
Pennsylvania Department of Health
Inspection Results

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COVE FORGE BEHAVIORAL HEALTH SYSTEM AT WILLIAMSBURG

202 COVE FORGE ROAD
WILLIAMSBURG, PA 16693

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Survey conducted on 03/12/2015

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection conducted on March 10 - 12, 2015 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Cove Forge Behavioral Health System At Williamsburg was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection.

Plan of Correction

704.6(a) LICENSURE Clinical Supervisor Qualifications

704.6. Qualifications for the position of clinical supervisor. (a) A drug and alcohol treatment project shall have a full-time clinical supervisor for every eight full-time counselors or counselor assistants, or both.

Observations

Based on a review of the Staffing Requirements Facility Summary Report forms for all of the facilities within the drug and alcohol treatment project, the project failed to have a full-time clinical supervisor for every eight full-time counselors or counselor assistants, or both.

Plan of Correction

The Director of Quality Management, along with the Executive Director, will ensure there is one full-time clinical supervisor for every eight full-time counselors and counselor assistants. Caseloads will be redistributed by July 1, 2015 so that clinical supervisors who carry a caseload fall within the guidelines of chapter 704.6. Facility directors and clinical supervisors will be re-educated by the Quality Management Department on permissible case load sizes for each level of care.

The findings include:

The Staffing Requirements Facility Summary Report forms for the drug and alcohol treatment project's seventeen facilities were reviewed on March 2, 2015. The project employs a total of 106 full-time counselors and counselor assistants. This number of full-time counselors and counselor assistants would require a minimum of 13 full-time clinical supervisors. The project currently employs 8 full-time clinical supervisors, as of March 2, 2015.

Compliance will be accomplished by the facility director, along with the clinical supervisor(s), monitoring the number of full-time counselors vs. clinical supervisors on a quarterly basis.

The findings were reviewed with facility staff during the licensing process.

704.9(c) LICENSURE Supervised Period

704.9. Supervision of counselor assistant. (c) Supervised period. (1) A counselor assistant with a Master's Degree as set forth in 704.8 (a)(1) (relating to qualifications for the position of counselor assistant) may counsel clients only under the close supervision of a trained counselor or clinical supervisor for at least the first 3 months of employment. (2) A counselor assistant with a Bachelor's Degree as set forth in 704.8 (a)(2) may counsel clients only under the close supervision of a trained counselor or clinical supervisor for at least the first 6 months of employment. (3) A registered nurse as set forth in

704.8 (a)(3) may counsel clients only under the close supervision of a trained counselor or clinical supervisor for at least the first 6 months of employment. (4) A counselor assistant with an Associate Degree as set forth in 704.8 (a)(4) may counsel clients only under the close supervision of a trained counselor or clinical supervisor for at least the first 9 months of employment. (5) A counselor assistant with a high school diploma or GED equivalent as set forth in 704.8 (a)(5) may counsel clients only under the direct observation of a trained counselor or clinical supervisor for the first 3 months of employment. For the next 9 months, the counselor assistant may counsel clients only under the close supervision of a lead counselor or a clinical supervisor.

Observations

Based on a review of personnel records, the facility failed to document the required period of close supervision for one counselor assistant.

The findings include:

Five personnel records pertaining to newly hired counselor assistants were reviewed on March 10, 2015. These five personnel records were reviewed for documentation of close supervision. The facility failed to document the required period of close supervision for employee # 9.

Employee # 9 is a counselor assistant and was hired on August 18, 2014. Employee # 9 has a Bachelor's degree in a related field but does not have the one year of clinical experience required for the position of counselor. Employee # 9 is required to have six months of close supervision. The facility failed to document the required period of close supervision for employee # 9.

The findings were reviewed with facility staff during the licensing process.

704.11(c)(1) LICENSURE Mandatory Communicable Disease Training

704.11. Staff development program. (c) General training requirements. (1) Staff persons and volunteers shall receive a minimum of 6 hours of HIV/AIDS and at least 4 hours of tuberculosis, sexually transmitted diseases and other health related topics training using a Department approved curriculum. Counselors and counselor assistants shall complete the training within the first year of employment. All other staff shall complete the training within the first 2 years of employment.

Observations

Based on a review of the facility's Staffing Requirements Summary Report form, the facility failed to ensure that staff persons received a minimum of 6 hours of HIV/AIDS training and at least 4 hours of TB/STD training and other health related topics using a Department approved curriculum.

