



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

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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 120
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 November 30, 2015 until May 30, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 414311

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: NOV 30 2015

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

RE: Shuman Center
License #: 414311

Dear Mr. Hill:

As a result of the Department of Human Services' licensing inspections on June 5, 2015, June 12, 2015, July 15, 2015, July 17, 2015, August 27, 2015, August 28, 2015, September 11, 2015, September 18, 2015, October 2, 2015, November 5, 2015 and November 16, 2015 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities), your current license # 414310 dated October 4, 2015 to October 4, 2016 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated October 4, 2015 to October 4, 2016 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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

Mr. Earl Hill

2

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", written over a horizontal line.

Matthew J. Jones
Director

Enclosures
License
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		
Certificate(s) of Occupancy		
Program Type: Secure Detention	Licensed Capacity: 120	Number of Children Served: 49
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/05/2015: Mundy, Olivia ; Alejandro, Carlos 06/12/2015: Mundy, Olivia ; Alejandro, Carlos		
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: 0 to 5 years: 0 6 to 13 years: 3 14 to 17 years: 31 18 to 21 years: 15	Number of Children who: Are Adjudicated Delinquent: 49 Are Dependent: 0 Have Mental Illness: 20 Have an Intellectual Disability: 9 Have a Physical Disability: 2	

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NOV 05 2015

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Licensing Inspection Summary: 41431 - 08/05/2015 - Mundy, Olivia
Facility Name: SHUMAN CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 was hired on 3/9/2009 and does not have a valid Pennsylvania State Police 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.

Shuman Center upon receiving a revised background check verification requirement from DHS dated December 22, 2014 are in the process of updating all current employees Pennsylvania State Police Criminal Record Check as well as their Pennsylvania Child Abuse History Clearance who have been employed as of December 31, 2014 with Shuman Center. All employee updated Pennsylvania State Police Criminal Record Checks as well as their Pennsylvania Child Abuse History Clearances are scheduled to be completed by September 30, 2015.

Please find attached the valid Pennsylvania State Police Criminal Record Check for Youth Care Worker [redacted]. As noted in her previous NCIS background check on file, no criminal records exist on this employee.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/27/2014

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* / *Saul Hill*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rich Gordon - Dep. Dir. of Operations* Date *11/5/15*

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

The above plan of correction is approved as of 11/16/15 (Date)
The above plan of correction was approved by BS (Initials)
Plan of correction implementation status as of 11/16/15 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Licensing Inspection Summary: 41431 - 08/06/2016 - Mundy, Olivia
Facility Name: SHUMAN CENTER

WISCONSIN DEPARTMENT OF SAFETY
COMMUNITY CARE DIVISION

1. REGULATION 66 Pa.Code §9800

3800.141(c) - The assessment shall include the following:

- (1) Medical information and health concerns such as allergies; medications; immunization history; hospitalizations; medical diagnoses; medical problems that run in the family; issues experienced by the child's mother during pregnancy; special dietary needs; illnesses; injuries; dental, mental or emotional problems; body positioning and movement stimulation for children with disabilities, if applicable; and ongoing medical care needs.
- (2) Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.
- (3) Known incidents of aggressive or violent behavior.
- (4) Substance abuse history.
- (5) Sexual history or behavior patterns that may place the child or other children at a health or safety risk.

2a. DESCRIPTION OF VIOLATION

Resident # 2's health and safety assessment dated 4/14/15 indicated "no" for history of aggression/violence; however, the resident's record included a safety plan dated 2/25/15, from a prior admission at the facility, which indicated that the resident was in a physical altercation on 2/12/15 and has a history of fighting. The health and safety assessment dated 4/14/15 does not accurately assess the resident's known incidents of aggressive or violent behavior.

Resident # 3's health and safety assessment dated 6/8/15 indicated "no" for history of aggression/violence and "no" for having been in a fight or acted out violently recently. On 6/7/15 Resident # 3 was involved in a physical altercation with several other residents and his/her health and safety assessment does not accurately assess incidents of aggressive or violent behavior now known to the facility.

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.

Resident # 2 and resident # 3 have been discharged. BB 11/16/15

All residents admitted to Shuman Center will be assessed as having the potential or history of being aggressive or violent and put on Red Card status. All residents will automatically have a Health and Safety plan developed. See Revision to Health and Safety Assessment.

POC

All staff and RN's who complete the Health and Safety Assessments will be given retraining on how to complete the Health and Safety Assessment correctly.

RN staff will be retrained on how to utilize the addendum to revise the Health and Safety Assessment for any new medical or behavior that occur during the residents current stay at Shuman.

A written copy of the training will be placed in each staff member file.

Health Services Manager will be responsible to monitor Health and Safety Assessments for correctness and compliance with DHS regulations.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Earl Hill* Date *7/20/15*

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

The above plan of correction is approved as of <u>11/16/15</u> (Date)	Plan of correction implementation status as of <u>11/16/15</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

Licensing Inspection Summary: 41431 - 08/05/2015 - Mundy, Olivia
Facility Name: SHUMAN CENTER

WEST VIRGINIA STATE UNIVERSITY
FACILITY LICENSING

1. REGULATION 56 Pa.Code §3800

3800.145(b) - Each child who is 3 years of age or older shall receive vision screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision," and "Eye Examination and Vision Screening in Infants, Children and Young Adults (RE9826)."

2a. DESCRIPTION OF VIOLATION

Resident # 2 was admitted to the facility on 4/14/15 and has not had a vision screening.

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.

