

INSPECTION OF CARE

Program Standards *Evaluation Tool*

The Special Commitment Center
Department of Social and Health Services
State of Washington

Interim Inspection of Care Report

October 2007

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STANDARD I: Staff Competence, Training, Supervision

I-A Qualified professionals provide consistent administrative and clinical direction and supervision.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. SCC has made significant strides in the implementation of its new delivery model for Sex Offender Treatment (SOT) at the facility. The filling of eight Psychology Associate positions in the period since the earlier 2007 inspection is a major benchmark of this progress.
2. At the time of the interim inspection, SCC was experiencing a quite high vacancy rate for its Psychologist positions, with only one filled position.
3. Given the specifics of SCC's situation—i.e., location on an island that complicates working conditions, a clientele comprised exclusively of high risk sex offenders, and the option for state employment at other treatment facilities in the immediate area—it is very understandable why SCC is facing a very difficult situation in terms of recruiting and retaining certain clinical classifications.
4. At the time of the interim survey, SCC had a major training effort underway for new clinical staff.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, SCC Action Plan.

Recommendations

1. **In an effort to address the difficulty in recruiting and retaining skilled clinical staffing, the IOC Team endorses the concept of some sort of “assignment pay” for these classifications working at SCC.**

SCC Response

The Team's conclusion, comments and recommendation are noted.

IOC Team Final Comments

No further comments.

STANDARD I: Staff Competence, Training, Supervision

I-B Residential program staff are qualified, adequately supervised and trained to provide residential care and treatment components.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. SCC has implemented a tracking and follow-up process for delinquent employee evaluations.
2. At the time of the interim inspection, the delinquency rate for performance evaluations was basically at the same place as it was during the March inspection—i.e., about one-third of reports were delinquent. Since the process change implemented by SCC will require some considerable period of time before it has an impact on the overall delinquency rates, the current situation is not surprising.

Evidence/Observations upon which conclusions & recommendations were based

Personnel records, staff interviews.

Recommendations

1. **The IOC Team recommends that SCC continue to monitor compliance and take the corrective actions outlined in its Action Plan.**

SCC Response

The Team's conclusion, comments and recommendation are noted.

IOC Team Final Comments

No further comments.

I-C Staff are adequately trained to competently provide treatment, residential care and security.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. SCC has developed a Power Point clinical orientation presentation for contracted medical staff and also included Program Area Nurses (PANs) in unit in-service training.
2. At the time of the interim inspection, the Clinical Program had a major training underway for new staff.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, SCC Action Plan.

Recommendations

1. The IOC Team recommends that SCC continue with its staff training efforts as outlined in its Action Plan.

SCC Response

The Team's conclusion, comments and recommendations are noted.

IOC Team Final Comments

No further comments.

STANDARD II: Treatment Program

II-A The treatment program offers the components that are typically provided in inpatient programs for sexually violent offenders.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. SCC has adopted a number of process changes to address the issue of group cancellations: (A) approval required for group cancellations; and (B) establishing a process for arranging alternative coverage for co-therapist vacancies.
2. SCC has not established a process for tracking the number of sessions held, the number cancelled, etc.—i.e., the institution has established a procedural “fix” to this issue but it does not collect data that would substantiate the impact of these procedural changes.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

1. **SCC should consider establishing a tracking system for therapeutic groups that would measure the impact of the procedural changes on the issue of group cancellation. Further, this data may be helpful in assessing other issues that SCC may face in the future—e.g., litigation over the level of treatment programming, assessing clinical staffing workload, etc.**

SCC Response

The Team's conclusion, comments and recommendation are noted.

IOC Team Final Comments

No further comments.

II-B The treatment program has identifiable phases sequentially progressing from orientation to transition to community living.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments

1. Since the March inspection, SCC received court approval to move two residents from the adapted program's first cohort group to the SCTF-Pierce. This reflects a major programmatic accomplishment and reflects favorably on the cohort strategy that SCC adopted.
2. During the same interim period, no SCTF placements were approved for residents in the regular treatment program track.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews.

Recommendations

1. **The IOC Team commends SCC for its accomplishment on these recent placements. At the same time, it is important that SCC's focus on community transitional placements fully encompass the conventional portion of its treatment program.**

SCC Response

The Team's conclusion, comments and recommendation are noted.

IOC Team Final Comments

No further comments.

