

OKLAHOMA DEPARTMENT OF MENTAL HEALTH

AND SUBSTANCE ABUSE SERVICES

CHILDREN'S RECOVERY CENTER OF OKLAHOMA

Date: September 24, 2009

Ellen Harwell, Oversight Specialist  
Oklahoma Commission on Children and Youth  
500 N. Broadway Ave., Suite 300  
OKC, OK, 73102-6200

RE: Corrective Plan of Action

Dear Ellen,

I would like to extend my thanks to you and your organization for the commitment to quality care that your commission supports and expects from child serving agencies throughout Oklahoma. We at the Children's Recovery Center of Oklahoma (CRC) echo your commitment and aspire to the provision of excellent services through a performance improvement approach.

Please find the following corrective action plans related to the "Areas of Concern" and the "Violations" listed in your summary report from your most recent visit on June 18-19, 2009:

**Areas of Concern –**

1. *"Both staff members and residents expressed concern regarding the lack of consistent recreational activities. The facility layout did not allow for large motor activity when weather did not permit outdoor activity."*
  - CRC has added to our capital improvement plan with ODMHSAS the building of an on-site gymnasium that could also function as a kitchen/cafeteria. CRC has also begun a capital improvement plan of its own to obtain foundation funding to build a gym/cafeteria. CRC is also working on adjusting its visitation schedule to allow for more use of the "foyer", the only large indoor area currently located within CRC. This process is time consuming and we hope to have funding secured for a new gym by 2011. A new Recreational Therapy (RT) position was added to CRC and begins September 21, 2009. With this new position, recreational Therapy will begin to offer increased activities in the evenings and weekends.
2. *"Residents expressed concern regarding food quality and food choices. Menus were not under the control of the facility and were provided by another facility. Residents were concerned about weight gain due to unhealthy meals provided by the facility."*
  - CRC is working closely with Griffin Memorial Hospital (GMH) to address the ongoing issues with food quality. GMH has recently agreed to provide a special "child-

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- friendly menu” to CRC and make significant improvements in the foods offered to children and youth at CRC. CRC is planning on adding another cook and server to the GMH Kitchen allowing for the development and sustainability of the “child-friendly menu”. This process should be completed and in place by November, 2009.
3. *“Verbal consents for medications were obtained without documenting the presence of a witness to the consent.”*
    - CRC will implement the documentation of a witness and co-signature of that witness to all documentation of verbal consents obtained for medication. This practice will be implemented by October, 2009.
  4. *“Facility documentation indicated that a parent had been permitted to meet with peers of a resident. The OJSO found no documentation the peers’ parents/guardians had given consent for them to meet with the parent.”*
    - Upon further review of the documentation of this incident and discussions with staff members involved in the issue, CRC is able to respond that in no way was confidentiality breached. The parent in question was met with by staff. However, no other patients were involved in that meeting aside from the child of the parent in question. CRC staff met with the peers separately from the parent and resident. The documentation was unclear and this has since been clarified.

**Violations –**

1. *“Three personnel files contained references obtained after the employees’ date of hire.”*
  - CRC is aware of the DHS contract requirement and has taken steps to ensure that references are obtained during the hiring process prior to the actual employment date of the employee. CRC utilizes the broader ODMHSAS Human Resources (HR) Department to hire prospective employees. The ODMHSAS HR is aware of this contract requirement and has in place, currently, a plan to obtain these references prior to a job offer being made to prospective CRC employees. The Office of the Executive Director will monitor and ensure compliance.
2. *“Two personnel files did not contain documentation of a mantoux (PPD) skin test upon employment.”*
  - Documentation of the PPD skin test is now in the files mentioned above. CRC utilizes the broader ODMHSAS Human Resources Department and the Griffin Memorial Hospital Employee Health Program to meet this particular DHS contract requirement. Frequently, the test results are held up in another location, as was the case in this instance. The CRC Director’s Office will ensure the appropriate

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- documentation is available in employee personnel files located on site and monitor for compliance.
3. *"The medical exam of a resident indicated the resident required vision correction. An eye appointment and/or referral were not documented."*
    - The Office of the Medical Director at CRC is currently ensuring resident files are reviewed at least weekly to catch any potential missed physician order or recommendation for referral of necessary outside medical care. A collaborative effort between the Medical Records Department and the Office of the Medical Director will ensure compliance.
  4. *"Two resident files contained treatment plan reviews that were not signed by the parent/guardian and/or the resident."*
    - CRC is currently undergoing a transition to an electronic medical record (AVATAR). With this transition, the Clinical Services Department now holds the responsibility for obtaining signatures from residents and parents/guardians. The CRC Clinical Director will ensure clinical services staff members obtain those signatures adequately and will review medical records regularly to ensure compliance.
  5. *"Treatment plan reviews were reviewed by phone without obtaining signatures."*
    - Plan of action is the same as # 4.
  6. *"In one resident file, the Family and Guardian Rights/Child and Adolescent Rights form and the grievance notice were not signed by the parent/guardian."*
    - The Triage/Admissions Department holds the responsibility for this practice and shares that responsibility with Nursing Services and Clinical Services on weekends. The Administrator for Triage/Admissions and the Clinical Director are working collaboratively to ensure these forms are signed upon admission or as soon as possible after admission and will monitor for compliance.
  7. *"Documentation of physical restraints, physician orders and progress notes failed to document the emergency need for medications. PO (by mouth) medications were ordered for 'agitation'."*
    - Based on CRC's participation in the Reduction in Seclusion and Restraint Grant, this review, a recent review by APS and discussion with The Joint Commission, CRC recently completed and put into place a procedure (#215-05-06) to detail chemical restraints. This procedure was enacted on August, 21, 2009. The procedure provides clear direction to physicians and nursing services staff members in the utilization of this practice. Also, the use of PO medication is now tracked daily on the 24 Hour Report and reviewed each morning in morning report. The Medical

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- Director and Director of Nursing share responsibility to monitor these practices and ensure compliance with the procedure and DHS contract requirements.
8. *“Documentation showed (IM, intramuscular, given by needle into the muscle) medications were ordered and given without documentation of the serious need, without documentation that the patient’s right to refuse medication had been considered, and in the absence of documentation that the administration of the medication met criteria outlined in the OKDHS contractual agreement.”*
- Based on CRC’s participation in the Reduction in Seclusion and Restraint Grant, this review, a recent review by APS and discussion with The Joint Commission, CRC recently completed and put into place a procedure (#215-05-06) to detail chemical restraints. This procedure was enacted on August, 21, 2009. The procedure provides clear direction to physicians and nursing services staff members in the utilization of this practice. Also, the use of IM medication is now tracked daily on the 24 Hour Report and reviewed each morning in morning report. The Medical Director and Director of Nursing share responsibility to monitor these practices and ensure compliance with the procedure and DHS contract requirements.
9. *“Allegations made by residents were not promptly reported to OCA.”*
- It is the practice of CRC when a grievance is received that may constitute an allegation of abuse/neglect a Critical Incident Report (CIR) is immediately completed and a report is made to OCA. In all three instances CIR’s were completed. However, this may not have been indicated on the grievance form. This has been added and is currently being completed by the grievance reviewer. Also, CRC has operated under the assumption that “next business day” was appropriate for reporting allegations to OCA. In talks with OCCY and DHS, CRC was made aware that notification to OCA should occur within 24 hours of the receipt of the CIR. This has been put into practice and will be monitored by the Office of the Executive Director to ensure compliance.

Please consider this corrective plan of action. If I can be of further assistance to you, contact me and (405) 573-3821.

Sincerely,

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