Resident # 2 has been discharged. BB 11/16/15

2. Page 4&5/6 Resident #2 Violation 3800 145 (b)

Resident was at Shuman for 60 days and did not receive an updated Hearing and Vision screening.

RN's receive a written daily assignment. All RN's are responsible to review and update resident's files for current health screening needs. All resident screenings are to be completed within 15 days of their admission date. Resident refusals or any other reason health screenings cannot be completed is to be documented on the health screening form or in the progress notes of the residents chart.

All RN's have been instructed on their monthly conferences about their responsibilities in documentation and maintaining resident's charts.

POC

All RN's who worked during the time that the resident was admitted here at Shuman will receive a written Oral reprimand placed in their personal files.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Earl Hill

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Earl Hill

Date 7/20/15

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The above plan of correction is approved as of 11/16/15
(Date)

Plan of correction implementation status as of 11/16/15
(Date)

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

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

JUL 20 2015

Licensing Inspection Summary: 41431 - 06/06/2015 - Mundy, Olivia

Facility Name: SHUMAN CENTER

WEB/REGISTRATION OFFICE
Shuman Center Licensing

1. REGULATION 55 Pa.Code §3800

3800.146(b) - Each child who is 3 years of age or older shall receive a hearing screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision."

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the facility on 4/14/15 and has not had a hearing screening.

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.

Resident #2 has been discharged. 11/16/15

2. Page 4&5/6 Resident #2 Violation 3800 145 (b)

Resident was at Shuman for 60 days and did not receive an updated Hearing and Vision screening.

RN's receive a written daily assignment. All RN's are responsible to review and update resident's files for current health screening needs. All resident screenings are to be completed within 15 days of their admission date. Resident refusals or any other reason health screenings cannot be completed is to be documented on the health screening form or in the progress notes of the residents chart.

All RN's have been instructed on their monthly conferences about their responsibilities in documentation and maintaining resident's charts.

POC

All RN's who worked during the time that the resident was admitted here at Shuman will receive a written Oral reprimand placed in their personal files.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page) Earl Hill

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Earl Hill

Date 7/20/15

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The above plan of correction is approved as of 11/16/15 (Date)

Plan of correction implementation status as of 11/16/15 (Date)

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

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

JUL 20 2015

Licensing Inspection Summary: 41431 - 06/08/2016 - Mundy, Olivia
Facility Name: SHUMAN CENTER

WEST VIRGINIA UNIVERSITY
Human Services Training

1. REGULATION 55 Pa.Code §3800
3800.283(4) - The child health and safety assessment required in § 3800.141 (relating to child health and safety assessment) shall be completed within 1 hour of admission.

2a. DESCRIPTION OF VIOLATION
Resident # 4 was admitted to the facility on 6/3/16 at 4:55 AM and his/her health and safety assessment was completed on 6/3/16 at 9:30AM.

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. Page 6/6 Resident #4 3800 141 & 283 (4)

Resident's Health and Safety Assessment was initially done by Wing supervisor on 11-7 shift. Several questions were not completed by the Wing supervisor so the RN who reviewed the Health and Safety Assessment added addition information to the original form instead of using the Health and Safety addendum to make the corrections.

POC

Chief supervisor will be notified in writing of the wing/supervisors non compliance of completing health and safety assessment with in the 1 hour time frame during the 11-7 shift.

The Wing supervisor will be reinstruct on how to complete health and safety assessment by medical personal and this will be documented in the training file.

All RN's will receive training on utilization of the Health and Safety addendum form to add information to the current Health and Safety assessment. Training will be documented in the training file.

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Earl Hill* Date *7/20/15*

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

The above plan of correction is approved as of <u>11/16/15</u> (Date)	Plan of correction implementation status as of <u>11/16/15</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

**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: Richard Gordon		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: 38
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/15/2015: Lester, Marie; Patton, Jessica 07/17/2015: Lester, Marie; Patton, Jessica 08/28/2015: Lester, Marie; Mundy, Olivia; Carlos Alejandro; Leet, Evan		
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: 0 to 5 years: 0 6 to 13 years: 4 14 to 17 years: 23 18 to 21 years: 11	Number of Children who: Are Adjudicated Delinquent: 38 Are Dependent: 0 Have Mental Illness: 13 Have an Intellectual Disability: 0 Have a Physical Disability: 1	

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NOV 18 2015

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION – 62 P.S. § 1007
When, after investigation, the department is satisfied that the applicant or applicants for a license are responsible persons, that the place to be used as a facility is suitable for the purpose, is appropriately equipped and that the applicant or applicants and the place to be used as a facility meet all the requirements of this act and of the applicable statutes, ordinances and regulations, it shall issue a license and shall keep a record thereof and of the application.

2. DESCRIPTION OF VIOLATION
In accordance with 23 Pa.C.S. § 6301–6385 (relating to the Child Protective Services Law), operators of facilities and agencies and their employees who have direct contact with children must have three hours of training in child abuse recognition and reporting by a source approved by the Department. Staff Member A, Staff Member D, Staff Member E, Staff Member F, Staff Member G, Staff Member H, and Staff Member I did not have any of the mandatory 3 hours of Department-approved CPSL training for recognizing and reporting child abuse by July 1, 2015.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that each attached page must be signed and dated)
Include steps to describe the violation(s) 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 Regulation 62 P.S. 1007 (6301-6385)

The Training Manager and Deputy of Operations will ensure that all employees who have direct contact with residents shall have the mandatory three hours of Department-approved CPSL training for recognizing and reporting child abuse by July 1, 2015. Due to the volume of staff utilizing the University of Pittsburgh Website, many of our staff experienced difficulty logging on. Attached are the certificates of completion for:

