

**OKLAHOMA COMMISSION ON CHILDREN AND YOUTH  
OFFICE OF JUVENILE SYSTEM OVERSIGHT**

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**Name of Location of Facility:** J. D. McCarty Center  
Norman, Oklahoma

**Dates of Visit:** June 07, 2007 & June 08, 2007

**Oversight Reviewers:** Jenifer K. Cooks, Oversight Specialist

**Focus of Visit:** Unannounced routine visit

**Date:** July 25, 2007

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**Introduction**

The Office of Juvenile System Oversight (OJSO) began an unannounced visit to J. D. McCarty Center on June 07, 2007. The purpose of the visit was to assess compliance with established responsibilities, facility policy and procedures, and rehabilitation licensing standards for specialized hospitals under the authority of the Oklahoma State Board of Health. The census on the day of the visit was 34.

**Interviews Conducted**

- Entry interview with the facility Director
- All five of the verbal residents
- Five direct care staff
- Two nursing staff
- Exit interview with Rehabilitation Specialist, Director of Nursing, and Human Resource Programs Manager

**Documents Reviewed**

- License which reads as: State of Oklahoma, Oklahoma State Health Department – Cerebral Palsy Commission is hereby licensed to Conduct and Maintain a Specialized Hospital: Rehabilitation- Under the Name of J.D. McCarty Center for Children with Developmental Disabilities- effective date February 1, 2007, through January 31, 2008
- Oklahoma State Department of Health survey completed on May 7, 2007- Attached violations as well as provider's plan of correction
- Department of Health and Human Services Centers for Medicare & Medicaid Services survey completed on May 7, 2007 – Attached violations as well as provider's plan of correction

- Copy of a Caretaker Conduct Review Report dated May 03, 2007, with no findings of misconduct
- Fire Marshall Report dated July 7, 2006, with response from agency- the last fire drill took place on May 18, 2006, there is one scheduled in July 2007
- Eight personnel files
- Agreement for Educational Services between Norman Public School, Independent District I-29 and J. D. McCarty Center dated May 15, 2006, through June 30, 2007
- Resident Roster
- Six resident charts
- New policy that is being revised regarding Use of Time Out, Patient Rights/Grievance, Therapy Treatment Orders, Use of Restraint in Emergency Situations, Orders for Restraint and Seclusion, Use of Seclusion in Emergency Situations, Pre-Staffing Conference Reports, and Nursing Care Plans
- Individualized weekly schedules for 34 residents
- Direct Care Specialist schedule for May 27, 2007, through July 7, 2007
- Nurse's schedule for April 29, 2007, through June 09, 2007

## **Findings**

### Staff Interviews

The OJSO interviewed a total of five direct care specialist and two nursing employees. The interviews focused on quality of life, safety and health of residents. Five of the seven employees interviewed were unable to describe the grievance procedure. These five employees were not aware if a grievance procedure existed at the facility.

Four of four staff interviewed stated that incident reports were completed when someone was injured. All staff were satisfied with their employment and verbalized a desire to help the children at J.D. McCarty. Seven staff members were questioned about how they would respond if they felt a resident had been abused prior to coming into the facility and whose responsibility it would be to contact child welfare. There was a consensus that there is not an understanding of who should be notified or whose responsibility it is to report the abuse to child welfare.

### Resident Interviews

The OJSO interviewed five residents. Due to the special needs or ages of the residents at J.D. McCarty, these were the only residents who were able to be interviewed. Questions pertained to the quality of life at the facility and the safety and health of the residents. All of the residents interviewed stated they felt their needs were being taken care of and they liked the people who care for them. Of the five residents interviewed, two identified a parent/guardian as someone they could talk to if something was going on they did not like or if someone was not

taking care of them. One resident stated that he/she would tell his/her counselor, one resident would talk to another staff member and another resident had no idea who he/she would tell.