STANDARD II: Treatment Program

II-C Treatment plans are individualized and comprehensive.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. A review of a sample of treatment records indicated that the issue of different formats being used in treatment plans is not a significant issue. The sample indicated the use of a standard format throughout the facility.
2. The record sample indicated that missing treatment plans in resident records remains an issue. Given the key role that treatment plans play in each resident's care and treatment, it is essential that all residents have an up-to-date treatment plan.

Evidence/Observations upon which conclusions & recommendations were based

Sample of treatment records.

Recommendations

1. **The IOC Team recommends that SCC initiate a QA project that will check each resident's records for the presence of an up-to-date treatment plan, with an associated follow-up process to ensure that any deficiencies identified are remedied in a short period of time. (The Team notes that SCC's own record auditing process identified the absence of treatment plans in a portion of resident records.)**

SCC Response

The Team's conclusion, comments and recommendation are noted.

SCC had previously implemented a QA tracking process for this matter and we are working to correct the backlog.

IOC Team Final Comments

No further comments.

II-D Systematic measures of progress are used; feedback is regularly provided to participants.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)
IOC Team

Comments

1. SCC has committed to an intensive effort to improve the quality and relevancy of residential unit staff charting. In a number of the charts reviewed by the IOC Team, it is evident that the quality of this progress noting has significantly improved.
2. The impact of this quality improvement effort is more evident in certain program areas than it is in others.
3. The IOC Team concluded that the rating from the March inspection should remain, but if the improvement in charting continues to expand throughout the facility, we would anticipate that the scoring will likely be raised in the next full inspection.

Evidence/Observations upon which conclusions & recommendations were based

Treatment chart reviews, program documentation.

Recommendations

1. **SCC should continue with the QI efforts relative to residential unit progress noting. The institution should ensure that this improvement project is followed throughout all of the program areas.**

SCC Response

The Team's conclusion, comments and recommendation are noted.

IOC Team Final Comments

No further comments.

STANDARD II: Treatment Program

II-E The program has a component to assist residents in systematically preparing for transition to community living.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments
No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

STANDARD II: Treatment Program

II-F The program has adequate policies and procedures on the intensive management of residents, use of seclusion or restraint of residents, and graduated intervention and the use of force.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. Unit resident care staff was able to verbalize the protocol for placing residents in isolation/seclusion or restraints which includes the notification protocol, correct assessment practices, the need for proper location of staff for frequent viewing of the resident and documentation of the process. Since there were residents in the IMU, the IOC team member was able to validate the knowledge of the process by observation of actual practice and documentation.
2. It was determined that there are two types of isolation/seclusion which are used at SCC: (1) Administrative Isolation for behavioral reasons and (2) Seclusion as psychiatric treatment/management for the resident. These two types of isolation/seclusion or need for restraints are treated much the same as follows:
 - a. Unit staff identifies the need for isolation/seclusion or restraints and notify the on-site administrator.
 - b. The on-site administrator notifies the Psychiatrist or Clinical Director of the need for isolation/seclusion or restraints.
 - c. Concurrently the on-site administrator notifies the QRT (security) who assist to place residents in Isolation/Seclusion or restraints.
 - d. The on-site administrator also notifies the Medical Services staff (either the Nurse Manager of Health Services or the PAN nurses) of the need for their services.
 - e. Medical services staff do an initial assessment and two hour assessments to ensure resident safety.
3. While there is a policy for the use of "controlled segregation" a written policy was not found for the use of physical restraints—e.g., the "restraint chair" which is used on an ongoing basis.
4. A written procedure or protocol to follow was not found. While staff members who were interviewed by the IOC team member were able to describe the process, there is no method to determine knowledge of all staff. This lack of specific procedures or protocols also presents a problem in the training of new staff.
5. The Nurse Manger did not know how many times the staff under her direction (PANs) was involved in the use of isolation/seclusion or restraints. The Health Services staff also lacks a written policy and procedure for their role in isolation/seclusion and restraint of residents.

Evidence/Observations upon which conclusions & recommendations were based

SCC policies, staff interviews.