The findings include:

The facility's Staffing Requirements Summary Report form was reviewed on March 10, 2015. Eight employees listed on the Staffing Requirements Summary Report form did not have the required HIV/AIDS and TB/STD training.

Plan of Correction

Clinical Director will document weekly supervisions for Employee #9 until August 18th, 2015.

Employee #9 will then meet the requirements for "counselor".

Weekly supervision documentation will be monitored by the system's quality management department.

Quality management staff will review all new hire resumes and qualifications to ensure that the new hire meets the qualifications required to be a counselor/counselor assistant. Quality Management will also ensure that required supervision for the position is completed.

Plan of Correction

Staff persons will receive a minimum of 6 hours HIV/AIDS and at least 4 hours of TB/STD using a State Department approved curriculum. Counselors and counselor assistants will receive training within the first year of employment and all other staff shall complete the training within the first 2 years of employment.

Cove Forge has identified a trainer who will utilize the Department of Drug & Alcohol's curriculum to prepare education and training in these topics. The trainer will provide training for staff at Cove Forge BHS on a quarterly basis and/or as needed based on the number of new staff needing training.

Employee # 11 was hired as a counselor assistant on December 30, 2013. HIV/AIDS and TB/STD training was due to be completed no later than December 30, 2014. There was no documentation of HIV/AIDS and TB/STD training for employee # 11, as of March 10, 2015.

Employee # 12 was hired as support staff on February 11, 2013. HIV/AIDS and TB/STD training was due to be completed no later than February 13, 2015. There was no documentation of HIV/AIDS and TB/STD training for employee # 12, as of March 10, 2015.

Employee # 13 was hired as support staff on November 26, 2012. HIV/AIDS and TB/STD training was due to be completed no later than November 26, 2014. There was no documentation of HIV/AIDS and TB/STD training for employee # 13, as of March 10, 2015.

Employee # 14 was hired as support staff on May 11, 2011. HIV/AIDS and TB/STD training was due to be completed no later than May 11, 2013. There was no documentation of HIV/AIDS and TB/STD training for employee # 14, as of March 10, 2015.

Employee # 15 was hired as support staff on June 2, 2010. TB/STD training was due to be completed no later than June 2, 2012. There was no documentation of TB/STD training for employee # 15, as of March 10, 2015.

Employee # 16 was hired as support staff on September 11, 2012. HIV/AIDS and TB/STD training was due to be completed no later than September 11, 2014. There was no documentation of HIV/AIDS and TB/STD training for employee # 16, as of March 10, 2015.

Employee # 17 was hired as support staff on January 3, 2012. HIV/AIDS training was due to be completed no later than January 3, 2014. There was no documentation of HIV/AIDS training for employee # 17, as of March 10, 2015.

Employee # 18 was hired as support staff on June 3, 2011. HIV/AIDS training was due to be completed no later than June 3, 2013. There was no documentation of HIV/AIDS training for employee # 18, as of March 10, 2015.

The findings were reviewed with facility staff during the licensing process.

This is a repeat citation from the March 17 - 19, 2014

Cove Forge will strive to have the trainer prepared to begin educating staff by June 30th 2015.

The Nursing Director will be responsible for working with the identified staff to prepare the training materials and assist in finalizing the training plans.

Based on the surveyor's review of the current staff training requirements, eight employees did not have the required HIV/AIDS and TB/STD training.

HIV/AIDS training is being offered at Cove Forge on 4/21/15 and TB/STD training is being offered at Cove Forge on 4/27/15. The eight employees #'s11 through #18 have been registered for these trainings. Staff supervisors will be responsible for ensuring that these employees attend the training.

licensing inspection.

709.83(a) LICENSURE Client records

709.83. Client records. (a) There shall be a complete client record on an individual which includes information relative to the client's involvement with the project. This shall include, but not be limited to the following:

Observations

Based on a review of client records, the facility failed to document a complete client record on an individual which included information relative to the client's involvement with the project in four of five partial hospitalization client records.

The findings include:

Five partial hospitalization client records were reviewed on March 10 - 12, 2015. Five client records required documentation of a record of services provided. Three client records were closed and required documentation of a discharge summary. The facility failed to document a record of services provided in client records # 5, 8 and 9. The facility failed to document a discharge summary within one week after discharge in client records # 7, 8 and 9.

Client # 5 was admitted into treatment on January 12, 2015. Per review of the client's treatment plan and progress notes, the client was receiving individual and group counseling weekly. There was no documentation of a record of services provided in client record # 5.

