



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

FEB 17 2015

Mr. Earl Hill, Director  
Allegheny County Executive  
7150 Highland Drive  
Pittsburgh, Pennsylvania 15206

RE: Shuman Center  
License #: 414310

Dear Mr. Hill:

As a result of the Department of Human Services' licensing inspection on August 27, 2014, August 28, 2014, August 29, 2014, September 12, 2014, October 6, 2014, October 7, 2014 and October 15, 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.

Your regular license for the period October 4, 2014 to October 4, 2015 was issued on July 2, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones" with a stylized flourish at the end.

Matthew J. Jones  
Director

Enclosure  
Licensing Inspection Summary

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

Facility Name: SHUMAN CENTER		License Number: 41431
Address: 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15206		County: Allegheny
Director: Earl Hill		Region: WEST
Legal Entity Name: ALLEGHENY COUNTY EXECUTIVE		
Legal Entity Address: 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15206		
<b>Certificate(s) of Occupancy</b> Other 12/12/1974 City Of Pittsburgh		
<b>Program Type:</b> Secure Detention	<b>Licensed Capacity:</b> 120	<b>Number of Children Served:</b> 60
<b>Type of Inspection:</b> Full	<b>BHA Docket Number:</b>	<b>Notice:</b> Announced
<b>Reason(s) for Inspection(s)</b> Renewal, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/27/2014: Joyce, Kylee; Mundy, Olivia 08/28/2014: Joyce, Kylee; Mundy, Olivia 08/29/2014: Joyce, Kylee; Mundy, Olivia 09/12/2014: Joyce, Kylee; Pugh, Bridget		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
<b>Partial or Full Triggers:</b>		<b>Random Indicators:</b>
<b>Child Demographic Data as of Inspection Dates</b>		
<b>Age of Children:</b> 0 to 5 years: 0 6 to 13 years: 3 14 to 17 years: 43 18 to 21 years: 14	<b>Number of Children who:</b> Are Adjudicated Delinquent: 60 Are Dependent: 0 Have Mental Illness: 10 Have an Intellectual Disability: 0 Have a Physical Disability: 0	

RECEIVED

OCT 09 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

Licensing Inspection Summary: 41431 - 08/27/2014 - Joyce, Kylee  
Facility Name: SHUMAN CENTER

1. REGULATION 85 Pa.Code §3300

3800.32(f) - A child shall have the right to visit with family at least once every 2 weeks, at a time and location convenient for the family, the child and the facility, unless visits are restricted by court order. This right does not restrict more frequent family visits.

2a. DESCRIPTION OF VIOLATION

The facility's Visitor Security Policy indicated the following:  
"Children under the age of 10 are not permitted access to the building."

The facility's policy restricts the right to visit with family as described in this regulation.

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.

We have revised our visitation policy to include children, parents, guardians, grandparents and siblings of residents. Every resident is afforded the opportunity to meet with family in a confidential setting, whether on the unit, or in the commons. Special visitation agreements for different day and/or times can be arranged through the Social Service Department. This policy was revised on October 3, 2014.

All Unit Chiefs and Supervisors shall be notified in regard to the revised Visitation Policy by October 31, 2014 via memo and monthly supervisory conferences.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Earle F. Hill Director* Date *10/9/14*

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

The above plan of correction is approved as of 10/15/14  
(Date)

The above plan of correction was approved by *BS*  
(Initials)

Plan of correction implementation status as of 10/15/14  
(Date)

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

RECEIVED

OCT 23 2014

WEST REGISTRATION OFFICE Page 3 of 7  
Human Services Licensing

Licensing Inspection Summary: 41431 - 08/27/2014 - Joyce, Kylee  
Facility Name: SHUMAN CENTER

1. REGULATION 65 Pa.Code §3800

3800.32(i) - A child has the right to be protected from unreasonable search and seizure. A facility may conduct search and seizure procedures, subject to reasonable facility policy.

2a. DESCRIPTION OF VIOLATION

The facility's Contraband Control policy indicates the following:

- Residents are to be searched every time they leave their room
- All residents receive a thorough pat down before entering their room at bedtime
- A fully clothed pat-down search is conducted every time a resident enters the unit
- A strip search is conducted from a return from court and return after resident has left the facility for any other reason
- A strip search is conducted after every family and special visit

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.

