SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

Section 1
Staff Competence, Training and Supervision

1A – 3. Consulting or Staff Psychiatrist	IOC Team Comments and Concerns	SCC Response
	It would be helpful if Dr. Sziebert's responsibilities at SCC were better spelled out. He needs an office where he can see patients.	Dr. Sziebert has moved his office to the lower A medical area. He has been holding a four-hour psychiatric clinic complete with nursing support each Thursday since October 2002. Rewrite job description by January 15, 2003. 3/11/03- 1. On target 2. CQ written for SCC Psychiatrist position. 4/2/03- 1. On target 4/18/03- 1. On target

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

	IOC INTERIM REVIEW 5/2003: The establishment of a job description (CQ), a centrally located office, and structured clinic in which Dr Szeibert can see patients is an improvement. Dr Szeibert's license to practice is limited in the state of Washington to working with male patients and he is required to work under supervision. The CQ on Dr Szeibert indicates that he would provide "services to outlying sites (e.g. the Washington Correction Center for Women…." We recommend that the CQ be revised so that Dr Szeibert is not called upon to provide care to female patients. Although the CQ does not describe Dr Szeibert as Medical Director, it lists many administrative responsibilities beyond providing direct psychiatric care and indicates that he has a leadership position in the organization. The responsibilities include providing ongoing consultation and training to nursing staff and negotiating / managing contracts with contract providers of nursing and medical care. However he does not officially provide direct supervision to other medical /nursing staff. Discussions with the Residential Care Manager have indicated that Dr Szeibert's ability to function in a supervisory capacity is hampered by the requirements of his limited license. The lack of a senior medical/nursing clinician who can function fully in a supervisory leadership capacity continues to be problematic in retention and recruitment of staff.	8/7/03- 1. Dr. Sziebert will continue to provide services to all SCC residents. 2. Dr. Sziebert has provided sound psychiatric services to all SCC residents. 3. Dr. Sziebert does not function in a supervisory capacity. He provides valuable consultative services to medical, nursing, clinical and residential staff.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

Interim inspection comments regarding Staff psychiatrist (continued):
During the course of the interim inspection, we became aware that a SCC RN who recently left the facility has filed a formal complaint with the DSHS Office of Risk Management. One issue cited in this complaint is of unprofessional behavior by Dr Szeibert towards female medical and nursing staff. It is our understanding that an investigation into these complaints is currently underway. This unfortunate situation further speaks to the need to recruit a senior clinician to formally direct and supervise overall medical/nursing care at SCC.

SCC Response 8/7/03-
These comments pertaining to alleged "unprofessional behavior" on the part of the SCC psychiatrist inappropriately revealed confidential and unsubstantiated information. The IOC Team did not verify these concerns with administrative staff before reporting unsubstantiated information.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

1A-6. Clinical Supervision, General	IOC Team Comments and Concerns	SCC Response
	Integration of medical/psychiatric care into clinical teams is poorly documented. Nursing staff do not attend clinical meetings and psychiatrist does. **IOC INTERIM REVIEW 5/2003** As is evident from POC, the strategy for incorporating medical representation into clinical teams (or sub-teams) is still evolving. Dr Szeibert indicated that he does not routinely attend all of the clinical team meetings- but stated that there are other forums more appropriate for medical/psychiatric input. The nurses generally do no attend the meetings. Minutes have not been taken recently at medical team meetings, so it is difficult to tell how much is reported back to nursing staff by MD from clinical team meetings. Nursing staffing numbers are once again low. The clinical chart generally does not reflect active integration of medical/psychiatric perspective into care plan.	Nursing staff will be assigned to clinical team meeting weekly; psychiatrist will attend weekly. 3/11/03- 1. Suggest modification as follows: Medical representation will occur at weekly clinical team meetings. 4/2/03- 1. Medical staff attend regular weekly meetings and afterwards debriefs clinic staff. 2. Minutes and/or attendance sheets are completed on a weekly basis. 4/18/03- 1. Beginning with 1st and 3rd Thursdays, every other week MDs, RNs and LPNs will conduct regular reviews of clinical issues reported to the group by the MD who attends regular clinical meetings. This will further the integration of care to evaluate outcomes. 8/7/03- 1. Nurses do not attend due to workload responsibilities. The SCC psychiatrist regularly attends clinical staff meetings and reports issues specific to nursing staff back to clinic staff. 2. SCC is fully staffed with RNs and LPNs. 3. Nursing staff provide coverage 16 hours per day x seven days per week. 4. 4. The IOC Team did not specifically ask to review integration of medical and psychiatric services nor did the IOC Team review these concerns with administrative staff to verify the concern.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