Recommendations

1. The lack of written procedures in the use of isolation/seclusion or use of restraints is a critical omission which needs to be remedied immediately. The IOC team recommends that this be carried out as soon as possible.
2. The two types of isolation/seclusion-- Administrative Isolation for behavioral reasons or Seclusion as a part of psychiatric treatment/management--need to be addressed in two separate policies and procedures.
3. It should not be necessary for the psychiatrist or clinical director to give permission for the use of Administrative Isolation, since this usage is not geared towards psychiatric issues. The proper chain of command for approval could be the Superintendent or designee.
4. The Health Services staff does not need to be involved in Administrative Isolation unless there are certain circumstances which would make their participation critical to the well being of the resident. These circumstances should be spelled out in the policy and procedures.
5. Once the policies and procedure are revised or created, all staff should be trained in content. This training should be continued on an on-going basis.
6. It is also recommended that the Nurse Manager of Health Services design a QI system where the PAN nurses send written documentation of their participation in the use of seclusion and restraints so any problems with the process can be identified and corrected.

SCC Response

The Team's conclusion, comments and recommendations are noted; acknowledging the need for clearly articulated policies and procedures covering the use of Administrative Isolation, Seclusion and Restraint interventions.

The SCC Superintendent has issued a directive to form these policies. All applicable staff will be provided training about the new policies and procedures.

A project lead has been established and work is underway. Comparative research has been conducted, including obtaining relevant polices from a local state psychiatric hospital and other Sex Offender Civil Commitment Programs and obtaining relevant JCAHO standards and CMS regulations.

A workgroup, with medical services and psychiatry representation, has met and is forming an immediate measure to address the IOCC findings by developing a new flow-sheet that will improve documentation of the use of the interventions, including authorization for use and monitoring of the resident while in seclusion or restraint.

The workgroup is also underway with drafting the new policies.

- *It is anticipated that the flow-sheet will be completed by February 27, 2008.*

- *It is anticipated the new policies will be completed by March 26, 2008.*
- *It is anticipated staff training will be completed by April 30, 2008.*

IOC Team Final Comments

The IOC Team acknowledges the workgroup and associated work plan on this issue. SCC's planned approach to the issue is sound. It is, however, unfortunate that the workgroup's schedule was not better coordinated with the next full IOC visit, since neither the policies nor staff training will be completed prior to that survey.

STANDARD II: Treatment Program

II-G Residents are housed in a facility that provides a treatment-oriented environment.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. In response to an observation in the March inspection, SCC has modified the Resident Handbook to include a brief discussion of psychiatric services.

Evidence/Observations upon which conclusions & recommendations were based

Resident Handbook.

Recommendations

SCC Response

The Team's conclusion and comment are noted.

IOC Team Final Comments

No further comments.

II-H Adequate space is provided for resident living, treatment, other activities, and separation among resident groups.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments

1. The IOC Team did not specifically review this issue during the interim inspection. However, a general concern is expressed about this issue in our addendum to our report.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion and comment are noted.

IOC Team Final Comments

No further comments.

STANDARD II: Treatment Program

II-I Behavior of all staff is therapeutic and professional.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)
IOC Team

Comments

1. SCC has revised this standard to establish a more realistic standard—i.e., the standard has been revised to state that staff are trained to, and held accountable for, professional and therapeutic conduct.

Evidence/Observations upon which conclusions & recommendations were based

SCC Action Plan

Recommendations

SCC Response

The Team's conclusion and comment are noted.

IOC Team Final Comments

No further comments.

II-J Program policies are consistently enforced.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. See II-F for concerns about the lack of written procedures for Isolation/Seclusion.

Evidence/Observations upon which conclusions & recommendations were based

Policies, interviews.

Recommendations

SCC Response

The Team's conclusion and comment are noted.

SCC recognizes that the seclusion and restraint policy needs improvement. Please see Standard II-F for our detailed plan to address this matter.

It is SCC's view that citing this single policy issue does not demonstrate how we are meeting minimum expectations.

IOC Team Final Comments

The IOC Team understands why SCC views it as inappropriate to score this item as "meets minimal expectations" while only citing one specific deficiency. With the caveat that the Team will shortly be revisiting this and all other standards in the 2008 full IOC survey, the Team's thinking on this issue was as follows:

1. Restraint and seclusion is one of the most intrusive and high risk procedures for any facility/program. Thus, the Team viewed the improvements needed in this area as a critical part of the assessment of policy application consistency.
2. There are other policies where compliance appears to be problematic—such as the one stating the need for a current treatment plan for each resident—that also could be cited under this item.
3. The Team's interim survey was targeted at the responses made by SCC in its response to the full 2007 IOC survey. Thus, the 2007 interim survey did not attempt to provide a comprehensive review of this entire standard.