Regulation 65 Pa Code 3800  
3800.32 (i)

Right to be protected from unreasonable search

On October 8, 2014, we requested a waiver for an extension to review our existing search policies of routine and non routine personal searches. Our goal is to submit a policy with the language and procedures that is acceptable to the Department of Public Welfare and Shuman Detention Center.

Policy statement #1

The facility's Contraband Control policy indicated residents were searched every time they entered or left their rooms has been deleted from the policy because it had not been occurring.

Policy statement #2

All residents receive a thorough pat down search before entering their room at bedtime has also been deleted because it had not been occurring

Policy statement #3

A fully clothed pat-down search may be conducted based on reasonable examining factors such as: information provided by staff, information provided by others, the activity of the resident, information provided by the resident, the experience of staff with the resident, and the need to verify compliance with the policies of Shuman Detention center.

Policy statement #4 and #6

A strip search may be conducted after family and special visits, residents shall be subject to strip searches, based on information provided by others, the activity of the resident, information provided by the resident, and the experience of the staff with the resident. All searches are conducted in a manner that protects the dignity of the residents and are conducted only by same sex Youth Care Workers. Male residents are required to remove all clothing with the exception of underwear. Female residents strip down to panties and bra. Residents being searched are the only resident present when searches are being conducted.

See pages 3A, 3B, 3C

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 Date 10/23/14

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 12/29/14  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

Plan of correction implementation status as of 12/29/14  
(Date)

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

RECEIVED

Regulation 55 Pa Code 3800  
3800.32 (i)

WEST VIRGINIA UNIVERSITY  
Human Services Building

**Right to be protected from unreasonable search**

On October 8, 2014, we requested a waiver for an extension to review our existing search policies of routine and non routine personal searches. Our goal is to submit a policy with the language and procedures that is acceptable to the Department of Public Welfare and Shuman Detention Center.

**Policy statement #1**

The facility's Centering Contraband Control policy indicated residents were searched every time they entered or left their rooms has been deleted from the policy because it had not been occurring.

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All residents receive a thorough pat down search before entering their room at bedtime has also been deleted because it had not been occurring.

**Policy statement #3**

A fully clothed pat-down search may be conducted based on reasonable examining factors such as: information provided by staff, information provided by others, the activity of the resident, information provided by the resident, the experience of staff with the resident, and the need to verify compliance with the policies of Shuman Detention Center.

**Policy statement #4 and #5**

A strip search may be conducted after family and special visits, residents shall be subject to strip searches, based on information provided by others, the activity of the resident, information provided by the resident, and the experience of the staff with the resident. All searches are conducted in a manner that protects the dignity of the residents and are conducted only by same sex Youth Care Workers. Male residents are required to remove all clothing with the exception of underwear. Female residents strip down to panties and bra. Residents being searched are the only resident present when searches are being conducted.

WEST VIRGINIA FIELD OFFICE  
 Human Services Licensing

Listed below is a chronology of where we are with this policy:

- + September 12, 2014 - received citations from the Department of Public Welfare.
- + September 15, 2014 - discussed citations with County Manager, Mr. [REDACTED]. We discussed our response to the reasonable search citation. County Attorney, Mr. [REDACTED] was emailed the citation to assist with developing an appropriate response.
- + September 16, 2014 - Contacted Mr. [REDACTED] Executive Director, JDCAP to discuss citation and obtain information from other detention centers regarding their search and seizure policy. Teleconference scheduled for September 17, 2017 at 8:00 am.
- +September 17, 2014 – Teleconference- Directors discussed their search and seizure policies. Director forwarded search and seizure policies to Mr. [REDACTED] Bear for review with his attorney. Mr. [REDACTED] was to schedule meeting with the Department of Public Welfare officials in Harrisburg regarding this issue.
- + September 22, 2014 - Met with Mr. [REDACTED] Jr. County Attorney, recently assigned to Shuman Center. We discussed our recent search and seizure policy citation. Mr. [REDACTED] was emailed search and seizure policy and DPW's regulations on search and seizure regulations for review and response. The Director of Shuman Center working on drafting Search and Seizure Policy.
- + October 2, 2014 – Teleconference with Mr. [REDACTED] Licensing Manager, Department of Public Welfare, Ms. [REDACTED], Regulatory Technician, Department of Public Welfare, and Ms. [REDACTED] Deputy Director, Shuman Detention Center to review and discuss citations and plan for corrections.
- + October 7, 2014 – Filled out request for waiver of regulation.
- + October 8, 2014 – Consulted with County Attorney Mr. [REDACTED] Jr. regarding language.
- + October 8, 2014 – Sent letter To Bureau of Licensing requesting waiver of regulation.

