

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ALLEGHENY COUNTY EXECUTIVE

LEGAL ENTITY

To operate SHUMAN CENTER

NAME OF FACILITY OR AGENCY

Located at 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15206

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Secure Detention

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 130
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 3800: Child Residential and Day Treatment Facilities

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 1, 2010 until January 1, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 414310

Robert E. Robinson

ISSUING OFFICER

[Signature]

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
P.O. BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

Richard J. Gold
Deputy Secretary for
Children, Youth and Families

PHONE: (717) 787-4756
FAX: (717) 787-0414

JAN 15 2010

Mr. William T. Simmons, Director
Shuman Juvenile Detention Center
7150 Highland Drive
Pittsburgh, Pennsylvania 15206

RE: Shuman Juvenile Detention Center
License #414310
7150 Highland Drive
Pittsburgh, Pennsylvania 15206

Dear Mr. Simmons:

As a result of the Department of Public Welfare's licensing/approval inspection on November 30, 2009 and December 1 and 2, 2009, of the above-named facility, we have noted areas of non-compliance. Your plan of correction has been reviewed and approved, and a copy of the signed Licensing Inspection Summary is enclosed.

A regular certificate is being issued based on the enclosed Licensing Inspection Summary. This certificate states compliance with Title 55, PA Code: Chapter 3800 Regulations. Your Certificate of Compliance is enclosed.

All areas of non-compliance listed on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the summary. As soon as each area of non-compliance is corrected, you must notify the Regional Office.

Sincerely,

Richard J. Gold
Deputy Secretary

Enclosures

LICENSING / APPROVAL / REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/ FACILITY Shuman Juvenile Detention Center			TELEPHONE (412) 661-6806		OCYF REGIONAL STAFF APPROVAL		DATE	
ADDRESS 7150 Highland Drive, Pittsburgh, Pennsylvania 15206			COUNTY Allegheny		<i>MB Nuzzo</i>		<i>12-18-2009</i>	
INSPECTED BY Mark Nuzzo; Wayne McNeill; Cyndi Gariepy			INSPECTION DATE 11/30 to 12/2/09		<i>Michael L...</i>		<i>12/21/09</i>	
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Elaine Bobick</i>		<i>12/21/09</i>	
	XXXXX							

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
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Shuman Juvenile Detention Center, located at 7150 Highland Drive, Pittsburgh, Pennsylvania 15206, is a secure juvenile detention center serving delinquent youth from Allegheny County. Shuman Center is comprised of ten units with a maximum capacity of thirteen residents per unit. At the time of this inspection, Shuman Center's census was 88 residents, which is well below the maximum capacity of 130. An increased use of the Hartman Shelter at Auberle has greatly reduced the number of residents at Shuman Center and helped by making it more manageable. Shuman Center employs approximately 160 staff members, consisting of full and part-time Youth Care Workers, Wing Supervisors, Chief Supervisors, and Administration. The Wing Supervisors provide direct supervision of the Youth Care Workers, while the Chief Supervisors manage the Wing Supervisors. This inspection took place from November 30 to December 2, 2009, as Shuman's current license expires on January 1, 2010. Shuman received a full-licensure as a result of their last inspection in December 2008. The files selected for review were chosen from the current census of residents as well as the current staff roster as of November 30, 2009. The licensing sample consisted of twenty-five resident files and forty personnel records, including all new hires since the last inspection (twenty-seven). The physical plant inspection took place on December 2, 2009.



During the current inspection, a review of the resident and personnel files showed areas of continued improvement by Shuman staff. Resident files were well organized and contained the necessary documentation, including legal and health information. Logs to track resident compliance and behavior have been reinstated or more of an effort is being made to ensure they are being used and maintained in the file. The resident files only revealed two regulatory citations, one of which had two of the same errors made by the same staff person. It was learned that Shuman Center does not provide a physical exam within 96 hours for residents that they can show had one within the past year (periodicity schedule). This was discussed at length with Shuman Administration and WROCYF staff due to the exception in the 3800 regulations related to Secure Detention. The Department's clarification manual was also referenced and it appears as though further policy clarification is needed to provide guidance with future inspections. Shuman Center will not be cited for this issue for this inspection and they will be provided with further clarification on this issue when it is received. Personnel records were also easy to navigate and the disciplinary actions in the files show that Shuman Center is actively addressing issues where staff members are jeopardizing the safety and security of the residents and/or

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other staff members. However, these records also revealed that some staff did not have the necessary documentation prior to working alone with children, such as clearances and/or physical exams. It appears as though several staff registered for FBI fingerprinting as per the Adam Walsh Act, but failed to bring in their certificate.