- V. Brackett
- R. Bratcher
- D. Collins
- E. Daniels
- T. Morand
- D. Steranchak
- M. Taylor

Printed Name and Title of Legal Entity Representative (Required on all pages)
Richard Gordon - DEP. DIR. OPERATIONS

Signature of Legal Entity Representative (Required on all pages) _____ Date *11-17-15*

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

Repeated Violation:	Repeated Violation Dates:
The above plan of correction is approved as of <u>11/18/15</u> (Date)	Plan of correction implementation status as of <u>11/18/15</u> (Date)
The above plan of correction was approved by <u>RS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input checked="" type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

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SEP 29 2015

Licensing Inspection Summary: 41431 - 07/18/2016 - Lester, Marie
Facility Name: SHUMAN CENTER

1. REGULATION 58 Pa.Code §3800
3800.32(b) - A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

2a. DESCRIPTION OF VIOLATION

On 6/22/15 from approximately 7:14pm to 7:17pm on Unit F, Staff Member C and Staff Member D observed Resident #4, a 12 year-old, and Resident #5, a 17 year-old, engage in a physical altercation that resulted in bruising to Resident #4's face and head. The staff members failed to intervene for the initial 3 minutes of the altercation.

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.

*Staff member C&D were childlined on 5/23/2015 and immediately suspended until 6/16/2015.

*Staff member C&D were retrained in Safe Crisis Management and Child Protective Service Law.

Resident #4 and resident #5 have been discharged. *BB*
4/17/15

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) EARL HILL
RICH GORDON - Dep. DIR. of OPERATIONS Date 9/23/15

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The above plan of correction is approved as of 11/17/15
(Date)

Plan of correction implementation status as of 11/17/15
(Date)

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

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

PREPARED

SEP 23 2015

Licensing Inspection Summary: 41431 - 07/16/2016 - Lester, Marie
Facility Name: SHUMAN CENTER

WEST VIRGINIA UNIVERSITY
CHILD PROTECTIVE SERVICES

1. REGULATION 86 Pa.Code §3800

3800.51 - Child abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. § § 6301-6365 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

2a. DESCRIPTION OF VIOLATION

Staff Member A, Staff Member B, Staff Member C, and Staff Member D do not have valid Pennsylvania State Police background checks.

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.

2. Plan of Correction: PA DHS staff could not locate valid Pennsylvania State Police Background clearances during their inspection for four (4) Child Care Workers.

Regulation 55 PA Code 3800.51 Child Abuse and Criminal History Checks must be maintained on file.

The License Inspection Report completed on Shuman Center dated September 18, 2015 identifies four (4) employees who did not have valid Pennsylvania State Police Background checks.

Corrective Action - To comply with the directive received from the Pennsylvania Department of Human Services dated December 22, 2014 which requires by December 31, 2014 any employee who has direct contact with children obtain new clearances every 36 months; Shuman Center revised our background clearance policy and began the process of updating our current staff's background clearances in July 2015. Attached are the current valid Pennsylvania State Police Background checks for the employees who were identified in the report dated September 18, 2015 as not having a valid Pennsylvania State Police Background Clearances on file during the inspection. Employee (A)'s Pennsylvania State Police Background check is dated 8/6/2015; Employee (B)'s Pennsylvania State Police Background check is dated 8/14/2015; Employee (C)'s Pennsylvania State Police Background check is dated 7/21/2015 and Employee (D)'s Pennsylvania State Police Background check is dated 7/21/2015.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/27/2014	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Earl Hill*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Earl Hill - Director* Date *9/25/15*

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/16/15
(Date)

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

Plan of correction implementation status as of 11/16/15
(Date)

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

Licensing Inspection Summary: 41431 - 07/16/2018 - Lester, Marie
 Facility Name: SHUMAN CENTER

1. REGULATION 85 Pa.Code §3800
 3800.143(e) - The health examination shall include: (1) - (16)

2a. DESCRIPTION OF VIOLATION

Resident #1, admitted 6/11/15, had a health examination record dated 6/12/15 and the examination did not include a sickle cell screening or documented review or conclusion that the testing was unnecessary after reviewing the results of previously conducted sickle cell screening.

Resident #2, admitted 6/9/15, had a health examination record dated 6/11/15 and the examination did not include a sickle cell screening or documented review or conclusion that the testing was unnecessary after reviewing the results of previously conducted sickle cell screening.

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.

Shuman Medical Department

Plan of Correction - POC 9-22-2015

1. Page 6/8 Violation 3800.143(e) - The health examination shall include: (1)-(15)

Resident #1 and #2

The health examinations are conducted by Children's Hospital Adolescent Medicine Physicians and resident doctors currently.

The manager of health services shall assume the responsibility of the orientation and instruction on completing the health examination according to DHS regulatory standards of 3800.143(e) for the medical doctors. This is currently being done by the preceptor from Adolescent Medicine. An in-service record will be kept of all MD's who have received orientation.

The manager of health services is responsible to review a portion of the weekly health examinations for compliance and reinstruct Physicians as needed. The health services manager will report to Shuman's Director/ or his designee of any issues or problems with compliance.