All Shuman Center staff shall receive updated training on the Search and Seizure Policy to:

- Conduct search and seizure procedures in a manner that protects the dignity of the resident and shows respect for their property.
- Ensure that fully clothed pat-down searches, unclothed searches, are conducted only by same sex Youth Care workers.
- Never touch a resident as part of performing an unclothed search.
- Conduct all unclothed searches in the admission area bathroom.

- Ensure that unclothed searches are witnessed by same sex Youth Care Workers or if the witness is not of the same sex then the witness must only be able to see the Youth Care Worker conducting the search and the privacy curtain screens the resident from the view of the witness and others.
- Ensure that the resident being searched is the only resident present in the bathroom area where an unclothed searches in being conducted.
- All Shuman Center staff shall be trained on current policies and procedures by November 28, 2014.

Earl F Hill  
10/23/14

RECEIVED

10/23/14

WEST VIRGINIA STATE OFFICE  
Human Services Licensing

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OCT 09 2014

Licensing Inspection Summary: 41431 - 08/27/2014 - Joyce, Kylee  
Facility Name: SHUMAN CENTER

1. REGULATION 58 Pa. Code §3800  
3800.51 - Child abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. §§ 6301-6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

2a. DESCRIPTION OF VIOLATION  
Staff Person A, hired 3/6/08, did not have a valid Pennsylvania criminal history check.  
Staff Person B, hired 8/13/07, did not have a valid Pennsylvania criminal history check.  
Staff Person C, hired 1/14/08, did not have a valid Pennsylvania criminal history check.

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 Three (3) Child Care Worker personnel files that were selected for review during our inspection did not have the required PA criminal background checks on file.

Regulation 58 PA Code 3800.51 Child Abuse and Criminal History Checks must be maintained on file.

The employees with missing clearances were obtained (see Attachment). Those staff persons whose PA background clearances indicated a record was on file were reviewed and determined not to be any offenses prohibiting employment within a child residential facility.

Corrective Action - Shuman Juvenile Detention Center's hiring policy requires all prospective employment candidates be informed during the hiring process that background clearances must be paid for and obtained prior to any employment orientation being schedule.

Starting in September 2013, the administration ensures background checks for new hires are secured prior to employment in the following 3 areas: PA Child Abuse Clearance (CY-113), PA Criminal History Clearance (STD-164) and Fingerprints. If a prospective candidate already has any of the clearances, it must be active within the past 12 months. The background checks are a part of the application packet of information that must be submitted to the Allegheny County Human Resources Department before any hiring or orientation of staff can occur.

Shuman Center is in the process of reviewing all staff personnel files and those that do not have a proper child abuse clearance or PA criminal background check clearance will be required to obtain their clearance immediately and remove from working directly with residents until their clearances are obtained. Starting in January 2015 Shuman Center will institute a policy requiring all staff have a valid background check not more than 36 months old. All staff identified as needing an updated background clearance will be notified and required to obtain updated clearances at their own expense which will be reimbursed to the employees upon receipt of documentation of their background checks.

All employees whose background checks indicate that a record is under review will be required to submit documentation relating to the review. Shuman Center will ensure any offenses or charges identified will be reviewed and evaluated against our DPW regulations to ensure no offenses prohibiting someone from employment in a child residential facility are noted.

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*      Date *10/9/14*

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The above plan of correction is approved as of 10/29/14  
(Date)

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

Plan of correction implementation status as of 10/29/14  
(Date)

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



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OCT 09 2014

Licensing Inspection Summary: 41431 - 08/27/2014 - Joyce, Kylee  
Facility Name: SHUMAN CENTER

1. REGULATION 58 Pa.Code §3800

3800.58(b) - Prior to working alone with children and within 120 calendar days after the date of hire, the director and each full-time, part-time and temporary staff person who will have regular and significant direct contact with children, shall have at least 30 hours of training to include at least the following areas:

- (1) The requirements of this chapter.
- (2) 23 Pa.C.S. §§ 6301-6385 (relating to child protective services law) and Chapter 3490 (relating to protective services).
- (3) Fire safety.
- (4) First aid, Heimlich techniques, cardiopulmonary resuscitation and universal precautions.
- (5) Crisis intervention, behavior management and suicide prevention.
- (6) Health and other special issues affecting the population.

