

Survey Findings/Facility Response

Facility : GATEHOUSE THERAPEUTIC HEALTH SERVICES

Survey Date - 7/17/2008 - Citation7

Survey Findings

A review of client records and interviews with the Clinical Director and Administrative Assistant revealed the licensee did not ensure client records contained the name and telephone number of an individual to notify in case of medical emergency.

Findings include:

A review of eight client records revealed four of the eight client records reviewed did not contain the name and telephone number of an individual to notify in case of a medical emergency. Specifically:

The record for client #1, with an admission date of May 28, 2008, did not contain documentation of an individual to notify in case of a medical emergency.

The record for client #2, with an admission date of May 11, 2008, did not contain documentation of an individual to notify in case of a medical emergency.

The record for client #5, with an admission date of April 17, 2007, did not contain documentation of an individual to notify in case of a medical emergency.

The record for client #7, with an admission date of May 3, 2007, did not contain documentation of an individual to notify in case of a medical emergency.

In an interview, staff #5 and staff #8 acknowledged the aforementioned client records did not have the name and telephone number of a medical emergency contact.

The requirement to ensure a client record contains the name and telephone number of an individual to notify in case of a medical emergency was discussed with the Clinical Director and Administrative Assistant during the exit conference.

Rule/Statute

R9-20-211. Client Records

D. A licensee shall ensure that a client record contains the following, if applicable:

2. The name and telephone number of:

a. An individual to notify in case of medical emergency;

Facility Response

The date (10/31/2008) 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.