1B – 1. Clinical Staff Qualifications	IOC Team Comments and Concerns	SCC Response
	MICC nursing in –services are not attended by SCC. SCC contract nurses are not included in SCC sex offender training **IOC INTERIM REVIEW 5/2003**: This showed marked improvement especially between September and March, with multiple documented nursing inservices were conducted every month. Topics included general nursing (e.g. use of new EKG machine), relevant medical (e.g. Hepatitis C), psychiatric (personality disorders impact on physical illness), and offender-specific (boundaries) issues. Handouts were provided and attendance documented. Offender specific inservices are scheduled to continue monthly.	Nursing staff, including contractors, will be notified of and asked to attend SCC sponsored continuing education. SCC nurses will be assigned to MICC in-services. Attendance will be documented. Relevant sex-offender specific issues will be covered in SCC medical team in services. 3/11/03- 1. SCC nurses attended Nursing Competency in December 2002. 2. Clinical department to offer consultative services regarding safety and boundary issues to SCC contract nurses. 4/2/03- 1. A calendar will be developed for nursing education offerings. a. inappropriate behavior

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

		4/18/03- 2. Nursing staff attended IV inservice, EKG reading class, and conducted further training in "emergency procedures." 3. Nursing staff attended Henry Richards "sex offender" inservice 4. Clinical and Medical staff have developed a list of topics to be presented on a monthly basis by clinical staff to clinic staff. a. May: Boundary Issues with Sex Offenders b. June: Setting Limits with inappropriate behavior b. July: Cognitive distortions and Sex Offenders c. August: Paraphilias that can be acted out in the medical setting d. September: Psychopathy and treatment settings. e. Etc……. 8/7/03- 1. SCC continues to provide nursing staff with on-going staff development training, continuing nursing education opportunities and offender-specific in-services each month.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

1D – 1. Consistency	IOC Team Comments and Concerns	SCC Response
	There is a common format being applied across program. However, the new format now in use with specific domains identified does not appear to have improved the quality of treatment plans. Instead of simplifying the process, it seems to have confused the staff writing plans. **IOC INTERIM REVIEW 5/03** **See below**	The treatment domains format was developed to ensure documented considerations of multiple facets of each resident. This format is part of the Treatment Plan Module in the centralized database program now being developed. Medical portion to be operational by February 2003, clinical by May 2003, residential by May 2003. By January 31, 2003 all clinical staff will receive further training in the use of this format including the need for specificity and timeframes. The centralized database will be accessible from all networked PC's thus facilitating record keeping, including treatment plan writing. Additionally, all treatment plans will be phase specific requiring updating rather than rewriting each trimester during a given phase. 3/11/03- 1. The medical problem list is under development. 2. The medical/psychiatric section will be operational by 4/03 3. The Clinical/Residential database will be online by 6/03.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

		4/2/03- 1. Medical Problem list is completed. 2. Medical reports now print out. 3. More than 100 progress notes have been entered into the DB. 4. The SCC Team DB is on Target. The data model is under development. 5. Phase goals have consistent outcome measures. 6. IT presentation of 10 resident demos a. Coryell Caseload b. Spizman to present c. How to tie phase goals to DB d. Provide education regarding how DB works and will/is used for residents e. Staff more comfortable with DB Treatment Plan when writing to it. 7. DB system- a. Phases 1-6 have same ID b. Special Needs phases – ID#'s 7-12 in DB 4/18/03- 1. Dr. Sziebert to demonstrate the Coryell caseload and integration of electronic database to the IOC Team. 2. "Education/vocation" and "medical/psychiatry" tabs added to electronic treatment plan template. 8/7/03- 1. SCC continues to maintain consistency in quality of treatment plans.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