As part of the inspection, nine resident interviews were conducted, one from each unit being utilized. All of the residents interviewed reported that they felt safe at Shuman Center and that the staff's presence is mostly the reason for feeling safe. Each resident was also able to identify at least one staff (most more than one) who they feel is a good staff and is genuinely concerned for them and wants to see them do well. When asked to describe their daily routine, most of the residents just responded by saying they "stay busy." One resident referenced "groups," while others said they "play a lot of cards" and go to the gym for recreation or do their chores, etc.

In addition to the resident interviews, seven Youth Care Workers were interviewed. Overall, the interviews were positive, but not without reported concerns. As the workers interviewed are assigned to the 7 AM to 3 PM shift, they are more experienced and tenured. The least senior Youth Care Worker interviewed has ten years experience at Shuman Center. The staff member's safety concerns centered less around their needs, but more around concern for resident safety. This is encouraging in the fact that the workers have genuine concern for the youth they are serving. When asked to identify new policies/procedures/practices that have been helpful for them to do their job, responses included the ID bracelets for the residents, the "sick call" list for medical care, the dress code and the dress code. The concerns expressed below, although detailed, are mostly staff looking for proactive ways to improve safety and security or staff expressing frustration over issues that are already being addressed as part of past licensing actions.

The most common theme regarding concerns that the staff members have surrounded the increasing population of residents with significant mental health issues and their ability to effectively deal with them. At the time of the inspection, Shuman Center was housing a 12 year-old male who has had significant incidents due to his mental health issues and has to be kept isolated from the other residents for his safety, as well as the safety of the other residents. The staff members are concerned for their own safety as well due to this resident's behaviors, as some of his behaviors expose them to bodily fluids. The staff members also report continued communication problems between Youth Care Workers/Supervisors and Administration. This issue is not new to Shuman Administration, as it was identified in a previous LIS completed in June 2009 and Shuman is in the process of addressing this concern as part of that Plan of Correction.

The tour of the physical plant showed continued dedication by Shuman Administration and Allegheny County staff to improve the condition of the building. One hallway in one of the wings had all of the ceiling tiles replaced, as well as many tiles in other places of the building. The canteen was repainted and new ceiling tiles installed. The once dirty vents were not only clean, but spray painted white, making the room a much brighter atmosphere for the residents. The cafeteria walls are now covered with bright and colorful murals, which were completed within the past few months. Shuman has begun to paint the units one by one, with Unit M closed and empty at the time of the inspection for this

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reason. The units, for the most part, were clean and neat, however, the rooms were filled with many "tags" from various neighborhoods, most written in ink or permanent marker. Numerous rooms also contained items that were not permitted, such as extra pillows, extra sheets, and extra blankets. Shuman policy requires the staff to check for contraband and/or extra or missing items once per shift. It appears as though the staff members may not be as vigilant with this policy as Administration would like. This is an area that should be stressed given light of past incidents at Shuman where extra items in rooms were used by residents to harm themselves. Thorough checks could also help minimize the "tagging" and hold those residents accountable that are able to get pens or markers in their rooms without staff knowledge. The fire extinguishers in the building were all up to date and the fire hoses in the cabinets were recently tested and certified. Two tiles in the rotunda contain black mold as a result of apparent roof leaks. It should be noted that the Shuman's roof was to be replaced as part of a Plan of Correction dated July 2008. Shuman Administration advised the Department that roof is "seventy five percent done." Shuman staff is already aware of this and has had new ceiling tile purchased, but they are finding it difficult to get county maintenance persons to the building to replace those in need of replacement. One shower contained mold under the shower head. Although the fire extinguishing equipment is in compliance, the fire drills for Shuman Center were not. All of these issues were brought to the attention of Shuman Administration and they assured the Department that these issues will be remedied. The issues found during the physical plant inspection will be outlined in the specific citations.

As a result of the inspection and tour of the physical plant, issues that affect the health, safety, and welfare of the residents were noted. The specific citations are outlined below.

