QUALITY IMPROVEMENT PROGRAM
REPORT
FOR

Miami Bridge Youth and Family Services
Homestead/ South Dade

326 NW 3rd Avenue
Homestead, FL 33030
(Local Service Provider)

Review Date(s):
March 20-21, 2012

CINS/FINS Rating Profile

Program Name:	**Miami Bridge Homestead Shelter**	QA Program Code:	**1155**
Provider Name:	**Miami Bridge Youth and Family Services Inc.**	*Contract Number:*	***V2021***
Location:	**326 NW 3rd Avenue, Homestead, FL 33030**	Number of Beds:	**20**
Review Date(s):	**March 20-21, 2012**	Lead Reviewer Code:	**Marcia Tavares**

Indicator Ratings

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	Satisfactory
1.02	Provision of an Abuse Free Environment	Satisfactory
1.03	Incident Reporting	Satisfactory
1.04	Training Requirements	Limited
1.05	Interagency Agreements and Outreach	Satisfactory
1.06	Disaster Planning	Satisfactory
% Indicators Rated Satisfactory Compliance:		**83%**
% Indicators Rated Limited Compliance:		**17%**
% Indicators Rated Failed Compliance:		**0%**

3. Shelter Care/Health Services		
3.01	Shelter Care Requirements	Satisfactory
3.02	Healthcare Admission Screening	Satisfactory
3.03	Suicide Prevention	Satisfactory
3.04	Medications	Satisfactory
3.05	Medical/Mental Health Alert Process	Satisfactory
3.06	Episodic/Emergency Care	Satisfactory
% Indicators Rated Satisfactory Compliance:		**100%**
% Indicators Rated Limited Compliance:		**0%**
% Indicators Rated Failed Compliance:		**0%**

2. Intervention and Case Management		
2.01	Screening and Intake	Satisfactory
2.02	Psychosocial Assessment	Satisfactory
2.03	Case/Service Plan	Limited
2.04	Case Management and Service Delivery	Satisfactory
2.05	Counseling Services	Satisfactory
2.06	Adjudication/Petition Process	Satisfactory
% Indicators Rated Satisfactory Compliance:		**83%**
% Indicators Rated Limited Compliance:		**17%**
% Indicators Rated Failed Compliance:		**0%**

Overall Rating Summary

Satisfactory Compliance: 89%
Limited Compliance: 11%
Failed Compliance: 0%

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2011).

Persons Interviewed

- ☒ Program Director
- ☐ DJJ Monitor
- ☐ DHA or designee
- ☐ DMHA or designee
- 1 # Case Managers
- 3 # Clinical Staff
- ____ # Food Service Personnel
- ____ # Healthcare Staff
- ____ # Maintenance Personnel
- 3 # Program Supervisors
- 2 # Other (listed by title): **Shift Leaders and 3 YAWs**

Documents Reviewed

- ☐ Accreditation Reports
- ☒ Affidavit of Good Moral Character
- ☒ CCC Reports
- ☐ Confinement Reports
- ☒ Continuity of Operation Plan
- ☒ Contract Monitoring Reports
- ☐ Contract Scope of Services
- ☒ Egress Plans
- ☐ Escape Notification/Logs
- ☐ Exposure Control Plan
- ☒ Fire Drill Log
- ☒ Fire Inspection Report
- ☒ Fire Prevention Plan
- ☒ Grievance Process/Records
- ☐ Key Control Log
- ☒ Logbooks
- ☒ Medical and Mental Health Alerts
- ☐ PAR Reports
- ☒ Precautionary Observation Logs
- ☐ Program Schedules
- ☐ Sick Call Logs
- ☐ Supplemental Contracts
- ☒ Table of Organization
- ☐ Telephone Logs
- ☐ Vehicle Inspection Reports
- ☐ Visitation Logs
- ☒ Youth Handbook
- 3 # Health Records
- 3 # MH/SA Records
- 11 # Personnel Records
- 6 # Training Records/CORE
- 3 # Youth Records (Closed)
- 6 # Youth Records (Open)
- 0 # Other: ____

