



**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

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Secure Detention  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 120  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 September 30, 2016 until March 30, 2017,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 414312

Robert E. Robinson

ISSUING OFFICER

Jay Baulk

DEPUTY SECRETARY

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



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

**MAILING DATE: SEP 30 2016**

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

RE: Shuman Center  
License #: 414312

Dear Mr. Hill:

As a result of the Department of Human Services' (Department) licensing inspections on April 4, 2016, April 5, 2016, April 6, 2016, June 2, 2016, June 6, 2016, June 20, 2016 and June 29, 2016 of the above facility, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities). Your PROVISIONAL license is enclosed.

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.

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:

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

Mr. Earl Hill

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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,

  
Jacqueline L. Rowe  
Director

Enclosures  
License  
License Inspection Summary

**VIOLATION REPORT  
CHILD RESIDENTIAL LICENSING - 65 Pa.Code Chapter 3800**

Facility Name: SHUMAN CENTER		License Number: 41431
Address: 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15208		County: Allegheny
Director: Earl Hill		Region: WEST
Legal Entity Name: ALLEGHENY COUNTY EXECUTIVE		<b>RECEIVED</b>
Legal Entity Address: 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15208		MAY 24 2016
<b>Certificate(s) of Occupancy</b> C-1 07/21/2014 City of Pittsburgh		WEST REGIONAL OFFICE Human Services Licensing
Program Type: Secure Detention	Licensed Capacity: 120	Number of Children Served: 55
Type of Inspection: Full	BHA Docket Number:	Notice: Announced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 04/04/2016: Pugh, Bridget; White, Anthony; Yost, Diana 04/05/2016: Pugh, Bridget; Yost, Diana 04/06/2016: Pugh, Bridget; White, Anthony; Yost, Diana		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<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: 1 14 to 17 years: 36 18 to 21 years: 18	<b>Number of Children who:</b> Are Adjudicated Delinquent: 55 Are Dependent: 0 Have Mental Illness: 21 Have an Intellectual Disability: 0 Have a Physical Disability: 0	

①  
5/23/16  
CS

Licensing Inspection Summary: 41431 - 04/04/2016 - Pugh, Bridget  
 Facility Name: SHUMAN CENTER

1. REGULATION 65 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 2/3/2016, at approximately 8:44 A.M., the facility's video footage showed Resident #5 being secluded on Unit M. The facility's *Incident/Behavior Report* indicated that Resident #5 was secluded for continuing to use inappropriate phrases towards another resident. At approximately 8:46 A.M., Resident #5 was removed from seclusion and was transferred to Unit F. Upon transfer to Unit F, the facility's *Incident/Behavior Report* indicated that Resident #5 refused to move and Staff Member A initiated a physical hands-on technique. At approximately 8:49 A.M., the facility's video footage showed Staff Member A using his/her right hand to grab Resident #5 by the back of his/her shirt collar to physically escort Resident #5 to Unit F and into Unit F. At approximately 8:50 A.M., the physical hands-on technique ended. At approximately 2:00 P.M., Resident #5 was evaluated by a facility nurse who completed an *Injury Report* that indicated red marks notes to back of the neck.  
 On 3/8/2016, at approximately 7:39 P.M. in the facility's gymnasium, the facility's video footage showed Staff Member G approach Resident #5 and grab his/her neck area and throw Resident #5 to the floor. Staff Member G dragged Resident #5 on the floor for approximately 15 seconds. At approximately 7:40 P.M., Staff Member G released Resident #5. At approximately 7:50 P.M., Resident #5 was evaluated by a facility nurse who completed an *Injury Report* that indicated front and left side of neck reddened, left side with two small marks from fingernails and slight tenderness around neck. Staff Member G was terminated on 3/31/2016 for, "Use of a non-Safe Crisis Management physical intervention technique."

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.  
 Immediately upon receipt of this accepted POC - Staff Member A's conduct in using an inappropriate restraint will be addressed with appropriate disciplinary action including up to termination. Staff member A will not work alone with any children and will not initiate any emergency safety physical interventions.  
 Within 15 days of receipt of this accepted POC - The facility will update its restrictive procedure policy and procedures to include:  
 Measurable behaviors and criteria for initiation of a restrictive procedure. Restrictive procedures will not be used in a punitive matter, for the convenience of staff persons or as a program substitution.  
 Prior to utilization of a restrictive procedure, every attempt shall be made to anticipate and de-escalate the behavior using the least intrusive methods of intervention. Each attempt to de-escalate the child will be documented. Restrictive procedures will not be used unless less intrusive techniques and resources appropriate to the behavior have been tried but have failed.  
 Measurable behaviors and criteria for termination of a restrictive procedure. Restrictive procedures shall be discontinued when the resident demonstrates self-control. Restrictive procedures with exclusion shall require a staff person to observe a child in seclusion at least every 5 minutes. The observational checks will be documented and will include the child's behavior.  
 Restrictive procedures with seclusion shall comply with Chapter 3800.274(17).  
 Restrictive procedures shall be documented in accordance with Chapter 3800.213.  
 Restrictive procedures used four times for the same resident in any 6-month period shall require restrictive procedure plans in accordance with Chapter 3800.203(e)-(g) and Chapter 3800.204.  
 If a resident is escalating as a result of an identified person, that person should remove themselves as soon as possible from the situation.  
 Within 45 days of receipt of this accepted POC - All staff persons will be educated on the updated restrictive procedure policy and procedures. Documentation of education shall be kept.  
 The director will implement monitoring procedures to ensure compliance with Chapter 3800.82(b), 202(b), and 206(b). The procedures will include, at a minimum, weekly review of restrictive procedure records and monthly staff and resident interviews regarding restrictive procedures.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/07/2015	11/05/2015
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Signature of Legal Entity Representative *[Signature]*  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Rich Gordon - Dep. Dir. Operations*  
 (Required on EVERY Page) Date *6/12/16*

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

The above plan of correction is approved as of <u>6/12/16</u> (Date)	Plan of correction implementation status as of <u>6/29/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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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MAY 24 2016

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Licensing Inspection Summary: 41431 - 04/04/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

1. REGULATION 66 Pa.Code §3800

3800.61 - Child abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. §§ 6301-6386 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

2a. DESCRIPTION OF VIOLATION

Staff Member A was hired on 12/17/2007 and does not have a FBI clearance.

Staff Member B was hired on 8/9/1993 and does not have a FBI clearance.

Staff Member C was hired on 5/3/1993 and does not have a FBI clearance.

Staff Member D's most recent FBI clearance is dated 10/12/2010.

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.

PLEASE SEE ADDITIONAL PAGES

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/27/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Earl Hill Director*      Date *5/23/16*  
*Rich Gordon - Dep. Dir. operations*

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

The above plan of correction is approved as of 5/24/16  
(Date)

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

Plan of correction implementation status as of 5/24/16  
(Date)

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

28

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MAY 24 2016

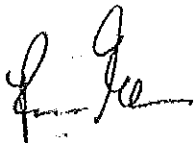
WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Page 3 A  
Page 3 of 11

Violation - 3800.51 Child abuse and criminal history checks will be completed in accordance with 23 Pa C.S. 6501-6385 (relating to the Child Protective Services Law) and Chapter 3490 (related to protective services).

**Plan of Correction:**

Shuman Center revised our background clearance policy and began the process of updating our current staff's background clearances in July 2015 to comply with the DHS background clearance directive. Shuman Center utilized the Allegheny County's methods for securing FBI clearances however, the clearances obtained were not on the cogent letterhead acceptable by the PA DHS. Shuman Center will begin to have staff employed who do not have the required FBI clearance on the approved letterhead obtain new FBI clearances on the approved letterhead acceptable by the PA DHS. All staff background clearance will be dated with the 60 months requirement. Shuman will ensure all staff have approved FBI clearances completed on the proper form by December 31, 2016.

  
Rich Gordon  
Dep. Dir. Operations  
5/25/16

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MAY 24 2016

WEST VIRGINIA STATE OFFICE Page 4 of 11  
Human Services Licensing

Licensing Inspection Summary: 41431 - 04/04/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

1. REGULATION 66 Pa.Code §3800  
3800.103(i) - Bar soap is not permitted unless there is a separate bar clearly labeled for each child.

2a. DESCRIPTION OF VIOLATION  
There are three shower stalls in Unit F and in Unit J. On 4/4/2016 at approximately 10:53 A.M., a white unlabeled bar of soap was observed on the floor of the outer two shower stalls in Unit F. At approximately 11:09 A.M., a white unlabeled bar of soap was observed on the floor of the third shower stall to the right in Unit J.

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.

PLEASE SEE ADDITIONAL PAGES

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 Earl Hill - Director  
(Required on EVERY Page) RICH GARDON - Dep. DIR. OPERATIONS      Date 5/23/16

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

The above plan of correction is approved as of 5/24/16  
(Date)

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

Plan of correction Implementation status as of 5/24/16  
(Date)

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

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Violation - 3800.103(i) Bar soap is not permitted unless there is a separate bar clearly labeled for each child


**Plan of Correction:**

Only Shuman residents who have skin sensitivities/allergies are permitted to use the Ivory type bar soap. The resident is responsible for cleaning the shower area when they have completed their wash time. This process is to include care of their own items. At the time of the inspection 3 separate bars of soap were left behind by residents in three separate shower areas. These bars of soap are not communal bars and were discarded immediately by utility staff prior to the end of the inspection day. Any staff assigned to any Unit are responsible for ensuring that residents clean up after themselves. Staff will be reminded during monthly conferences and training days for each Thursday in May and June regarding appropriate shower area supervision and clean up. During supervisory rounds, shower areas will be monitored at night after showers and in the morning after wake up. This will be addressed during same training days mentioned above and at the Supervisory meeting scheduled for May 26, 2016. Utility Manager [REDACTED] will also be directed to ensure that utility staff are also ensuring the cleanliness of the shower areas during their regularly scheduled rounds. Utility Manager [REDACTED] will also devise a way for each resident that needs a bar of soap to have them individually labeled via a soap case.

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MAY 24 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

 Rich Gordon  
Dep. Dir. Operations  
5/23/16

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MAY 24 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Licensing Inspection Summary: 41431 - 04/04/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

1. REGULATION 55 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 records that are dated 8/3/2015, 8/27/2015, 9/26/2015 and 10/23/2015 did not include the exit route used.

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 accounting again. If steps cannot be completed immediately, include dates by which the steps will be completed.

PLEASE SEE ADDITIONAL PAGES

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Earl Hill - Director*  
*Rich Gordon - Dep Dir. Operations*

Date  
*5/23/16*

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

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(Date)

Plan of correction implementation status as of 5/24/16  
(Date)

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

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

*26*

Violation - 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.

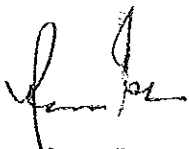
**Plan of Correction:**

Shuman Center utilized our own form that contained too much unnecessary information that cluttered the form making it susceptible to error. Chief supervisors completed the form and left empty units blank or simply wrote "Good" instead of describing route used. Security Manager [REDACTED] is now responsible for completing the State approved Fire Drill Record. He has been completing this form since February 2016 in conjunction with our own form. Effective May 2016, we are no longer utilizing our form and only utilizing the State form.

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MAY 24 2016

WEST VIRGINIA POLICE OFFICE  
Human Services Training

 Rich Gordon  
Dep. Dir. Operations  
5/23/16

MAY 24 2016

Licensing Inspection Summary: 41431 - 04/04/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 68 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

Resident #6 had a Health and Safety Plan dated 3/8/2016 that indicated to, "Provide close supervision when interacting w/(his/her) peers. Resident is a vet & older. Be cautious of housing (him/her) w/younger & novice residents; to prevent bullying." Resident #6's date of birth is [redacted] and Resident #3's date of birth is [redacted]. On 3/15/2016, at approximately 7:27 P.M. on Unit F, Resident #6 entered the bedroom of Resident #3 and punched Resident #3 in the face. At approximately 7:31 P.M., Resident #6 exited Resident #3's bedroom. Staff Member E and Staff Member F were working on the unit at this time and were not aware of Resident #6's whereabouts and his/her safety plan.

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.

PLEASE SEE ADDITIONAL PAGES

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/27/2016	11/05/2016
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Earl Hill - Director*  
*Rich Gordon - Dep. Dir. Operations* Date *5/23/16*

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

The above plan of correction is approved as of 5/24/16  
(Date)

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

Plan of correction implementation status as of 5/24/16  
(Date)

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

Violation - 3800.142 If the health and safety assessment in 3800.141 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.

**Plan of Correction:**

On 3/8/16, Resident #3 instigated a fight earlier in the evening and was placed on the secure Unit F at 5:50pm. Between 7:27pm-7:31pm, Resident #6 was able to sneak into Resident #3's room and punch Resident #3 without Staff E and F noticing. The residents were on the same unit for approximately 105 minutes, then Resident #3 was moved again for safety. At the time of the incident, staff was assisting other residents during shower, chore, and visitation.

Both staff members had been trained on the safety plan procedure and restrictive procedures on 10/8 and 10/22/15 respectively. All plans are placed in a red folder on each unit and it is each staff person's responsibility to read and be knowledgeable of the plans. The Shuman Health and Safety Plan policy and procedure has been updated so that each staff receiving the plan will now be required to log receipt and knowledge of the plan in the unit log book. All staff along with Staff E and F will be retrained in the safety plan procedure during their regularly monthly conferences and monthly training based on their shift assignment. Training Manager [REDACTED] and each Chief Supervisor will continue to formally and informally train staff in appropriate resident supervision and unit management. These trainings take place during the yearly Safe Crisis Management refreshers in February 2016 and upcoming on 9/8 and 9/15/16, and during the open developmental dates.

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MAY 24 2016

WEST REGIONAL OFFICE  
Human Services Licensing

*[Signature]*  
Rich Gordon  
Dep. Dir. Operations  
5/23/16

Licensing Inspection Summary: 41431 - 04/04/2016 - Pugh, Bridget  
 Facility Name: SHUMAN CENTER

1. REGULATION 68 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 2/3/2016, at approximately 8:44 A.M., the facility's video footage showed Resident #5 being secluded on Unit M. The facility's Incident/Behavior Report indicated that Resident #5 was secluded for continuing to use inappropriate phrases towards another resident. At approximately 8:46 A.M., Resident #5 was removed from seclusion and was transferred to Unit F. Upon transfer to Unit F, the facility's Incident/Behavior Report indicated that Resident #5 refused to move and Staff Member A initiated a physical hands-on technique. At approximately 8:49 A.M., the facility's video footage showed Staff Member A using his/her right hand to grab Resident #5 by the back of his/her shirt collar to physically escort Resident #5 to Unit F and into Unit F. At approximately 8:50 A.M., the physical hands-on technique ended. At approximately 2:00 P.M., Resident #5 was evaluated by a facility nurse who completed an Injury Report that indicated red marks notes to back of the neck.

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.

Immediately upon receipt of this accepted POC - Staff Member A's conduct in using an inappropriate restraint will be addressed with appropriate disciplinary action including up to termination. Staff member A will not work alone with any children and will not initiate any emergency safety physical interventions.

Within 15 days of receipt of this accepted POC - The facility will update its restrictive procedure policy and procedures to include:  
 Measurable behaviors and criteria for initiation of a restrictive procedure. Restrictive procedures will not be used in a punitive matter, for the convenience of staff persons or as a program substitution.  
 Prior to utilization of a restrictive procedure, every attempt shall be made to anticipate and de-escalate the behavior using the least intrusive methods of intervention. Each attempt to de-escalate the child will be documented. Restrictive procedures will not be used unless less intrusive techniques and resources appropriate to the behavior have been tried but have failed.  
 Measurable behaviors and criteria for termination of a restrictive procedure. Restrictive procedures shall be discontinued when the resident demonstrates self-control.  
 Restrictive procedures with seclusion shall require a staff person to observe a child in seclusion at least every 5 minutes. The observational checks will be documented and will include the child's behavior.  
 Restrictive procedures with seclusion shall comply with Chapter 3800.274(17).  
 Restrictive procedures shall be documented in accordance with Chapter 3800.218.  
 Restrictive procedures used four times for the same resident in any 3-month period shall require restrictive procedure plans in accordance with Chapter 3800.203(e)-(g) and Chapter 3800.204.  
 If a resident is escalating as a result of an identified person, that person should remove themselves as soon as possible from the situation.

Within 45 days of receipt of this accepted POC - All staff persons will be educated on the updated restrictive procedure policy and procedures. Documentation of education shall be kept.

The director will implement monitoring procedures to ensure compliance with Chapter 3800.32(b), 202(b), and 205(b). The procedures will include, at a minimum, weekly review of restrictive procedure records and monthly staff and resident interviews regarding restrictive procedures.

Repeat Violation: Yes	Date(s) of Previous Violation(s)	08/27/2016	07/15/2016
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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RICH GARDEN - DEP. DIR. OPERATIONS Date 6/12/16

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>6/12/16</u> (Date)	Plan of correction implementation status as of <u>6/29/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

MAY 24 2016

Licensing Inspection Summary: 41431 - 04/04/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

WEST PENNSYLVANIA OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §3800  
3800.203(a) - For each child for whom restrictive procedures will be used beyond unanticipated use specified in §  
3800.204 (relating to unanticipated use), a restrictive procedure plan shall be written and included in the ISP specified in §  
3800.228 (relating to content of the ISP), prior to use of restrictive procedures.

2a. DESCRIPTION OF VIOLATION  
Resident #3 was restrained on 2/28/2016, 3/9/2016, 3/18/2016 and twice on 4/2/2016. A restrictive procedure plan was created on  
4/4/2016.

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.

PLEASE SEE ADDITIONAL PAGES

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 *Earl Hill - Director*  
(Required on EVERY Page) *Rich Gordon - Dep. Dir. Operations*

Date *5/23/16*

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

The above plan of correction is approved as of 5/24/16  
(Date)

Plan of correction implementation status as of 5/24/16  
(Date)

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

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

AA

RECEIVED

MAY 24 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 8A  
Page 8 of 11

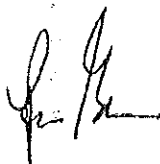
**Violation- 3800.203(a)** - For each child for whom restrictive procedures will be used beyond unanticipated use specified in § 3800.204 (relating to unanticipated use), a restrictive procedure plan shall be written and included in the ISP specified in § 3800.226 (relating to content of the ISP), prior to use of restrictive procedures.

**Plan of Correction:**

The Social Services Manager is responsible for the tracking of the restrictive procedures utilized on each resident, however as an administrator the Social Services Manager works Monday through Friday. On Saturday 4/2/2016, two restrictive procedures were utilized with Resident #3. When the Social Services Manager returned on Monday, 4/4/2016 he immediately completed and implemented a plan with the resident.

Moving forward, to ensure restrictive procedure plans are created in a timely manner all Social Services staff, Chief Supervisors and Wing Supervisors will be responsible for completing a resident's restrictive procedure plan. All mentioned staff will be trained in on May 26<sup>th</sup> by the Compliance Coordinator, on "How to Complete a Restrictive Procedure Plan". In the absence of a Social Service designee, absence the Chief Supervisor (acting Chief Supervisor) will be responsible for completing a plan prior to the end of his/her shift. The plan must be delivered to the unit and documented in the unit log book. Upon return of a Social Services designee, the plan shall be reviewed with the resident and revised or update if necessary.

Attached: Restrictive Procedure Plan Policy & Procedure  
Restrictive Procedure Template

  
Rich Gordon  
Dep. Dir. Operations  
5/23/16

45



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MAY 24 2016

Licensing Inspection Summary: 41431 - 04/04/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §3800  
3800.203(e) - The plan shall include: (1) through (7).

2a. DESCRIPTION OF VIOLATION

Resident #3's restrictive procedure plan created on 4/4/2016 did not include the length of time the restrictive procedure may be applied.

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.

PLEASE SEE ADDITIONAL PAGES

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Earl Hill*  
Earl Hill

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

Earl Hill - Director  
Riart Gordon - Dep. Dir. Operations

Date

5/23/16

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

The above plan of correction is approved as of

5/24/16  
(Date)

Plan of correction implementation status as of

5/24/16  
(Date)

The above plan of correction was approved by

*EA*  
(Initials)

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

Page 9A

~~Page 9 of 11~~

RECEIVED

MAY 24 2016

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

Violation- 3809.203(e) A Restrictive Procedure Plan shall include: (1) through (7)

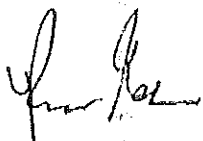
**Plan of Correction:**

The Restrictive Procedure Plan template has been updated to include the following:

**(5) Restrictive Procedure:** The least intrusive techniques and resources appropriate to the behavior must be attempted and failed prior to the use of a restrictive procedure. A restrictive procedure is never to be used in a punitive manner. With the exception of exclusion a restrictive procedure may only be used to prevent a resident from harming himself or others and shall be discontinued when the resident demonstrates he/she has regained self-control. Shuman staff may utilize one of the following restrictive procedures to ensure resident's and staff safety:

- **Exclusion:** Cannot be used more than 4 times within a 24 hour period and may not exceed 60 minutes (consecutive or otherwise) with a 2 hour period.
- **Seclusion:** Cannot exceed 4 hours, unless a licensed physician give written orders.
- **Manual Restraints:** The physical position of the restraint or the staff applying the restraint shall be changed every 10 minutes to reduce the chance of injury or death.
- **Mechanical Restraints:** Restricts the movement or function of a resident, this restraint will be used as a last resort and discontinued as soon as possible.

The updated form is attached.

  
Rich Gordon  
Dep. DIR. Operations  
5/27/16

99

Licensing Inspection Summary: 41431 - 04/04/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

1. REGULATION 66 Pa.Code §3800

3800.205(b) - Training shall include:

- (1) Using de-escalation techniques and alternative nonrestrictive strategies and addressing the child's feelings after use of a restrictive procedure.
- (2) Child development principles appropriate for the age of the children served, to understand normal behavior reactions to stress at various ages.
- (3) The proper use of the specific techniques or procedures that may be used.
- (4) Techniques and procedures appropriate for the age and weight of the children served.
- (5) Experience of use of the specific procedures directly on each staff person and demonstration of use of the procedure by each staff person.
- (6) Health risks for the child associated with use of specific procedures.
- (7) A testing process to demonstrate understanding of and ability to apply specific procedures.

2a. DESCRIPTION OF VIOLATION

On 2/3/2016, at approximately 8:44 A.M., the facility's video footage showed Resident #5 being secluded on Unit M. The facility's Incident/Behavior Report indicated that Resident #5 was secluded for continuing to use inappropriate phrases towards another resident. At approximately 8:46 A.M., Resident #5 was removed from seclusion and was transferred to Unit F. Upon transfer to Unit F, the facility's Incident/Behavior Report indicated that Resident #5 refused to move and Staff Member A initiated a physical hands-on technique. At approximately 8:49 A.M., the facility's video footage showed Staff Member A using his/her right hand to grab Resident #5 by the back of his/her shirt collar to physically escort Resident #5 to Unit F and into Unit F. At approximately 8:50 A.M., the physical hands-on technique ended. At approximately 2:00 P.M., Resident #5 was evaluated by a facility nurse who completed an Injury Report that indicated red marks notes to back of the neck.

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.

Immediately upon receipt of this accepted POC - Staff Member A's conduct in using an inappropriate restraint will be addressed with appropriate disciplinary action including up to termination. Staff member A will not work alone with any children and will not initiate any emergency safety physical interventions.

Within 15 days of receipt of this accepted POC - The facility will update its restrictive procedure policy and procedures to include:

Measurable behaviors and criteria for initiation of a restrictive procedure. Restrictive procedures will not be used in a punitive matter, for the convenience of staff persons or as a program substitution.

Prior to utilization of a restrictive procedure, every attempt shall be made to anticipate and de-escalate the behavior using the least intrusive methods of intervention.

Each attempt to de-escalate the child will be documented. Restrictive procedures will not be used unless less intrusive techniques and resources appropriate to the behavior have been tried but have failed.

Measurable behaviors and criteria for termination of a restrictive procedure. Restrictive procedures shall be discontinued when the resident demonstrates self-control. Restrictive procedures with seclusion shall require a staff person to observe a child in seclusion at least every 5 minutes. The observational checks will be documented and will include the child's behavior.

Restrictive procedures with seclusion shall comply with Chapter 3800.274(17).

Restrictive procedures shall be documented in accordance with Chapter 3800.213.

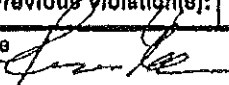
Restrictive procedures used four times for the same resident in any 3-month period shall require restrictive procedure plans in accordance with Chapter 3800.203(e)-(g) and Chapter 3800.204.

If a resident is escalating as a result of an identified person, that person should remove themselves as soon as possible from the situation.

Within 45 days of receipt of this accepted POC - All staff persons will be educated on the updated restrictive procedure policy and procedures. Documentation of education shall be kept.

The director will implement monitoring procedures to ensure compliance with Chapter 3800.32(b), 302(b), and 205(b). The procedures will include, at a minimum, weekly review of restrictive procedure records and monthly staff and resident interviews regarding restrictive procedures.

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

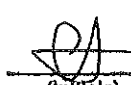
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RICH GORDON - DEP. DIR. OPERATIONS      Date 6/12/16

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 6/12/16 (Date)

Plan of correction implementation status as of 6/29/16 (Date)

The above plan of correction was approved by  (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 15208		County: Allegheny
Director: Earl Hill		Region: WEST
Legal Entity Name: ALLEGHENY COUNTY EXECUTIVE		
Legal Entity Address: 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15208		AUG 04 2018
Certificate(s) of Occupancy		WEST REGIONAL OFFICE Human Services Licensing
Program Type: Secure Detention	Licensed Capacity: 120	Number of Children Served: 48
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
<b>On-Site Inspection Dates and Department Representatives On-Site</b> 08/02/2018: Pugh, Bridget; Turby, Megan 08/08/2018: Pugh, Bridget; Alejandre, Carlos 08/20/2018: Pugh, Bridget; White, Anthony 08/29/2018: Pugh, Bridget; Alejandre, Carlos; Weaver, Melissa		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b> 07/01/2018: Pugh, Bridget 07/20/2018: Pugh, Bridget; Alejandre, Carlos 07/29/2018: Pugh, Bridget; Alejandre, Carlos		
<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: 1 14 to 17 years: 30 18 to 21 years: 16	<b>Number of Children who:</b> Are Adjudicated Delinquent: 48 Are Dependent: 0 Have Mental Illness: 12 Have an Intellectual Disability: 0 Have a Physical Disability: 2	

Licensing Inspection Summary: 41431 - 08/02/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

**1. REGULATION 55 Pa.Code §3800**

3800.16(c) - The facility shall complete a written reportable incident report, on a form prescribed by the Department, and send it to the appropriate Departmental regional office and the contracting agency, within 24 hours.

**2a. DESCRIPTION OF VIOLATION**

On 8/3/2016 at approximately 7:37 P.M., Staff Member F entered Unit N while Resident #4 was exiting the shower area. Per the facility's document titled *Memorandum* dated 8/8/2016 Resident #4 told Staff Member F, "get the fuck out here I'm in the shower" and Staff Member F "heard [him/her] but could not concern [himself/herself] with [his/her] rude demand because of [his/her] reason for being there." Per facility video footage, at approximately 7:39 P.M., Resident #4 was observed to not be fully clothed and was only wearing a bra and pants. Through interviews and the facility's *Psychiatry Crisis Note* dated 8/6/2016, as a result of this incident Resident #4 had flashbacks and nightmares due to being reminded of past sexual abuse. Per the facility's document titled *Health & Safety Plan Addendum* dated 8/8/2016 the police were on site as a result of the incident and the facility failed to report the incident to the Department.

**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 will report all incidents requiring the services of the police department to the Department in accordance with 3800.16

*[Signature]* 8/12/16

**PLEASE SEE ATTACHED**

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i> / Earl Hill Director 8/4/16
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Rich Gordon - Dep DIR Operations	8/4/16

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

The above plan of correction is approved as of 8/12/16  
(Date)

Plan of correction implementation status as of 8/12/16  
(Date)

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

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

Licensing Inspection Summary: 41431 - 06/02/2016 - Pugh, Bridget  
 Facility Name: SHUMAN CENTER

WISCONSIN DEPARTMENT OF  
 CHILDREN, FAMILY & SERVICES

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 4/28/16 at approximately 5:08 P.M. on Unit K, Resident #5 entered the staff office, and Staff Member G pushed Resident #5 out of the office. At approximately 5:07 P.M., Staff Member G walked Resident #5 to his/her bedroom. At approximately 5:08 P.M., Staff Member G entered Resident #5's bedroom and headbutted Resident #5, causing Resident #5 to hit his head on the wall and lose consciousness for 10 to 15 minutes. At approximately 5:09 P.M. Staff Member G vacated the bedroom and locked the bedroom door. Resident #5 was left alone and unconscious in his/her bedroom until approximately 5:17 P.M. when a staff nurse entered the bedroom.

On 5/23/2016 at approximately 8:38 P.M. on Unit F, Resident #3 was refusing to go to bed and eventually proceeded into his/her bedroom. Staff Member B approached Resident #3's bedroom and reached into the room to retrieve a bin. Staff Member B and Resident #3 fought over the bin and Resident #3 ended up outside of his/her bedroom in the common area of the unit. Staff Member B used his/her forearms to push Resident #3 by his/her collarbone/neck area against the wall located to the right of Resident #3's bedroom. Staff Member C and Staff Member D intervened. Staff Member D, while holding onto Resident #3, made an up and over motion throwing Resident #3 onto the floor in a prone position. Staff Member D laid his/her body over and on top of Resident #3 for approximately 16 seconds prior to Staff Member E rolling Resident #3 onto his/her side. At approximately 8:39 P.M., while Resident #3 was laying on his side on the floor, Staff Member B and Staff Member F dragged him/her into his/her bedroom. At approximately 8:39 P.M., Staff Member B, Staff Member C, Staff Member D, Staff Member E, Staff Member F and Resident #3 were all in Resident #3's bedroom. While in the bedroom, per interviews, Staff Member D and Staff Member E picked Resident #3 up off of the floor and threw him/her against the metal bed. Per the facility's Injury Report dated 5/23/2016 and the Health and Safety Assessment Addendum dated 5/26/2016, Resident #3 had a large laceration to the helix of his/her left ear which was nearly severed off resulting in approximately 30 stitches.

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.

Within 30 days of receipt of this accepted plan of correction the facility will develop and implement a ~~Zero-Tolerance~~ <sup>ro 9/9/16</sup> Policy for misuse of improper restraint or mistreatment of a child. The policy will provide for progressive disciplinary action up to and including termination. This policy will be submitted to the BHSL for review and approval. After this approval all staff will be trained the ~~Zero-Tolerance~~ policy and sign an acknowledgement showing they were trained prior to working with children. Documentation of this training and the sign off sheets will be sent to the Bureau of Human Services Licensing. In addition, new employees will be trained on this policy and sign an acknowledgement showing they were trained prior to working with children. This documentation will be kept in each employee file.

Within 30 days of receipt of this accepted plan of correction Shuman Center will develop and implement an organizational culture change plan to include ongoing staff training. The organizational change plan will include specific training completion dates for training identified by Shuman Center including specific training such as Cornell University's Therapeutic Crisis Intervention Training, Dignity and Respect campaign, [redacted] Ph. D, and The Sanctuary Model. These proposed trainings will be reviewed and approved by BHSL. Steps toward an organizational culture change and completion of trainings by all staff will be identified in monthly measurable goals. A designated quality assurance staff person will be identified by the Director of Shuman Center within 30 days of receipt of this accepted plan of correction. This quality assurance person will monitor progress with the organization culture change and document monitored progress for the period of 6 months.

Within 30 days of receipt of this accepted POC: Updating a de-escalation curriculum, policies and procedures will be updated to address de-escalation techniques. Policies and procedures should address employee's participation in hands on intervention on child who is targeting aggressive behaviors towards (e.g. name calling and threats) a specific employee. If an employee who is target of child's aggressive behaviors or involved in a heated conflict with the child is unable to de-escalate the child, he/she should remove him/herself from the situation as soon as possible if other staff are available to assist.

All staff will be trained in these policies and procedures within <sup>120</sup> ~~60~~ <sup>ro 9/9/16</sup> days of receipt of this accepted plan of correction and documentation of this completed review will be sent to BHSL. In addition, new employees will be trained on this policy within 16 days of hire and documentation of these policies will kept in the new employees file.

Each Shuman Center staff person will discuss de-escalation techniques with their supervisor as part of a regular supervisory conference on a monthly basis for up to 6 months. A summary of each supervisory conference will be signed by the employee and supervisor and kept in the employees file.

Within 30 days of this plan of correction Shuman Center will develop a quality assurance program to review all incidents and restrictive procedures that will include staff and resident interviews within 48 hours of the situation. This review should include discussion relating to de-escalation techniques that were used and/or could have been used. All review sessions will be documented and sent to BHSL on a weekly basis for a period of up to 6 months.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/27/2015	11/05/2015	<del>04/09/2016</del>
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]* Earl T. Lee 9/9/16

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Rich Gordon - Deputy Director Operations Date 9/9/16

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

Licensing Inspection Summary: 41431 - 08/02/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

WIPAC (PA) - CHILDREN'S SERVICES  
1000 N. BROADWAY, PITTSBURGH, PA 15222

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

The above plan of correction is approved as of 9/22/16  
(Date)

Plan of correction implementation status as of 9/22/16  
(Date)

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

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

Licensing Inspection Summary: 41431 - 08/02/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

WASTED  
[Illegible text]

1. REGULATION 55 Pa.Code §3800

3800.32(c) - A child has the right to be treated with fairness, dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 4/19/2016 at approximately 4:37 P.M., Staff Member A kicked a chair out from under Resident #1 as he/she was attempting to sit down. Per the facility's Incident/Behavior Report completed by Staff Member A, he/she "removed the chair the best way, or quickest way I could to prevent [Resident #1] from sitting down. As a result, [Resident #1] fell on the floor." At approximately 4:37 P.M., Resident #1 was then placed into seclusion. Per the facility's Restrictive Procedure Record, Resident #1 was in seclusion for approximately 10 minutes for "Resident's failure to follow staffs' directives." Per interviews, oral or written authorization by supervisory staff was not obtained prior to Resident #1 being placed into seclusion.

On 8/3/2016 at approximately 7:37 P.M., Staff Member F entered Unit N while Resident #4 was exiting the shower area. Per the facility's document titled Memorandum dated 6/8/2016 Resident #4 told Staff Member F, "get the fuck out here I'm in the shower" and Staff Member F "heard [him/her] but could not concern [himself/herself] with [his/her] rude demand because of [his/her] reason for being there." Per facility video footage, at approximately 7:39 P.M., Resident #4 was observed to not be fully clothed and was only wearing a bra and pants. Through interviews and the facility's Psychiatry Crisis Note dated 6/8/2016, as a result of this incident Resident #4 had flashbacks and nightmares due to being reminded of past sexual abuse. Per the facility's document titled Health & Safety Plan Addendum dated 6/6/2016 the police were on site as a result of the incident and the facility failed to report the incident to the Department.

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.

Within 30 days of receipt of this accepted plan of correction the Knock and Announce Policy will be reviewed and updated to ensure resident's rights are protected, including the right to privacy. All staff will be trained within 60 days of receipt of this plan of correction and documentation showing completion of training will be sent to BHSL. In addition, new employees will be trained on this policy within 16 days of hire and documentation of this training will kept in the new employees file.

Any violations will result in appropriate discipline that will be documented in the staff file.

Within 30 days of receipt of this accepted plan of correction the facility will develop and implement a Zero-Tolerance Policy for misuse or improper restraint or mistreatment of a child. The policy will provide for progressive disciplinary action up to and including termination. This policy will be submitted to the BHSL for review and approval. After this approval all staff will be trained the Zero-Tolerance policy and sign an acknowledgement showing they were trained prior to working with children. Documentation of this training and the sign off sheets will be sent to the Bureau of Human Services Licensing. In addition, new employees will be trained on this policy and sign an acknowledgement showing they were trained prior to working with children. This documentation will be kept in each employee file.

rg 9/11/16

Within 30 days of receipt of this accepted plan of correction Shuman Center will develop and implement an organizational culture change plan to include ongoing staff training. The organizational change plan will include specific training completion dates for training identified by Shuman Center including specific training such as Cornell University's Therapeutic Crisis Intervention Training, Dignity and Respect campaign, [redacted] Ph. D. and The Sanctuary Model. These proposed trainings will be reviewed and approved by BHSL. Steps toward an organizational culture change and completion of trainings by all staff will be identified in monthly measurable goals. A designated quality assurance staff person will be identified by the Director of Shuman Center within 30 days of receipt of this accepted plan of correction. This quality assurance person will monitor progress with the organization culture change and document monitored progress for the period of 6 months.

Within 30 days of receipt of this accepted POC: Utilizing a de-escalation curriculum, policies and procedures will be updated to address de-escalation techniques. Policies and procedures should address employee's participation in hands on intervention on child who is targeting aggressive behaviors towards (e.g. name calling and threats) a specific employee. If an employee who is target of child's aggressive behaviors or involved in a heated conflict with the child is unable to de-escalate the child, he/she should remove himself from the situation as soon as possible if other staff are available to assist.

120 9/11/16

All staff will be trained in these policies and procedures within 60 days of receipt of this accepted plan of correction and documentation of this completed review will be sent to BHSL. In addition, new employees will be trained on this policy within 16 days of hire and documentation of these policies will kept in the new employees file.

Each Shuman Center staff person will discuss de-escalation techniques with their supervisor as part of a regular supervisory conference on a monthly basis for up to 6 months. A summary of each supervisory conference will be signed by the employee and supervisor and kept in the employees file.

Within 30 days of this plan of correction Shuman Center will develop a quality assurance program to review all incidents and restrictive procedures that will include staff and resident interviews within 48 hours of the situation. This review should include discussion relating to de-escalation techniques that were used and/or could have been used. All review sessions should be documented and sent to BHSL on a weekly basis for a period of up to 6 months.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) [Signature] Earl Hill 9/9/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rich Gordon - Dep. DIR Operations Date 9/9/16

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

The above plan of correction is approved as of 9/22/16 (Date)	Plan of correction implementation status as of 9/22/16 (Date)
	<input type="checkbox"/> Fully Implemented



Licensing Inspection Summary: 41431 - 08/02/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

WILMINGTON DEPARTMENT OF SOCIAL SERVICES  
LICENSING DIVISION

1. REGULATION 55 Pa.Code §3800

3800.32(c) - A child has the right to be treated with fairness, dignity and respect.

The above plan of correction was approved by

  
(Initials)

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Licensing Inspection Summary: 41431 - 06/02/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

WISCONSIN DEPARTMENT OF SAFETY  
LICENSING DIVISION

1. REGULATION 56 Pa.Code §3800

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 has had multiple admissions to the facility. Resident #2 was admitted on [redacted] and had a health and safety assessment completed on [redacted] that did not assess his/her history of heroin use. Resident #2's record included an Admission History & Physical completed on [redacted] that indicated previous heroin use. Resident #2's record also included documentation from previous admissions regarding his/her heroin use including a Shuman Detention Center Oplate Detoxification record dated 3/1/2016, a Health and Safety Assessment Addendum dated 3/1/2016 with a facility nursing note indicating "Resident to medical c/o going through withdrawal from heroin states uses 30-40 bags of heroin a day," a health and safety assessment completed on 3/8/2016 that indicated "Heroin" under "Substance Abuse History," and a Health Services Referral dated 3/10/2016 that indicated "last use of heroin 3-7-16 possibly 3-8-16." Resident #2's health and safety assessment is not accurate as it makes no reference to his/her substance abuse history that is 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.

Immediately upon receipt of this plan of correction, all residents admitted to Shuman Center will be assessed as having the potential or history of being in need of a Health and Safety Plan for behaviors identified in preadmission paperwork, self-report, and residential history.

Within 30 days from the receipt of this plan of correction, all staff and RNs who complete the Health and Safety Assessments will be given retraining on how to complete the Health and Safety Assessment correctly.

Within 30 days from the receipt of this plan of correction, RN staff will be retrained on how to utilize the Health and Safety Assessment for any new medical or behavior that occur during the residents' stay at Shuman.

Within 30 days from the receipt of this plan of correction, a written copy of the training will be placed in each staff member's file.

Health and Safety Manager will be responsible to monitor Health and Safety Assessments for corrections and compliance with DHS regulations every two weeks.

Assessments will be kept current and will include information from all available resources.

When making updates to the assessment staff will initial and date it.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* *Eunice Kiep* 9/9/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Richt Gordon - Dep. Dir. Ope* Date *9/9/16*

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

The above plan of correction is approved as of 9/22/16 (Date)

Plan of correction implementation status as of 9/22/16 (Date)

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

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

Licensing Inspection Summary: 41431 - 08/02/2016 - Pugh, Bridget  
 Facility Name: SHUMAN CENTER

**1. REGULATION 65 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**

Resident #2 has had multiple admissions to the facility. Resident #2 was admitted on 3/8/2016 and had a health and safety assessment completed on 3/8/2016 that indicated "Heroin" under "Substance Abuse History." Resident #2's record included a *Health Services Referral* dated 3/10/2016 that indicated "possible heroin withdrawal, copious emesis, abdominal pain, chills +GC per ACHD (Allegheny County Health Dept.) possible PID; last use of heroin 3-7-16 possibly 3-8-16 "poor historian"" A safety plan was not created for Resident #2's known health and safety risk.

**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 health and safety plan will specify who will complete checks for children assessed to be exhibiting symptoms of withdrawal. The health and safety plan should identify how the facility is going to use the frequency of checks and change in orders by psychiatrist.

Document: In the health and safety plan how frequently withdrawal will be addressed.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/27/2015	11/05/2015	<del>04/06/2015</del>
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]* *Earl Hill* *9/9/16*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Rich Gordon - Dep Dir Op* Date *9/9/16*

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

The above plan of correction is approved as of 9/22/16  
 (Date)

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

Plan of correction implementation status as of 9/22/16  
 (Date)

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

Licensing Inspection Summary: 41431 - 06/02/2016 - Pugh, Bridget  
 Facility Name: SHUMAN CENTER

**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 4/19/2016 at approximately 4:37 P.M., Staff Member A kicked a chair out from under Resident #1 as he/she was attempting to sit down. Per the facility's Incident/Behavior Report completed by Staff Member A, he/she "removed the chair the best way, or quickest way I could to prevent [Resident #1] from sitting down. As a result, [Resident #1] fell on the floor." At approximately 4:37 P.M., Resident #1 was then placed into seclusion. Per the facility's Restrictive Procedure Record, Resident #1 was in seclusion for approximately 10 minutes for "Resident's failure to follow staffs' directives." Per interviews, oral or written authorization by supervisory staff was not obtained prior to Resident #1 being placed into 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.

Within 30 days of receipt of this accepted plan of correction the facility will develop and implement a Zero-Tolerance Policy for misuse or improper restraint or mistreatment of a child. The policy will provide for progressive disciplinary action up to and including termination. This policy will be submitted to the DHS for review and approval. After this approval all staff will be trained on the Zero-Tolerance policy and sign an acknowledgement showing they were trained prior to working with children. Documentation of this training and the sign off sheets will be sent to the Bureau of Human Services Licensing. In addition, new employees will be trained on this policy and sign an acknowledgement showing they were trained prior to working with children. This documentation will be kept in each employee file.

Within 30 days from the receipt of this plan of correction, Shuman Center will develop and implement an organizational culture change plan to include ongoing staff training. The organizational change plan will include specific training completion dates for training identified by Shuman Center including specific training such as Cornell University's Therapeutic Crisis Intervention Training, Dignity and Respect campaign, Ph D, and The Sanctuary Model. These proposed trainings will be reviewed and approved by DHS. Steps toward an organizational culture change and completion of trainings by all staff will be identified in monthly measurable goals. A designated quality assurance staff person will be identified by the Director of Shuman Center within 30 days from the receipt of this plan of correction. This quality assurance person will monitor progress with the organization culture change and document monitored progress for the period of 6 months.

Within 30 days of receipt of this accepted POC: Utilizing a de-escalation curriculum, policies and procedures will be updated to address de-escalation techniques. Policies and procedures should address employee's participation in hands on intervention on child who is targeting aggressive behaviors towards (e.g. name calling and threats) a specific employee. If an employee who is target of child's aggressive behaviors or involved in a heated conflict with the child is unable to de-escalate the child, he/she should remove himself from the situation as soon as possible if other staff are available to assist.

All staff will be trained in these policies and procedures within 30 days of receipt of this accepted plan of correction and documentation of this completed review will be sent to DHS. In addition, new employees will be trained on this policy within 15 days of hire and documentation of these policies will be kept in the new employees file.

Each Shuman Center staff person will discuss de-escalation techniques with their supervisor as part of a regular supervisory conference on a monthly basis for up to 6 months. A summary of each supervisory conference will be signed by the employee and supervisor and kept in the employees file.

Within 30 days of this plan of correction Shuman Center will develop a quality assurance program to review all incidents and restrictive procedures that will include staff and resident interviews within 48 hours of the situation. This review should include discussion relating to de-escalation techniques that were used and/or could have been used. All review sessions should be documented and sent to DHS on a weekly basis for a period of up to 6 months.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/27/2015	<del>04/08/2016</del>
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* 9/9/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Rich Gordon - Dep. Dir. OP* Date *9/9/16*

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

The above plan of correction is approved as of <u>9/22/16</u> (Date)	Plan of correction implementation status as of <u>9/22/16</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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

Licensing Inspection Summary: 41431 - 06/02/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

1. REGULATION 65 Pa.Code §3800  
3800.274(17)(i) - The following requirements apply to the use of seclusion: Oral or written authorization by supervisory staff is required prior to each use of seclusion.

2a. DESCRIPTION OF VIOLATION  
On 4/19/2016 at approximately 4:37 P.M., Staff Member A kicked a chair out from under Resident #1 as he/she was attempting to sit down. Per the facility's Incident/Behavior Report completed by Staff Member A, he/she "removed the chair the best way, or quickest way I could to prevent (Resident #1) from sitting down. As a result, (Resident #1) fell on the floor." At approximately 4:37 P.M., Resident #1 was then placed into seclusion. Per the facility's Restrictive Procedure Record, Resident #1 was in seclusion for approximately 10 minutes for "Resident's failure to follow staffs' directives." Per Interviews, oral or written authorization by supervisory staff was not obtained prior to Resident #1 being placed into 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.

The Shuman Center will develop a policy that states methods of redirection and graduated responses to ensure all de-escalation techniques are being attempted before applying the use of seclusion. This policy will be sent to BHSL for review and approval. Upon BHSL approval and within 30 days, The Shuman Center will train all staff on this policy and each staff will sign off acknowledging they have been trained. This documentation showing staff have been trained will be sent to the Bureau of Human Services and Licensing. In addition, new employees will be trained on this policy within 15 days of hire and documentation of these policies will kept in the employees file.

Shuman Center will identify a supervisory staff to give approval for seclusion at the beginning of each shift. The facility schedule will indicate which staff person is responsible for approving the use of seclusion. This staff person will be responsible for documenting each use of seclusion and the time it was authorized. In addition, this staff person will document the techniques utilized on shift that staff used in attempt to de-escalate and safely remove the child from seclusion. Documentation of each instance of seclusion and corresponding de-escalation techniques will be sent to BHSL on a weekly basis for up to 6 months.

Within 30 days of receipt of this accepted plan of correction the facility will develop and implement a Zero-Tolerance Policy for misuse or improper restraint or mistreatment of a child. The policy will provide for progressive disciplinary action up to and including termination. This policy will be submitted to the BHSL for review and approval. After its approval all staff will be trained the Zero-Tolerance policy and sign an acknowledgment showing they were trained prior to working with children. Documentation of this training and the sign off sheets will be sent to the Bureau of Human Services Licensing. In addition, new employees will be trained on this policy and sign an acknowledgment showing they were trained prior to working with children. This documentation will be kept in each employee file.

Within 30 days from the receipt of this plan of correction, Shuman Center will develop and implement an organizational culture change plan to include ongoing staff training. The organizational change plan will include specific training completion dates for training identified by Shuman Center including specific training such as Cornell University's Therapeutic Crisis Intervention Training, Dignity and Respect campaign, Ph. D. and The Sanctuary Model. These proposed trainings will be reviewed and approved by BHSL. Steps toward an organizational culture change and completion of trainings by all staff will be identified in monthly measurable goals. A designated quality assurance staff person will be identified by the Director of Shuman Center within 30 days from the receipt of this plan of correction. This quality assurance person will monitor progress with the organization culture change and document monitored progress for the period of 6 months.

Within 30 days of receipt of this accepted POC, Utilizing a de-escalation curriculum, policies and procedures will be updated to address de-escalation techniques. Policies and procedures should address employee's participation in hands on intervention on child who is targeting aggressive behaviors towards (e.g. name calling and threats) a specific employee. If an employee who is target of child's aggressive behaviors or involved in a heated conflict with the child is unable to de-escalate the child, he/she should remove him/herself from the situation as soon as possible if other staff are available to assist.

All staff will be trained in these policies and procedures within 30 days of receipt of this accepted plan of correction and documentation of this completed review will be sent to BHSL. In addition, new employees will be trained on this policy within 15 days of hire and documentation of these policies will kept in the new employees file.

Each Shuman Center staff person will discuss de-escalation techniques with their supervisor as part of a regular supervisory conference on a monthly basis for up to 6 months. A summary of each supervisory conference will be signed by the employee and supervisor and kept in the employees file.

Within 30 days of this plan of correction Shuman Center will develop a quality assurance program to review all incidents and restrictive procedures that will include staff and resident interviews within 48 hours of the situation. This review should include discussion relating to de-escalation techniques that were used and/or could have been used. All review sessions should be documented and sent to BHSL on a weekly basis for a period of up to 6 months.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Earl Auld* 9/9/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Richardson - Dep. Dir. Ops* Date 9/9/16

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The above plan of correction is approved as of 9/22/16 (Date)  
Plan of correction implementation status as of 9/22/16 (Date)  
 Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

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

Licensing Inspection Summary: 41431 - 08/02/2016 - Pugh, Bridget  
Facility Name: SHUMAN CENTER

1. REGULATION 55 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 4/28/16 at approximately 5:09 P.M. on Unit K, Resident #5 entered the staff office, and Staff Member G pushed Resident #5 out of the office. At approximately 6:07 P.M., Staff Member G walked Resident #5 to his/her bedroom. At approximately 5:08 P.M., Staff Member G entered Resident #5's bedroom and headbutted Resident #5, causing Resident #5 to hit his head on the wall and lose consciousness for 10 to 15 minutes. At approximately 6:09 P.M. Staff Member G vacated the bedroom and locked the bedroom door. Per video footage while Resident #5 was in seclusion no staff persons observed Resident #5 between the following intervals:

- 6:27 P.M. to 6:34 P.M.
- 6:43 P.M. to 6:54 P.M.
- 6:57 P.M. to 6:03 P.M.
- 6:18 P.M. to 6:26 P.M.

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.

Prior to utilization of a restrictive procedure, every attempt shall be made to anticipate and de-escalate the behavior using the least intrusive methods of intervention. Each attempt to de-escalate the child will be documented. Restrictive procedures will not be used unless less intrusive techniques and resources appropriate to the behavior have been tried but have failed.

Within 30 days, all Shuman Center staff will participate in a staff meeting that will serve the purpose of identifying and discussing criteria for initiation of a restrictive procedure. Documentation of staff participation in this staff meeting will be sent to BHSL and kept in the employees file. Restrictive procedures will not be used in a punitive matter, for the convenience of staff persons or as a program substitution. A restrictive procedure may be used only to prevent a child from injuring himself or others.

Within 30 days of receipt of this accepted POC, Utilizing a de-escalation curriculum, policies and procedures will be updated to address de-escalation techniques. Policies and procedures should address employee's participation in hands on intervention on child who is targeting aggressive behaviors towards (e.g. name calling and threats) a specific employee. If an employee who is target of child's aggressive behaviors or involved in a heated conflict with the child is unable to de-escalate the child, he/she should remove him/herself from the situation as soon as possible if other staff are available to assist.

All staff will be trained in these policies and procedures within 30 days of receipt of this accepted plan of correction and documentation of this completed review will be sent to BHSL. In addition, new employees will be trained on this policy within 15 days of hire and documentation of these policies will kept in the new employees file.

Each Shuman Center staff person will discuss de-escalation techniques with their supervisor as part of a regular supervisory conference on a monthly basis for 1 up to 6 months. A summary of each supervisory conference will be signed by the employee and supervisor and kept in the employees file.

Within 30 days of this plan of correction Shuman Center will develop a quality assurance program to review all incidents and restrictive procedures that will include staff and resident interviews within 48 hours of the situation. This review should include discussion relating to de-escalation techniques that were used and/or could have been used. All review sessions should be documented and sent to BHSL on a weekly basis for a period of up to 6 months.

Restrictive procedures shall be discontinued when the resident demonstrates self-control. Within 30 days, all Shuman Center staff will participate in a staff meeting that will serve the purpose of identifying and discussing criteria for termination of a restrictive procedure. Documentation of staff participation in this staff meeting will be sent to BHSL and kept in the employees file.

Immediately, restrictive procedures with seclusion shall require a staff person to observe a child in seclusion at least every 5 minutes. The observational checks will be documented and will include the child's behavior.  
Restrictive procedures with seclusion shall comply with Chapter 3800.274(17).  
Restrictive procedures shall be documented in accordance with Chapter 3800.213.  
Restrictive procedures used four times for the same resident in any 3-month period shall require restrictive procedure plans in accordance with Chapter 3800.203(a)-(g) and Chapter 3800.204.

If the resident is injuring himself or others due to the presence of a specific staff member, that staff member will remove him/herself from restrictive procedure.

Within 30 days of this plan of correction Shuman Center will develop a quality assurance program to review all incidents and restrictive procedures that will include staff and resident interviews within 48 hours of the situation. This review should include discussion relating to de-escalation techniques that were used and/or could have been used. All review sessions should be documented and sent to BHSL on a weekly basis for a period of up to 6 months.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 08/27/2015

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* Earl Hood      9/9/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rich Gordon - Dep. Dir. Op      Date 9/9/16

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