



COMMONWEALTH OF PENNSYLVANIA

Mr. Mark A. Benz  
Chief Operating Officer  
Saint John Vianney Center  
151 Woodbine Road  
Downingtown, PA 19335

AUG 22 2014

Re: Psychiatric Unit  
License # 124630

Dear Mr. Benz:

Your program was issued a full one year license based on the submission of your application, effective July 26, 2014 to July 26, 2015. Your program was surveyed on May 23, 2014 by a Human Services Program Representative. The plan of correction in response to the deficiencies outlined in your letter of July 9, 2014 has been reviewed and accepted. Your program is now considered to be in compliance with Department regulations.

The Office of Mental Health and Substance Abuse Services is confirming the existing Certificate of Compliance for the period of July 26, 2014 to July 26, 2015.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the date specified in the accepted Corrective Action Plan, and continued compliance with 55Pa.Code Chapter 5100 must be maintained. Please be advised that if the current deficiencies are observed to have not been corrected at the time of our next survey visit, this will justify the issuance of a provisional license at that time.

Any questions about the licensing process should be directed to Mr. Scott Ashenfelter, OMHSAS Southeast Office at (610) 313-5425.

Sincerely

Dennis Marion  
Deputy Secretary

Enclosures

c: Licensing Administration  
OMHSAS Business Partner Support Unit  
Chester County MH/IDD  
Southeast Field Office

RECEIVED  
SOUTHEAST FIELD OFFICE

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REF TO  
JUL - 9 2014

DEPARTMENT OF PUBLIC WELFARE  
OFFICE OF MENTAL HEALTH & SUBSTANCE ABUSE SERVICES

OFFICE OF MENTAL HEALTH AND  
SUBSTANCE ABUSE SERVICES  
BUREAU OF COMMUNITY &  
OPERATIONS

LICENSING INSPECTION SUMMARY

Announced	<input checked="" type="checkbox"/>
Unannounced	<input type="checkbox"/>

Name of Facility: <b>Saint John Vianney Center</b>		Name and Title of Provider Agency Representative completing the Plan of Corrective Action: (Print/Type below)	
Address:	151 Woodbine Road, Downingtown, PA 19335	⇒ Kristine Specht, RN Director of Quality Improvement	
Phone #:	(610) 269-2600	Signatures	Date
Type of Program	Inpatient		
License Number:	124630	Legal Entity Representative:	
Name of Surveyor:	S. Ashenfelter, T. Johnson, B. Grayes		<i>Mark J. Berry</i> 7-2-14
Date of Inspection:	May 23, 2014	OMHSAS Staff Approval:	<i>John H. Ashenfelter</i> 7/10/14
Type of Inspection:	Initial <input type="checkbox"/>	Renewal <input checked="" type="checkbox"/>	Complaint <input type="checkbox"/>
			Incident <input type="checkbox"/>

Findings:  No Deficiencies Identified  Deficiencies Identified

Regulatory Reference(s)	Areas Of Non-Compliance Findings:	Provider's Plan of Corrective Action	Projected Dates of Completion	
			Provider	Approved
§ 5100.54. Manual of rights for persons in treatment. ARTICLE V RIGHT TO TREATMENT Every patient has the right to receive treatment designed to aid and promote his recovery from mental illness. This treatment shall, whenever possible, be in or near the patient's home community, and shall be in the least restrictive setting available to provide adequate treatment or to meet the conditions of security	Nine consumer charts were reviewed. Evidence was found of multiple initial treatment plans that were not signed off on by consumers and all treatment team members within 72 hours.	The Clinical Director is ultimately responsible for the corrective action plan and for overall and ongoing compliance. Every patient will have a treatment plan written within 72 hours of admission, 10 days of admission and 30 days of admission. This treatment plan will be reviewed and updated at least every 30 days. Participants in the initial treatment plan were identified. The psychiatrist will develop the initial treatment plan with input from the patient and the nursing assessment at the psychiatric evaluation. The patient and psychiatrist will sign the plan. The psychiatrist will give the plan to the unit nurse for his/her signature and filing in the medical record. The 10 and 30 Day treatment plan and treatment plan reviews will be developed by the primary therapist with input from the patient. The plan will be reviewed with the rest of the treatment team at the meeting with the opportunity for the team to provide input. The treatment plan will be signed by the team members at the treatment team meeting. If a team member is on	8/1/14	<i>JA</i> 7/10/14