Client # 7 was admitted into treatment on September 23, 2014 and discharged on October 16, 2014. A discharge summary was due to be completed no later than October 23, 2014. The discharge summary for client # 7 was not completed until December 1, 2014.

Client # 8 was admitted into treatment on October 11, 2014 and discharged on October 25, 2014. Per review of the client's treatment plan and progress notes, the client was receiving individual and group counseling weekly. There was no documentation of a record of services provided in client record # 8. A discharge summary was due to be completed no later than November 1, 2014. The discharge summary for client # 8 was not completed until March 10, 2015.

Client # 9 was admitted into treatment on December 18, 2014 and discharged on January 8, 2015. Per review of the client's treatment plan and progress notes, the client was receiving individual and group counseling weekly. There was no documentation of a record of services provided in client record # 9. A discharge summary was due to be completed no later than January 15, 2015. The discharge summary for client # 9 was not completed until March 10, 2015.

Plan of Correction

The Clinical Director and Assistant Director met with the clinical counseling department on March 13, 2015 and reviewed the findings of the review.

Clinical staff were re-educated on the need for every client to have a complete record of service and discharge summary in every chart.

A minimum of 10 charts will be reviewed by the Clinical Director and Assistant Director monthly for the next 6 months to ensure there is a Record of Service and it is completed thoroughly and accurately.

Counselor together with patient #5 completed the Record of Service.

The duration section of the Record of Service has been added to the EMR (electronic medical record).

The Clinical Director and Assistant Director will be responsible for monitoring patient records and counseling staff for delinquent discharge documentation

Since the implementation of the EMR, (electronic medical record) daily alerts will be sent to the counselors who do not have their discharge summaries completed within 7 days post discharge.

These alerts will be monitored by the Clinical Director as well as the Assistant Director on a daily basis for six months. They will prompt and counsel counselors who are not timely in completing the discharge summary.

The findings were reviewed with facility staff during the licensing process.

This is a repeat citation from the March 17 - 19, 2014 licensing inspection.

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COVE FORGE BEHAVIORAL HEALTH SYSTEM AT WILLIAMSBURG

202 COVE FORGE ROAD
WILLIAMSBURG, PA 16693

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Survey conducted on 07/21/2015

INITIAL COMMENTS

This report is a result of an on-site inspection conducted for the approval to use a narcotic agent, specifically buprenorphine, in the treatment of narcotic addiction. This inspection was conducted on July 21, 2015 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Cove Forge Behavioral Health System at Williamsburg was found not to be in compliance with the applicable chapters of 4 PA Code and 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection.

Plan of Correction

715.11 LICENSURE Confidentiality of patient records

A narcotic treatment program shall physically secure and maintain the confidentiality of all patient records in accordance with 42 CFR 2.22 (relating to notice to patients of Federal confidentiality requirements) and § 709.28 (relating to confidentiality).

Observations

Based on a review of patient records, the facility failed to obtain a written, informed and voluntary consent from the patient prior to the disclosure of information contained in the patient record in two of seven patient records.

Plan of Correction

All clients that come in with managed care insurance will sign consent for both the physical health and the behavioral health provider.

The findings include:

Responsible Staff:

Seven patient records were reviewed for written, informed and voluntary consents on July 21, 2015. The facility failed to obtain a written, informed and voluntary consent from the patient prior to disclosing information contained in client records # 5 and 6.

Admissions staff will obtain information on both providers prior to the admission of the client to Cove Forge.

Patient # 5 was admitted into treatment on June 2, 2015 and discharged on June 4, 2015. Information contained in the patient record was faxed to an insurance company for prescription authorization on June 3, 2015. The facility failed to obtain a written, informed and voluntary consent from patient # 5, prior to disclosing information to the insurance company.

Both consents will be added to the list of consents to be obtained by the detox techs on the admission of the client to Cove Forge.

The Director of Admissions will be responsible for educating the admissions staff by 09-01-15.

Patient # 6 was admitted into treatment on May 10, 2015 and discharged on May 12, 2015. Information contained in

The Director of Nursing will be responsible for educating the Detox Technicians about obtaining the consents by 9-01-15.

the patient record was faxed to an insurance company for prescription authorization on May 11, 2015. The facility failed to obtain a written, informed and voluntary consent from patient # 6, prior to disclosing information to the insurance company.

100% of all opiate charts with managed care will be audited for 3 months for compliance. Auditing will be completed by Detox medical secretary.

The findings were reviewed with facility staff during the licensing process.