Surveys

- 3 # Youth
- 3 # Direct Care Staff
- 0 # Other: ____

Observations During Review

- ☐ Admissions
- ☐ Confinement
- ☒ Facility and Grounds
- ☒ First Aid Kit(s)
- ☐ Group
- ☒ Meals
- ☐ Medical Clinic
- ☒ Medication Administration
- ☒ Posting of Abuse Hotline
- ☒ Program Activities
- ☒ Recreation
- ☐ Searches
- ☐ Security Video Tapes
- ☐ Sick Call
- ☐ Social Skill Modeling by Staff
- ☐ Staff Interactions with Youth
- ☐ Staff Supervision of Youth
- ☐ Tool Inventory and Storage
- ☒ Toxic Item Inventory and Storage
- ☐ Transition/Exit Conferences
- ☒ Treatment Team Meetings
- ☐ Use of Mechanical Restraints
- ☐ Youth Movement and Counts

Comments

Items not marked were either not applicable or not available for review.

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team

The Florida Network and the Bureau of Quality Improvement wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Marcia Tavares, Lead Reviewer, Consultant, Forefront LLC
Tom Mahoney, QI Review Specialist, DJJ Bureau of Quality Improvement
Marie Boswell, Delinquency Prevention Specialist, Office of Prevention and Victim Services
Angela Kemmer, Counseling Services Coordinator, Florida Keys Children's Shelter

Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at http://www.djj.state.fl.us/QA/index.html.

Strengths and Innovative Approaches

Miami Bridge Homestead Shelter (Homestead) is a Child in Need of Services and Family in Need of Services (CINS/FINS) program operated by Miami Bridge Youth and Family Services, Inc (Miami Bridge). The program is sub-contracted through the Florida Network of Youth and Family Services (Florida Network), contract number V2021. The program has a central office and shelter located in North Miami, Florida, and a south shelter located in Homestead, in southern Miami-Dade County. The current agency leadership structure consists of the Board of Directors, Executive Director, Chief Compliance Officer, Director Administrative Services, and Clinical Supervisor that is responsible for the clinical supervision of the programs. The program serves male and female youth between the ages of ten to seventeen years that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The program provides a full range of residential and non-residential services designed to maintain family structure, reduce truancy, as well as prevent and reduce the number of children that enter the Department of Juvenile Justice (DJJ) and the Department of Children and Families (DCF). An array of residential services is provided that include education, recreation, counseling, referrals, and behavior management components. The non-residential services consist of individual and family counseling and case management services. The program is a designated Safe Place, located within easy access off US-1, the main road of Miami-Dade County, and all major bus lines, and operates for services twenty-four hours a day, seven days a week.

Standard 1: Management Accountability

Overview

The Homestead program provides shelter and non- residential services for youth and their families in South Dade County. The Homestead Shelter management team includes a Director of Shelter Services as well as a Program Operations Manager who oversee the program operations and the management of the program's service delivery. At the time of review, the Annual Staff Roster dated 3/13/2012 shows a total of nine Youth Activity Workers (YAW), two Counselors, a Food Specialist, and a Recreation Specialist. The program had a Health Care Specialist and a Counselor position vacant. The Department of Children and Families has licensed Homestead as a Contracted Emergency Shelter, with the current license in effect until February 28, 2013.

The program provides orientation training to all personnel using a standard orientation format followed by on the job training. Each employee has a separate training file containing a training plan and corroborating documentation for training received. Annual training is tracked according to the employee's date of hire. The program provides training through a combination of resources and instructor-led courses.

The Florida Network approved the program's Emergency Disaster Plan for FY 2011-2012, that was updated on July 11, 2011. The shelter program participates in the Universal Agreement Emergency Disaster Shelter.

1.01: Background Screening of Employees/Volunteers	Satisfactory Compliance

A total of eleven (11) applicable personnel files were reviewed for five (5) new staff that were hired since the last onsite QA review. The program utilizes volunteers but they do not meet the criteria for screening as they are supervised by staff and do not volunteer for more than ten hours monthly. All of the eleven employees reviewed received eligible screening results that were conducted by the Department of Juvenile Justice (DJJ) Background Screening Unit prior to hire. However, one employee who was eligible for a 5-year rescreening had a screening that expired on 12/2/11 and had not received a five-year rescreening from the Department of Juvenile Justice (DJJ) Background Screening Unit as of the date of the QI review.