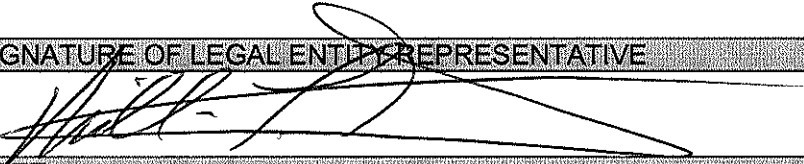
3800.51 and Act 179 (Adam Walsh)	PA State Police, ChildLine, and FBI clearances are to be maintained in the file. One personnel record [redacted] and ChildLine and State Police clearances that were more than one year old. Also, there were six personnel records that did not contain the certificates verifying FBI clearances were obtained (EB, EW, KW, KS, JG, and RW).	Shuman administration will submit a plan to the Department that ensures all necessary clearances have been obtained prior to permitting an employee to work with children. The plan should include a new policy, as well as oversight to ensure the documentation is in the file.	Immediately	" See Attached "	PLAN ACCEPTED
3800.132 (a)	An unannounced fire drill shall be held at least once a month. There were no fire drills completed in December 2008 or April 2009.	Shuman administration will submit a plan to the Department that ensures a fire drill will be held at least monthly and a record of this drill will be kept in the fire drill log.	Immediately	"	PLAN ACCEPTED
3800.132 (c)	A fire drill was completed on June 21, 2009; however, the time of the drill or the evacuation time was not listed.	Shuman administration will submit a plan to the Department that ensures each fire drill is appropriately logged.	Immediately	"	PLAN ACCEPTED
3800.132 (e)	There was no sleeping fire drill held between February 26 and August 28, 2009. One is required every six months.	Shuman administration will submit a plan to the Department that ensures a fire drill during sleeping hours is held at least once every six months.	Immediately	"	PLAN ACCEPTED

3800.151	<p>Staff health exams must be completed prior to working with children. The following staff had exams completed after their orientation was completed:</p> <p>█ – hired 7/6/09; exam 11/30/09 █ – hired 5/11/09; exam 6/4/09 █ – hired 2/17/09; exam 3/13/09 █ – hired 5/11/09; exam 6/11/09</p>	<p>Shuman administration will submit a plan to the Department that ensures all necessary medical testing / exams are completed prior to staff members working with children.</p>	Immediately	"See Attached"	<p>PLAN ACCEPTED</p>
3800.163 (b)	<p>Dietary alternatives must be available for a child when they have special health needs. One child █ is identified as having a food allergy to tomatoes, but the food service department had no record of it.</p>	<p>Shuman administration will submit a plan to the department that ensures any special dietary needs are communicated to the food service department and substitutions are offered or provided.</p>	Immediately	"	<p>PLAN ACCEPTED</p>
3800.283 (4)	<p>The child health and safety assessment (HSA) required in 3800.141 must be completed within one hour of admission. Two resident files (█ and █) contained an HAS that did not record the time the assessment was completed. Both of these assessments were completed by the same medical staff person.</p>	<p>Shuman Administration will submit a plan to the Department that ensures that the health assessments are completed within one hour of admission and that the times of the assessments are noted in the resident's file.</p>	Immediately	"	<p>PLAN ACCEPTED</p>

THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT TO YOUR REGIONAL OFFICE BY:

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	TITLE
DATE	TELEPHONE NUMBER

THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT TO YOUR REGIONAL OFFICE BY:

	Director
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE	TITLE
	Director
DATE	TELEPHONE NUMBER
12-18-09	412-665-4114

#	Goal (Specific)	Action Plan Steps	Timelines/ Measurability *	Date Achieved
1	<p>3800.51 and Act 179 (Adam Walsh)</p> <p>PA State Police, ChildLine and FBI clearances are to be maintained in the file. One personnel record () had ChildLine and State Police clearances that were more than one year old. Also, there were six personnel records that did not contain the certificates verifying FBI clearances were obtained ().</p>	<p>A. Administrative staff responsible for the files have been disciplined accordingly</p> <p>B. Staff with deficient records was removed from the schedule until in compliance.</p> <p>As part of the new policy:</p> <p>C. All new hires must have all of the appropriate clearances before coming to orientation.</p> <p>D. All new hire paperwork must be approved by the Deputy Director or Administrative Manager before given an employment start date.</p> <p>E. Information on employee clearances will also be kept in the employee training files and will be reviewed by the Training Manager before being permitted to work on the unit with children.</p>	<p>A. December 4, 2009</p> <p>B. December 3, 2009</p> <p>C. December 3, 2009</p> <p>D. December 2, 3009</p> <p>E. December 3, 2009</p>	<p>A. December 4, 2009</p> <p>B. December 3, 2009</p> <p>C. December 3, 2009 and ongoing</p> <p>D. December 3, 2009 and ongoing</p> <p>E. December 3, 2009 and ongoing.</p>
2	<p>3800.132 (a)</p> <p>An unannounced fire drill shall be held at least once a month. There were no fire drills completed in December 2008 or April 2009.</p>	<p>A. Responsible supervisors were disciplined</p> <p>As part of the new policy:</p> <p>B. Each shift is responsible for completing a fire drill per month. The Security Manager will review the Fire Drill Log book on the 15th and 30th of each month.</p>	<p>A. November 30, 2009</p> <p>B. November 2009</p>	<p>A. November 30, 2009</p> <p>B. November 2009 and Ongoing</p>