Resident #1 and resident #2 have been discharged AB 11/17/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/31/2015
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Signature of Legal Entity Representative (Required on EVERY Page) *Regina Littlepage - Earl Hill*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Regina Littlepage* *Earl Hill, Director* Date *9-25-15*

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

The above plan of correction is approved as of 11/17/15 (Date)

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

Plan of correction implementation status as of 11/17/15 (Date)

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

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SEP 23 2015

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Licensing Inspection Summary: 41431 - 07/16/2015 - Lester, Marie
Facility Name: SHUMAN CENTER

WEST VIRGINIA UNIVERSITY
Human Services University

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 7/10/15 at approximately 8:30pm in Unit K, Staff Member A physically picked up Resident #3 from a seated position in a chair for refusing to follow the staff person's directions to go to his/her bedroom and secluded Resident #3 in his/her bedroom for approximately 30 minutes prior to the resident's regularly scheduled bed time.

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.

- *Resident #3 was on security status due to physically aggressive behavior earlier in the day on 7/1/15. As part of security status, residents go to bed at 8:30 pm.
- *Staff member A was suspended for non-Safe Crisis Management technique when assisting youth to room for bedtime.
- *Staff member A was also retrained in Safe Crisis Management and Child Protection Service Law.
- *Administrative staff Hardy and Deputy Director of Operations Gordon spoke with staff member A regarding a more appropriate way to engage a non-compliant youth, notifying supervisors, and appropriate documentation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Earl Hardy Earl Hardy

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) EARL HARDY - DIRECTOR
RICH GORDON - DEP DIR. OF OPERATIONS

Date 9/23/15

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

The above plan of correction is approved as of 11/16/15
(Date)

Plan of correction implementation status as of 11/16/15
(Date)

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

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

Licensing Inspection Summary: 41431 - 07/16/2015 - Lester, Marie
Facility Name: SHUMAN CENTER

WESTERN PENNSYLVANIA
DEPARTMENT OF PUBLIC SAFETY

1. REGULATION 58 Pa.Code §3809
3809.213 - A record of each use of a restrictive procedure, including the emergency use of a restrictive procedure, shall be kept and shall include the following:
(1) The specific behavior addressed.
(2) The methods of intervention used to address the behavior less intrusive than the procedure used.
(3) The date and time the procedure was used.
(4) The specific procedure used.
(5) The staff person who used the procedure.
(6) The duration of the procedure.
(7) The staff person who observed the child.
(8) The child's condition following the removal of the procedure.

2a. DESCRIPTION OF VIOLATION
On 7/10/15 at approximately 8:30pm in Unit K, Resident #3 was secluded in his/her bedroom for approximately 30 minutes prior to the resident's regularly scheduled bed time and there was no record of the use of seclusion.

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.

- * Resident #3 was on security status due to physically aggressive behavior earlier in the day on 7/10/15. As part of security status, residents go to bed at 8:30 pm.
- * Administrative staff Hardy and Deputy Director of Operations Gordon spoke with staff member A regarding a more appropriate way to engage a non-compliant youth, notifying superiors, and appropriate documentation.
- * Administrative staff reviews restrictive procedures via video each Monday for previous week. During meeting the Social Services Manager, Deputy Directors, Security Manager, Compliance Coordinator, and Director review policy and procedures with Administrative Chiefs and review policy to disseminate to Youth Care Workers.
- * September 23, 2015 Compliance Coordinator will review the security status protocols and procedures, as well as, restrictive procedure record and policy.

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

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

Printed Name and Title of Legal Entity Representative Earl Hill - Director
(Required on EVERY Page) RICH GORDON - DEP. DIR OF OPERATIONS Date 9/23/15

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The above plan of correction is approved as of 11/16/15
(Date)

Plan of correction implementation status as of 11/16/15
(Date)

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

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

**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 Other 12/12/1974 City of Pittsburgh		
Program Type: Secure Detention	Licensed Capacity: 120	Number of Children Served: 63
Type of Inspection: Full	BHA Docket Number:	Notice: Announced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/27/2015: Alejandre, Carlos; Mundy, Olivia; Leet, Evan; White, Anthony 08/28/2015: Alejandre, Carlos; Mundy, Olivia; Lester, Marie; Leet, Evan 09/11/2015: Alejandre, Carlos; Patton, Jessica 09/18/2015: Alejandre, Carlos; Lester, Marie 10/02/2015: Alejandre, Carlos; White, Anthony		
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: 0 to 5 years: 0 6 to 13 years: 3 14 to 17 years: 45 18 to 21 years: 15	Number of Children who: Are Adjudicated Delinquent: 63 Are Dependent: 0 Have Mental Illness: 27 Have an Intellectual Disability: 0 Have a Physical Disability: 2	

Licensing Inspection Summary: 41431 - 08/27/2015 - Alejandro, Carlos
Facility Name: SHUMAN CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §3800
3800.32(b) - A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

2a. DESCRIPTION OF VIOLATION

On 8/9/2015 at approximately 2:49 PM Staff Member D entered Resident#22's bedroom and observed him/her on the floor with a bed sheet wrapped around his/her neck. Staff Member D unwrapped the sheet from Resident#22's neck, left the sheet on the dresser and exited the bedroom without notifying other staff. At approximately 2:54 PM Staff Member E discovered Resident#22 with the same bedsheet wrapped around his/her neck and he/she was unresponsive. The event resulted in transportation of the resident by ambulance to a hospital for treatment on 8/9/2015.

On 8/23/2015 at approximately 1:30 PM in the recreation room, Staff Member B gave Resident#1 a handwritten letter indicating, "I like your young sexy chocolate Ass whAts up if I give you my iNfo will you fuck with me wheN you get out bcuz No disrespect but I WANT you serlously let me kNow"

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.

