

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, 2011 until January 1, 2012,
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.



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

FEB 15 2011

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

Dear Mr. Simmons:

RE: Shuman Center
License #414310

As a result of the Department of Public Welfare's licensing/approval inspection on December 1, 2 and 3, 2010, 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,

A handwritten signature in black ink, appearing to read "Richard J. Gold".

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>M. B. Nuzzo</i>		2-7-2011	
INSPECTED BY Mark Nuzzo; Cyndi Gariepy; Chris Zakraysek; Amber Kalp; Monica Allen-Chapman		INSPECTION DATE December 1-3, '10		<i>Michael J. Kaym</i>		<i>2/7/11</i>	
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Elaine A. Roberts</i>		<i>2/7/11</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 66 residents.

Shuman Center also utilizes the Hartman Shelter at Auberle when it is determined, following assessment, a resident can be safely stepped down to a non secure setting. Since the last inspection, Shuman Center has nearly finished a large remodeling project that provides them with a new medical wing, more offices for social services, and more administrative room. At the time of the inspection, renovations to the medical department had been completed. The new medical department is much more "user friendly," as the medical staff have added space in which to perform their duties. Of the 66 residents present at the time of the inspection, 13 files were selected for review, as well as 10 files of residents that were discharged over the course of the year. In addition, 35 personnel records were reviewed, including the files of all new staff hired since January 2010. Interviews with six residents and six staff were part of the inspection. The amount of experience for the staff interviewed ranged from four months to six years. The number of prior admissions for residents ranged from being at Shuman for the first time (one resident) to the sixth time (two residents). A tour of the physical plant was also completed and the fire drill logs were reviewed.

Shuman Center has shown improvement in all areas of programming. The child records were very complete and inclusive, only warranting two citations for one file (related to vision and hearing screenings). Each file had a recent photograph that was taken at the child's intake and included all of the necessary identifying information. The rights and grievances are being explained and provided to the children, as evidenced by the signature sheets in the file. Aside from one child that had late hearing and vision screenings, the medical needs of the residents appear to be met in a timely and appropriate manner. Any mental health related issues are treated appropriately and the safety of the resident displaying concerning behaviors is ensured promptly by adding additional staff for

supervision. The physical plant was also found to be clean and orderly, with minor issues noted, such as graffiti and extra items (pillows, blankets, etc.) in residents' rooms. Staff members have begun to initiate groups for the residents, with some being more structured than others.

The responses from the interviews with youth and staff were mostly positive. Residents who have been admitted before were able to identify changes that have been made since their previous admission, such as more accountability, more restrictions (i.e., no card playing during school), increased room checks due to "the wand," an electronic device staff are required to use when they are checking rooms, and group work now being done on a regular basis. The residents were able to identify staff members that they felt did a really good job. As far as staff responses to departmental representatives' questions, most of the workers had a positive description of the work environment and reported positive changes to the facility, such as the new case manager position, the after school program, and new rewards programs in some of the units.

The residents interviewed provided some comments of concern. One of the residents interviewed reported that some staff members get too aggressive during restraints and stated he has seen staff members "punching" residents and "hitting kids first." Two residents reported that there are times when a resident is restrained in their room. One of the residents that made this claim said that he has witnessed a resident swear at a staff member from their room and staff entered the room and restrained the resident. Two residents reported that the amount of food for meals is insufficient, including a complaint from a pregnant resident. The pregnant resident also expressed concern that she and another pregnant resident requested a "pregnancy bag" from staff, however, these were never provided. Another concern that arose regarding pregnant residents is that when other females in the unit act out, they often target and threaten to harm the pregnant females. These residents are able to identify who is pregnant in the unit due to the color-coded card system used by Shuman Center, where white means a regular status, yellow identifies a medical issue (such as pregnant), and blue indicates a resident that's on security status.