2a. DESCRIPTION OF VIOLATION

Staff person D, the Director, was hired on 12/3/13 and has not received suicide prevention training.

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.

Effective immediately all new hire will receive a minimum of 40 hours of orientation training before being assigned to working independently; the orientation will include but is not limited to Fire Safety, First Aid, Heimlich Technique & CPR, Child Protective Service Laws, Crisis intervention, Behavior Management, Suicide Prevention, Health and other special issues.

The Training Manager will review and maintain all training files to ensure that all training has been completed before employees are assigned to working independently with residents. This training will be completed within 10 days of being hired. In addition the Training Manager will monthly review files of all employees to ensure that the training requirements have been achieved.

On September 24, 2014, the director completed an eight hour course (Mental Health First Aid USA) to provide initial assistance to young people experiencing mental health problems including suicide prevention, depression, anxiety, psychosis, and substance use disorders. (Certificate attached).

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* Date *10/9/14*

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

The above plan of correction is approved as of 10/15/14  
(Date)

The above plan of correction was approved by *BS*  
(Initials)

- Plan of correction implementation status as of 10/15/14  
(Date)
- Fully Implemented
  - Partially Implemented - Adequate Progress
  - Partially Implemented - Inadequate Progress
  - Not Implemented

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OCT 09 2014

Licensing Inspection Summary: 41431 - 08/27/2014 - Joyce, Kylee  
Facility Name: SHUMAN CENTER

1. REGULATION 65 Pa.Code §3800

3800.132(c) - A written fire drill record shall be kept of the date, time, the amount of time it took for evacuation, the exit route used, the number of children in the facility at the time of the drill, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The facility's fire drill record for 1/4/14 and 3/27/14 did not indicate am or pm.

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.

The Fire Drill Report Sheet was redone to appropriately reflect the time, date, the amount of time it took for evacuation, the exit route used, the number of resident at the facility at the time of the drill, any problems encountered and whether the fire alarm or smoke detectors were working. Residents and staff are to practice alternative routes and different safe areas to meet. The Security Manager shall ensure the monthly form is completed in accordance with current policy and OPW regulations.

This policy was reviewed with Security Manager on September 5 2014 to discuss fire drill procedures. Outlined was steps taken for a fire drill. Security Manager, per policy, maintains the fire drill schedule and reviews with upcoming shift supervisors 1-2 weeks prior to drill. On the day of the drill, if the Security manager is in the building, he maintains oversight of the drill, also filling in where needed. If the Security Manager is not in the building at the time of the drill, he reviews the documentation after the fact and checks the booth log to make sure the system was taken off line. If an incident occurred during the fire drill, a video review will be conducted.

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 Date 10/9/14

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

The above plan of correction is approved as of 12/29/14  
(Date)

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

Plan of correction Implementation status as of 12/29/14  
(Date)

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

RECEIVED

OCT 09 2014

Licensing Inspection Summary: 41431 - 08/27/2014 - Joyce, Kylee  
Facility Name: SHUMAN CENTER

1. REGULATION 55 Pa.Code §3800

3800.162(b) - Additional portions of meals shall be available for the children.

2a. DESCRIPTION OF VIOLATION

Additional portions are routinely unavailable to residents during breakfast.

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.

Plan of Correction: Shuman Juvenile Detention Center's support the health and well-being of our residents by promoting good eating habits. Resident meals are served through the National School Breakfast and Lunch Programs. Meals must meet a minimum nutritional requirements established by local, state and federal statutes and regulations. Each meal must consist of at least a variety of two (2) fruits and vegetables daily and others five (5) different fruits vegetables over the course of a week.

Corrective Action - Starting in September 1, 2014 our newly contracted Food Service Provider revised their menu and options for seconds and alternates (substitutes made available to staff and residents due to dietary restrictions). Seconds and alternates are made available for all meals served residents. Four (4) oz. of applesauce is being made available daily as seconds for breakfast. Seconds are visually identified on our menu board food serving line.