See attached Pages 2A, 2B, 2C

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature] / Emp. Chief

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Rich Gordon - Dep Dir. Operations

Date 10/28/15

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The above plan of correction is approved as of 11/17/15
(Date)

Plan of correction implementation status as of 11/17/15
(Date)

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

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

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Page 2A of 11

NOV 17 2015

WEST REGION FIELD OFFICE
Human Services Licensing

DHS - BHSL

Licensing Inspection Summary

pg. 2 of 11 -- resubmitted 11/13/15 by Rich Gordon - Deputy Director of Operations

Incident #1:

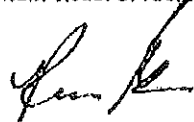
On 8/9/2015 Resident #22 attempted suicide by wrapping a sheet around [redacted] neck on two separate occasions. Shuman Center completed a HCSIS Report, made a report to Childline, and contacted the Allegheny County Police to investigate further. During the incident investigation, it was clear that on first occasion Staff D did not follow Shuman Center Suicide Prevention and Intervention Policy and Procedure. Staff D was subsequently indefinitely suspended on 8/17/15, for failure to act accordingly to ensure the safety and well-being of a resident. At the conclusion of an extensive investigation by the Pennsylvania Department of Human Services and the Allegheny County Police, Staff D was found to be: indicated as a perpetrator of child abuse, charged with one count of endangering the welfare of a child, failing to properly respond to an incident of suicidal gesture, ideation, and attempt by a resident, and falsifying reports to Shuman Administration. On 9/25/15, Staff D's employment with Allegheny County and Shuman Center was terminated. This incident was discussed in length with Shuman Administration, Supervisory Staff, and Youth Care Workers on numerous occasions during staff training/meeting dates formally and informally.

A Suicide Prevention and Intervention training will be conducted by the Training Manager for all Youth Care Workers, Wing Supervisors and Chief Supervisors by February 2016. All Child Care Workers and related staff shall be trained on the prevention and intervention of suicide, to ensure and maintain the safety and well-being of each resident. Crisis management services are provided for residents through CACTIS.

Procedure Guidelines

- A. If a resident has a history a serious history of mental illness he or she shall be evaluated by CACTIS and may be placed on yellow card status for close supervision.
- B. If a resident is displaying or verbalizing suicidal ideations, thoughts, or comments the following shall immediately occur:
 1. Inform resident you are concern for his/her safety and well-being and will be notifying the Child Care Supervisor for assistance.
 2. Remain in close proximity of resident; maintain visual of resident at all times.
 3. Notify Child Care Supervisor.
 4. Child Care Supervisor shall contact the CACTIS walk-in clinic counselor or Mobile CACTIS to have the resident behavior evaluated.
 5. CACTIS will determine if the resident needs to be placed on "One-on-One" or "yellow card status".
- C. If a resident is displaying or demonstrated suicidal gestures, unusual behavior and/or pose a threat to him or herself the following shall occur immediately:
 1. Inform resident you are concern for his/her safety and well-being and will be notifying the Child Care Supervisor for assistance.
 2. Remain in close proximity of resident; maintain visual of resident at all times.

RICH GORDON - Dep Dir. OPERATIONS -

 11/17/15

BB 11/17/15

3. Remove any items including clothing and bedding articles from resident's room and/or immediate surroundings.
 4. Notify Child Care Supervisor of situation and request immediate assistance.
 - I. Child Care Supervisor will notify Medical staff
 - II. Child Care Supervisor will notify CACTIS staff
 5. Document the observations and behaviors in the unit log book.
 6. Inform Child Care Worker of incident during shift exchange.
 7. Complete an incident report by the end of the shift.
 8. Child Care Supervisor shall complete a HICSIIS report.
- D. If a resident is found attempting to commit suicide the following shall immediately occur:
1. If possible, immediately remove article being used to attempting suicide
 2. Notify Child Care Supervisor
 3. Supervisor shall notify Medical Staff - Call a "Nurse Stat"
 4. If necessary begin life-saving measures until medical personnel arrives.
 5. Remain with resident at all times
 6. Complete an incident report
 7. Child Care Supervisor shall complete a HICSIIS report.

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WEST REGION FIELD OFFICE
Human Services Licensing

Incident #2:

On 8/24/15, Resident #1 submitted a complaint to Compliance Manager that on 8/23/15 [redacted] was given a hand written note by Staff B that was sexual in nature. Shuman Center completed a HICSIIS report, made a report to Childline, and contacted Allegheny County Police to investigate. Staff B was immediately summoned to the Social Services office, was informed of the incident, and placed on indefinite suspension. During the investigation it was clear that Staff B did indeed pass the note to Resident #1 as described. At the conclusion of an extensive investigation by the Pennsylvania Department of Human Services and the Allegheny County Police, Staff B was charged with: unlawful contact with a minor, endangering the welfare of a child, corruption of minors, and official oppression. The State DHS did not make a determination of abuse due to the pending criminal court proceedings. On 10/2/15, Staff B's employment with Allegheny County and Shuman Center was terminated. This incident was discussed in length with Shuman Administration, Supervisory Staff, and Youth Care Workers on numerous occasions during staff training/meeting dates formally and informally.

Shuman Center is a Prison Rape Elimination Act (PREA) compliant facility. There is a zero-tolerance policy for all forms of sexual misconduct. Residents, employees, volunteers, contractors, parents and visitors are educated and informed of the PREA law, reporting procedures and Shuman's zero-tolerance policy. Newly hired employees shall receive in depth PREA training during his/her orientation training. A PREA refresher course will be conducted annually and/or as needed for all employees.

