

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

Name of Location of Facility: Oklahoma Youth Center
Norman, Oklahoma

Dates of Visit: October 9, 10, and 11, 2007

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

Focus of Visit: Unannounced Routine Visit

Date: January 31, 2008

Introduction

The Office of Juvenile System Oversight (OJSO) initiated a routine, unannounced visit on October 9, 2007, at the Oklahoma Youth Center (OYC), and returned on October 10, and October 11, 2007, to complete the visit. The purpose of the visit was to assess compliance with established responsibilities and facility policy and procedures. The facility was licensed by the Division of Child Care of the Department of Human Services (DHS), as a Residential Child Care facility to provide care for thirty-eight residents. The program was accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Norman Adolescent Center (NAC) and OYC are in the process of merging the two facilities. NAC will be under the OYC umbrella and will continue to provide substance abuse services. On the day of the OJSO visit, the census was thirty-five for the three OYC dormitories; the census was fifteen for the NAC dormitory.

Interviews Conducted

- Entry interview with the Administrative Programs Officer
- Ten residents
- Three direct care staff members
- Exit conference with the Executive Director of OYC, the Triage Coordinator, the Administrative Assistant of OYC, the Administrative Assistant of NAC, the Health Information Supervisor, the Director of Nursing, the Information Manager, and the Administrative Programs Officer

Documents Reviewed

- Nine resident charts

- OJSO oversight report from the visit that occurred at OYC on June 19, and 20, 2007
- OJSO oversight report from the visit that occurred at NAC on March 28, 2007, April 5, 11, 13, and 18, 2007
- Department of Human Services (DHS) Division of Child Care inspection report dated August 1, 2007
- OYC Accreditation by the Joint Commission on Behavior Health Care Accreditation Program dated April 13, 2007, valid for up to thirty-nine months
- Office of the Oklahoma State Fire Marshal inspection report dated June 27, 2007
- OKDHS Children and Family Services Division Continuous Quality Improvement Unit report dated February 13, 2007
- Critical Incident Reporting policy DMHSAS 6.3, effective January 1, 2004
- Policy dated March 25, 2004 (effective date), regarding Patient Grievances
- Fire Drill report documenting the most recent fire drill on August 30, 2007

Areas Toured

Kitchen at Griffin Memorial Hospital in Norman

Findings

Staff Interviews

Three staff members were interviewed. Interviews focused on staff understanding of resident needs, safety and welfare, as well as overall staff satisfaction. Two of the three staff members interviewed reported concerns regarding the food served at the facility. One staff stated that there have been instances when the bacon and sausage have not been cooked thoroughly. Another staff member stated that there had been concerns that the residents did not like the food served, and there had been times that it was difficult to determine the content of the food served.

Client Interviews

Ten residents were interviewed. The interview questions pertained to resident safety and the overall care given to residents by staff. Five of the ten residents interviewed reported concerns about the food at the facility. Five of the ten said they were not able to discuss the grievance process due to a lack of understanding the process.

Areas Toured

The OJSO oversight specialist visited the kitchen at Griffin Memorial Hospital where food was prepared for the residents at OYC and NAC. Refrigerator number 409 contained a large container of left over bread that was drying out and would eventually be made into bread crumbs. The container that the bread

was in did not have a snug-fitting lid as there was an overabundance of bread. Some of the bread had been left in its own plastic bag and was thrown in with the other bread. In this same refrigerator, there was a large container of pastrami dated 10-10-07, which was not covered well. There was rice in another container; however, no date or labels were found on the container. On the top shelf, there were several uncovered boiled eggs, undated and unlabeled. In the walk-in freezer, there were approximately twenty to twenty-five large styrofoam cups that were not covered. The OJSO specialist was advised these contained Ensure. This same freezer contained an additional ten to fifteen large styrofoam cups of chili. Some of the lids for these chili containers did not fit, and none of them had dates or labels. In refrigerator number 413A there was a five-gallon bucket that contained ranch salad dressing prepared at the facility. This container did not have a label, date or a lid.

Documents Reviewed

Six Critical Incident Reports for NAC residents were reviewed. None of the six reports included a reviewer's signature, date, or comments by a reviewer.

Forty-three Critical Incident Reports for OYC residents were reviewed: (1) Thirty-eight reports did not have any documented comments by a reviewer; (2) Six reports did not have a reviewer signature; (3) Twenty reports did not document to whom the reporter reported the information. The OJSO specialist allowed the facility the time to correct the forms that did not have reviewer comments; however, the information that was added was not consistent with the facility's policy as explained below in Violations.

Five NAC grievances were reviewed: (1) None of these grievances were numbered; (2) Five of the grievances failed to provide information regarding the staff's name and the date the grievance had been received; (3) Four of these grievances did not provide documentation regarding whether or not the concerns had been successfully resolved; (4) Three forms had not been signed by clients verifying the clients had been contacted by the grievance coordinator to discuss the issues; (5) Two clients had requested the Patient Advocate be involved; however, the forms lacked documentation of any further action being taken; (6) One grievance was stamped on June 4, 2007; however, the issue was not addressed until August 24, 2007, and the client had been discharged prior to the grievance coordinator taking any action toward addressing the grievance.

