

OKLAHOMA DEPARTMENT OF MENTAL HEALTH
AND SUBSTANCE ABUSE SERVICES
CHILDREN'S RECOVERY CENTER OF OKLAHOMA

Date: May 5, 2009

Ms. Ellen Harwell
Oklahoma Commission on Children and Youth
Office of Juvenile System Oversight
500 N Broadway, Suite 300
OKC, OK 73102

RE: December 10th and 11th, 2008 Visit

Dear Ms. Harwell,

The Children's Recovery Center of Oklahoma (CRC) is committed to providing the highest quality services to the children and families of Oklahoma. We appreciate the thorough review of our facility's practices and provide this plan of correction in response to your findings from your visit in December of 2008.

Facility Areas of Concern and Plans to Correct:

1. **“The Office of Juvenile Affairs Juvenile Services Unit worker signed two blank consent forms authorizing the release of confidential health information.”** It is not the practice of CRC to request anyone to sign a blank release form. CRC has re-educated all admissions personnel (triage/admissions and nursing services) to ensure that any release of information that is necessary must be fully and completely filled out prior to asking a worker to sign. The Triage/Admissions Administrator completed this staff training in February 2009. For all New CRC employees, the ODMHSAS Privacy Officer presents on HIPAA and confidentiality law during DMHSAS New Employee Orientation. The Medical Records Supervisor also covers this in the CRC New Employee Orientation.
2. **“The facility was unable to locate a contractual agreement or a memorandum of understanding between the Children's Recovery Center of Oklahoma (CRC) and OJA.”** CRC is an Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) operated facility for children. ODMHSAS and OJA are currently working on a contract or memorandum of understanding for service provision. The fact that there are two state entities attempting to develop a contract certainly complicates the situation but does not keep it from occurring. Both state entities are working on the issue and have hopes to have an agreement in place by July, 2009.

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Facility Violations and Plans to Correct:

1. **“The medical exam of a youth indicated the need for vision correction. An eye appointment and/or referral was not documented.”** CRC does provide for medical, dental and vision needs of all the youth it serves. In review of this record the eye exam referral is checked “no” in terms of need for further follow-up.
2. **“The date and time were left blank on the physical examination form of one youth. The file of a second youth contained two blank forms, Health and Drug History and Child History.”** The physical exam of each youth should include documentation of the date and time of the exam itself. The CRC Medical Director and the Medical records supervisor is working with the CRC medical staff to ensure all exams are completed in an timely manner and the documentation of those exams are complete. The Health and Drug History and the Child History forms are included in the admission packet for all CRC admissions. The forms are designed to be completed by the child’s parent/guardian. Frequently with children in custody and at the time of admission, a guardian is not present who can adequately complete these forms. In these instances, the forms are flagged in the chart to be completed by the therapist and the child and the guardian as soon as possible. The CRC Clinical Director will work with the CRC Triage/Admissions Administrator and the CRC Medical Records Supervisor to ensure these forms are adequately completed as early in the assessment process as possible. Corrective action to be completed by May 15, 2009.
3. **“The Family Guardian Rights/Child and Adolescent Rights form was not signed by two residents. A grievance notice was not signed by two residents. The Privacy Practices Receipt of Notice could not be located in one file.”** The Guardian/Child Right forms should be reviewed at the time of admission with the guardian and child and a signature obtained at that time. Should a signature not be able to be obtained, documentation should clearly reflect the circumstances around this. The CRC Clinical Director and the Triage/Admissions Administrator are currently working with admission staff to ensure proper training and information exists to remedy this issue. The Privacy Practice Receipt of Notice should be located in all resident files. At the time of admission or soon thereafter, the guardian and resident should have this information explained to them and the notice should be signed and placed in the medical record. The CRC Clinical Director and the Triage/Admission Administrator are currently revising the admissions process and will correct this. The admission process will be revamped by June 1, 2009
4. **“The Educational Assessment for one youth documented that it was unknown if the youth was on an Individualized Education Plan”.** CRC works collaboratively with the Norman Public School to provide educational assessments and education to all CRC residents. The initial education assessment is done very soon after admission and may frequently lack information about IEP’s. However, that should not remain. As releases of information are obtained and school records are reviewed, those assessments should be

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updated with accurate and timely information. The CRC Executive Director is currently working closely with the Leland Wolf School Principal to ensure that educational assessments are updated regularly and accurate information is available to meet the educational needs of each CRC resident.

- 5. “The “Oklahoma Youth Center Medication Reconciliation” form had not been signed on behalf of two youth to indicate the consent of the guardian to continue with current prescribed medications. Consents could not be located for medications prescribed after admission for one youth.”** Frequently at CRC, when a child is admitted who may be in DHS or OJA custody, an individual is not present who can sign the above mentioned documents. In those cases, the CRC staff member contacts the responsible party to obtain consent to continue medication or start new ones. That contact is frequently documented in the medical record either in the physician or nursing section of the medical record or on the form itself. CRC attempts to get signatures from the responsible party either by fax or during a visit. CRC Medical Director will work closely with the CRC Interim Director of Nursing to ensure that the CRC medical and nursing staff members adequately document consent on the proper Medication Reconciliation Form and /or consent forms for medication are present in the medical record. Corrective action will be completed by May 15, 2009.

Please accept this response and plans of correction for any violation and other concerns noted during your site visit on December 10-11, 2008. If I can be of further assistance to you, please contact me at my extension, (405) 573-3805.

Sincerely,

Todd Crawford, Executive Director
Children's Recovery Center of Oklahoma