



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 16, 2014

Mr. William D. McKain, Allegheny County Manager
Allegheny County Executive
7150 Highland Drive
Pittsburgh, Pennsylvania 15206

RE: Shuman Center
License # 414310

Dear Mr. McKain:

As a result of the Department of Public Welfare's licensing inspection on April 30, 2014, of the above facility, the violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 3800 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Brent Sutherland". The signature is written in a cursive style.

Brent Sutherland
Child Residential Licensing Manager

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800**

Facility Name: SHUMAN CENTER		RECEIVED		License Number: 41431
Address: 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15206		MAY 29 2014		County: Allegheny
Director: Earl Hill		WEST REGION FIELD OFFICE		Region: WEST
Legal Entity Name: ALLEGHENY COUNTY EXECUTIVE		Human Services Licensing		
Legal Entity Address: 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15206				
Certificate(s) of Occupancy				
Program Type: Secure Detention		Licensed Capacity: 120		Number of Children Served: 51
Type of Inspection: Partial		BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s) Incident				
On-Site Inspections Dates and Department Representatives On-Site 04/30/2014: Mundy, Olivia; Kasmarik, Sarah				
Off-Site Inspection Dates and Inspectors, if Applicable				
Other Details				
Partial or Full Triggers:		Random Indicators:		
Child Demographic Data as of Inspection Dates				
Age of Children:		Number of Children who:		
0 to 5 years: 0		Are Adjudicated Delinquent: 51		
6 to 13 years: 0		Are Dependent: 0		
14 to 17 years: 32		Have Mental Illness: 11		
18 to 21 years: 19		Have an Intellectual Disability: 0		
		Have a Physical Disability: 1		

Licensing Inspection Summary: 41431 - 04/30/2014 - Mundy, Olivia
Facility Name: SHUMAN CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §3800

3800.205(a) - If restrictive procedures are used, each staff person who administers a restrictive procedure shall have completed training within the past year in the use of restrictive procedures.

2a. DESCRIPTION OF VIOLATION

On April 14, 2014 at approximately 4:45 PM in the facility's cafeteria, Staff Person A initiated a manual restraint on Resident # 1 by restraining the resident face up on a table and applying his/her left forearm and elbow to the resident's left jaw. Staff Person A climbed on top of the cafeteria table and continued to restrain the resident until staff persons intervened and physically removed Staff Person A from the restraint. The restraint initiated by Staff Person A was not an approved technique taught during the staff person's most recent manual restraint training on February 20, 2014.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

3. PLAN OF CORRECTION (POC)

- Childline was notified per policy procedure.
- Youth Care Worker was suspended pending investigation and terminated May 21, 2014.
- An immediate investigation was initiated and an investigation followed. Residents and staff were interviewed by County Police and Federal Bureau of Investigation.
- County Sherriff was notified and completed.
- Staff and residents were interviewed by County Police and FBI on these dates.
April 23, 2014
May 6, 2014
May 19, 2014
May 23, 2014
- FBI interviewed resident and staff reports are pending.
- Two (2) Supervisors were suspended.
- Safe Crisis Management was conducted prior to incident and subsequent training will be conducted with all facility staff. Specific emphasis will be placed on verbal de-escalation and passive restraints. All shifts will be trained by the end of June.

Second Phase

- We will ensure that all alleged violations involving mistreatment, neglect and/or abuse are reported immediately.
- We will conduct ongoing supervision and training for current staff. Every restraint will be reviewed and specific recommendations will be made based on the findings. *Restraint reviews will include viewing video footage, if available.*
- Any deficient practice will be corrected immediately. Through immediate supervision with supervisor.

BB
6/13/14

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Earl F. Hill*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Earl F. Hill Interim Director* Date *5/27/14*

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/13/14 (Date) Plan of correction implementation status as of 6/13/14 (Date)

The above plan of correction was approved by BB (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Licensing Inspection Summary: 41431 - 04/30/2014 - Mundy, Olivia
Facility Name: SHUMAN CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §3800
3800.202(b) - With the exception of exclusion as specified in § 3800.212 (relating to exclusion), a restrictive procedure may be used only to prevent a child from injuring himself or others.

2a. DESCRIPTION OF VIOLATION
On April 14, 2014 at approximately 4:45 PM in the facility's cafeteria, Staff Person A initiated a manual restraint on Resident # 1, due to the resident flinging pudding at the staff person as he/she was walking away from the seated resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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BB
6/13/14

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Earl F Hill*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Earl F Hill Interim Director* Date *5/27/14*

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STAFF PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name: SHUMAN CENTER	License Number: 414310
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Designation Staff Member's Name

A



RECEIVED

MAY 29 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Earl F. Hill

Printed Name and Title of Legal Entity Representative

Earl F. Hill

Signature of Legal Entity Representative

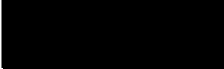
5/27/14

Date

Date of Inspection: 04/30/2014

CHILD PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name: SHUMAN CENTER	License Number: 414310
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<u>Designation</u>	<u>Child's Name</u>
Resident 1	

RECEIVED

MAY 29 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Earl F. Hill
Printed Name and Title of Legal Entity Representative

Earl F. Hill 5/27/14
Signature of Legal Entity Representative Date

Date of Inspection: 04/30/2014