are necessary and return the signed treatment plans within a week. The Home Manager Direct Supervisor is then to review the treatment plans for signatures.

Second, four of the youths' files were missing at least one updated treatment plan. According to ART Homes' policies, the Qualified Mental Health Associate is to prepare and maintain all required reports including 90-day reviews, and modify treatment activities and interventions as needed.

Lastly, two of the nine service intensity instruments, or intake assessments, contained mathematical scoring errors. Other intake documents were missing information that should be used to prepare the intake assessments. This includes the answers to questions addressing whether the youth is a danger to himself or others and whether the youth has a mental health diagnosis.

Safety Policies

ART Homes did not comply with NRS 424.135, which requires comprehensive personnel records. We reviewed 11 personnel records: 7 for foster parents and 4 for employees and contractors. ART Homes was unable to provide 8 of 11 clearance letters upon our request. Although ART Homes did obtain copies of the requested documentation from its licensing agency, it did not maintain comprehensive

ART Homes (continued)

personnel records. Clearance letters are evidence that potential or current employees, foster parents, or contractors have not committed disqualifying crimes listed in NRS 424.145. ART Homes does not have a records retention policy related to personnel.

ART Homes has not developed policies and procedures addressing suicide prevention. According to management, staff have been instructed to contact management and the youth's case worker if a youth expresses or acts upon any suicidal ideation, transport the youth to a hospital for a mental health assessment and evaluation, and complete a critical incident report and send a copy to the youth's case worker. In addition, management confirmed staff and foster parents receive annual suicide awareness training. However, these practices have not been adopted as formal policies and procedures. Written policies and procedures assist staff, contractors, and foster parents in times of emergency.

ART Homes has not established crisis and non-medical emergency policies and procedures. NRS 424.240 requires foster care agencies to provide crisis intervention and assistance 24 hours a day, 7 days a week, including holidays, to each foster home. It also requires employees of the foster care agency who provide crisis intervention and assistance to be trained in and competent to handle a crisis situation. Written policies and procedures are important to ensure foster parents and foster care agency staff understand their responsibilities during crises.

Other safety related policies and procedures that need to be developed or improved include:

- Firearm and ammunition safety. NRS 424.044 requires firearms and ammunition be securely stored. According to management, none of ART Homes' foster parents have firearms in their homes. However, we observed securely stored firearms in one of the three foster homes we visited.

ART Homes (continued)

- Supervision of youths. Policy states each youth should receive sufficient care and supervision to prevent placement in a more restrictive setting, and foster parents are responsible for providing appropriate supervision for the youths in their home. The policy does not state that youths should never be left unsupervised. During our review we noted two incident reports related to ART Homes' foster parents leaving youths unattended.
- Incident reporting. ART Homes' policies require incident reports be completed and forwarded to the Director. However, it does not address the different types of incident reports that ART Homes uses, such as a restraint incident report. In addition, the incident report forms do not have a space reserved to show evidence of management review. Furthermore, the policy does not address tracking incident reports to identify areas where foster parents or staff may need additional training.
- Keys, tools, or kitchen utensils. ART Homes has not developed policies and procedures regarding securing these potentially dangerous items.
- Youth computer use and access. ART Homes has not developed policies and procedures regarding youths' access to computers and guidelines for internet access.
- Contraband and prohibited items. ART Homes has not developed policies and procedures or a list of contraband and prohibited items to help ensure youths' are not allowed to possess potentially dangerous items.
- Run-away youths. ART Homes has not developed policies and procedures for foster parents to help ensure appropriate and timely action in the event a youth runs away.

ART Homes (continued)

- Face sheets or identity kits. ART Homes' policies do not require face sheets be prepared for each youth. Our review of 10 youths' files showed none had a complete face sheet. In addition, none of the three foster homes we visited had a face sheet or identity kit available.

Youths' Civil and Other Rights

Although we obtained reasonable assurance that ART Homes reasonably protects the civil and other rights of the youths in its care, we did find areas where its policies and procedures and foster parent compliance with policies and procedures related to complaints or grievances can be improved.

Foster parents did not always follow ART Homes' policies regarding grievances. Policies require grievance forms be available to foster children. In addition, it requires locked boxes be available in which foster children may put their grievances. Although all three of the homes we visited had boxes, none of the boxes were locked. In addition, one home did not have grievance forms readily available to the youths.

ART Homes' grievance policy does not require all youths be informed of their right to make a grievance. Instead, it requires youths be informed when legal implications arise. In addition, none of the 10 youths' files we reviewed contained documentation that the youths were made aware of their right to file a grievance.

Facility Response

ART Homes did not respond to our letter of review results.

Appendices

Appendix A

Nevada Revised Statutes 218G.500 Through 218G.535 and 218G.570 Through 218G.585

General Provisions

NRS 218G.500 Definitions. As used in NRS 218G.500 to 218G.585, inclusive, unless the context otherwise requires, the words and terms defined in NRS 218G.505 to 218G.535, inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 2007, 198; A 2009, 4)—(Substituted in revision for NRS 218.862)

NRS 218G.505 “Abuse or neglect of a child” defined. “Abuse or neglect of a child” has the meaning ascribed to it in NRS 432B.020.

(Added to NRS by 2007, 198)—(Substituted in revision for NRS 218.863)

NRS 218G.510 “Agency which provides child welfare services” defined. “Agency which provides child welfare services” has the meaning ascribed to it in NRS 432B.030.

(Added to NRS by 2007, 198)—(Substituted in revision for NRS 218.864)

NRS 218G.515 “Family foster home” defined. “Family foster home” has the meaning ascribed to it in NRS 424.013.

(Added to NRS by 2009, 2)

NRS 218G.520 “Governmental facility for children” defined.

1. “Governmental facility for children” means any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is owned or operated by a governmental entity and which has physical custody of children pursuant to the order of a court.

2. The term does not include any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is licensed as a family foster home or group foster home, except one which provides emergency shelter care or which is capable of handling children who require special care for physical, mental or emotional reasons.

(Added to NRS by 2009, 2)

NRS 218G.525 “Group foster home” defined. “Group foster home” has the meaning ascribed to it in NRS 424.015.

(Added to NRS by 2009, 2)

NRS 218G.530 “Near fatality” defined. “Near fatality” means an act that places a child in serious or critical condition as verified orally or in writing by a physician, a registered nurse or other licensed provider of health care. Such verification may be given in person or by telephone, mail, electronic mail or facsimile.

(Added to NRS by 2007, 198)—(Substituted in revision for NRS 218.865)

NRS 218G.535 “Private facility for children” defined.

1. “Private facility for children” means any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is owned or operated by a person and which has physical custody of children pursuant to the order of a court.

2. The term does not include any facility, detention center, treatment center, hospital, institution, group shelter or other establishment which is licensed as a family foster home or group foster home, except one which provides emergency shelter care or which is capable of handling children who require special care for physical, mental or emotional reasons. (Added to NRS by 2009, 2)

Appendix A

Nevada Revised Statutes 218G.500 Through 218G.535 and 218G.570 Through 218G.585 (continued)

Facilities Having Physical Custody of Children

NRS 218G.570 Performance audits of governmental facilities for children. The Legislative Auditor, as directed by the Legislative Commission pursuant to NRS 218G.120, shall conduct performance audits of governmental facilities for children.

(Added to NRS by 2009, 3)

NRS 218G.575 Inspection, review and survey of governmental facilities for children and private facilities for children. The Legislative Auditor or the Legislative Auditor's designee shall inspect, review and survey governmental facilities for children and private facilities for children to determine whether such facilities adequately protect the health, safety and welfare of the children in the facilities and whether the facilities respect the civil and other rights of the children in their care.

(Added to NRS by 2009, 3)

NRS 218G.580 Scope of inspection, review and survey. The Legislative Auditor or the Legislative Auditor's designee, in performing his or her duties pursuant to NRS 218G.575, shall:

1. Receive and review copies of all guidelines used by governmental facilities for children and private facilities for children concerning the health, safety, welfare, and civil and other rights of children;
2. Receive and review copies of each complaint that is filed by any child or other person on behalf of a child who is under the care of a governmental facility for children or private facility for children concerning the health, safety, welfare, and civil and other rights of the child;
3. Perform unannounced site visits and on-site inspections of governmental facilities for children and private facilities for children;
4. Review reports and other documents prepared by governmental facilities for children and private facilities for children concerning the disposition of any complaint which was filed by any child or other person on behalf of a child concerning the health, safety, welfare, and civil and other rights of the child;
5. Review the practices, policies and procedures of governmental facilities for children and private facilities for children for filing and investigating complaints made by children under their care or by any other person on behalf of such children concerning the health, safety, welfare, and civil and other rights of the children; and
6. Receive, review and evaluate all information and reports from a governmental facility for children or private facility for children relating to a child who suffers a fatality or near fatality while under the care or custody of the facility.

