### DPH Corrective Action Outline

**March 5, 2018 Report (Julianna’s suicide on Christmas; Bianca’s suicide attempt and two charts from 2016)**

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| N 100 Use of Restraint and Seclusion CFR(s): 483.354 | Multiple points of ligature and chemicals were identified in an unlocked laundry room of a residential cottage, failing to ensure that the environment was free from ligature risks to secure a safe environment. | • Reminded staff that the laundry room door was to be locked at all times and youth are not to use this area unsupervised.  
• Signs posted on doors.  
• Replace doors with self-locking doors. | 2/1/18  
2/6/18  
4/16/18 |
| N 215 Education and Training CFR(s): 483.376(a)(1)   | The facility failed to ensure that the environment was free from ligature risks and access to chemicals to secure a safe environment as evidenced by the laundry room door being unlocked on the Quinnipiac Unit. | • Reminded staff that the laundry room door was to be locked at all times and youth are not to use this area unsupervised.  
• Signs posted on doors.  
• Replace doors with self-locking doors. | 2/1/18  
2/6/18  
4/16/18 |

### March 29, 2018 Immediate Jeopardy Report (Julu and Gillian)

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| N 100 Use of Restraint and Seclusion CFR(s): 483.354 | The Facility failed to assure timely transfer to a hospital following a suicide attempt.                                                                                                                                                                               | • Medical Director met with the MD responsible for the referral to pediatrics/emergency department.  
• Updated and trained procedures: Medical Assessment, Treatment and Consultation” “Youth Care Assessment and Management of Risk” “Back up and All Available” “Assessment and Level of Observation.”  
• Staff Trained in: Suicide Prevention; DBT; CAMS. | 3/23/18  
4/17/18  
4/16/18 and on going |
| N198 Medical Treatment for Injuries                 |                                                                                                                                                                                                              | • Re-allocated staffing patterns.  
• Staff Trained in: Suicide Prevention; DBT; CAMS.  
• Updated and trained on the following procedures: Supervision of Youth” “Search of Youth” and “Youth Belongings.”  
• Updated the process for community activities; strengthened approval process.  
• Updated and trained on the following procedures: “Mobility Status” and Discharge Planning.” | 4/10/18  
4/16/18 and on going  
4/2/18  
4/9/18  
4/17/18 |
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| N 215 Education and Training CFR(s): 483.376(a)(1) | The Facility failed to ensure it was free of ligature risks in an environment that cares for residents with behavioral health diagnoses and/or the emergency equipment was readily accessible in the event of a medical emergency which results in findings of immediate jeopardy. | • The Superintendent increased staffing with the goal of minimizing the risk of a copycat. This was with both residential and RN staff.  
• Locked or removed all bedroom closet doors.  
• Procedural changes and training: “Bedroom Closet Doors” “Assessment and Reassessment” “Assessment and Level of Observation” “Emergency Medical Care of Youth” “Ligature Point Management” “Safety Inspection”  
• Added random check to the hour.  
• RN assessment for each youth each shift. Audit of these assessment.  
• Removed toilet paper holders; ordered new toilets.  
• Secured vendor to cover radiators and other fixtures.  
• Secure vendor to replace door hinge with continuous hinges.  
• Mitigation plan put into place that any youth on a heightened level of observation for self-harm and suicide will be on continuous observation in the bathroom and bedroom. Bathrooms to be locked at all times.  
• Placed emergency medical equipment on each unit/cottage and youth area.  
• Trained RN's on oxygen monitoring; oral and nasopharyngeal suctioning  
• Replace Velcro on shades so that it is ligature proof. | 6/29-7/7/18  
6/29/18 until current 7/12/18  
7/3/18  
6/29/18 and ongoing  
7/13/18  
7/12/18 and ongoing  
7/18/18 and ongoing  
7/2/18  
7/2/18  
7/15/18 |
### July 16, 2018 Immediate Jeopardy Report (Destiny suicide and Olivia attempted suicide)

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| N 100          | The facility failed to ensure that assessments were conducted timely when a change in condition/behaviors were noted and/or failed to provide the appropriate level of observation/supervision and/or failed to initiate the emergency medical system timely and/or conduct environmental assessments and/or when such change were noted resulting in the finding of immediate jeopardy. | • Began running each cottage with 1 RN per shift per cottage unless approved by the DON or Superintendent.  
• Request to establish: additional Head Nurse Positions; Supervising Nurse positions and Rehab. Therapist position.  
• Psychiatrist to monitor RN assessment for accuracy and agreement in assessment.  
• Updated and trained procedures: “Emergency Medical Care for Youths” “Treatment Planning” “Therapeutic Visits” “Youth Belongings and Inventory” “Sharps Control” “Search of Youth”  
• Updated procedure “Assessment and Level of Observation” to include specific guidelines on how to complete an observation of a youth.  
• Placed cards with emergency numbers by phone and provided to staff to carry.  
• Environmental Rounds (additional) | 7/16/18 and ongoing |
| N 215          | The facility failed to ensure that assessments were conducted timely when a change in condition/behaviors were noted and/or failed to provide the appropriate level of observation/supervision and/or failed to initiate the emergency medical system timely and/or conduct environmental assessments and/or when such change were noted resulting in the finding of immediate jeopardy. |                                                                                                  | 7/31/18            |

### August 28, 2018 Report (Destiny suicide, Olivia attempted suicide, Omaira hand, Tiffany scratching)

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| N110 Individual plan of care | The facility failed to ensure that a therapeutic relationship had been maintained and/or a change in therapist had been made when the therapeutic relationship demonstrated decline and/or a comprehensive treatment plan was completed and/or revised. | • Manager presence on off hours; weekends, 3rd shift, holidays.  
• Adjusted treatment planning procedure to add a focused treatment plan review when a youth “refuses” treatment interventions, including school.  
• Adjusted discharge planning procedure to include a discharge care planning meeting 3 days before discharge.  
• Change Action Plan to Milieu Treatment Plan; licensed professional to sign off. | 8/11/18  
9/19/18  
9/19/18  
9/19/18 |
| N114 Individual Plan of Care | The facility failed to assure a safe discharge plan and/or update the ITP when resident identified ambivalent feelings related to discharge plan. | • Review of pre and post assessment for safety planning before and after a TV.  
• Adjusted discharge planning procedure to include a discharge care planning meeting 3 days before discharge. | 8/16/18 and ongoing  
9/19/18 |
| N115 Individual Plan of Care | The facility failed to ensure a comprehensive treatment plan was completed and/or reviewed and revised and/or had conducted an RN assessment. | Updated procedures: “Youth Belongings”  
Cleaned unit with youth. Random audits of environment (above and beyond).  
Re-training of “Search of Youth” – included competency of staff.  
Documentation of searches and outcome on daily report. | 7/9/18  
7/23/18 and ongoing  
3/28/18 and ongoing  
3/29/18 |
| N 207 Facility Reporting | The facility failed to report a Serious Occurrence | Don’t agree  
Re-training of managers on reporting duties. | 9/19/18 |
| N 215 Education and Training | The facility failed to ensure that oxygen regulator was maintained and ready for use during a medical emergency and/or the facility failed to ensure that monitoring was completed with regards to the emergency equipment. | Saniglaze to come and clean the bathrooms.  
Closed Kiwani to renovate and clean.  
Secured emergency medical equipment to walls.  
Retraining on regulator use for all RN’s; competency tool used.  
Random checks of emergency equipment by DON.  
All staff retrained in the Assessment and Level of Observation; competency used. | TBD  
8/15/18  
9/1/18 and until complete |