Ten OYC grievances were reviewed: (1) Two of the ten grievances had documentation that the resident had requested the Patient Advocate become involved, yet neither of these two grievances documented any further follow up or contact by the grievance coordinator.

Nine resident charts were reviewed. Four charts concerned NAC residents, and five charts concerned OYC residents.

Findings in the NAC charts were as follows: Two charts did not have identifying client information on pages 2-5 on the screening and bio-psychosocial intake forms. One initial treatment plan had no documentation of a signature by the physician. Three treatment plan reviews on the same client did not include the parent's signature or an explanation why the parent failed to sign. One Initial Health and Drug History lacked the reviewing physician's signature.

Findings in the OYC charts were as follows: One chart did not have a client's signature on the treatment plan review.

Areas of Concern

Three violations noted in the OJSO oversight report for OYC dated July 31, 2007, continue to be of concern in this report: documentation in charts, a lack of understanding regarding the grievance process and incident forms not being completed correctly. Improvements have been made in chart documentation; however, little to no progress was noted regarding understanding of the grievance process and accurate/complete incident report forms. Although four of the five OYC charts reviewed failed to document client identifying information on pages 2-5 of the initial information intake forms, only one initial treatment plan was not signed by the physician. Also, only one chart reviewed contained a treatment plan review that had not been signed by the resident or an explanation as to why the client failed to sign.

In reviewing the most recent OJSO oversight report for NAC dated August 1, 2007, two of the documented nine violations in that oversight report remain violations at this time: a lack of understanding of the grievance process and incomplete and inaccurate incident forms.

OJSO addressed the grievance process during the Spring 2007 oversight with OYC when OJSO discovered the staff were not aware of the grievance process, and they were not completing the forms correctly. The grievance process also was addressed at NAC during the Spring 2007 oversight when OJSO similarly discovered staff did not understand the process and were not completing the grievance forms correctly. This present oversight report continues to address the grievance process. The specific concerns have been identified in the **Violations** section below.

Incident reports were addressed in the Spring 2007 oversight at OYC and NAC because at NAC, staff were not completing incident reports on qualifying events, and at OYC, incident reports and other forms lacked complete information. This current report continues to address the incident reports. The specific concerns have been identified in the **Violations** section below.

Violations

1. A total of twelve Critical Incident Reports (CIRs) did not include a reviewer's signature. According to DMHSAS 6.3 policy regarding Critical Incident Reporting, these reports are intended to document factual circumstances, alert administration to potential problems, facilitate performance improvement by tracking the number of incidents, and document events that could lead to adverse effects on consumers. This same policy regarding Critical Incident Reporting, DMHSAS 6.3, Page 5, in part states, (2)(V) Completing DMHSAS Confidential Critical Incident Report Form-The Critical Incident Report shall be completed as follows: Reviewer signature: The reviewer's signature must be the dated, legible signature of the person reviewing the incident. The person completing the report cannot be the reviewer. The reviewer must be the facility director, director of nursing, medical director, clinical director, or division or unit head. Facilities may develop additional internal reviewing processes."

When the OJSO specialist allowed time for facility staff to add comments to the CIRs, the phrase "was handled appropriately" was inserted. According to this same policy, DMHSAS 6.3, Page 5, part (2)(o) and (2)(u) both state that "was handled appropriately" is not acceptable.

2. A total of fifteen grievances between NAC and OYC were reviewed. Six of the grievance forms lacked documentation that residents were notified in regard to actions taken to resolve the grievance. Four other grievances had client signatures with documentation stating they were not satisfied with the outcome of the grievance, and requested further action be taken. These four grievances had no documentation of any further action being taken. According to OYC Procedure No. 214-03, Patient Grievances, page 2, "Unless there is a grievance concerning abuse and neglect of a patient, as defined by this policy and providing the patient presents a completed grievance form, within one working day after receiving notice of said grievance the appropriate supervisory staff member designated by the OYC morning report team should: Give form to appropriate staff at the lowest level and have them address the grievance and sign and date the grievance along with documenting the actions taken to resolve the grievance. If the patient is not satisfied, within one working day of receipt of the request to resolve, the staff member should send the form to morning report for the director or designee, to take further action to attempt to resolve the grievance."
3. Food items in the refrigerators and freezers were not covered, dated and labeled. According to DHS Licensing requirements, 340: 110-5-164, Food Service and Sanitation Requirements, (2)(A) Food sources - Food is from sources approved or considered satisfactory by the health authority and is in sound condition, free from spoilage, contamination, filth, adulteration,

misbranding, and safe for human consumption. DHS Licensing requirements, 340: 110-5-164, Food Service and Sanitation Requirements, (4) Food protection- Foods are covered and protected from contamination while being stored, prepared, displayed or transported. This same policy, subsection (4)(G), states the use of unlabeled cans is prohibited.

Summary

The OJSO will continue to monitor and assist with the transition of OYC and NAC. At the time of this oversight, OYC had recently appointed a new director, and several changes were in the process of taking place. While the transition continues, the new facility should ensure that the residents as well as staff understand the grievance process and consistently follow its directives.