(Added to NRS by 2009, 3)

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

1. Cooperate fully with the Legislative Auditor or the Legislative Auditor's designee in the performance of his or her duties pursuant to NRS 218G.575 and 218G.580;
2. Allow the Legislative Auditor or designee to enter the facility and any area within the facility with or without prior notice;
3. Allow the Legislative Auditor or designee to interview children and staff at the facility;
4. Allow the Legislative Auditor or designee to inspect, review and copy any records, reports and other documents relevant to his or her duties; and
5. Forward to the Legislative Auditor or designee copies of any complaint that is filed by a child under the care or custody of a governmental facility for children or private facility for children or by any other person on behalf of such a child concerning the health, safety, welfare, and civil and other rights of the child.

(Added to NRS by 2009, 3)

Appendix B

Glossary of Terms

CANS	Statewide Central Registry for the Collection of Information Concerning the Abuse or Neglect of a Child, which is a statewide database for the collection of information on child abuse and neglect.
Child Welfare Facility	Provides emergency, overnight, and short-term services to youths who cannot remain safely in their homes or their basic needs cannot be efficiently delivered in their homes.
Civil and Other Rights	This relates to a youth's civil rights, as well as his rights as a human being. It includes protection from discrimination, the right to file a complaint, and protection from racist comments.
Consent	Authorization for the administration of psychotropic medications given by the person legally responsible for the psychiatric care of a child. Consent must include specific items as listed in NRS 432B.4687, such as the name of the child, the name of the person legally responsible, the name, purpose and expected time frame for improvement for each medication; the dosage, times of administration, and number of units at each administration of the medication; the duration of the course of treatment; and a description of the risks, side effects, interactions, and complications of the medication.
Controlled Substance	A drug or chemical regulated by the federal government. Controlled substances are divided into one of five schedules based on the substance's medical use, potential for abuse, and safety or dependence liability.
Correction Facility	Provides custody and care for youths in a secure, highly restrictive environment who would otherwise endanger themselves or others, be endangered by others, or run away. Correction facilities may include restrictive features, such as locked doors and barred windows.

Appendix B

Glossary of Terms

(continued)

Corrective Room Restriction	NRS 62B.215 (8) defines corrective room restriction as the confinement of a child to his or her room as a disciplinary or protective action and includes, without limitation, administrative seclusion, behavioral room confinement, corrective room rest, and room confinement.
Court Ordered Admission	An order from a court to admit a youth who is in the custody of an agency that provides child welfare services with an emotional disturbance into a facility that provides mental health treatment.
DCFS	The Nevada Division of Child and Family Services
Detention Facility	Provides short-term care and supervision to youths in custody or detained by a juvenile justice authority. Detention facilities may include restrictive feature, such as locked doors and barred windows.
Drug Enforcement Administration	A federal agency that enforces the controlled substances laws and regulations of the United States.
Foster Care Agency	A business entity that recruits and enters into contracts with foster homes to assist child welfare agencies and juvenile courts in the placement of children in foster homes. Foster care agencies may operate multiple family foster homes, including specialized foster homes and group foster homes. Foster care agencies train foster parents, and place youths in either the foster parents' homes or in homes provided by the foster care agency. Foster parents are responsible for providing safe, healthful, and developmentally supportive environments where youths can interact fully with the community.
Group Home	Provides a safe, healthful group living environment in a normalized, developmentally supportive setting where residents can interact fully with the community. Used for children who will benefit from supervised living with access to community resources in a semi-structured environment. Generally consists of detached homes.

Appendix B

Glossary of Terms (continued)

Identity Kit	Provides quick access to important information in case of emergency, such as a youth's full name, known aliases, a photograph, a list of allergies and medications, and a list of contacts.
Independent Review of Medication Files	A process to review medication administration records and identify potential errors, fraud, or abuse. Independent review includes assignment of staff who are not routinely involved in the medication administration process to compare medication records with physician and pharmacy orders, and verify medication records are complete.
Mandatory Reporter	A mandatory reporter is any person who, in his professional or occupational capacity, knows or has reasonable cause to believe that a child has been abused or neglected. NRS 432B.220 requires mandatory reporters to file a report with a child protective services agency or law enforcement within 24 hours after knowing or having reasonable cause to believe that a child has been abused or neglected.
Mental Health Treatment Facility	Provides mental health services to youths with serious emotional disturbances by providing acute psychiatric (short-term) and non-acute psychiatric programs. Mental health treatment facilities also provide services to behaviorally disordered youths. Services provided include a full range of therapeutic, educational, recreational, and support services by a professional interdisciplinary team in a highly structured, highly supervised environment.
Mouth Sweep	A method used to detect medication concealed in the mouth.
Person Legally Responsible	A person legally responsible for the psychiatric care of a youth, which could be the youth's parent(s), legal guardian, or other individual appointed by a court.