<p>6 3800.163 (b)</p> <p>Dietary alternatives must be available for a child when they have special health needs. One child () is identified as having a food allergy to tomatoes, but the food service Department had no record of it.</p>	<p>A. Nurses will deliver to the food service department the allergies of all the residents for each admission, before resident eats their first meal.</p> <p>B. Nurses will periodically check the detention software to ensure that the information is correct.</p> <p>C. Appropriate substitutions will be provided in every instance when there is a known food allergy. The Administrative Manager will review with the Food Service Director on a monthly basis</p>	<p>A. December 1, 2009</p> <p>B. December 1, 2009</p> <p>C. December 1, 2009</p>	<p>A. December 1, 2009 and ongoing</p> <p>B. December 1, 2009 and ongoing</p> <p>C. December 1, 2009</p>
<p>7 3800.283 (4)</p> <p>The child health and safety assessment (HSA) required in 3800.141 must be completed within one hour of admission. Two resident's files (and) contained a HSA that did not record the time the assessment was completed. Both of these assessments were completed by the same medical staff person.</p>	<p>A. Staff involved were disciplined</p> <p>B. Staff was retrained on the importance of the proper completion.</p> <p>C. The form is going to be revised to make it more efficient, effective and user friendly to the staff. The date and time will be placed on the front of the form.</p> <p>D. Nurse Manager or designee will be doing weekly chart audits to look for any deficiencies.</p>	<p>A. December 1, 2009</p> <p>B. December 1, 2009</p> <p>C. December 31, 2009</p> <p>D. December 1, 2009</p>	<p>A. December 1, 2009</p> <p>B. December 1, 2009</p> <p>C. December 31, 2009</p> <p>D. December 1, 2009 and ongoing</p>

<p>3 3800.132 (c)</p> <p>A fire drill was completed on June 21, 2009; however, the time of the drill or the evacuation time was not listed</p>	<p>A. Responsible supervisors were Disciplined. B. The time of each fire drill will properly recorded. The Security Manager will review the Fire Drill Log book on the 15th and 30th of each month.</p>	<p>A. November 30, 2009 B. November 2009</p>	<p>A. November 30, 2009 B. November 2009 and Ongoing</p>
<p>3800.132 (e)</p> <p>4 There was no sleeping fire drill held between February 26 and August 28, 2009. Once is required every six months.</p>	<p>A. Responsible supervisors were disciplined B. 6 sleeping fire drills will be completed during the 3-11 and/or 11-7 shift during the course of the year. The Security Manager will review the Fire Drill Log book on the 15th and 30th of each month.</p>	<p>A. November 30, 2009 B. November 2009</p>	<p>A. November 30, 2009 B. November 2009 and Ongoing</p>
<p>3800.163 (b)</p> <p>5 Staff health exams must be completed prior to working with children. The following staff had exams completed after their orientation was completed:</p> <p>█ -hired 7/6/09; exam 11/30/09 █ -hired 5/11/09; exam 6/4/09 █ -hired 2/17/09; exam 3/13/09 █ -hired 5/11/09; exam 6/11/09</p>	<p>A. Administrative Staff involved in the incident have been disciplined. B. Documentation of the Health Exam will be reviewed at orientation. C. Administrative Staff responsible for the personnel files will notify the medial department of all new hires and their start dates. D. Quarterly audits will be done to ensure compliance.</p>	<p>A. December 3, 2009 B. December 3, 2009 C. December 3, 2009 D. December 3, 2009</p>	<p>A. December 3, 2009 B. December 3, 2009 and ongoing C. December 3, 2009 and ongoing D. December 3, 2009 and ongoing</p>