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Survey conducted on 12/29/2015

INITIAL COMMENTS

This report is a result of an on-site physical plant inspection regarding a facility capacity increase. The inspection was conducted on December 29, 2015 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the onsite inspection, Cove Forge Behavioral Health Services was found to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. Therefore, no deficiencies were identified during this inspection and no plan of correction is required.

Plan of Correction

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COVE FORGE BEHAVIORAL HEALTH SYSTEM AT WILLIAMSBURG

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Survey conducted on 03/30/2016

INITIAL COMMENTS

This report is a result of an on-site physical plant inspection regarding a facility capacity increase. The inspection was conducted on March 30, 2016 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the onsite inspection, Cove Forge Behavioral Health System at Williamsburg was found to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. Therefore, no deficiencies were identified during this inspection and no plan of correction is required.

Plan of Correction

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Survey conducted on 04/01/2016

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection conducted on March 30 - April 1, 2016 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Cove Forge Behavioral Health System was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection.

Plan of Correction

704.11(f)(2) LICENSURE Trng Hours Req-Coun

704.11. Staff development program. (f) Training requirements for counselors. (2) Each counselor shall complete at least 25 clock hours of training annually in areas such as: (i) Client recordkeeping. (ii) Confidentiality. (iii) Pharmacology. (iv) Treatment planning. (v) Counseling techniques. (vi) Drug and alcohol assessment. (vii) Codependency. (viii) Adult Children of Alcoholics (ACOA) issues. (ix) Disease of addiction. (x) Aftercare planning. (xi) Principles of Alcoholics Anonymous and Narcotics Anonymous. (xii) Ethics. (xiii) Substance abuse trends. (xiv) Interaction of addiction and mental illness. (xv) Cultural awareness. (xvi) Sexual harassment. (xvii) Developmental psychology. (xviii) Relapse prevention. (3) If a counselor has been designated as lead counselor supervising other counselors, the training shall include courses appropriate to the functions of this position and a Department approved core curriculum or comparable training in supervision.

Observations

Based on a review of personnel records, the facility failed to document the completion of at least 25 clock hours of annual training required for counselors in one of two personnel records.

The findings include:

Two personnel records pertaining to counselors were reviewed for documentation of the required 25 clock hours of annual training on March 30, 2016. The facility's training year is from January through December. The facility failed to document the completion of at least 25 clock hours of annual training required for counselor # 4 for the January 1 through December 31, 2015 training year.

Employee # 4 was hired for the position of counselor on November 10, 2010. Personnel record # 4 only included documentation of 2.25 clock hours of annual training for the January 1 through December 31, 2015 training year, as of March 30, 2016.

Plan of Correction

All detox counselors will complete at least 25 clock hours of training every year. The counselors will be re-educated individually and via email by the Director of Nursing. All detox counselors will be expected to inform their supervisor of their plans to get the required training hours completed. Re-education of the detox counselors will occur by 4-20-16. The Director of Nursing will be responsible for ensuring this gets completed. The counselor identified with deficient hours will complete 25 hours of training by December 31, 2016.

The findings were reviewed with facility staff during the licensing process.

709.28 (c) LICENSURE Confidentiality

§ 709.28. Confidentiality. (c) The project shall obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record.

Observations

Based on a review of client records, the facility failed to obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record in nine of eighteen client records.

The findings include:

Eighteen client records were reviewed for written, informed and voluntary consents to release information from the client on March 30 - April 1, 2016. The facility failed to obtain an informed and voluntary consent to release information from the client in client records # 1, 4, 5, 6, 10, 11, 12, 13 and 15.

Based on a review of these records, the facility's consent to release client information form was out of compliance with 42 CFR and State Law 4 Pa. Code 255.5.

The facility's consent to release client information form is a standardized form titled "Authorization to Disclose Healthcare Information". The consent form included the following statement: "I may revoke this authorization at any time. Revocations to this authorization must be in writing". 42 CFR Part 2, Subpart C, subsection 2.31 (a) Required elements, specifies that the following information must be included on the written consent: "(8) A statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it." Therefore, as per 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) the consent to release information form can be revoked by the client at any time and there is no restriction on the manner in which the client may revoke it. The facility failed to adhere to the requirements outlined in the federal confidentiality regulations by requiring the client to revoke the consent to release information in writing.

Client # 1 was admitted into treatment on March 26, 2016. Consent to release information forms for the funding entity and family member were signed by client # 1 on March 26, 2016. The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form. In addition, the facility allowed for the release of the client's alcohol, drug or substance abuse and

Plan of Correction

The Medical Records Coordinator will provide training on the proper documentation for the release of information on the consents. Staff will be directed to write "consent may be revoked verbally" on all consents. The consent to release information will be compliant with 42 CFR and 4 Pa. Code 255.5. The Medical Records Coordinator will randomly check 5 charts per week for the next 8 weeks to ensure consents are correct. The corrective action date for this to occur will be June 30, 2016. The Quality Director and Regional Vice President are working with Corporate to assure the current consents are 255.5 compliant.

mental health records to the funding entity. This exceeded the limitations imposed at 4 Pa. Code 255.5.

Client # 4 was admitted into treatment on February 25, 2016 and discharged on March 1, 2016. Consent to release information forms for the funding entity, treatment provider and family member were signed by client # 4 on February 25, 2016. The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form. In addition, the facility allowed for the release of the client's alcohol, drug or substance abuse and mental health records to the funding entity. This exceeded the limitations imposed at 4 Pa. Code 255.5.

Client # 5 was admitted into treatment on February 28, 2016. A consent to release information form for a social service provider was signed by client # 5 on March 25, 2016. The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form.

Client # 6 was admitted into treatment on February 11, 2016. A consent to release information form for a family member was signed by client # 6 on March 14, 2016. The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form.

Client # 10 was admitted into treatment on February 26, 2016. Consent to release information forms for the funding entity, physician and family member were signed by client # 10 on February 26, 2016. The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form. In addition, the facility allowed for the release of the client's alcohol, drug or substance abuse and mental health records to the funding entity. This exceeded the limitations imposed at 4 Pa. Code 255.5.

Client # 11 was admitted into treatment on March 1, 2016. Consent to release information forms for the funding entity, physician, treatment provider and family member were signed by client # 11 on March 1, 2016. The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form. In addition, the facility allowed for the release of the client's alcohol, drug or substance abuse and mental health records to the funding entity. This exceeded the limitations imposed at 4 Pa. Code 255.5.

Client # 12 was admitted into treatment on March 1, 2016 and discharged on March 31, 2016. Consent to release information forms for the funding entity, probation officer, treatment provider and family member were signed by client # 12 on March 26, 2016. The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form. In addition, the facility allowed for the release of the client's alcohol, drug or substance abuse and mental health records to the funding entity and probation officer. This exceeded the limitations imposed at 4 Pa. Code 255.5.

Client # 13 was admitted into treatment on March 9, 2016. Consent to release information forms for the funding entity, government agency and family member were signed by client # 13 on March 9, 2016. The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form. In addition, the facility allowed for the release of the client's alcohol, drug or substance abuse and mental health records to the funding entity and government agency. This exceeded the limitations imposed at 4 Pa. Code 255.5.

Client # 15 was admitted into treatment on January 29, 2016 and discharged on February 16, 2016. A consent to release information form for a treatment provider was signed by client # 15 on February 12, 2016. The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form.

The findings were reviewed with facility staff during the licensing process.

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Survey conducted on 04/21/2017

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection conducted on April 19 - 21, 2017 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Cove Forge Behavioral Health System at Williamsburg was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection.

Plan of Correction

709.28 (c) LICENSURE Confidentiality

§ 709.28. Confidentiality. (c) The project shall obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record.

Observations

The facility failed to obtain an informed and voluntary consent from the client for the disclosure of information in three of twenty client records reviewed during the annual licensing inspection conducted on April 19 - 21, 2017.

Plan of Correction

The facility will obtain an informed and voluntary consent from every client for the disclosure of information.

The facility released by fax the client's name, prescription information and diagnosis to a pharmacy and a medication support agency in the following records:

Client # 11 was admitted on November 27, 2016 and discharged on December 18, 2016. The disclosure occurred on December 16, 2016.

Client # 14 was admitted on December 30, 2016 and discharged on January 20, 2017. The disclosure occurred on January 19, 2017.

Client # 20 was admitted on January 4, 2017 and discharged on January 26, 2017. The disclosures occurred on December 23 and December 26, 2016. In addition, the facility disclosed by fax the client's name, prescription and referral information to a treatment provider on January 25, 2017.

The findings were reviewed with facility staff during the licensing process.

Each individual enrolled in the Vivitrol program will review and sign a consent for the disclosure of information related to aftercare follow-up, their medical funding source as well as the specialty pharmacy that will be used to obtain their Vivitrol. No information will be released to an entity without a signed, specific consent that is within compliance of § 709.28.