II-K Residents are treated with respect and have opportunities to have their grievances addressed.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments

1. As a result of the review during the interim inspection, the IOC Team has rated SCC's performance as meeting expectations for this standard.
2. It should be noted, however, that the short time frame for the interim inspection precluded the Team from tracking and reviewing individual cases throughout the process. The Team plans to undertake a more detailed review during the next full annual inspection.

Evidence/Observations upon which conclusions & recommendations were based
Policies, staff interviews.

Recommendations

SCC Response

The Team's conclusion and comments are noted.

IOC Team Final Comments

No further comments.

STANDARD II: Treatment Program

II-L The program addresses the long-term care needs of residents who do not choose to participate in sex offender specific treatment activities.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments

1. SCC has developed a menu of potential incentives for treatment that could be implemented, and several of them are very creative. However, at the time of the interim survey, none of these options had been implemented.

Evidence/Observations upon which conclusions & recommendations were based

SCC Action Plan, staff interviews.

Recommendations

1. **SCC should select one or more of the potential incentive packages and implement it in the near future.**

SCC Response

The Team's conclusion, comment and recommendation are noted.

IOC Team Final Comments

No further comments.

STANDARD III: Health Care Services

III-A Health care services staff are trained and licensed to provide care adequate to meet the routine and emergency medical needs of residents.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments

1. The new organizational chart reviewed has a line of authority for the contracted nursing staff to report to the Health Services Administrator. Since this position is vacant, the Nurse Manager is carrying out the supervisory tasks of this position.
2. According to the Nurse Manager, the use of contract nursing staff is a direct result of inadequate salary levels. Adequate payment is needed to attract these nurses as permanent employees of SCC. It was stated by the Nurse Manager that many of the contract nurses who are familiar with the institution would be interested in permanent positions if the salaries were adequate.
3. The scope of medical care provided by SCC to its resident populations is now commensurate to that found in the Basic Health Care Plan of Washington. This information is found in Policy 801.
4. Resident must now pay for some OTC medications with the exception that when the physician orders the medication, there are no charges. In this regard, there is now an extensive list as to what residents can purchase from off island stores
5. There is now a policy to allow SCC residents to make decisions related to their end of life care and exercise those rights.
6. There remains an issue with the lack of coordination between psychiatric services and general health care providers at SCC. While the IOC Team did not identify any specific instances where this lack of coordination had a negative impact on the quality of care, the lack of a coordinated approach is an unacceptable situation.

Evidence/Observations upon which conclusions & recommendations were based
Interviews, observations and document review.

Recommendations

1. **The IOC Team recommends that the Nurse Manager continue to carry out the supervision of the contract staff.**
2. **It is also recommended that the Health Services Administrator position be modified to require a clinical nurse specialist to serve in that role.**

3. It is recommended that the nursing positions at SCC be upgraded to that of a clinical specialty which would facilitate the application of assignment pay. There is precedent for this action in other state facilities.
 4. It is recommended that SCC establish a specific plan intended to improve and facilitate communication and cooperation between psychiatric service and general health care providers. As a starting point, it may be appropriate for the Superintendent's Office to be directly involved in the resolution of any issues/barriers that may serve to inhibit the necessary cooperation/communication.
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SCC Response

The Team's conclusion, comments and recommendation are noted.

IOC Team Final Comments

No further comments.

STANDARD III: Health Care Services

III-B Health care services staffing is sufficient to provide residents with routine and emergent medical care.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments
No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

III-C Health care facility is sufficiently equipped to provide routine and emergent health care services to residents.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

III-D Pharmaceutical services are sufficient to meet residents' routine and emergent health care needs.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. As a result of the interim inspection, the IOC Team rates SCC as meeting expectations for this standard.
2. There is an improved system of reordering drugs in place with a designated person providing support to this activity. This person is eligible for the necessary credentials to serve as a pharmacist technician when the pharmacy service is licensed
3. There is no automatic refills program in place and no complete/current list of physicians/ARNP orders was found in the records.
4. The team was informed of a plan to collaborate with Western State hospital in setting up a more comprehensive system to manage medication services.

Evidence/Observations upon which conclusions & recommendations were based

Staff interviews, medical records review, tour of medication room.