A PREA refresher training will be conducted by the PREA Compliance Coordinator for all Youth Care Workers, Wing Supervisors, and Chief Supervisors by February 2016.

Procedure Guidelines

- (1) Shuman's zero-tolerance policy for sexual abuse and sexual harassment;

Rich Gordon Dep Dir. OPERATIONS - *[Signature]* - 11/17/15

BB 11/17/15

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NOV 17 2015

WEST REGION FIELD OFFICE
Human Services Licensing

- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.
 - (b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.
 - (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.
 - (d) The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

115.332 Volunteer and contractor training.

- (a) Shuman Center shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.
- (b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of Shuman's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

RICH GORDON - DEP. DIR. OPERATIONS - *[Signature]* - 11/17/15

BB 11/17/15

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OCT 28 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Licensing Inspection Summary: 41431 - 08/27/2015 - Alejandro, Carlos
Facility Name: SHUMAN CENTER

1. REGULATION 55 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 Member D was hired on 5/16/2005 and has an initial Pennsylvania State Police criminal history check dated 8/22/2015.

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 License inspection Report completed on Shuman Center dated October 15, 2015

Description of Violation: Staff Member D was hired on 5/16/2005 and has an initial Pennsylvania State Police criminal history check date of 8/22/2015.

Regulation 55 PA Code 3800.51 Child Abuse and Criminal History Checks must be completed in accordance with 23 Pa.C.S. Section 6301-6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

#2 Plan of Correction (POC): Staff Member D hired on 5/16/2005 did have a background clearance completed from an unofficial source which was not acceptable to the PA Department of Human Services regulations. Shuman Center received a directive from the Pennsylvania Department of Human Services in December 2014 requiring all staff maintain on file a valid official PA criminal background check and PA Child Abuse clearance every 36 months by December 31, 2015. Shuman Center revised our hiring and background clearance policies in February 2015 (see attached). Shuman Center began the process of updating all current staff members' background clearances in July 2015 follow the approval by the County administration to absorb the cost to comply with the directive received by DHS. Therefore the official background clearance viewed by the DHS staff for Staff Member D was dated 8/22/2015 in our effort to ensure current clearances are on file for all staff members by December 31, 2015.

Repeat Violation: Yes Date(s) of Previous Violation(s): 8/27/2014

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Director Richborden - Dep. Dir. Operations Date 10/23/15

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

The above plan of correction is approved as of 11/16/15 (Date)

Plan of correction implementation status as of 11/16/15 (Date)

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

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

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OCT 28 2015

Licensing Inspection Summary: 41431 - 08/27/2015 - Alejandro, Carlos
Facility Name: SHUMAN CENTER
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §3800
3800.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
The facility's fire drill records indicated no fire drills were conducted in the month of October 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.

Regulation 55 Pa. Code 3800
3800.132(a)

The Fire Drill Report Sheet was redone to accurately 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 fire drills are completed and the appropriate form is completed in accordance with current policy and DPW regulations. The Deputy Director of Operations will ensure all policies and procedures related to fire drills are adhered to on a monthly basis.

All staff persons will be educated on Chapter 3800.132(a).

B.S.
11/16/15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative Director
(Required on EVERY Page) Rich Gordon - Dep. Dir. Operations Date 10/23/15

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/16/15
(Date)

Plan of correction implementation status as of 11/16/15
(Date)

The above plan of correction was approved by B.S.
(Initials)

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

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OCT 28 2015

Page 5 of 11

Licensing Inspection Summary: 41431 - 08/27/2015 - Alejandro, Carlos		WEST REGION FIELD OFFICE	
Facility Name: SHUMAN CENTER		Human Services Licensing	
<p>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.</p>			
<p>2a. DESCRIPTION OF VIOLATION Resident#18's health and safety plan indicated Resident#18 "Has issues with Residents from Wilkinsburg." Resident#18 is served in the same unit F as Resident#19, Resident#20, and Resident#21, whom are all from Wilkinsburg. Resident#23's health and safety assessment dated 8/14/2015 indicated a history of aggression and violence. Resident#23 does not have a health and safety plan.</p>			
<p>3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i></p> <p style="text-align: center;">See attached Page 5A</p>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/08/2014	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Rich Gordon - Dep. Dir. Operations			10/23/15
DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
11/16/15 (Date)		11/16/15 (Date)	
The above plan of correction was approved by		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	
BS (Initials)			

11/13/15
11/13/15
11/13/15

3800.142 pg 5

1) There is a Health & Safety plan developed for all residents admitted into Shuman Center. The resident Health and Safety plan is developed from the information gathered from the resident's health and safety assessment, the known history of the resident and any other information the resident reveals to staff during the admission process. The Health and Safety plan provides Supervisors with the necessary information to determine the residents housing assignment and provides the YCW's with the vital information to ensure the safety and security of the resident throughout his/her residency at Shuman.

Due to the classification process utilized at Shuman Center in some occurrences residents may be assigned to a housing unit in which a peer from a different neighborhood may be housed. If there is a no contact order in place the residents are kept separated. All staff are trained to enforce unit rules and regulations, utilize observational skills and conduct mediation between residents if necessary. If in the instance, that a resident is in imminent or immediate danger a supervisor is notified and the resident at risk will be transferred and assigned to another housing unit.

2) According to Shuman policy a Health & Safety plan is to be created for every resident admitted in the facility. Supervisors and Social Services staff are to complete the residents plan.

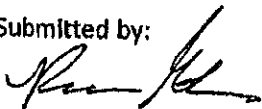
Supervisors and Social Services staff will receive a refresher training on the Health & Safety plan policy and procedure on Thursday, October 22, 2015 during the management meeting.