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

Date

10/9/14

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

The above plan of correction is approved as of

10/15/14  
(Date)

Plan of correction implementation status as of

10/13/14  
(Date)

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

The above plan of correction was approved by

*BS*  
(Initials)

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

Facility Name: SHUMAN CENTER		License Number: 41431
Address: 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15206		County: Allegheny
Director: Earl Hill		Region: WEST
Legal Entity Name: ALLEGHENY COUNTY EXECUTIVE		
Legal Entity Address: 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15206		
Certificate(s) of Occupancy		
Program Type: Secure Detention	Licensed Capacity: 120	Number of Children Served: 41
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident, Monitoring		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 10/06/2014: Joyce, Kylee; Dinardo, Anna 10/07/2014: Joyce, Kylee; Dinardo, Anna 10/15/2014: Joyce, Kylee; Mundy, Olivia		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 10/07/2014: Joyce, Kylee; Dinardo, Anna; Kasmarik, Sarah; Pugh, Bridget		
<b>Other Details</b> Partial or Full Triggers: _____ Random Indicators: _____		
<b>Child Demographic Data as of Inspection Dates</b>		
<b>Age of Children:</b> 0 to 5 years: 0 6 to 13 years: 4 14 to 17 years: 23 18 to 21 years: 14	<b>Number of Children who:</b> Are Adjudicated Delinquent: 41 Are Dependent: 0 Have Mental Illness: 12 Have an Intellectual Disability: 0 Have a Physical Disability: 0	

Licensing Inspection Summary: 41431 - 10/08/2014 - Joyce, Kylee  
Facility Name: SHUMAN CENTER

**1. REGULATION 55 Pa. Code §3800**  
3800.142 - If the health and safety assessment in § 3800.141 (relating to health and safety assessment) identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment is completed.

**2a. DESCRIPTION OF VIOLATION**  
The facility updates their health and safety assessments in the Health Services Progress Notes section in the resident's medical file.  
Resident #8's Health Services Progress Notes dated 8/9/14 indicated Resident #8 and Resident #7 were involved in a physical altercation in the facility's gymnasium on 8/8/14 and Resident #7 bit Resident #6. A written plan to protect Resident #6, Resident #7, and the other children from Resident #8 and Resident #7's aggressive and violent behavior was not developed.  
Resident #8's Health Services Progress Notes dated 10/1/14 indicated Resident #8 and Resident #3 were involved in a physical altercation in the facility's hallway near the school on 10/1/14. A written plan to protect Resident #8 and the other children from Resident #8's aggressive and violent behavior was not developed.

**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.  
During the admissions, the nurse (or chief supervisor) will conduct the Health and Safety Assessment. If, during that assessment the resident acknowledges a history of violence/aggression, the nurse will identify the resident as code red and make a referral to Ms. [redacted] Case Manager. Additionally, admissions staff who have knowledge of aggression (previous admission or past/present charges), will let the nurse know the resident is flagged as code red. The nurse will record the code red on the assessment, and refer to Ms. [redacted]. Plans can also be initiated after a resident exhibits aggressive or violent behavior while in Shuman Center.  
Resident #6 was discharged on 8/14/14. Resident #7 was discharged on 8/11/14. Resident #8 had a safety plan dated 10/29/14.  
Ms. [redacted] will develop the initial resident safety plan and distribute the plan to supervisors electronically. Supervisors are to familiarize themselves with the plan, and share the plan with their staff who will work with the identified resident. Staff is to review the plan and place the initial plan in the resident's file on the unit.  
Staff will document all actions and interventions (life space interviews, restrictive procedures, counseling, behavior plans, referrals to Case Manager/CACTIS, etc.) on the second page of the safety plan. Also, any incidents of physical aggression/violence should be noted on the safety plan as well.  
Supervisors should review the safety plans with staff as part of their routine rounds, and note what works and what doesn't weekly. Residents who continue to act out physically, and who are not responsive to interventions by staff and supervisors, should be then referred to the Case Manager. Staff is to document visits to the Case Manager/CACTIS on the safety plan.  
Attached is a copy of the resident safety plan template to this message. Also attached is a copy of the second page in the event additional pages are necessary. Resident safety plans should be turned in with the rest of the residents' files after release.  
All initial safety plans will be saved in the "Resident Safety Plans" folder located on the M: drive. Copies of the resident safety plan template, and second page template, are located there as well.  
Supervisory staff (Manager of Health Services, Manager of Social Services, and Unit Chiefs will meet with their respective staff to inform them of this change in policy. All Shuman Center staff shall be informed of this policy no later than November 24, 2014.

10/29/14  
BB  
12/29/14

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      Date 10/31/14

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

The above plan of correction is approved as of <u>12/29/14</u> (Date)	Plan of correction implementation status as of <u>12/29/14</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented