



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 15 2019

Mr. Rich Gordon Director
Allegheny County Executive
7150 Highland Drive
Pittsburgh, Pennsylvania 15206

RE: Shuman Center

License #414310

Dear Mr. Gordon:

As a result of the Department of Human Services' (Western Office of Children, Youth and Families) licensing inspection on August 20-23, 2018 of the above agency, the violations with 55 Pa.Code Ch. 3800 regulations specified on the enclosed Licensing Inspection Summary were found.

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

Sincerely,

A handwritten signature in black ink that reads "Cathy A. Utz".

Cathy Utz
Deputy Secretary

Enclosure
Licensing Inspection Summary

LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY

NAME OF AGENCY/FACILITY: Allegheny County Executive Shuman Center Secure Detention #414310				TELEPHONE: (412) 661-6806	OCYF REGIONAL STAFF APPROVAL	DATE
ADDRESS: 7150 Highland Drive Pittsburgh, Pennsylvania 15206				COUNTY: ALLEGHENY		
INSPECTED BY: Tiana Jordan, Erin Bauer, Gregory Holts, Keith Witt, Bonnie Studor				INSPECTION DATE(S): 8/20/2018-8/23/2018	<i>Keith T. Witt</i>	2/8/19
INITIAL INSPECTION	RENEWAL INSPECTION	COMPLAINT	UNANNOUNCED INSPECTION	RANDOM SAMPLE	<i>Amber D. Karp</i>	2/8/19
	X					

The Department of Human Services, Office of Children, Youth and Families, Western Region (Department) conducted an Annual Licensing Inspection of Shuman Center on 8/20/2018-8/23/2018 for the licensing year 09/08/2018 to 09/08/2019. During the inspection, the Department reviewed: 141 child files, including discharged child files, and all personnel files, which included new and tenured employees. A physical site inspection was completed, and there was a regulatory concern noted. The Department did get some clarification on the agency use of fire extinguisher and water hose in the event of a fire. Per the agency, the control desk has the ability to override the locked doors allowing staff to enter and exit as needed. The Department identified a regulatory violation within the child files, which is outlined below. The Department conducted interviews with multiple staff members and children during this inspection. Several staff members reported feeling well-trained and supported each other and the administration. Other staff members recommended increasing the number of staff assigned to the units, to increase child safety and security. Several of the residents who were interviewed reported they feel safe at the facility, crediting the staff's awareness and responsiveness to keeping residents separate, if residents have affiliations outside of the placement. Other residents reported at least two staff are on units at all times, and in the event of a crisis, there are other staff who are available to respond quickly. The Department noted that the children who were interviewed knew why they were in secure detention and took responsibility for their actions.

1. 55 PA CODE CHAPTER	2. NON-COMPLIANCE AREA	3. CORRECTION REQUIRED	4. REQUIRED CORRECTION DATE	5. PROVIDER'S PLAN OF CORRECTION OR RESPONSE	6. STATUS OF CORRECTION
3800.283 (4) Additional requirement	The child health and safety assessment shall be completed within 1 hour of admission. During the review of the child files, the Department	The facility shall devise and implement a plan of correction to ensure that a medical professional has the ability to review the health and safety assessment within the	September 27, 2018	<i>Please See Attached</i> <i>- rg 9/21/18</i>	<i>OK</i> <i>9/28/18</i> PLAN ACCEPTED

identified that one child's file did not contain a written health and safety assessment completed within an hour of the child's admission to the facility.

hour of the child's arrival.

THE LEGAL ENTITY REPRESENTATIVE MUST COMPLETE COLUMN 5, SIGN ON THE SIGNATURE LINE AT THE BOTTOM AND DATE ALL PAGES OF THIS DOCUMENT. RETURN THIS ENTIRE DOCUMENT WHEN COMPLETED TO YOUR REGIONAL OFFICE NO LATER THAN

SIGNATURE OF LEGAL ENTITY REPRESENTATIVE

[Signature]
DIRECTOR
TITLE

9/21/18

412-558-0494

DATE

TELEPHONE NUMBER