Recommendations

1. **SCC's plan to collaborate with Western State Hospital for medication service improvements seems to be a sound plan.**
2. **The IOC Team suggests that as an interim approach SCC staff might consider working with off-island pharmacies in setting up a system of automatic drug reordering. This is a common practice in off-island community care facilities and not difficult to access. This service can also provide a current list of physician/ARNP orders and a pharmacist review of orders for quality purposes.**

SCC Response

The Team's conclusion, comments and recommendations are noted.

IOC Team Final Comments

No further comments.

STANDARD III: Health Care Services

III-E Resident health care records include information essential to the residents' health care needs and are prepared and maintained in a manner that supports the residents' treatment and respects confidentiality.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

1. SCC is now providing administrative and nursing support targeted specifically for the facility's psychiatrist.
2. The progress notes completed by the psychiatrist are excellent. Also, it is noted that initial psychiatric evaluations are now routinely being documented on new referrals for psychiatric services.
3. During chart reviews, it was noted that in some cases there was too long of a delay before a new admission on psychiatric medications was seen by the psychiatrist. While these delays did not disrupt the resident's access to his psychiatric medications, an extended delay in these sorts of cases is not an acceptable practice.

Evidence/Observations upon which conclusions & recommendations were based

Resident health record reviews and staff interviews.

Recommendations

- 1. It is recommended that the initial psychiatric assessments should be completed in the context of addressing all five axis in the report.**

SCC Response

SCC notes that the IOCC is addressing three aspects of this standard:

- The importance of timely interaction between the SCC facility psychiatrist and new admissions known to be on psychiatric medications in order to ensure medication continuance.*
- The value of baseline psychiatric assessments, and*
- The quality of psychiatric progress notes.*

IOC Team Final Comments

The IOC Team acknowledges SCC's response and is supportive of the view that psychiatric services at SCC have improved significantly over the last several years.

STANDARD III: Health Care Services

III-F Residents receive adequate routine, preventive, and emergent health care services.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. As a result of the interim inspection, SCC's rating for this standard is increased to meets expectations.
2. It was noted that SCC does not run practice emergency codes

Evidence/Observations upon which conclusions & recommendations were based

Observations of clinic and program area, staff interviews, health record reviews, and review of other documentation.

Recommendations

1. **It is recommended that SCC develop a practice of running practice emergency medical codes.**

SCC Response

The Team's conclusion, comments and recommendation are noted.

IOC Team Final Comments

No further comments.

III-G Health care support services are available to the program.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. As a result of the interim review, it was determined that SCC meets the expectations for this standard.
2. Program Area Nurses regularly attend weekly staffings.

Evidence/Observations upon which conclusions & recommendations were based

Interview and health record review.

Recommendations

SCC Response

The Team's conclusion and comments are noted.

IOC Team Final Comments

No further comments.

STANDARD III: Health Care Services

III-H Residents receive adequate psychiatric services necessary to support their progress in treatment.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. Mental status exams are now routinely being documented in the chart. Also, the quality of the psychiatric progress notes is very good.
2. Medication renewal orders are now being better documented in the chart.

Evidence/Observations upon which conclusions & recommendations were based

Chart reviews, interviews.

Recommendations

SCC Response

The Team's conclusion and comment are noted.

IOC Team Final Comments

No further comments.

STANDARD IV: Program Oversight

IV-A The program has external oversight, either through a licensing organization or other entities (a governing body, inspections by outside professionals, ombudsman services, and external investigation of incidents).

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments
No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response
The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

IV-B The program has internal review procedures covering quality assurance, protection of residents' rights, policy review and compliance, and internal investigation of incidents.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations -- requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. As a result of the interim inspection, SCC's rating for this standard has been increased to meets expectations.
2. The timeliness of policy reviews for sunset purposes has improved.
3. SCC continues to collect a considerable amount of data on its activities.
4. A number of SCC's internal QI audits/assessments were very helpful to the IOC process.

Evidence/Observations upon which conclusions & recommendations were based

Document review and interviews.

Recommendations

1. **SCC should continue to develop its ability to monitor, track, and analyze data. Recognizing that resource constraints may preclude this as a possibility, the IOC Team recommends that SCC assess the feasibility of increasing the level of staffing resources available for QI purposes.**

SCC Response

The Team's conclusion, comments and recommendation are noted.

IOC Team Final Comments

No further comments.

STANDARD V: New Admissions

V-A Residents are involved in a comprehensive intake and orientation process upon admission to the program.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

V-B Residents receive a health screening upon admission to the program.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

V-C The program follows an established process for determining each resident's risk level, housing and treatment needs.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

V-D An initial treatment plan is developed for each resident following his/her admission to the program.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)
IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Chart reviews.