A tracking system to ensure all residents receive a plan within the allotted time frame is now in place. A "new admit" report is ran daily and compared to the plans by the Supervisor on duty. If for some instance, a plan is not completed in the time frame given the Chief Supervisor and/or Social Services Staff will be held accountable for the particular violation.

Resident #18 and resident #23 have been discharged. *BS*

11/17/15

Submitted by:



Rich Gordon - Deputy Director of Operations - 11/13/15

BS 11/17/15

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OCT 28 2015

Page 6 of 11

Licensing Inspection Summary: 41431 - 08/27/2015 - Alejandro, Carlos
Facility Name: SHUMAN CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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 8/24/2015 in unit G, Resident#2, Resident#3, Resident#4, Resident#5, Resident#6, Resident#7, Resident#8, Resident#9, Resident#10, Resident#11, Resident#12, and Resident#13 were kept in seclusion from 7:00 AM to 11:00 AM due to only one child care worker, Staff Member F, present with the children in unit G.

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.

Shuman Center knows the regulation regarding the appropriate use of exclusion. On 8/24/15, Shuman Center did not have enough staff to meet awake hours ratios. The decision was made to leave residents in their rooms longer as a safety precaution, instead of letting residents out and not meeting the awake hour ratio. Once additional able bodied staff arrived, residents were allowed out of their rooms and ratio was met. Supervisory staff now has a pool of additional administrative staff to contact in these emergency situations. Shuman Administration is working with Allegheny County Administration to address adequate able body staff availability and hiring. At this point, the State Budget impasse has halted our hiring process. Shuman Administration is also in the process of restructuring the Youth Care Workers schedule.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature] / *Earl Hill*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rich Gordon - Dep. Dir. Operations*

Date *10/23/15*

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(Date)

Plan of correction implementation status as of 11/16/15
(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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OCT 28 2015

Page 7 of 11

Licensing Inspection Summary: 41431 - 08/27/2015 - Alejandro, Carlos
Facility Name: SHUMAN CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §3800
3800.274(5) - There shall be one child care worker present with the children for every six children during awake hours.

2a. DESCRIPTION OF VIOLATION

On 8/24/2015 Staff Member F was present with Resident#2, Resident#3, Resident#4, Resident#5, Resident#6, Resident#7, Resident#8, Resident#9, Resident#10, Resident#11, Resident#12, and Resident#13 secured in unit G from 7:00 AM to 11:00 AM. Staff Member F was the only Staff present.

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.

Shuman Center knows the regulation regarding staff to resident ratio. On 8/24/15, Shuman Center did not have enough staff to meet awake hours ratios. The decision was made to leave residents in their rooms longer as a safety precaution, instead of letting residents out and not meeting the awake hour ratio. Once additional able bodied staff arrived, residents were allowed out of their rooms and ratio was met. Supervisory staff now has a pool of additional administrative staff to contact in these emergency situations. Shuman Administration is working with Allegheny County Administration to address adequate able body staff availability and hiring. At this point, the State Budget impasse has halted our hiring process. Shuman Administration is also in the process of restructuring the Youth Care Workers schedule.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* / *Sarah Hiep*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Director Rich Gordon - Dep DIR Operations* Date *10/23/15*

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- Partially Implemented - Inadequate Progress
- Not Implemented

OCT 28 2015

Licensing Inspection Summary: 41431 - 08/27/2015 - Alejandro, Carlos
Facility Name: SHUMAN CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §3800
3800.274(17)(ii) - The following requirements apply to the use of seclusion: The use of seclusion may not exceed 4 hours, unless a licensed physician, a licensed physician's assistant or registered nurse examines the child and gives written orders to continue the use of seclusion. Reexamination and new written orders are required for each 4-hour period the seclusion is continued. If seclusion is interrupted for any purpose and reused within 24 hours after the initial use of seclusion, it is considered continuation of the initial seclusion period.

2a. DESCRIPTION OF VIOLATION

On 8/24/2015 in unit K, Resident#14, Resident#16, Resident#10, and Resident#17 were kept in seclusion from approximately 2:20 PM until sleeping hours at approximately 8:00 PM. The facility did not have written orders permitting seclusion exceeding 4 hours from a licensed physician, a licensed physician's assistant or a registered nurse.

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.

On 8/24/15, Shuman Center admitted five residents from another facility. During the transport, four of the residents began to harass, threaten, and assault the remaining fifth resident. The Sheriffs who transported the residents had to stop the vehicle several times for safety purposes. Once residents arrived at Shuman Center, the inappropriate behavior continued throughout the intake/admission process. Shuman Administration and Supervisory staff separated the victim and secluded the four residents for the remainder of the evening. During the remainder of the day, the residents would periodically yell out inappropriate comments and threats toward staff and each other. Medical staff was on the unit, but did not give written orders beyond four hours due to Administration verbally stating they were secluded for the remainder of the night. Administrative staff will review with all staff the importance of following all seclusion protocols and procedures during training meeting on 10/29/15.

The director will implement monitoring procedures to ensure compliance with Chapter 3800.274(17)(ii). BB 11/16/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Director
Rich Gordon - Dep. Dir. Operations Date *10/23/15*

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

The above plan of correction is approved as of 11/16/15
(Date)

Plan of correction implementation status as of 11/16/15
(Date)

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

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

RECEIVED

OCT 23 2015

Licensing Inspection Summary: 41431 - 08/27/2015 - Alejandro, Carlos
Facility Name: SHUMAN CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §3800
3800.274(17)(iii) - The following requirements apply to the use of seclusion: A staff person shall observe a child in seclusion at least every 5 minutes.

