

PREA AUDIT: AUDITOR'S SUMMARY REPORT

submitted: **COMMUNITY CONFINEMENT FACILITIES**

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility: Wellmore Behavioral Health – Therapeutic Shelter		
Physical address: 26 North Elm Street, Waterbury, CT 06702		
Date report : 2/12/15		
Auditor Information Address: 2368 Longfellow Avenue, Scotch Plains, NJ 07076		
Email: tdp6@live.com		
Telephone 9083372265		
Date of facility visit: 12/22/14		
Facility Information Facility mailing address: (if different from above)		
Telephone number: 203-574-9000		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
	<input checked="" type="checkbox"/> Private not for profit	<input type="checkbox"/> Federal
		<input type="checkbox"/> State
Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community based confinement facility
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other:
Name of Facility Head: Chris Desroches	Title:	CEO
Email address: cdesroches@wellmore.org	Telephone number:	203-525-5670
Name of PREA Compliance Manager (if applicable): N/A	Title:	
Email address:	Telephone number:	
Agency Information Name of agency: Wellmore Behavioral Health		
Parent agency: Wellmore Behavioral Health		
Physical address: 141 East Main Street, Waterbury, CT 06702		
Mailing address: (if different from above)		
Telephone number: 203-574-9000		
Agency Chief Executive Officer Gary Steck		

Email address: gsteck@wellmore.org	Telephone number:	203-574-9000 x1102
Agency-Wide PREA Coordinator		
Name: Chris Desroches	Title:	Program Manager
Email address: cdesroches@wellmore.org	Telephone number:	203-525-5670

AUDIT FINDINGS

NARRATIVE:

The Therapeutic Shelter is operated under Wellmore Behavioral Health. The mission is to promote lifetime wellness through essential and innovative treatment and support. The facility houses up to 23 males and females – 8 Connecticut Department of Corrections (DOC) beds, 3 beds under Court Support Services (CSSD) and 12 Department of Mental Health and Addiction Services (DMHAS) beds. The average length of stay is 90 days for the Connecticut Department of Corrections residents and 30 days for Court Support Services residents. The facility is accredited by the Council on Accreditation and inspected by DMHAS.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Therapeutic Shelter is 3 stories, with a total of 10 rooms. The facility would be comparable to an old home. There are 5 rooms on the second floor and 5 rooms on the third floor. Female residents use the front stairwell to access their rooms and first floor. The males use the back stairwell to access their rooms and first floor. The first floor consists of offices, and a small reception area that serves as the facility center control. Additionally, the facility has a day room, laundry, bathroom and a kitchen/dining area on the first floor. Males and females have their own bathrooms. The facility houses up to 23 males and females.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards N/A: 2

§115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency and the facility meet the standard with policies and practice. The PREA Compliance Policy LD-P01 references zero tolerance towards all forms of sexual abuse and harassment. The agency has designated Chris DesRoches, Program Manager, as the agency-wide PREA Compliance Coordinator. Although Mr. DesRoches runs two programs, both are small and have had zero PREA incidents to date. He has been given sufficient time to coordinate all activities surrounding compliance and prevention.

§115.212 - Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency complies with this standard. Documents showed requirements of PREA compliance for agencies that contract with Wellmore Behavioral Health. Wellmore Behavioral Health does not contract with other entities for confinement of their residents.

§115.213 – Supervision and Monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The staffing plan was established based on contract. The plan was reviewed on January 2, 2015 to begin the annual review process. Compliance with PREA and other safety and security issues are always of primary focus when considering and reviewing staffing plans according to the Program Manager. Staff and the Program Manager make rounds throughout the shifts. Although only one staff member is scheduled on the third shift, the facility added 22 video cameras in 2014.

§115.215 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter is not permitted to conduct any type of searches on the person which is noted in Protocol: Adult Residential Searches of Residents, Visitors and Facility. This protocol also states that the facility will not search or examine a resident for the sole purpose of determining the resident's genital status. While on tour, the auditors at first announced the presence of themselves on the unit and then the Program Manager followed suit. Protocol: Adult Residential Accountability and House Counts states that staff will announce when an opposite gender enters the unit. Resident doors remain closed during the day. The bathroom areas were unoccupied during the tour.

