

Survey Findings/Facility Response

Facility : GATEHOUSE THERAPEUTIC HEALTH SERVICES

Survey Date - 10/8/2010 - Citation2

Survey Findings

A review of policies and procedures and an interview with the Clinical Director revealed the licensee did not ensure the development of a policy and procedure that established specific steps and deadlines to obtain documentation of fingerprint clearance as required in R9-20-201.B.1.c.iii. in order to be in compliance with A.R.S. § 36-425.03.

Findings include:

R9-20-201.B.1.c.iii requires an agency to establish specific steps and deadlines to obtain fingerprint clearance.

A.R.S. § 36-425.03. requires an agency that provides services to an individual under the age of 18 ensure each staff member has a fingerprint clearance card, and, if the staff member does not have a fingerprint clearance card prior to hire that staff member must apply for a fingerprint clearance card with in 7 days of hire, and a copy of the application is maintained in the staff member's personnel record until a copy of the card can be acquired.

A review of the agency's policies/procedures revealed no agency policy establishing specific deadlines for the agency to obtain staff fingerprint clearance.

In an interview, the Clinical Director acknowledged the agency's policies and procedures did not establish specific steps and deadlines for the agency to obtain documentation of fingerprint clearance.

The requirement a licensee that provides services to clients under the age of 18 to develop a policy and procedure that establishes specific deadlines for the agency to obtain documentation of fingerprint clearance in compliance with A.R.S. § 36-425.03. was discussed with the Clinical Director during the exit conference.

Rule/Statute

R9-20-201. Administration

B. A licensee shall ensure that:

1. The administrator or clinical director develops, implements, and complies with policies and procedures that:

c. Establish specific steps and deadlines for:

i. A client to file a grievance,

ii. The agency to respond to and resolve a client grievance; and

iii. The agency to obtain documentation of fingerprint clearance, if applicable;

Facility Response

The date (12/22/2010) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.