Appendix B

Glossary of Terms

(continued)

PREA	Prison Rape Elimination Act of 2003, including the U.S. Department of Justice National Standards to Prevent, Detect, and Respond to Prison Rape (28 CFR Part 115). The National Standards include guidance related to zero tolerance of sexual abuse and sexual harassment, supervision and monitoring, referrals of allegations for investigations, resident education, employee training, and obtaining information from residents.
Privileges	Items considered earned and not considered a right. Items considered privileges may include movies, recreation time, phone calls, and reading material.
Psychotropic Medication	A prescribed medication used to alter a youth's thought process, mood, or behavior.
Residential Center	Provides a full range of therapeutic, educational, recreational, and support services. Residents are provided with opportunities to be progressively more involved in the community.
Safety	Anything related to the physical safety of youths. This includes physical security, environment, and adequate staffing.
Specialized Foster Care	Comprehensive care and services provided to youths who require more intensive therapy or supervision due to serious physical, emotional, or mental conditions.
Standing Order Form	Physician approved list of over-the-counter medication a facility may administer to youths.
Substance Abuse Treatment Facility	Provides intensive treatment to youths addicted to alcohol or other substances in a structured residential environment. Substance abuse treatment facilities focus on behavioral change and services to improve the quality of life of residents.

Appendix B

Glossary of Terms (continued)

UNITY	A state operated information system used to record reports of suspicions or allegations of child abuse or neglect reported to a child welfare agency.
Welfare	Anything related to the general well-being of a youth. This includes education and punishments or discipline.
Youths	Children of all ages, including infants and adolescents.

Appendix C

Summary of Observations at Four Facilities Reviewed

Observations	Number of Facilities
Medication Administration Processes and Procedures	
Did not have comprehensive policies and procedures for the administration of medications as required by NRS 424.0385	1
Medication received at intake was not verified or documentation was missing or incomplete	4
No evidence of mandatory medication administration training for some employees	3
Missing or inadequate documentation of consent to administer psychotropic drugs from the person legally responsible for the psychiatric care of the youths	3
Policies for disposal of expired, discontinued, or unused medications need to be updated or staff did not follow policy	4
Other Significant Items	
Some youths were not informed of their right to file a grievance, or there was no evidence some youths were informed	3
Treatment plans were not prepared, not prepared timely, or were incomplete	4
Treatment plans were not reviewed periodically or updated treatment plans were missing	2
Incomplete or no documentation of reporting allegations of abuse or neglect within 24 hours as required by NRS 424B.200	3

Source: Reviewer prepared from facility reviews.

Note: This is not a comprehensive list of observations.

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2016

Table 1: Correction and Detention Facilities				Background		Population for FY 2016		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Caliente Youth Center	State	Caliente	12 - 21	140	133	79	0		
China Spring Youth Camp	State/Counties	Gardnerville	12 - 18	65	53	44	0		
Clark County Juvenile Detention Center	Clark County	Las Vegas	10 - 18	192	142	85	47		
Douglas County Juvenile Detention Center	Douglas County	Stateline	10 - 17	16	2	5	1		
Jan Evans Juvenile Justice Center	Washoe County	Reno	8 - 17	108	38	50	2		
Leighton Hall	Humboldt County	Winnemucca	11 - 18	12	4	9	2		
Murphy Bernardini Regional Juvenile Detention Center	Carson City	Carson City	10 - 17	16	10	14	0		
Nevada Youth Training Center	State	Elko	12 - 21	160	60	86	0		
Northeastern Nevada Juvenile Center	Various Counties	Elko	10 - 17	24	8	12	0		
Spring Mountain Youth Camp	Clark County	Las Vegas	12 - 18	100	94	62	6		
Summit View Youth Center	State	Las Vegas	12 - 21	48	36	54	0		
Teurman Hall	Churchill County	Fallon	12 - 18	16	9	11	0		
Total – 12 Correction and Detention Facilities				897	589	511	58		