Please Note: While we did receive a demonstration of the electronic database and the expected method of "charting". It was clearly far from finished and has a number of problems yet to be worked out. It seemed to us it was quite complicated and would probably require a good deal of training to use. Certainly once implemented it would make charting, etc., much more consistent. One feature demonstrated required having to "click" on a treatment plan goal before an entry could take place. While this is a good idea to facilitate goal-oriented charting, the issue at hand continues to be charting regularly to the treatment plan goals so an individual's progress can be tracked. It seems to us, if staff members have problems charting the required number of times each month now, using the treatment plan goals, just adding a data-base method will no altogether solve the problem. Individuals will still need to be taught what they need to do and encouraged to chart according to requirements.

SCC Response 8/7/03-

1. The purpose of demonstrating the prototype electronic record-keeping system to the IOC Team was provide the IOC Team with a glimpse of the new resident-centered database conversion project. Until the conversion is completed, SCC continues to operate with a combination of medical database information and traditional paper charts. SCC provided the IOC Team with a demonstration of the database utilizing data from 10 specific residents on one Forensic Therapist's caseload. The IOC Team was informed that implementation of the database project was expected to occur around the end of 2003.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

Section II
Treatment Components and Measures of Progress

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

2C – 1. Treatment Plans	IOC Comments and Concerns	SCC Response
	See 1D above. There is inconsistency in the current practice of treatment plan writing. An earlier format appeared to provide a better "blueprint" structuring interventions. Also few plans refer to vocational needs even at the later phases. **IOC INTERIM REVIEW 5/03** The treatment plan format seems to be more universally used by all staff at present.	See response to 1 – D1. Vocational goals will be established (in charts) by January 1, 2003 for all phase 5 and 6 residents. Vocational goals will be added where indicated to remaining treatment plans by start of Trimester 2003. 3/11/03- 1. Vocational goals will be developed and inserted into all phase 5 and phase 6 resident treatment plans by 4/1/03. 4/2/03- 1. All but 2 of 10 goals have been completed 2. Reports have been written a. sent to the charts b. TP template has VOC goals attached c. Copies sent to FT's d. Separate voc goal binders will be prepared for Phase 5 & 6 residents e. New Phase 5 residents will have new voc goals. 4/18/03- 1. Vocational goals have been written and filed into charts for all Phase 5 & 6 residents. 8/7/03- 1. SCC continues to require that all clinical staff utilize the approved Treatment Plan Format.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

2D-2. Goals and Progress	IOC Comments and Concerns	SCC Response
	Some residents identify being kept informed about their progress, asked to participate in their treatment plans and participate in team meetings. Others are not asked to participate in plans or meetings. Progress notes continue to be non-goal or problem oriented. We noted often charting was occurring on forms with problems/goals pretyped, in many cases the goal was not from the current treatment plan. **IOC INTERIM INTERVIEW 5/03** We reviewed 22 charts/records that were randomly selected for the committee before our arrival. (A statistical random selection.)	Monthly audits of charts (10%) with feedback to all clinical and residential staff begins December 2002. Review will look at treatment plan and progress notes. Pre-printed documents will be discontinued October 30, 2002. Residents now sign treatment plans as indication of participation. The new database will assure linkage of problems (goals) to progress notes. Phase goals and status of phase goals will be clearly documented in the clinical database. 3/11/03- 1. Based upon random chart audits, FT goal-based charting is increasing in frequency and content. FT supervisors are monitoring FT compliance. 2. Effective 4/03, the treatment team structure will be modified from FT-based to a unit-based model. This structure will 1) increase frequency and content of residential goal-based charting, and 2) promote residential staff participation in the IDT process. 8/7/03- 1. It is important for continuity of delivery of treatment that staff document specific incidents involving residents. The proper place to document that information is in the progress note section of the chart. 2. This "Goals and Progress" standard requires documentation of relevant events in the life of a resident. 3. Residential staff are trained to document both goal-based and non-goal based issues in the progress note section of the chart.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