Some staff members interviewed expressed concerns as well. Three of the six interviewed feel that there is no accountability for residents and it seems as though there are no consequences at times for a resident's behavior. In addition to the accountability issue, when asked the question, "What's the worst thing about your job?" one of these three staff answered "administration" and another answered "dealing with other staff." It should be noted, however, that the relationship between the administration and direct care staff appears to have improved significantly since the inspection in 2008. Another staff member stated that some staff members don't take their job seriously and other staff members instigate or prolong altercations between staff and residents exhibit power.

While there are areas where Shuman can continue to improve that were discussed during the exit interview, this writer feels that one area of improvement that should be targeted and can be easily monitored is the Youth Care Workers' documentation of an incident. This would apply to reports in Pennsylvania's HCSIS system as well. One of the questions asked of the staff during their interview was if they felt the incident reports that they write accurately describes what took place during the incident, crisis, etc. Four of the six staff felt that their reports were accurate, one reported that "everyone has a different viewpoint" regarding an Emerson, and the other staff said that "some guys automatically scratch off the second page" when they begin to write a report. It has been this writer's experience

that, generally speaking, staff members believe that writing the following terminology in a report accurately reflects the situation: assisted to the floor, used touch control, restrained, physical intervention, verbally redirected, became verbally / physically aggressive, etc. While these are appropriate terms to include in a report, they need to be clarified, such as how exactly did the resident get to the floor, what exactly was the touch control, what did the restraint consist of, what was the physical intervention, what was said to verbally redirect the resident, what were the residents exact actions that were deemed verbally / physically aggressive? For the most part, the written document should reflect what is observed on the video (if available). Better documentation of incidents will not only enhance the safety of the residents, but can also minimize staff liability if an intervention is done properly. The Department would like to see Shuman Center improve in this area. This can be done by conducting additional or new training for all staff related to documentation; having Wing Supervisors hold higher expectations for their workers' documentation by not authorizing reports that are general in nature; and having Chief Supervisors review the incident reports submitted to ensure improvements are being made. Recognizing employees for good work as a positive reinforcement practice should continue to be used by Administration.


The tour of the physical plant again showed that Shuman staff and Allegheny County continue to address facility issues. The new roof has finally been completed since the last inspection, as weather and other unforeseen issues delayed completion longer than anticipated. The ceiling tiles in both wings have been replaced, however, the public area (Rotunda, hallways to units) need to have the tiles replaced, as some have stains from leaks and most are dirty. Shuman Center administration has requested that more tiles be replaced, however, it is unknown if Allegheny County has authorized this work. Shuman is remodeling the Cantina for the residents so that they will have a new space for recreation. Some of the security cameras have been upgraded and provide a much clearer picture, however, more cameras or relocation of current cameras would benefit in seeing more of the units. The amount of "contraband" (i.e., extra pillows, blankets, etc.) found in resident rooms was minimal compared to last year's inspection. Only two rooms contained extra items, however, room searches on each shift should still be thoroughly done.

Although reviews of resident files and the fire drill logs resulted in citations outlined below, it should be noted that Shuman Center has significantly reduced the number of citations received during an inspection since their inspection in June 2008. The June 2008 contained citations for 20 different regulations (several multiple issues with one regulation). This inspection resulted in four citations, two of which were related to one resident's file and two that were related to fire drills.

<p>3800.132 (c)</p>	<p>The fire drill log showed that on August 18, 2010 an alarm sounded as a result of a construction worker setting it off accidentally. This was documented in the fire drill log and did not contain the time it took to evacuate the building. Although it was unplanned, the document logging the drill must be complete.</p>	<p>Shuman administration will submit a plan to the Department that ensures each fire drill is appropriately logged and include all of the required information.</p>	<p>Immediately</p>	<p><i>See ATTACHED</i></p>	<p>Plan Accepted</p>
<p>3800.132 (d)</p>	<p>The Fire Marshall determined and documented in writing that Shuman Center should be completely evacuated within 5 minutes. On July 18, 2010, a resident pulled the alarm and the fire drill log listed the evacuation time as 12 minutes. Although this was an unplanned event, an actual fire could result in the same evacuation time.</p>	<p>Shuman administration will submit a plan to the Department that ensures that the current evacuation plan is sufficient to get all residents to safety in the time allotted by the Fire Marshall. If the actual evacuation time is different than what was listed on the form ("all clear" versus evacuation time), the staff completing the form should correctly document each time.</p>	<p>Immediately</p>	<p><i>SEE ATTACHED</i></p>	<p>Plan Accepted</p>