§115.216 – Residents with Disabilities and Residents who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy R1-P01 (Providing Meaningful Communications with Persons with Limited English Proficiency) addresses this standard. Residents are given a pamphlet regarding PREA and it is available in Spanish. Posters are hung in both English and Spanish. Based on policy and interview, the agency does not rely on resident interpreters. The agency has an Interpreting Services Agreement as well as a Telephonic Agreement with Interpreters and Translators, LLC.

§115.217 – Hiring and Promotion Decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter and Wellmore Behavioral Health meet this standard in various ways. Policy HR-R01 Requirements of Employment, Protocol: Hiring/Promoting Review Process and Policy #3.0.2.B Obligation to Report Certain Information to Wellmore Management Policy in conjunction cover all topics in the standard. Background checks are performed at hire and again every 5 years of employment. During interviews, potential employees are questioned about previous misconduct relating to the PREA standards. Employees are asked during annual reviews and potential promotions regarding misconduct relating to the PREA standard and any other criminal misconduct. Currently the Therapeutic Shelter is not authorized to have contractors.

§115.218 – Upgrades to Facilities and Technology

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility added 22 cameras in 2014 for the sole purpose of prevention of sexual assault, abuse and misconduct.

§115.221 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter addresses this in Protocol: Evidence Protocol and Forensic Medical Examinations. Morris Recovery has received a protocol letter from St. Mary's Hospital, which has a SANE nurse and follows the guidelines outlined by the Commission for Standardization of Collection of Sexual Assault Evidence in Connecticut. Although they have not yet received this information, the Therapeutic Shelter has also demonstrated an attempt to gather the Evidence Collection Protocols from the Waterbury Police Department. The agency all has a MOU with Safe Haven, a local Rape Crisis Center. The auditor made contact with Safe Haven who agreed they will provide services if called. Safe Haven will accompany any victim, if requested, through a forensic medical exam and interviews. There have not been any PREA allegations at this facility and therefore no forensic medical evaluations have been conducted.

§115.222 – Policies to Ensure Referrals of Allegations for Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility demonstrates compliance with the standard using Protocol: Evidence Protocol and Forensic Medical Examination. Program staff or the Program Manager would contact the Waterbury Police Department in order to conduct a criminal investigation. Protocol states administrative investigations for non-criminal allegations are completed by the facility. The PREA Pamphlet, which is given to all residents on intake and is available on the website, describes the responsibilities of the Wellmore Police Department and the agency.

§115.231 – Employee Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Protocol: Adult Residential Employee PREA Training and Education as well as the training curriculum meet provided documentation that this standard is met. The auditor reviewed training records and signatures are in place. PREA training occurs every two years and information is provided to staff ongoing regarding updates from the PREA Resource Center.

§115.232– Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter does not currently have any volunteers or contractors however policies are in place to address this standard. All those entering the facility are required to sign a visitors' log which addresses zero-tolerance and any volunteers/contractors would receive the PREA Pamphlet.

§115.233 – Inmate Education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter meets this standard using Policy LD-P01 PREA Compliance and R1-P01 Providing Meaningful Communication to Persons with Limited English Proficiency. All residents receive information at time of intake verbally, through receipt of the PREA pamphlet and in a Sexual Assault Prevention Handbook. Residents sign in receipt. Pamphlets posters and the handbook are available in both English and Spanish. There are posters throughout the facility, and the "hotline" phone number to call to report abuse or harassment is in each housing unit. Although posters and signs were torn down from the housing areas at the time of the on-site visit, the auditors received pictures showing the replacement of those torn down.

§115.234 – Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The PREA Coordinator/Program Manager has attended training held by the NIC regarding administrative investigations for sexual abuse/harassment. The auditors received documentation verifying this training.

§115.235 – Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Standard is not applicable as the Therapeutic Shelter does not provide medical or mental health services.

§115.241 – Screening for Risk of Victimization and Abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Wellmore Behavioral Health Policy LD-P01 PREA Compliance meets this standard as well as Protocol: Intake Screening/Reassessment for Risk, Victimization and Abusiveness address this standard. All residents are assessed within 72 hours of intake for their risk of being sexually abused by other residents or being sexually abusive towards other residents. The form was updated to meet the requirements of the standard however the facility has not shown the auditors documentation of use of the new form.

Final report following corrective action period: The Therapeutic Shelter has documented use of the updated screening form and has met this standard.