2a. DESCRIPTION OF VIOLATION
On 8/24/2015 in unit K, Resident#14, Resident#15, Resident#16, and Resident#17 were kept in seclusion from approximately 2:20 PM until sleeping hours at approximately 8:00 PM, and Staff Members performed observational checks at 2:44 PM, 3:06 PM, 3:34 PM, 3:46 PM, 4:08 PM, 4:36 PM, 4:48 PM, 5:36 PM, 6:00 PM, 6:10 PM, 7:01 PM, and 7:51 PM.

On 8/24/2015 in unit G, Resident#2, Resident#3, Resident#4, Resident#5, Resident#6, Resident#7, Resident#8, Resident#9, Resident#10, Resident#11, Resident#12, and Resident#13 were kept in seclusion from 7:00 AM to 11:00 AM, and Staff Members performed observational checks at 7:40 AM, 8:09 AM, 8:20 AM, 8:30 AM, 8:38 AM, 8:52 AM, 9:02 AM, 9:09 AM, 9:22 AM, 9:34 AM, 9:44 AM, 9:57 AM, 10:08 AM, 10:14 AM, 10:21 AM, 10:30 AM, 10:38 AM, and 10:49 AM.

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.

On 8/24/15, Shuman Center utilized seclusion in an out of the ordinary situation due to staffing and security concerns. During which time, the five minute observation was not consistently implemented. Administration will review all seclusion protocols and procedures during training meeting on 10/29/15.

The director will implement monitoring procedures to ensure compliance with Chapter 3800. 274(17)(iii). BS 11/16/15

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* / *Carol Hill*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rich Gordon - Dep. Dir. Operations* Director
Date *10/23/15*

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The above plan of correction is approved as of 11/16/15
(Date)

Plan of correction implementation status as of 11/16/15
(Date)

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

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

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OCT 28 2015

WEST REGION FIELD OFFICE
Human Services Licensing

Licensing Inspection Summary: 41431 - 08/27/2015 - Alejandro, Carlos
Facility Name: SHUMAN CENTER

1. REGULATION 55 Pa.Code §3800
3800.283(1) - The child care worker shall have an associate's degree or 60 credit hours from an accredited college or university.

2a. DESCRIPTION OF VIOLATION
Staff Member B has a total of 56 credit hours from accredited colleges.

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 license inspection report completed on Shuman Center dated October 15, 2015

Description of Violation: Staff Member B had a total of 56 credit hours from accredited colleges

Regulation 55 PA Code 3800.283(1) The Child Care Worker shall have an associate's degree or 60 credit hours from an accredited college or university.

9. Plan of Correction (POC) - Staff Member B was hired in 2012 by the prior Administration. Staff members hired since December 2014 have the required education credentials that are required for the positions held. Since the hiring of the current Allegheny County Human Resource Director in 2013, all new hires must be approved by the Allegheny County Human Resources Department before any formal offer of employment is made to a prospective employee with Shuman Center. All support for documents required for employment, proof of credentials, letters of reference, background clearances and physicals must first be submitted to the Allegheny County Human Resources Department. They ensure all background checks and educational requirements are met by all staff members working within Shuman Center for the position for which they are hired. All new staff member held. The current Administration revised the hiring process in February 2015 to ensure all new and current employees are aware of the hiring process (See Attached). Shuman will continue to follow our new hiring process put in place.

Staff Member B listed in the corrective action was terminated on October 2, 2015 for not performing duties as it relates to the safety and security of the residents entrusted to our care.

12/16/15 The director or a designated staff person will review qualifications for all child care workers to ensure each child care worker has an associates degree or 60 credit hours from an accredited college or university. AS 11/16/15

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature] / Earl Hill

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Director Rich Gordon - Dep Dir. operations Date 10/23/15

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The above plan of correction is approved as of 11/16/15 (Date)

Plan of correction implementation status as of 11/16/15 (Date)

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

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

RECEIVED

OCT 23 2015

Page 11 of 11

Licensing Inspection Summary: 41431 - 08/27/2016 - Alejandro, Carlos
Facility Name: SHUMAN CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §3800
3800.283(2) - No more than 12 children may be in a group at any one time.

2a. DESCRIPTION OF VIOLATION

On 8/23/2016 from approximately 7:00 AM to 3:00 PM Resident#1, Resident#24, Resident#25, Resident#26, Resident#27, Resident#28, Resident#29, Resident#30, Resident#31, Resident#32, Resident#33, Resident#34, Resident#35, and Resident#36 were present in unit N.

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.

Shuman Center knows the regulation regarding the limit of twelve residents in a group at one time. On 8/23/15, Shuman Center combined two female units with a rotation of three to four staff to assist with supervision. The decision to do so was made due to a shortage of able bodied staff thinking that ratio was still being met. Similar to the larger group activities and use of the cafeteria. Supervisory staff now has a pool of additional administrative staff to contact in these emergency situations. Shuman Administration is working with Allegheny County Administration to address adequate able body staff availability and hiring. At this point, the State Budget impasse has halted our hiring process. Shuman Administration is also in the process of restructuring the Youth Care Workers schedule.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature] / Earl Diep

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Rich Gordon - Dep Dir Operations

Date

10/23/15

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

The above plan of correction is approved as of

11/16/15
(Date)

Plan of correction implementation status as of

11/16/15
(Date)

The above plan of correction was approved by

BB
(Initials)

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