In addition to the DJJ Background Screening, the provider also conducts annual local background screenings through Miami Dade County. Drug screenings are also conducted randomly.

The Annual Affidavit of Compliance with Good Moral Character Standards was completed and submitted to the DJJ Background Screening Unit prior to the January 31st deadline.

1.02: Provision of an Abuse Free Environment	Satisfactory Compliance

The program has a policy in place that addresses all elements of the indicator. In addition, the program has a comprehensive Code of Conduct policy which is included in the Employee Handbook that is provided to all new staff during orientation training. The Code of Conduct prohibits unruly, disruptive, abusive behavior by employees and outlines consequences taken by management. The Florida Abuse Hotline number is posted at various locations throughout the facility and youth are informed of these procedures during program orientation as well as in the Resident Handbook. There has not been any incident of discipline imposed toward staff at the program due to abuse. The program maintains a log of calls made to the Abuse Hotline; however, the log does not document the Abuse Report number that is assigned to the report. None of the three calls to the abuse hotline, documented in the program's log, involved incidents of youth being deprived of basic needs or abused by program staff. Although none of the youth survey indicated abuse by staff, one of the stated that staff is disrespectful, and two youth said they have heard staff use profanity when speaking with other youth. One youth also stated that she was unaware of the location of the Abuse Hotline numbers. The three staff surveyed said they have never witnessed another staff prohibit youth from calling the abuse hotline; one of the three staff have heard another staff use profanity in the presence of youth. One staff rated the working conditions in the shelter as fair during the past year.

1.03: Incident Reporting	Satisfactory Compliance

The program has written procedures for incident reporting documented in Policy # 1.02, Risk Management. The program maintains separate monthly files of all incidents reported, accepted, and incidents that are non-reportable. A total of fifteen incidents reported to the Central Communications Center (CCC) were reviewed. Fourteen of the incidents reviewed complied with the reporting requirements and procedures outlined in the Department of Juvenile Justice's policy, FAC, and agency procedures. However, staff neglected to notify CCC within the two hour timeframe required for one incident recorded as CCC # 201200193.

1.04: Training Requirements	Limited Compliance

The program has a written policy and procedures to address staff training and has developed an annual Training Plan and calendar for the provision of necessary training. However, a review of six training files, three first year and three ongoing direct care staff, did not demonstrate full adherence to the requirement of the indicator or to the agency's policy on staff training. The agency's policy requires that orientation and training forms be signed by both the staff and program supervisor; however, orientation and/or training forms included in four of the six training files reviewed were not signed by the staff or the supervisor. Also, Suicide Prevention training in another staff training file was signed only by the Program Coordinator but not the employee.

For first year staff, training files did not document eighty hours of training in two of the three files reviewed. The two staff had completed sixty-two (62) and fifty-eight (58) hours of training during the first year, respectively. Although two of the three ongoing staff training files documented training hours in excess of the 24 hours required annually, the third staff had only completed twelve of the twenty-four hours required during his training year.

The staff training plans do not document all of the training topics noted in the provider's Policy # 1.05 relative to first year training requirements. In addition, the files were lacking some of the training documentation to verify the provision of the topics during orientation such as Suicide Assessment and Prevention, Signs and Symptoms of Mental Health and Substance Abuse, Child Abuse and Incident Reporting Procedures, and Recognizing Mental Health and Substance Abuse Disorders. Also, Policy #1.03 requires that all staff receive training on the legal requirements related to reporting child abuse during orientation. However, four of the files do not document receipt of the training.

1.05: Interagency Agreements and Outreach	Satisfactory Compliance

The program maintains forty-eight interagency agreements and Memorandums of Agreement (MOUs) including schools served by the program, health, mental health, and substance abuse providers. All of the agreements reviewed had current contract/agreement dates. Per the agency's policy #2.04, outreach responsibilities are assigned to the CEO, Chief Officers, Program Supervisors, and Counselors. Outreach activities are documented on a regular basis; however, the documentation does not provide information on the targeted audience or topics presented.