§115.242 – Use of Screening Information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Wellmore Behavioral Health Policy LD-P01 PREA Compliance meets this standard as well as Protocol: Intake Screening/Reassessment for Risk, Victimization and Abusiveness address this standard. Reassessment are conducted within 30 days of intake and again if behaviors or incidents require a reassessment. During the on-site audit it was discovered that reassessments were not being conducted. Within 30 days of the on-site visit, the reassessment process was put in place and the form was updated to meet the standard, however auditors have not seen documentation proving reassessments are conducted.

Final report following corrective action period: The Therapeutic Shelter has documented use of the updated screening form and has met this standard.

§115.251 -- Resident Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Residents of the Therapeutic Shelter are made aware of multiple ways to communicate privately to staff surrounding this standard. Staff are aware to take reports verbally, in writing anonymously and from third parties. Residents are given a pamphlet on intake detailing various ways to report, including reporting to an outside agency (DOC or Safe Haven Rape Crisis Center where the agency has an MOU). A posting is available stating entitled "How to Report" which lists the internal anonymous hotline as well as external agencies.

§115.252 – Exhaustion of Administrative Remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Morris Recovery House partially meets this standard using Policy R1-C01 Client Grievance, however areas of the standard are not met based on written policy. The policy does not address how an extension is granted for replying to a grievance, it does not state that third party persons can write a grievance or how they are notified of such, nor does it state that residents can be disciplined for writing a grievance in bad faith. There have been no grievances regarding PREA related issues to date.

Final report following corrective action period: The Therapeutic Shelter has updated the policy and protocol to include all areas of the standard and is now in compliance.

§115.253 – Resident Access to Outside Confidential Support Services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter meets this standard using both the PREA pamphlet and PREA Compliance Policy LD-P01. Residents are advised they may call the CT Sexual Assault Crisis Center, Ombudsman's Office, Victim Advocacy, and other National Hotlines. The agency also has an MOU in effect with Safe Haven, a local Rape Crisis Center. Public phones are not available however residents are permitted to have cell phones on their person and leave the facility for work and treatment therefore can use public phones when off-site.

§115.254 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The PREA Pamphlet and various posted signs demonstrate compliance with this standard. The agency has established a toll-free number for residents and/or third-party advocates to call and report PREA violations on the resident's behalf. This number is posted in the facility for residents, staff and visitors to see.

§115.261 -- Staff and Agency Reporting Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter does not have any residents under the age of 18 or who are considered vulnerable adults. The facility does meet the remainder of the standard using Policy LD-P01 PREA Compliance, Policy EC-I01 Incident and Accident Reporting Policy, Policy LD-R01 Reporting to Outside Agencies, Protocol: Notification and Reporting for Staff and Residents and Protocol: Incident and Accidents. Staff interviewed were aware that they must immediately report allegations of abuse, harassment, retaliation, or neglect relevant to PREA. Compliance with the standard was verified through a review of the policy and staff / resident interviews.

§115.262 -- Agency Protection Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy LD-P01 PREA Compliance addresses this standard. Interviews further proved compliance by staff stating their duty to maintain safety for the residents. Staff also have access to a PREA Incident Checklist to use as a guide.

§115.263 – Reporting to Other Confinement Facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Although this type of reporting has not yet been necessary, Protocol: Notification and Reporting addresses this standard. If a resident reports a PREA allegation that occurred at another facility, this protocol requires reporting to the facility Director of the location of the allegation by the Program Manager of Therapeutic. The notification is to occur as soon as possible, but always within 72 hours of receiving notice.

§115.264 – Staff First Responder Duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter demonstrates compliance with this standard in Policy LD-P01 PREA Compliance and in Protocol: Evidence. There have been no incidents requiring first responder actions. Staff interviewed were aware of their first responder duties. Staff have the ability to use the PREA Incident Checklist as a guide.

§115.265 – Coordinated Response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter meets this standard using the Protocol: Evidence Protocol and Forensic Medical Examinations, the PREA Incident Checklist and their Emergency Response Plan. Although the plan doesn't specifically address a PREA incident, it does cover emergency and crisis situations. As a recommendation, during the next review of the Response Plan, Wellmore Behavioral Health should consider adding specific PREA allegation language and the PREA Incident Checklist to the plan.

§115.266 – Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter does not have union or any collective bargaining agreements therefore this standard does not apply.