Section III Treatment Environment

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

3A – 1. Living Accommodations	IOC Comments and Concerns	SCC Response
	Living accommodations are marginally adequate. Nevertheless, the rooms are barely adequate for personal space and storage of possessions. Rooms are frequently cluttered with flammable material used to store possessions. **IOC INTERIM REVIEW 5/03** At the time of the visit, rooms were less cluttered. Inspections to ensure compliance are occurring more frequently. Staff spoke to the difficulty of setting limits at this point as to what residents can have because they have accumulated so much. It is anticipated, when the new facility it opened, there will be more space and what residents accumulate will be more closely monitored thereby reducing the safety and fire hazard.	SCC will develop "Room Standards" with input from Safety, Fire Marshall and residents by February 15, 2003. Safety room checks will be increased to five per shift, per week, with random audits of checked rooms. 3/11/03- 1. Generally on target 2. Off target on removal of accumulation R/T inconsistency between property matrix and Resident Handbook-approved property list. Reconciliation underway. 4/2/03- 1. Issue is size of room 2. cardboard boxes need to be broken down 3. Annual fire inspection 7/02 4. Audit of inspections reflects general compliance 4/18/03- 1. Residential management has reduced the frequency of random safety room checks to five per week facility-wide. 8/7/03- 1. The IOC Team did not follow up with an interview with the SCC Safety Officer or Residential Care Manager to verify the accuracy of these statements. 2. SCC consistently enforces the property matrix policy and limits quantities of personal possessions to ensure safety and lack of clutter. 3. Random fire safety room checks occur on a regular basis to ensure there are no safety or fire hazards in the living unit.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

3A – 5. Service Availability	IOC Comments and Concerns	SCC Response
	Vocational training is very limited. Work opportunities are being scrutinized for relevance and necessity. The professional vocational expert is currently analyzing all resident jobs to determine therapeutic value and economic justification. **IOC INTERIM REVIEW 5/03** From our review of the records, a vocational goal is now present almost all individual treatment plans. Efforts are in place to create additional jobs. We are told when the new facility is open; it will be easy to provide better vocational training.	Completed program description September 15, 2002. Vocational Manager will complete review of resident work and training programs by January 1, 2003. Review with SCC Advisory Board and Governing Body, implement changes April 2003. 3/11/03- 1. On target 2. Resident jobs are being reorganized to more evenly distribute to residents who don't have a job but are interested in working. 3. Assessment of pre-vocational skills for special needs residents will begin 4/03. 4/2/03- 1. On target 2. Jim, Vince and Tom to meet 4/3 & 4/4 re special needs 3. Voc mgr to prepare packets containing: a. Voc pgm. reorg. b. Announcements c. Analysis of hours d. RAC meeting minutes re voc. e. Progress notes f. Resident evals. by voc staff 4/18/03- 1. On target 8/7/03- 1. SCC has developed a vocational training program that has recently been updated. 2. Residents have greater opportunity to participate in vocational training. 3. More residents now can apply for vocationally oriented jobs.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

3D – 1. Policies and Rules	IOC Comments and Concerns	SCC Response
	RA complains about Administrative Review process. **IOC INTERIM REVIEW 5/03** The grievance procedure is currently being applied as per policy. However, this is still an unresolved area for some residents. That will probably always be the case. This is an area we will continue to monitor for continuing compliance.	Review AR hearing process by February 1, 2003. Review proposed process improvement with RA and RAC, implement improvements May 2003. Grievance policy review and revision completed by December 1, 2002. 3/11/03- 1. The administrative review hearing process was reviewed. 2. By 4/03, associate superintendent to meet with resident advocate to identify if there continues to be a perceived problem with the administrative review hearing process. 4/2/03- 1. Associate superintendent to meet with resident advocate to verify no further concerns with integrity of ARH process. 4/18/03- 1. Desk audit completed. 2. Results to be forwarded within 30 days. 8/7/03- 1. Due to the nature of the population served, dissatisfaction with the resident grievance system is expected to continue. 2. Quarterly analysis of the grievance system demonstrates the system is fair impartial. 3. Grievances and appeals are consistently responded to in a timely manner.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