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<p>imposed by a court.</p> <p>1. Individual Treatment Plan.</p> <p>(a) Every patient has the right to an individualized treatment plan, appropriate to his needs, setting forth the objectives, goals, activities, experiences, and therapies designed to promote recovery.</p> <p>(b) The plan shall be developed within 72 hours of admission or commitment. It shall be revised whenever necessary and reviewed at least every 30 days.</p>	<p>Additionally, nearly all treatment plan updates were signed at different times by consumers and treatment team members, sometimes with gaps of more than three months.</p>	<p>vacation, the supervisor will sign the treatment plan. The primary therapist is responsible for reviewing the plan with the patient and obtaining the patient's signature. All plans and updates will be signed within 72 hours. Clinical staff will be re-educated on the treatment plan policy as outlined above on 7/21/14.</p>		
<p><b>§ 5100.13. Responsibility for formulation and review of treatment plan.</b></p>				
<p>(b) The director of the treatment team shall be responsible for:</p> <p>(1) Insuring that the person in treatment is encouraged to become increasingly involved in the treatment planning process.</p> <p>(2) Implementing and reviewing the individualized treatment plan and participating in the coordination of service delivery with other service providers.</p>	<p>Nine of nine charts reviewed contained treatment plans that lacked evidence of consumer participation in treatment plan, updates and amendments. Some plans were signed off on by psychiatrist and other team members prior to consumer reviewing and agreeing to plan. Plans were found that were not signed by the psychiatrist.</p>	<p>The Clinical Director is ultimately responsible for the corrective action plan and for overall and ongoing compliance. The treatment team is lead by a licensed psychiatrist or licensed psychologist. The treatment plan will be developed by the primary therapist with input from the patient. The patient is encouraged to complete a self assessment that includes the patients current strength and strength he/she would like to have, long term and short term goals, triggers and relapse warning signs and how the team can support the patient to meet his/her goals. The plan will be reviewed with the rest of the treatment team at the meeting with the opportunity for the team to provide input. The treatment plan will be signed by the team members at the treatment team meeting. If a team member is on vacation, the supervisor will sign the treatment plan. The primary therapist is responsible for reviewing the plan with the patient and obtaining the patient's signature. All plans and updates will be signed within 72 hours. Clinical staff will be re-educated on the treatment plan policy as outlined above on 7/21/14.</p>	<p>8/1/14</p>	<p><i>SA</i> <i>7/20/14</i></p>

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<p><b>§ 5100.15. Contents of treatment plan.</b></p>					
<p>(a) A comprehensive individualized plan of treatment shall:</p> <p>(1) Be formulated to the extent feasible, with the consultation of the patient. When appropriate to the patient's age, or with the patient's consent, his family, personal guardian, or appropriate other persons should be consulted about the plan.</p> <p>(4) Result from the collaborative recommendation of the patient's interdisciplinary treatment team.</p>		<p>A review of nine consumer charts revealed a lack of evidence of patient or team participation in treatment planning. Plans were signed and dated at various/different times. Some plans were signed off on by psychiatrist and other team members prior to consumer reviewing and agreeing to plan. Gaps of over three months were found with staff signatures within the same treatment plan. Some plans were not signed by the psychiatrist.</p>	<p>The Clinical Director is ultimately responsible for the corrective action plan and for overall and ongoing compliance. The treatment plan will be developed by the primary therapist with input from the patient. The patient is encouraged to complete a self assessment that includes the patients current strength and strength he/she would like to have, long term and short term goals, triggers and relapse warning signs and how the team can support the patient to meet his/her goals. The plan will be reviewed with the rest of the treatment team at the meeting with the opportunity for the team to provide input. The plan will include goals that capture the word of the patient and build on the patients strengths. The plan will also include objectives that are specific to assess progress and include steps to achieve the goal. Interventions by each team member which include frequency will also be included in the plan. The treatment plan will be signed by the team members at the treatment team meeting. If a team member is on vacation, the supervisor will sign the treatment plan. The primary therapist is responsible for reviewing the plan with the patient and obtaining the patient's signature. All plans and updates will be signed within 72 hours. Clinical staff will be re-educated on the treatment plan policy as outlined above on 7/21/14.</p>	<p>8/1/14</p>	<p><i>St</i> <i>7/21/14</i></p>