#### Documents Reviewed

The OJSO reviewed the Oklahoma State Department of Health survey completed on May 7, 2007, as well as the provider's plan of correction. Violations in this report included nursing practices which involved the facility not having a Registered Nurse (R.N.) assign and supervise the patient care. Nursing care plans shall include evaluations and reviews. The nursing care notes shall be informative and descriptive of nursing care being provided. The notes should also include assessment, interventions, and evaluation of patient. Other violations listed included patients being secluded without a physician's order, and the seclusions were not at the direction of the R.N. Orders for rehabilitation, physical therapy, and occupational therapy shall be given in accordance with the physician's or licensed independent practitioner's orders, and these orders shall be a part of the patient records. Emergency services were included in the violations, due to the facility not having a specific emergency room with written policy enforcing emergency procedures.

The OJSO also reviewed the Department of Health and Human Services Centers for Medicare & Medicaid Services survey completed on May 7, 2007, as well as the provider's plan of correction. The violations included:

- Patients' Rights - a hospital must protect and promote the rights of each patient. The hospital did not ensure that the hospital has communicated to patients and their representatives how to lodge a grievance; the hospital failed to obtain physician's orders for restraints and seclusions; the hospital failed to provide patient care in a safe setting, nursing staff do not supervise or assign patient care to the Direct Care Staff.
- Grievances - although the hospital has a policy for the resolution of grievances there was no evidence during the survey that the policy was implemented and followed by the hospital
- Grievance procedures - review of the documentation presented as information presented to patients and their families did not contain how to submit either a verbal or written grievance
- Nursing Services – all nursing patient care services are not either furnished or supervised by a registered nurse, the hospital does not ensure the immediate availability of a registered nurse (RN) for bedside care, and the hospital failed to ensure nursing staff are assigned to care for patient's based on patient's needs and the competence of the nursing staff
- Organization of Nursing Services - the hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care, the director of the nursing service must be a licensed registered nurse and be

- responsible for the Direct Care Services staff who provide nursing care to patients

### Resident Charts

Six resident charts were reviewed. Of the six, three did not have a completed Nutritional Assessment. Throughout the six charts reviewed, there were various forms that were not complete or had not been signed. In one chart, there were 32 of the Speech Therapy notes that were not signed by the therapist. In one chart, the Patient Information History form was missing school information, history of mom's pregnancy, diet information, date of last physical exam and history of previous hospitalization. In another chart, the physician had not signed the Admitting History and Physical. One chart documented that a resident had gotten some disinfectant in his eye on December 21, 2006. He was taken to Norman Regional Hospital Emergency Room, however, a referral to the Office of Client Advocacy (OCA) was not initiated. One resident chart did not have a physician's signature on the discharge note. When the OJSO requested to view the time out/seclusion log, grievance log and the OCA log, the Director of Rehabilitation stated that the facility was currently working on the logs to come into compliance with violations documented from Oklahoma State Department of Health and the Department of Health and Human Services Centers for Medicare & Medicaid Services.

### Personnel Files

Eight personnel files were reviewed and all eight had verification that Tuberculosis Skin tests had been obtained. Seven of the eight files did not document who read the skin test. This was discussed with staff during the exit interview and it was verified that a new form is being utilized. This form has a place for the medical personnel, who verifies the screen test, to sign.

Each of the eight files contained two references but none of the eight files contained an employee evaluation. This was addressed in the exit interview and the eight evaluations were later faxed to the OJSO.

### **Summary**

The OJSO met with several of the administration personnel in regards to changes that are currently underway due to the recent inspections from the Department of Health and Human Services Center for Medicare & Medicaid Services and from the Oklahoma State Department of Health. They reported that they are concerned about coming into compliance and are working together to ensure this occurs. During the exit interview, discussion took place as to the OJSO providing training in regards to restraint and seclusion. This will be addressed by the OJSO specialist to determine various options in regard to training that is available. It was also suggested that the grievance procedure be reviewed periodically with staff members. Another concern that OJSO addressed during the exit interview was the fact that five staff members were not able to explain their responsibility in regards to reporting to child welfare. It was suggested that this be periodically reviewed as well.