Section IIIa
Treatment Environment: Medical Services

3aB – 1. Availability	IOC Comments and Concerns	SCC Response

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

	Inadequate staffing over past year continues to be most obviously reflected in incomplete medical/nursing records and lack of involvement of nursing staff in treatment planning. **IOC INTERIM REVIEW 5/2003** Recruitment and retention of qualified nursing staff continues to be a significant problem. The RN4 (who had planned to take over a senior nurse manager) decided not to take the position only 2 days after our on-site visit. The RN3 with most longevity at SCC recently left and filed formal complaint regarding medical administrative structure and staff psychiatrist. The contract ARNP who had provided excellent clinical leadership over past 9 months has decided to no longer work at SCC. At time of visit, a PA who lives on the island had been hired on contract basis to take over clinical patient care duties from the departing ARNP, and 2 LPN's are also on staff. More senior and supervising nurses still need to be recruited.	Extend nursing care to 7 days by May 1, 2003. Structure of medical database will contain timelines and documentation for assessments and services by nursing staff. 3/11/03- 1. SCC nursing currently provides coverage 16 hrs x 5 days per week. 2. By 5/1/03, RN4 to be hired to provide managerial nursing oversight. 3. Then an additional RN2 will be hired to increase nursing coverage to 16 hrs x 7 days a week. 4/2/03- 1. Hiring of RN (nurse manager) in final stages of completion. 4/18/03- 1. RN4 has been hired and will begin full time beginning May 16, 2003. 2. 24/7 nursing will be achieved immediately prior to move to new facility 2/04. 3. Medical OAS has been hired to provide office support in medical clinic. 8/7/03- 1. The RN3 who had planned to take over the senior nurse manager position left the organization. 2. The nurse supervision position has been filled.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

3aE - 1. Records	IOC Comments and Concerns	SCC Response
	Charts are incomplete in numerous respects. Psychiatric med changes frequently ordered without accompanying chart notes. **IOC INTERIM REVIEW 5/2003** Charts are in the midst of transition between paper and electronic versions, making information currently somewhat difficult to track. Problem lists on each patient are written in computer chart and medications and notes are tied to the problem list in computer chart for those using electronic charting. Medical/nursing staff is currently being trained to use the computer chart and actually use to it to varying extents. Immunization results are not well documented in paper chart. Some can be found in notebook in the clinic. However, PPD results were consolidated in computer but were unable to be located upon request. Formal medical/psychiatric treatment plans that appear in clinical and medical charts are so generic that they are uninformative and do not appear to have been updated. A system needs to be established to track annual compliance with movement disorder testing for residents on antipsychotic medications as this documentation is again lacking.	Chart note will be written for all med changes. Medical problem list will be audited bimonthly. Migrate to electronic record March 2003. 3/11/03- 1. On target 2. Resident medical problem list is now current 4/2/03- 1. On target 4/18/03- 1. Psychiatric/Medical problem list is complete 2. Medical progress notes are now being entered into electronic database. 8/7/03- 1. The SCC record keeping system adequately tracks developments in each resident's life. 2. Immunization results and PPD results are current and are available for inspection. 3. Monitoring for movement disorder is part of the Problem Task List and is scheduled on a recurrent basis for all residents taking anti-psychotic medications. 4. The surveyor did not ask to see the problem task list and did not ask staff to show how movement disorders are tracked.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

3aG – 1. Technical Support	IOC Comments and Concerns	SCC Response
	There is currently a vacancy in position of medical records support person at SCC. The medical records are not as well kept as previously, likely reflecting this vacancy. **INTERIM IOC REPORT 5/03** It appears that as an institution, SCC is recognizing the complexity and importance of maintaining medical records. Current medical OAS is new on the job and duties are currently being defined.	Fill the records technician position by January 15, 2003. HRD now receiving duties to determine occupational class. Electronic record March 2003. 3/11/03- 1. Off target but moving in that direction 4/2/03- 1. RCM will have position filled at least temporarily by 5/1/03. 4/18/03- 1. Medical OAS has been hired 2. Institution plan is being developed for Medical Records Management Function. 3. SCC is currently developing a plan for move to new facility while managing current functionality of medical records. 8/7/03- 1. The medical OAS position has been filled and the duties have been assigned. 2. SCC continues to maintain accurate and up-to-date medical records.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

3aH-1. Psychiatric Assessment and treatment is determined upon admission	**IOC Comments and Concerns** On the two medical charts reviewed for new admits, treatment plans had not been completed. Medical and psychiatric assessments had been done but documentation was a bit confusing. **IOC INTERIM REVIEW 5/2003** The documented medical and psychiatric assessments on new patients continue to be extremely brief, although at least a nursing assessment and brief psychiatric interview appear to have been performed. Formal history and physical and formal medical/psychiatric treatment plans were not in charts on new patients.	**SCC Response** Medical team revised intake assessment process in October 2002. New admits are now required to be seen within 24 hours and a note made of initial assessment data. Migrate admission medical data to electronic record by March 2003. Documentation of refusal of care and missed appointments has begun. 3/11/03- 1. Completion of the medical database is on target. 2. The SCC psychiatrist promptly sees new residents with psychiatric needs. 3. For residents with no significant psychiatric need, RN sees the resident within 24 hours of arrival. And the psychiatrist meets the new resident within 1-2 days. 4. The SCC RN obtains information from the last institution 5. Medical intakes are completed within 1 week. 4/2/03- 1. If a new resident has a significant psychiatric need, the SCC psychiatrist meets with the resident within 24 hours.

		4/18/03- 1. Intake notes are written based on available resident history from DOC. 2. A review of DOC records occurs when the paperwork arrives- typically after the initial intake assessment is completed. This additional review is performed to verify resident self-reported information. 3. OBITS Stream (DOC database resident information) will soon interact electronically with SCC database. 8/7/03- 1. Medical and psychiatric assessments are routinely completed on new residents and are present in charts. 2. Nursing assessment and psychiatric interviews are routinely performed on all new residents.

3aH – 2. Psychiatric services are systematic and integrated into program-wide treatment provision	**IOC Comments and Concerns**	**SCC Response**
	Integration of psychiatric care into the rest of the treatment continues to leave much to be desired. Dr Siebert does not have an office in which he can see residents and does not hold a regular clinic. **IOC INTERIM 5/2003**: see previous comments re: integration into clinical teams.	See response to IA – 3 (page 1, POC).

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

3aH – 3. Psychiatric emergency response and follow-up are provided for acute behavioral problems	IOC Comments and Concerns	SCC Response
	Treatment plans do not satisfactorily incorporate individualized psychiatric plan. **INTERIM IOC REVIEW 5/03** Residents have problem lists in the computerized medical chart which do not yet appear in paper chart or in clinical chart. As not all staff is using the computerized chart at this time, it would be helpful to have these newly updated problem lists and psychiatric treatment plans (or task lists) more accessible to other providers by placing copies into paper records. Current medical/psychiatric treatment plans that appear in medical and clinical paper chart are so generic that they are uninformative. The computerized lists are much better.	Review and improve treatment plans for those with psychiatric component by December 1, 2002. 3/11/03- 1. For residents with significant psychiatric needs, a problem task list is completed and placed in the resident's psychiatric care plan. 2. The psychiatric problem task list is placed in the resident's record. 4/2/03- 1. Every resident-documented psychiatric problem has a psychiatric task list. 2. The psychiatric problem task list is appended in the resident's medical record and is usually found in the clinical treatment plan. 4/18/03- 1. On target 8/7/03- 1. The medical problem list has been converted to the database to allow for consistent and professional medical/nursing treatment for residents. 2. The electronic medical/psychiatric treatment plans are individualized and provide specific information on each resident.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

