

Survey Findings/Facility Response

Facility : GATEHOUSE THERAPEUTIC HEALTH SERVICES

Survey Date - 10/8/2010 - Citation3

Survey Findings

protect

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protect0 A review of policies and procedures and an interview with the Clinical Director revealed the licensee did not ensure policies and procedures were developed ensuring incidents listed in R9-20-202(A)(1) are reported and investigated.

Findings include:

R9-20-202(A)(1) requires a licensee to:

1. Notify the OBHL within one working day of discovering that a client has experienced any of the following:
 - b. Any of the following that occurred on the premises or during a licensee-sponsored activity off the premises that requires medical services or immediate intervention by an emergency response team or a medical practitioner:
 - ii. A suicide attempt or a self-inflicted injury;
 - d. Either of the following that requires medical services:
 - ii. Food poisoning possibly resulting from food provided at the agency or during a licensee-sponsored activity off the premises;
 - f. A physical injury that occurred as the result of a personal or mechanical restraint

A review of policies and procedures revealed Policy # RRE103, titled "Incident Reporting". The policy/procedure did not include all the requirements in R9-20-202(A)(1). Specifically:

The list of incidents did not include the requirement to report a suicide attempt or self-inflicted injury that requires medical services or immediate intervention by an emergency response team or a medical practitioner .

The list of incidents did not include the requirement to report a medication error or an adverse reaction to a medication that requires medical services or immediate intervention by an emergency response team or a medical practitioner .

The list of incidents did not include the requirement to report incidents requiring medical services involving food poisoning possibly resulting from food provided at the agency or during a licensee-sponsored activity off the premises.

In an interview, the Clinical Director reported being unaware Policy # RRE 103 was missing required elements in subsection 202(A)(1).

The requirement policies and procedures are developed, implemented, and complied with ensuring incidents listed in R9-20-202(A)(1) are reported and investigated 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:
 - d. Ensure that incidents listed in R9-20-202(A)(1) are reported and investigated;
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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.