Table 2: Child Welfare Facilities				Background		Population for FY 2016		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Austin's House	Private	Carson City	0 - 18	10	5	7	3		
Child Haven	Clark County	Las Vegas	0 - 17	90	69	59	57		
Kids' Cottages	Washoe County	Reno	0 - 18	82	61	44	10		
WestCare-Emergency Shelter	Private	Las Vegas	10 - 17	16	10	10	1		
Total – 4 Child Welfare Facilities				198	145	120	71		

Table 3: Mental Health Treatment Facilities				Background		Population for FY 2016		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time		
Adolescent Treatment Center	State	Sparks	12 - 18	16	14	20	0		
Desert Parkway Behavioral Healthcare Hospital	Private	Las Vegas	5 - 17	21	15	16	3		
Desert Willow Treatment Center	State	Las Vegas	12 - 18	58	28	81	0		
Montevista Hospital	Private	Las Vegas	5 - 17	86	56	83	0		
Seven Hills Hospital	Private	Henderson	10 - 17	18	8	19	1		
Spring Mountain Treatment Center	Private	Las Vegas	5 - 17	28	17	17	5		
West Hills Hospital	Private	Reno	5 - 17	29	17	35	2		
Willow Springs Center	Private	Reno	5 - 18	116	98	150	54		
Total – 8 Mental Health Treatment Facilities				372	253	421	65		

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2016 (continued)

Table 4: Substance Abuse Treatment Facilities		Background		Population for FY 2016		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
Nevada Homes for Youth I	Private	Las Vegas	13 - 18	10	10	6	3
Nevada Homes for Youth II	Private	Las Vegas	13 - 18	10	10	6	2
Vitality Center-ACTIONS of Elko	Private	Elko	13 - 18	13	2	27	1
Western Nevada Regional Youth Center	Various Counties	Silver Springs	12 - 18	18	18	17	2
Total – 4 Substance Abuse Treatment Facilities				51	40	56	8

Table 5: Group Homes		Background		Population for FY 2016		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
Family Learning Homes	State	Reno	5 - 17	22	19	14	1
Golla Home	Private	Washoe Valley	6 - 18	4	2	2	0
Hand Up Homes for Youth, Inc.	Private	Reno	13 - 17	15	12	12	4
Hope Healthcare Services	Private	Reno	6 - 17	12	10	3	6
My Home, Inc.	Private	Reno	4 - 18	7	7	2	1
Oasis On-Campus Treatment Homes	State	Las Vegas	6 - 18	29	19	36	2
Quest Counseling and Consulting, Inc.	Private	Reno	14 - 17	10	10	7	5
R House Community Treatment Home	Private	Reno	5 - 18	5	5	2	0
Rite of Passage-Qualifying Houses I	Private	Minden	14 - 18	16	12	4	3
Rite of Passage-Qualifying House II	Private	Gardnerville	14 - 18	8	4	6	3
St. Jude's Ranch for Children	Private	Boulder City	0 - 18	66	62	37	3
The Reagan Home	Private	Reno	8 - 18	6	4	2	2
Total – 12 Group Homes				200	166	127	30

Table 6: Residential Centers		Background		Population for FY 2016		Staffing Levels	
Facilities	Funded By	Location	Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
HELP of Southern Nevada-Shannon West Homeless Youth Center	Private	North Las Vegas	16 - 24	65	53	14	0
Northwest Academy	Private	Amargosa Valley	12 - 18	228	45	39	4
Spring Mountain Residential Center	State/County	Las Vegas	12 - 18	16	10	8	1
Total – 3 Residential Centers				309	108	61	5

Appendix D

Nevada Facility Information Fiscal Year Ended June 30, 2016 (continued)

Table 7: Foster Care Agencies				Population for FY 2016		Staffing Levels ⁽¹⁾	
Facilities	Background		Ages Served	Maximum Capacity	Average Population	Average Full-Time	Average Part-Time
	Funded By	Location					
Apple Grove Foster Care Agency	Private	Las Vegas	0 - 18	65	50	17	11
ART Homes ⁽²⁾	Private	Las Vegas	0 - 18				
Bamboo Sunrise, LLC	Private	Las Vegas	0 - 18	35	26	6	7
Bountiful Family Services	Private	Henderson	4 - 18	15	15	4	3
Boys Town Nevada	Private	Las Vegas	10 - 18	30	23	20	0
Eagle Quest	Private	Statewide	0 - 21	246	170	63	23
Genesis	Private	North Las Vegas	0 - 18	36	32	18	8
JC Family Services, LLC	Private	Reno	5 - 18	4	1	3	3
Koinonia Family Services	Private	Reno	3 - 18	52	32	5	0
Maple Star Nevada	Private	Reno	3 - 18	8	8	5	2
Mountain Circle Family Services	Private	Reno	3 - 18	19	16	3	6
Olive Crest	Private	Las Vegas	0 - 18	73	41	6	3
Specialized Alternatives for Families and Youth of Nevada, Inc.	Private	Las Vegas	0-18	168	106	32	2
Total – 13 Foster Care Agencies				751	520	182	68
Total – 56 Facilities Statewide				2,778	1,821	1,478	305

Table 8: Facilities That Closed During Fiscal Year 2016 or No Longer Meet the Definition of a Facility in NRS 218G.535

Facilities	Type of Facility	Location
Pathways of Nevada	Foster care Agency	Las Vegas
Mile High Foster Family Agency and Youth Services	Foster Care Agency	Las Vegas
New Vista Group Homes	Group Home	Las Vegas
Rite of Passage-Silver State Academy	Detention	Yerington
WestCare-Harris Springs Ranch	Substance Abuse Treatment Facility	Las Vegas
Total – 5 Facilities Closed or No Longer Meet the Definition of a Facility		

Source: Reviewer prepared from information provided by facilities.

⁽¹⁾ Staffing levels do not include foster parents.

⁽²⁾ Facility did not respond to our request for information.

Appendix E
Unannounced Visits to Nevada Facilities

Facility Name	Facility Type	Date of Visit
Summit View Youth Center	Correction	April 15, 2016
WestCare-Emergency Shelter	Child Welfare	June 24, 2016
Genesis	Foster Care Agency	June 24, 2016
New Vista Group Homes	Group Home	June 24, 2016

Source: Reviewer prepared from unannounced facility visits.

Appendix F

Methodology

To identify facilities pursuant to the requirements of statutes, we reviewed youth placement information submitted monthly by certain local governments. In addition, during examination of youths' files, we noted the youths' prior and subsequent placements. In addition, we discussed with facility staff and management whether they were aware of new facilities in the State. We also reviewed stories in the news media regarding children's facilities. Next, we contacted each facility identified to confirm it met the definitions included in NRS 218G.500 through 218G.535. For each facility confirmed, we obtained copies of complaints filed by youths or other persons on behalf of a youth while in the care of a facility since July 1, 2015.

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

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

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

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

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

Appendix F

Methodology **(continued)**

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

Reviews were conducted pursuant to the provisions of NRS 218G to determine if facilities adequately protected the health, safety, and welfare of children in the facility and whether facilities respected the civil and other rights of children in their care. Reviews included a review of policies, procedures, processes, and complaints filed since July 1, 2014. In addition, we discussed related issues and observed related processes with management, staff, and youths.

Issues discussed included:

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

Observations included the sufficiency of operating communication equipment, the security of youth records, administration of medication, and staffing.

Reviews also included reviewing management information and a sample of files. Management information included: reports of child abuse and neglect, reports used to

Appendix F
Methodology
(continued)

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

During one of our reviews, we examined youths' files for compliance with NRS 432B.607 through NRS 432B.6085. The law relates to emotionally disturbed youths ordered by the court to be treated at a mental health treatment facility and applies to youths in the custody of child welfare services placed in a locked facility on an emergency basis. The law establishes timeframes for placement and notification of youth's rights. Our examination included determining if the facility complied with the following timelines: certification of an emergency admission; notification of youths' rights; and a plan of care.

In addition to facility reviews, we performed four unannounced facility visits. Generally, unannounced facility visits included discussions with management and a tour of the facility. Discussions included medication administration, the complaint process, and background checks. Tours included all areas accessible to youths. A list of unannounced Nevada facility visits is contained in Appendix E, which is on page 67.

Our work was conducted from January 2016 through December 2016 pursuant to the provisions of NRS 218G.570 through 218G.585.

We furnished each facility reviewed with a conclusion letter. We requested a written response from management at each facility. A copy of each facility's review conclusion and summaries of managements' responses begins on page 13.

Contributors to this report included:

Jennifer Brito, MPA
Deputy Legislative Auditor

Jane Giovacchini, MS
Audit Supervisor

Sandra McGuirk, CPA
Deputy Legislative Auditor