1.06: Disaster Planning	Satisfactory Compliance

The program has a comprehensive Emergency Plan that was updated July 11, 2011 and was reviewed and approved by the Florida Network. The Emergency Response Plan includes all of the elements required by the indicator including notification procedures to the Florida Network and other funding agencies. The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies. A verification of emergency supplies was conducted during the visit; emergency supplies are maintained in the Intake Office and dry goods are stored in the pantry.

Standard 2: Intervention and Case Management

Overview

Miami Bridge Homestead is contracted to provide both shelter and non-residential services for youth and their families in South Miami Dade County. The program provides centralized intake and screening twenty-four hours per day, seven days per week, every day of the year. Trained staff are available to determine the immediate needs of the family and youth. The program completed psychosocial assessments and case service plans for all youth, provided case management services and counseling services, and referrals to local community agencies, as needed. In addition, the program completed case staffing meetings for any youth/family in need of services or treatment. Residential services, including individual, family, and group services, are provided. Case management and substance abuse prevention education are also offered. Aftercare planning includes referring youth to community resources, on- going counseling, and educational assistance. The shelter staff includes a Director of Residential Services and a Program Operations Manager. The non-residential component consists of a Clinical Supervisor, a Director of Community Based Services and two (2) counselors.

As needed, Homestead coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing Committee can also recommend the filing of a CINS Petition with the court.

2.01: Screening and Intake — Satisfactory Compliance

The program has written policy # 2.01 and procedures for the screening and intake services that are accessible twenty-four hours a day, seven days a week. All requirements for this indicator were consistently met without exception. All three residential and three non-residential files reviewed documented eligibility screening was completed within seven calendar days of the referral. Parents and youth receive a Client and Parent handbook which provides information about the agency, grievance procedure, explains rights and responsibilities, program information and rules, behavior management system, a 24-hour teen link hotline information reference, and important telephone numbers such as the abuse hotline and DJJ incident and complaint hotline number. They also receive brochures on available service options offered by the agency and a brochure on parent options for ungovernable children and possible actions occurring through involvement with CINS/FINS services. The brochure also includes information about the Case Staffing Committee, CINS Petition, and CINS Adjudication.

2.02: Psychosocial Assessment — Satisfactory Compliance

The program has written policy # 2.01 and procedures for the initiation and completion of psychosocial assessments in order to gather and analyze information for youth receiving services. All six files reviewed contained psychosocial assessment initiated within 72 hours of admission (residential) and within 2-3 face-to-face sessions (non-residential). All six Psychosocial Assessments were completed by a Bachelor's or Master's level staff and included a supervisor's review signature upon completion. They were all completed within satisfactory time limits and signed by the supervisor and staff upon completion.

One youth was identified as having an elevated risk of suicide as a result of the psychosocial assessment. The youth was immediately referred for an Assessment of Suicide Risk (ASR) under the direct supervision of a licensed Mental Health Professional who signed and dated the ASR.

2.03: Case/Service Plan	Limited Compliance

The program has written policy # 2.02 and procedures for the development of a case plan with the youth and family within seven (7) working days following the completion of the assessment as required by the indicator. The agency's policy requires that the following elements are included in the case plan: specific needs of the youth and family, timeframes for completion, person responsible, measurable objectives, and type, frequency, and location of services.

All three residential and three non-residential files reviewed documented a service plan was developed and dated but two of the six files case plans were not developed within seven working days of the Psychosocial Assessment. All six service plans included individualized and prioritized needs, and goals identified in the Psychosocial Assessment. However, one of the six plans reviewed was missing the actual completion date and two of the plans did not indicate a revised target date. Additionally, one of the plans was missing the type of service, location, person(s) responsible, and target date; two plans were missing the counselor's signature; and one plan was missing the supervisor's signature. Finally, two of the plans did not document a thirty-day service plan review, and one of the plans was also missing the 60-day review. All completed plans reflected appropriate services and participant signatures.

2.04: Case Management and Service Delivery	Satisfactory Compliance

The program has written policy # 2.03 and procedures to ensure that each youth is assigned a counselor/case manager who will follow the youth's case and assist in the delivery of services either directly or through referral. All six files reviewed documented a Counselor/Case Manager was assigned to the youth and documented delivery of services through direct provision of services or referral. All referrals for services were made as needed. The assigned staff coordinated service plan implementation, monitored the youth and family's progress in completion of services, provided support for families, and referred youth to the Case Staffing Committee as needed.