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

STANDARD VI: Food Service

VI-A The program's food services department is managed by experienced staff who follow established standards and practices.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

VI-B The food service program meets established health and safety standards.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Review of menus and the comprehensive computerized system for nutritional analysis.

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

STANDARD VI: Food Service

VI-C The program's menu planning is adequate to meet the residents' needs.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. At the time of the interim inspection, the benches and tables in the dining area were being painted.

Evidence/Observations upon which conclusions & recommendations were based

Observation of dining area.

Recommendations

SCC Response

The Team's conclusion and comment are noted.

IOC Team Final Comments

VI-D The program provides adequate and appropriate meals for residents with special diet needs because of health or religious reasons.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

STANDARD VII: Safety and Emergency Preparedness

VII-A The program has adequate procedures for managing fire safety, handling and disposing of hazardous materials and natural disasters.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. At the time of the interim inspection, SCC was still in the process of installing wall lighters throughout the facility.
2. Clearly, this project was much more complicated than originally anticipated.
3. Matches are still routinely made available to all residents. Given the method of distributing matches (i.e., a bowl of available matches on the units), it is likely that many residents have more than one book of matches.
4. Based on limited contacts with residents, it appears that there is considerable resistance to the concept of wall lighters.

Evidence/Observations upon which conclusions & recommendations were based

Interview, observations and document review.

Recommendations

1. **Notwithstanding the difficulties and delays encountered in the wall lighter project, the IOC Team remains committed to the position that residents should not possess matches. Accordingly, the Team recommends that access to matches by residents be eliminated in as timely a manner as possible.**

SCC Response

The Team's conclusion, comments and recommendation are noted.

IOC Team Final Comments

No further comments.

STANDARD VIII: Security

VIII-A The program's security measures and practices adequately protect residents, staff, and the community.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

1. Per IOC Team comments during the March inspection, SCC has removed the punching bag in the recreation yard.
2. SCC has decided to address the issue of plants in resident rooms as a part of a larger plan to control and manage resident property.
3. SCC has built language into its computer policy clarifying sanctions that are associated with the misuse of personal computers by SCC residents.
4. SCC has purchased and constantly uses sophisticated computer equipment that allows the facility to investigate potential computer misuse. The use of this equipment has led to referrals and prosecution for child pornography.

Evidence/Observations upon which conclusions & recommendations were based

Tours, staff interviews.

Recommendations

1. **The IOC Team endorses SCC's plans to develop and implement a comprehensive plan for managing and controlling resident property. We would, however, urge the facility to act in a timely manner.**
2. **It is also recommended that—subject to resource constraints—SCC assess the feasibility of increasing the level of resources (e.g., personnel, equipment, etc.) for the assessment of potential computer misuse. Staff indicate that a large backlog exists, and the results of these tests have produced positive results.**

SCC Response

The Team's conclusion, comments and recommendations are noted.

IOC Team Final Comments

No further comments.

VIII-B The program documents incidents and takes appropriate follow –up action.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

VIII-C The program assures that incidents involving allegations of criminal violations are properly investigated.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments
No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response
The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

STANDARD IX: Resident Information

IX-A The program adequately compiles, maintains and protects resident records.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments
No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response
The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

IX-B The program has a policy regarding medical research.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

STANDARD X: Physical Plant

X-A The facility meets all applicable building and safety codes.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)

IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

X-B The program assures that the facility's indoor air quality is adequate.

CONCLUSIONS:

- Meets expectations.
- Meets minimum expectations - requires improvement in some areas.
- Does not meet expectations – requires significant improvement.
- Not Reviewed.

Reviewer(s)

IOC Team

Comments

No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response

The Team's conclusion is noted.

IOC Team Final Comments

No further comments.

STANDARD X: Physical Plant

X-C The program provides adequate and appropriate housing for residents with physical disabilities.

CONCLUSIONS:

- Meets expectations.**
- Meets minimum expectations - requires improvement in some areas.**
- Does not meet expectations – requires significant improvement.**
- Not Reviewed.**

Reviewer(s)
IOC Team

Comments
No comments.

Evidence/Observations upon which conclusions & recommendations were based

Recommendations

SCC Response
The Team's conclusion is noted.

IOC Team Final Comments

No further comments.