3800.145 (b) and 3800.146 (b)	Residents are to have a vision and hearing screening within 30 days of admission. One resident admitted on November 24, 2010 did not have either since 2009.	Shuman administration will submit a plan to the Department that ensures each resident receives the required health assessments, exams, and screenings within the appropriate time frame.	Immediately	SEE ATTACHED	Plan Accepted
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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
January 28, 2011	412-665-4114
DATE	TELEPHONE NUMBER

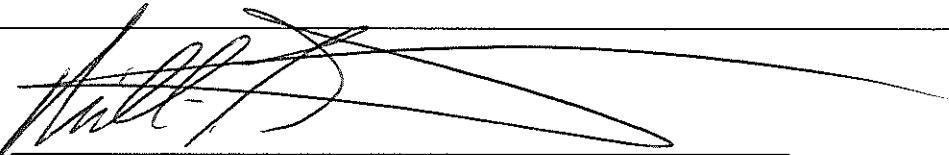
LIS Response 01.28.2011

#	Goal (Specific)	Action Plan Steps	Timelines/ Measurability *	Date Achieved
1	<p>3800.132 (c) The fire drill log showed that on August 18, 2010 an alarm sounded as a result of a construction working setting off accidentally. This was documented in the fire drill log and did not contain the time it took to evacuate the building. Although it was unplanned, the document logging the drill must be complete.</p> <p>Shuman Administration will submit a plan to the Department that ensures each fire drill is appropriately logged and included all of the required information.</p>	<p>To ensure that each fire drill or alarm is appropriately logged, all staff having anything to do with the documentation of the logs, are being retrained on how to properly fill out the forms with all required information including but not necessarily limited to evacuation time as well as all clear time notations. This training will be included annually with our fire safety training.</p>	<p>January 27, 2011 and ongoing</p>	<p>January 27, 2011 and ongoing</p>
2	<p>3800.132 (d) The Fire Marshall determined in writing that Shuman Center should be completely evacuated within 5 minutes. On July 18, 2010, a resident pulled the alarm and the fire drill log listed the evacuation time as 12 minutes. Although this was an unplanned event, an actual fire could result in the same evacuation time.</p> <p>Shuman administration will submit a plan to the Department that ensures that the current evacuation plan is sufficient to get all residents to safety in the time allotted by the Fire Marshall. If the actual time is different than what was listed on the form ("all</p>	<p>To ensure that evacuations are done in accordance with the Fire Marshall's determination of 5 minutes, all staff having anything to do with the documentation of the logs are being retrained on how to properly fill out the forms related thereto, with all required information, paying particular attention to the difference between "evacuation" time and the "all clear" call. While from time to time both times may be the same, they are being retrained to distinguish between the two and record each time individually. This training will be included annually with our fire safety training.</p>	<p>January 27, 2011 and ongoing</p>	<p>January 27, 2011 and ongoing</p>

LIS Response 01.28.2011

<p>clear" versus evacuation time), the staff completing the form should correctly document each time</p> <p>3 3800.145 (b) 3800.146 (c) Residents are to have a vision and hearing screening within 30 days of admission. One resident admitted on November 24, 2010 did not have either since 2009.</p> <p>Shuman administration will submit a plan to the Department that ensures each resident receives the required health assessments, exams, and screenings within the appropriate time frame.</p>	<p>In reference to the clarification with Representative Mark Nuzzo on 01.24.1, the resident was on sanction at Shuman Center. On this admission the resident had not been at Shuman Center longer than 30 days. Shuman was within the appropriate time frame on this resident in relation to the health screens.</p>		
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LIS Response 01.28.2011



William T. Simmons

Director

1-28-11

Date

412-665-4114

Telephone Number