2.05: Counseling Services	Satisfactory Compliance

The program has written policy # 2.02 and procedures to address needs identified during the assessment process and ensure that youth/family receive individual and/or family counseling, and group counseling as needed. Agency policy indicates and delineates between counseling services available to youth and families in residential and non-residential services provided by the agency and through community referrals. The policy directs that the counseling services be coordinated, that individual files are maintained and chronological notes be kept. Furthermore, an internal process ensuring clinical review of staff is described.

All three residential and three non-residential files reviewed documented the youth and families received counseling services in accordance with the service plan. The non-residential program provides community based therapeutic services designed to intervene in crisis and stabilize the

family, keep the family intact, minimize out-of-home placement, provide after care for youth returning from shelter, and prevent involvement of youth/family in Dependency/Delinquency systems. Non-residential services are provided in the youth/family home, community, or office location.

The Counselors are able to provide individual and family counseling as needed. The case files demonstrate that youth were referred to outside providers for substance abuse and other types of services. Two of the non-residential youth were referred for mental health services but one of the youth and the parent denied services. The third non-residential youth was referred for substance abuse services but the parent declined the referral. All three residential youth received group counseling five days per week.

All six files documented the youth's presenting problems were addressed in the Psychosocial Assessment, in the initial service plan, and in the service plan reviews. Case notes were maintained for all counseling services provided and documented the youth's progress.

2.06: Adjudication/Petition Process	Satisfactory Compliance

The program has formal procedures documented for the case staffing process. The procedures address all elements of the indicator and require the case staffing to be held within seven days of the parent/guardian's request. However, the program does not have an established Case Staffing Committee or formal process for scheduling meetings on a regular basis. The only consistent case staffing committee participants documented are the provider staff and School Board representative. It was not possible to ascertain additional practice for this indicator since there has not been any formal requests made during the past six months for CINS Petition.

Standard 3: Shelter Care/Health Services

Overview

Homestead Shelter program provides temporary residential shelter care for male and female youth identified to be at-risk. The facility is currently licensed by DCF as an emergency shelter for twenty beds. The program has adequate space for all activities and is equipped with one dormitory for mal youth and one for female youth. The dormitories, kitchen, restrooms and common areas were clean. Each dormitory is further differentiated into Module A and Module B which is used to classify youth based on risk factors identified during intake. Youth are assigned lockers to store their personal belongings. Beds and lockers are numbered and youth are assigned to individual beds furnished with bed coverings and pillows. Youth have access to a large yard for outdoor activities. The program also has a Recreation Specialist who coordinates and conducts a wide variety of recreational and outreach activities for the youth.

All youth admitted to the program receive a copy of the Client and Parent Handbook and an orientation to the facility. The program provides individual, group and family counseling, as needed. Group sessions are conducted five times per week and include: anger management, substance abuse prevention, nutrition, life skills, and social skills. Youth also received formal on-site education from Miami-Dade County Public Schools teachers and tutorial services. The program encourages

family members to visit and to take part in the development of the youth's service plan. The program utilizes a variety of local medical facilities for emergency services. The shelter also admits

youth from the Department of Children and Families (DCF). The shelter is designated by the Florida Network to provide staff secure services and is not licensed under Chapter 397.

3.01: Shelter Care Requirements	Satisfactory Compliance

The program follows written procedures to ensure that practices are in place for proper orientation of youth admitted into the program. A review of youth individual case files confirmed that youth receive a comprehensive orientation within twenty-four hours of admission, along with "Youth Rights" information and the formal grievance procedure.

Grievance forms are accessible to youth in clearly marked boxes throughout the facility. The formal grievance procedure is also mounted on a board in a main hallway in the facility. A review of seven youth grievances revealed that they were all resolved successfully within 72 hours by the supervisor; each grievance is signed by all parties, and checked as resolved.

A random audit of evening bed checks over a two week period confirmed that bed checks were conducted and documented every 15 minutes during sleep hours.