IIIa - Additional Comments	IOC Comments and Concerns	SCC Response
	Logistics of medical services to SCTF needs to be spelled out more explicitly. **Interim IOC 5/2003** These procedures have been carefully outlined and reviewed.	Revise current documents by December 15, 2002. Train SCTF and medical staff by January 1, 2003. 3/11/03- 1. On Target 2. SCTF staff have been trained and inserviced on logistics of medical services. 3. SCTF SOP book has been updated to include provision of medical services. 4/2/03- 1. On target 4/18/03- 1. SCTF manager reviewed procedures for provision of routine medical care with SCTF staff. 8/7/03- 1. On target.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

Section IV
Program Oversight

4B – 2. Resident Rights Advocate	IOC Comments and Concerns	SCC Response
	Criteria as stated is being met, however as previously stated the RA seems to feel he has less true access than he should. The letter of the criteria is met, the intent may not. **IOC INTERIM REVIEW 5/2003** From our review as well as discussion with the Resident Rights Advocate, there is a greater attempt to include him in the process and he believes responses to complaints are being handled in a more timely manner.	The Resident Advocate already meets with the Residential Care Manager and Associate Superintendent. We will hold a special meeting for Clinical Director, Associate Superintendent, Residential Care Manager, Resident Advocate, Superintendent and Resident Advocate supervisor to review his lack of job satisfaction by January 15, 2003. 3/11/03- 1. On Target 4/2/03- 1. The Associate Superintendent has met regularly with the Resident Advocate, has discussed the IOC comments and has resolved them during those meetings. 4/18/03- 1. Resident Advocate and Residential Care Manger meet weekly. 2. Associate Superintendent meets every other week with Resident Advocate. 3. Resident Advocate meets periodically with Clinical Director. 8/7/03- 1. The Residential Care Manager and the Associate Superintendent continue to periodically meet with the Resident Advocate to review issues. 2. The RA continues to participate in the RAC meetings, Administrative Review Hearings, etc.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

NEW FACILITY

During the Interim review we were able to tour the new facility. It is definitely a work in progress. The Facility Manager/developer provided the IOC Team with information about the layout and utilization of the new SCC structures. The new facility will provide SCC with the space and self-containment they have long needed. It appears to be state of the art and many more of the resident's treatment and personal needs can be attended to. Overall, we were impressed.

Please note: We are concerned that the professional therapist staff will not have offices on the individual units, but rather be off unit. They will be closer than at present, be nevertheless not on the unit. When we first visited the program in 1999, we discussed the fact that at that time most Forensic Therapists had offices away from the unit and their resident clients. We recommended where possible, FT offices in particular, be moved to the unit where their residents resided. Subsequently, efforts were made to comply with our recommendation and offices were located on the units where it was possible.

In the new facility the plans as outlined seem to be returning to the pre1999 status. Given the fact that the RRC staff continue to feel distant from the professional team, the plan to place FT's again away from the unit does not seem to work toward team building and working together. At this point, we don't know whether the plans allow for change or not, but we continue to believe that it is very important that the resident's primary therapist has his or her office on the unit. This makes that person more available to unit staff for meeting, consultation, etc. We hope our recommendation will be given due consideration and accommodations made.

IOC SURVEYS TO COME

Given that the new facility is due to open near the end of the year, we wonder if it would not be more appropriate to consider a modification of the process. Instead of a full survey in November 2003, perhaps we could do another partial survey and then after the new facility is in place, do a full survey in the Spring 2004. Otherwise, if we have only the usual 2 days next Spring we will not be able to adequately inspect the new facility and how it is functioning. We would like to consult with SCC management in regards to accommodating to their needs and at the same time providing the best possible service to the program.

SCC December 3, 2002 Plan of Correction (POC)

POC Implementation Status Summary

Interim 5/15/03– 5/16/03 IOC Review and 8/7/03 SCC Response

SCC Response 8/7/03-

1. Forensic therapist offices are located in the same building as the residential units. Forensic therapists will only have to open one door to access the unit and their caseload. Forensic therapy offices were specifically situated as close to residents as possible to facilitate accessibility.
2. Forensic therapists are team leaders with residential staff. Mini teams periodically meet to review resident-specific issues. Residential staff have been assigned a specific caseload of residents who reside in the residential staff assignment areas. Residential staff actively participate in team meetings, and mid-trimester and trimester reviews.