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Statement of Deficiency

**BEHAVIORAL HEALTH CENTER
LICENSURE SURVEY
AUGUST 15-18, 2016**

**CENTER CENSUS: 505
Sample Size: 51**

Statement of Deficiency

(1) Based on documentation review and interview, the Center failed to ensure that at least one third of the human rights committee members shall be consumers and no more than one third shall be staff of the Center. Findings include:

(a) Review of the Center's current Human Rights Committee members revealed a total of nine (9) members: three (3) staff members, four (4) consumers, and two (2) community members. However, three (3) of the members (consumers) were patients of the Opioid Treatment Program and not consumers of the Behavioral Health Center.

(b) Interview on 08/17/16 at 9:30 a.m. with Staff A, Clinical Director confirmed that members from the Opioid Treatment Program are on the Behavioral Health Center's Human Rights Committee.

(c) The failure of the Center to ensure that at least one third of the committee members be consumers and not more than one third of the members be staff does not meet the intent of the regulation that at least one third of the committee members shall be consumers and no more than one third shall be staff of the Center.

Statement of Deficiency

(1) Based on documentation review and interview, the Center failed to ensure that the members have training in confidentiality in order to review client records. Findings include:

(a) Review of the Center's Human Rights Committee meeting minutes revealed no documented evidence that all attending members received training in confidentiality.

(b) Interview on 07/16/16 at 10:13 a.m. with Staff A, Clinical Supervisor confirmed that there were no signed confidentiality agreements for three (3) of the committee members.

(c) The Center's policy, Human Rights Committee (undated), states under the "Procedure" section: "All HRC (Human Rights Committee)members will be trained in patient confidentiality mandates..."

(d) The failure of the Center to ensure that all members of the Human Rights Committee have training in confidentiality as mandated by Center policy and state regulation does not meet the intent of the regulation that the Center ensure that the members have training in confidentiality, in order, to review client records.

Statement of Deficiency

(1) Based on observation and interview, the Center is not in compliance with Title III of the Americans with Disabilities (ADA) Act regarding designating an ADA bathroom at the Center. Findings include:

(a) Observation on 08/17/16 at 12:50 p.m. revealed the bathroom with the ADA designated sign on the first floor was viewed. The sign is on the wall by the door as one enters the bathroom. However, the bathroom was not in compliance with ADA requirements as the commode is a standard commode and there were no rails or bars as required.

(b) During interview on 08/17/16 at 12:50 p.m., Staff A, Clinic Supervisor acknowledged the above finding.

Statement of Deficiency

(1) Based on observation, documentation review and interview, the Center failed to ensure it is kept in good repair and maintained in a clean and safe condition. Findings include:

(a) Observation on 08/17/16 between 12:35 p.m. and 1:00 p.m. revealed the following:

(i) There was an approximately 10 foot by 6 foot area of blacktop that was sunken/depressed about an inch to two inches in the front parking lot. A lid denoting "sewage" was located in this sunken black top area. This area is next to a steep bank with a drop of over 15 feet. There was no guard here, but guards with chains were located on both sides of this area. Staff A, Clinical Supervisor acknowledged the guards were not in place and stated the paving company did not replace them.

(ii) The sign designating the area as tobacco free was down over the hill. Staff A, Clinical Supervisor acknowledged the sign had not been replaced.

(iii) Review of the Center's Monthly Safety Check documents for May, June and July 2016 noted the reviewer documented "Satisfactory" for "8. Parking Lot, Gates, Fences in Good Repair." The rating system was: S-Satisfactory, N-Needs Improvement, and I-Needs Immediate Attention.

(iv) Multiple cigarette butts were noted on the ground at the entrance of the front of the building.

(v) The eight (8) wooden steps leading to the second floor lobby from the parking lot did not have any strips or material to keep the wooden steps from becoming slippery when wet. Staff A, Clinical Supervisor acknowledged the condition of the wooden steps.

(vi) The carpet in the second floor lobby area of the older section of the building had multiple dark stains. Also, there was red tape across two (2) sections of carpet in the hallway by the furnace room. Staff A, Clinical Supervisor acknowledged the condition of the carpet.

(vii) A fan thick with dust was found on the floor on the first floor in the lab/office across from the Nurse Practitioner's office. Staff A, Clinical Supervisor acknowledged the condition of the fan.

(viii) In the employee's kitchenette, the microwave was observed to have dried colored debris at the top, sides and bottom of the unit. Staff A, Clinical Supervisor acknowledged the soiled condition of the microwave.