The program has policy and procedures for "Staff Secure Services" although the staff secure bed had not been utilized since the last Quality Improvement review.

The program had a detailed policy and procedure for use of force and proper documentation for Crisis Intervention Techniques (CIT). The program had no instances of use of force during the review period.

3.02: Healthcare Admission Screening	Satisfactory Compliance

The program has a policy and procedures for the Healthcare Admissions Screening (Physical Health Screening). A review of the current procedure included all the elements required in the indicator.

A review of six individual case files, three residential and three non-residential, found that in all cases reviewed, the program completed a CINS/FINS Intake Assessment form that included all of the requirements of the indicator.

All applicable staff are trained on the Healthcare Admissions Screening form and the Suicide Risk Assessment tool during staff orientation.

3.03: Suicide Prevention	Satisfactory Compliance

The program has written policy and procedures related to "Mental Health Substance Abuse and Suicide Risk Screening" and "Suicide Assessment". A review of six individual case files and six medical/mental health files confirmed that the program screens youth for suicide risk in all cases at admission. Youth admitted to the program are initially screened using the CINS/FINS Intake Form. If a youth answers "yes" to any of the six questions pertaining to suicide risk on the CINS/FINS Intake form, staff will utilize the a full Assessment of Suicide Risk (ASR) which is completed by the program's

licensed Mental Health Counselor or a non-licensed mental health professional under the direct supervision of the licensed professional. The program's ASR was approved by the Florida Network July 28, 2011. Additional files were reviewed and youth who demonstrated a suicide risk were placed on the appropriate level of supervision.

3.04: Medications	Satisfactory Compliance

The program has written policy and procedures for the storage, access, inventory, distribution, documentation, and disposal of medications. The program's policy encompassed all the mandatory components of the indicator.

Observation confirmed that the program stored medication in the Healthcare Specialist office. Medications were maintained in a locked medication cart. On the first day of the review it was observed that controlled substances were not stored appropriately under two locked containers. On the following day, the medication cart was modified to include a double lock for all narcotic or controlled substances.

A review of four prescribed Psychotropic medications confirmed by visual count that the number of pills documented on the MDR matched exactly with the number of pills counted. The program did not have any medications that required refrigeration, although the program does maintain a special refrigerator available for medication storage only. The program has a list of staff approved to distribute medications to clients. However, due to inconsistent documentation, it was difficult to confirm that all applicable staff received the required training in Medication Distribution.

3.05: Medical/Mental Health Alert Process	Satisfactory Compliance

The program has written procedures for the medical and mental health alert process that ensures staff are made aware of a youth's medical and/or mental health condition. The program has a color coded alert system that is located in the Intake Office, documented in the program logbook and in the youth's individual case file.

A review of six individual youth files found that each applicable file contained a "youth alert system" form that included behavior, nutrition and medical alerts. However, a review of the program logbook revealed that staff are not consistently documenting a review of the previous shifts and the pertinent alerts.

3.06: Episodic/Emergency Care	Satisfactory Compliance

The program has written policy # 4.07 and procedures for Emergency Episodic Care. The procedures include a process for onsite and obtaining offsite emergency care.

The program maintains a log of emergency medical services provided; a total of six was documented during the last six months. Parental notification was evident on all six logs. A review of the program's emergency drill logs confirmed that the program consistently conducted fire drills on all shifts on a monthly basis, except for the third shift during the month of December 2011. Similarly, mock emergency drills were conducted consistently on each shift monthly.

A review of documentation revealed that the program uses Camillus House, Care Resource, and local hospitals for emergency medical care. Dental services are provided by local Dentists who

accept Medicaid. The agency's policy states that the program will establish formal interagency agreements with medical and dental providers. The medical agreement with Camillus House did not list provision of emergency medical services although the Executive Director stated that those types of referrals are accepted by Camillus House. There are also no current formal agreements with dental providers.

Observations confirmed the presence and location of seven knife-for-life and six first aid kits.

Review of staff training files did not confirm that all applicable staff received CPR/First Aid, Mental Health Substance Abuse, and Universal Precaution training.

Overall Rating Summary	
Satisfactory Compliance:	**89%**
Limited Compliance:	**11%**
Failed Compliance:	**0%**