



DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities



Joette Katz
Commissioner

Dannel P. Malloy
Governor

December 27, 2018

Michelle Sarofin, Superintendent
Albert J. Solnit Children's Center – South Campus
915 River Road
Middletown, CT 06457

Dear Ms. Sarofin,

Re: Licensing Consultation

Licensing Team: Regulatory Consultants, Kathy Forsythe and Pat Hughes; Program Supervisor, Jim McPherson; Nurse Consultant, Anna Cherian, R.N.

On December 11th, 2018 through December 13th, 2018 a licensing consultation visit was conducted at the Albert J. Solnit Children's Center – South Campus Psychiatric Residential Treatment Facility (PRTF) operated by the Department of Children and Families (DCF). This consultation was conducted to provide the Department with a comparison between the current practices of the facility and the standards used in the licensing of private PRTF's in the state. The Connecticut Department of Public Health (DPH) is the state agency empowered to certify facilities as being in compliance with the federal PRTF requirements. The DCF Licensing Unit reviews licensed facilities using the federal standards in order to prepare them for the DPH inspection. This has been our practice since the inception of the PRTF model over a decade ago. As such the Solnit South PRTF was evaluated according to DCF Regulations 17a-145-48 through 17a-145-98, the DCF Guidelines for the Nursing Services at Child Caring Facilities, and the Conditions of Participation for PRTF's issued by the Centers for Medicaid and Medicare.

Below are listed the areas where the practices at the Solnit South PRTF are not consistent with these regulations and guidelines. Also included in the report are recommendations. Recommendations are meant to highlight areas that may be inconsistent with state and federal standards if action is not taken. Recommendations may also be listed as observations to enhance program functioning.

17a-145-64: Personnel Policies and Procedures

Evidence: Fifteen personnel files of current employees were reviewed.

- The files of three employees, D.G., R.L., and D.M did not contain evidence that the employee received a copy of the employee handbook.
- The files of one employee, M.J., did not contain evidence of a current CPR certification.

Note: The personnel files maintained on-site at Solnit South did not contain evidence of criminal and CPS background checks as well as physical exams and TB tests. The Licensing team was informed that this information is maintained at the DCF Central Office. The team will coordinate with DCF Human Resources at Central Office to arrange for a review of this material.

17a-145-73: Sleeping Accommodations

Evidence: Resident bedrooms were generally stark in appearance. Floors and walls in many bedrooms were in need of cleaning and repair.

Note: The Kiwani unit is currently closed while undergoing renovations. These renovations include painting of bedroom walls, refinishing floors, renovating storage cabinets, and adding a desk and chair. The plan, as communicated to the Licensing team, is for all three PRTF units to undergo similar renovations within the next three to six months. These planned renovations would address the concerns with the conditions of bedrooms identified during the walkthrough of the residential units.

17a-145-74: Lavatory Facilities, Toilet Articles and Linens

Evidence: The ceilings in the bathrooms of both units contained peeling and otherwise damaged paint due to moisture.

Note: The renovations referenced above will also include painting of the unit bathrooms.

17a-145-93: Medical, Dental, and Nursing Care

Evidence: DCF Nurse Consultant, Anna Cherian conducted a review of the nursing practices for compliance with the DCF Nursing Standards enforced at DCF licensed facilities. The medical charts of nine current residents were reviewed. Only one minor issue was identified, that of a missing date on the nursing assessment of resident K.K. Otherwise the facility was found to be in full compliance with the Nursing Standards.

General Physical Plant

Evidence: The interior and exterior areas of the residential units were in need of general cleaning and upkeep. Such upkeep includes painting of exterior surfaces, cleaning of vents, ceiling fans, and other areas not directly accessed by residents, and repair and maintenance of the outdoor grounds.

Review of Federal PRTF Standards

For this review the records of 9 discharged residents and 3 current residents were reviewed.

42 CFR 441.152 Certification of Need for Services

Evidence: Two case records (residents I.M. and K.B.) did not contain documentation of an initial Certification of Need.

Recommendation: A Utilization Review form was found in each case record, signed by the treatment team physician, which the licensing team interpreted as meeting the requirement of a recertification of the need for service. It is recommended, however, that wording on the form be revised to include a clear statement that the physician is recertifying the need for service.

42 CFR 441.154 Active Treatment

Evidence: An initial plan of care was missing from the file of resident E.B.

Note: This initial plan of care was subsequently located and placed in the appropriate section of the resident's case record.

42 CFR 441.155 Individual Plan of Care

Evidence: The form being used for the individual plan of care does not include information on the orders for medication for the resident.

42 CFR 483.356 Protection of Residents

Recommendation: Currently the legal guardian is provided a form which includes a brief statement describing the facility's policy that restraint and seclusion are only used as an emergency intervention. It is recommended that legal guardians be provided a copy of the facility's full policy rather than this brief statement.

Recommendation: Currently the legal guardian of a resident is provided information on how to contact the State Office of Protection and Advocacy. This state agency closed in 2017 and has been replaced by the non-profit Disability Rights CT as the state's protection and advocacy agency. Contact information for Disability Rights CT should be provided to the guardians of residents.

42 CFR 483.358 Orders for the Use of Restraint and Seclusion

Evidence: Orders for restraint and seclusion did not include a length of time for which the physician authorized its use.

Recommendation: On the report form used to document the use of restraint and seclusion, it was found that the descriptions of the events leading up to the restraint or seclusion, the details of the physical intervention, and the resolution of the intervention were quite brief. It is recommended that additional information be provided in order create a clearer picture of the events leading up to an intervention and the actions taken by staff.

42 CFR 483.366 Notification of Parent(s) or Legal Guardian(s)

Evidence: In the case record of resident J.T. the time that the legal guardian was notified of a restraint was not listed for one incident of restraint. In the case record of resident M.O. there was no documentation that the legal guardian was notified of a restraint on one occasion.

Evidence: Case records contained a form where the legal guardian could identify the manner in which they wished to be notified of an incident of restraint or seclusion, the time frame within which they would like to be notified, or whether they wish to be notified at all. The federal standard, however, requires that the facility notify the legal guardian as soon as possible after the initiation of the use of restraint or seclusion. Giving the legal guardian the option of not being notified, or being notified at a time significantly after the intervention would not comply with this requirement.

42 CFR 483.370 Post-Intervention Debriefings

Recommendation: The current form used to document debriefings makes it difficult to determine which staff members were involved in the debriefing. The current policy states that the staff member with the best relationship with the resident should perform the debriefing. The federal standard, however, requires that all staff involved in the intervention also participate in

the debriefing unless the presence of a particular staff member may jeopardize the well-being of the resident.

42 CFR 483.372 Medical Treatment for Injuries Resulting from an Emergency Safety Intervention

Evidence: The form used to document injuries does not include information on a plan to prevent such injuries in the future as required by this federal standard.

On behalf of the licensing team I would like to express my appreciation for the welcoming, cooperative environment provided by you and your staff. We hope that our review will serve as a useful tool in enhancing the services provided to youth and their families. Should you have any questions please do not hesitate to contact me at 860-550-6532, or via email at jim.mcpherson@ct.gov.

Sincerely,



Jim McPherson, Program Supervisor
DCF Licensing Unit

Cc: Joette Katz, Commissioner
Kristina Stevens, Deputy Commissioner
Cindy Butterfield, Deputy Commissioner
Linda Dixon, Administrator, Adolescent and Juvenile Services
Maureen Duggan, Legal Director