§115.267 – Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Wellmore Behavioral Health Policy LD-P01 PREA Compliance and Protocol: Notification and Reporting for Staff and Residents documents compliance to this standard. The PREA Coordinator also serves as the Retaliation Monitor for both staff and residents. Retaliation monitoring for residents is ongoing and remains in effect for the length of their stay. There have been no cases of retaliation discovered or reported to date.

§115.271 – Criminal and Administrative Agency Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter Protocol: Internal Administrative Investigation Process, Training and Reviews addresses all areas this standard. The Program Manager conducts administrative investigations within the facility. He has received specialized training and evidence of this was provided. If an allegation appears to be criminal in nature, the Wellmore Police Department is contacted for a criminal investigation. There were no criminal or administrative investigations to review to date.

§115.272 – Evidentiary Standard for Administrative Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter imposes no higher standard than the preponderance of the evidence in determining whether allegations of sexual harassment are substantiated.

§115.273 -- Reporting to Residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter Protocol: Notification of Investigation and Reporting addresses this standard. Residents are informed of required outcomes addressed in this standard both verbally and in writing when possible. There have been no investigations to date since a PREA event has yet to occur.

§115.276 – Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter Policy HR-D01 Disciplinary Policy and Policy LD-R01 Reporting to Outside Agencies addresses this standard. To date, no staff member was disciplined in any manner nor has any resigned for violating agency sexual abuse or sexual harassment policies.

§115.277 – Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter Protocol: Notification and Reporting addresses this standard. To date, there have not been any incidents where a contractor or volunteer was accused of sexual abuse or sexual harassment.

§115.278 – Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Therapeutic Shelter meets this standard through Protocol: Disciplinary Sanctions for Residents. This protocol was put in place within 30 days from the on-site visit. No resident has been disciplined or counseled for any areas of this standard since no PREA allegation has been received.

§115.282 – Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

This standard is met in the emergency/crisis procedures detailed in the Wellmore Behavioral Health Emergency Response Plan. Although the plan doesn't specifically address a PREA incident, it does cover emergency and crisis situations. As a recommendation, during the next review of the Response Plan, Wellmore Behavioral Health should consider adding specific PREA allegation language. To date, no resident has required emergency medical or mental health treatment in reference to a PREA allegation. If a need occurred, the facility would comply with all actions required by this standard (free treatment, documentation of services, information about sexually transmitted disease, confidentially) as would the Wellmore Police Department, St. Mary's Hospital and Safe Haven Rape Crisis Center.

§115.283 – Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

This standard is met in the emergency/crisis procedures detailed in the Wellmore Behavioral Health Emergency Response Plan. Although the plan doesn't specifically address a PREA incident, it does cover emergency and crisis situations. As a recommendation, during the next review of the Response Plan, Wellmore Behavioral Health should consider adding specific PREA allegation language. Residents of Morris Recovery are permitted to attend therapy and counseling off-site at community agencies where the needs referred to in this standard would be met.

§115.286 – Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Morris Recovery House Protocol: Incident and Accident Reports states that a review only occurs for “true allegations” but the standard requires a review for both substantiated and unsubstantiated allegations. Also, the protocol does not address how an internal review is accomplished, what is considered in the review and that the recommendations are either implemented or documentation is maintained as to why implementation did not occur.

Final report following corrective action period: The Therapeutic Shelter has updated the protocol to meet all areas of the standard.

§115.287 -- Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy EC-I01 Incident and Accident Reporting and Protocol: Incident and Accidents address this standard and data collection. Wellmore Behavioral Health has a detailed collection system however sexual abuse data has not been detailed since no incidents have occurred.

§115.288 – Data Review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Wellmore Behavioral Health has a plan in place to review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action, however allegations/incidents have yet to occur. Policy EC-I01 Incident and Accident Reporting and Protocol: Incident and Accidents document this plan. Documentation does not show that an annual report will be published on the website.

Final report following corrective action: Wellmore Behavioral Health has shown documentation that the annual report will be published on the website.

§§115.289 – Data Storage, Publication, and Destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Wellmore Behavioral Health has a plan in place to review data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and to identify problem areas and take corrective action, however allegations/incidents have yet to occur. Policy EC-I01 Incident and Accident Reporting and Protocol: Incident and Accidents document this plan. Documentation does not show that an annual report will be published on the website nor that required reports cover all data noted in this standard, and are retained for a period of 10 years.

Final report following corrective action period: Documentation now shows that the annual report will be published and the policy has been updated to state data and reports are retained for a 10 year period.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Time Price

2/2/15

Auditor Signature

Date