Any information released to Health Insurance will remain in compliance with PA § 255.5. A Vivitrol Prior Authorization letter is provided to the Medical Insurance. This letter has §255.5 attached to it and an explanation is offer for the information we can and cannot provide.

The Nursing Director & Assistant Nursing Director met with the VIVITROL Coordinator and Asst. VIVITROL Coordinator to review the findings and the letter was developed on 4/24/17.

The Nursing Director and Assistant Nursing Director will select and check 14 random charts per month for six months to ensure compliance. The completion date for the inspection of the charts will be 11/30/17.

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Survey conducted on 09/21/2017

INITIAL COMMENTS

This report is a result of an on-site complaint investigation conducted on September 21, 2017 by staff from the Division of Accountability and Program Improvement. Based on the findings of the on-site complaint investigation, Cove Forge Behavioral Health System at Williamsburg was found to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. Therefore, no deficiencies were identified during this investigation and no plan of correction is required.

Plan of Correction

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Survey conducted on 04/12/2018

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection conducted on April 10-12, 2018 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Cove Forge Behavioral Health System at Williamsburg was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection:

Plan of Correction

704.11(c)(1) LICENSURE Mandatory Communicable Disease Training

704.11. Staff development program. (c) General training requirements. (1) Staff persons and volunteers shall receive a minimum of 6 hours of HIV/AIDS and at least 4 hours of tuberculosis, sexually transmitted diseases and other health related topics training using a Department approved curriculum. Counselors and counselor assistants shall complete the training within the first year of employment. All other staff shall complete the training within the first 2 years of employment.

Observations

The facility failed to document that staff received the required HIV/AIDS and/or the tuberculosis, sexually transmitted diseases and other health related topics training, within the first 2 years of employment, in four of six personnel records reviewed on March 26-27 and April 10, 2018.

Twenty seven personnel records were reviewed. Six required documentation of the trainings. Personnel records # 24, 25, 26 and 27 did not provide documentation of the required trainings.

Employee # 24 was hired on August 23, 2015 as a care tech. There was no documentation, as of April 10, 2018, that the employee had completed the required HIV/AIDS and the tuberculosis, sexually transmitted diseases and other health related topics training.

Employee # 25 was hired on February 8, 2016 as a driver. There was no documentation, as of April 10, 2018, that the employee had completed the required HIV/AIDS and the tuberculosis, sexually transmitted diseases and other health related topics training.

Plan of Correction

Staff #24, 25, 26 and 27 will attend HIV training on May 15, 2018. Staff #24, 25, 26 and 27 will attend STD/TB training on May 22, 2018.

Moving forward, to ensure compliance, quality management will keep a list of all new hires on a spreadsheet. The spreadsheet will be sent to department heads on a quarterly basis so they are aware of staff who have not yet completed these trainings.

Managers will be responsible for assuring their staff have these trainings in the appropriate timeframes.

Employee # 26 was hired on September 2, 2015 as a driver. There was no documentation, as of April 10, 2018, that the employee had completed the required tuberculosis, sexually transmitted diseases and other health related topics training.

Employee # 27 was hired on February 13, 2000 as housekeeping. There was no documentation, as of April 10, 2018, that the employee had completed the required HIV/AIDS and the tuberculosis, sexually transmitted diseases and other health related topics training.

These findings were reviewed with facility staff during the licensing inspection.

709.33 (a) LICENSURE Notification of termination.

§ 709.33. Notification of termination. (a) Project staff shall notify the client, in writing, of a decision to involuntarily terminate the client ' s treatment at the project. The notice shall include the reason for termination.

Observations

The facility failed to notify the client, in writing of the decision to involuntarily terminate their treatment at the project in one of one client record reviewed on April 10-12, 2018.

Client # 6 was involuntarily terminated on July 6, 2017. There was no documentation that the client was notified in writing of the decision.

These findings were reviewed with facility staff during the licensing process.

Plan of Correction

Program Director/Clinical Supervisor reviewed the process of Administrative Discharges in conjunction to the licensing standard with the Rehab/PHP Clinical staff during a meeting and in writing on 4/13/18.

Program Director/Clinical Supervisor reviewed the process of Administrative Discharges in conjunction to the licensing standard with the Detox Clinical Staff on 4/19/18 during a meeting and in writing.

All Clinical staff were re-educated on the Notification of Termination forms in the HCS system, our electronic medical record, and the documentation standards when a client refuses to sign a form.

The Program Director/ Clinical Supervisor will review all Administrative Discharges within the facility for 3 months. If at the end of 3 months it is found all charts are in compliance, random chart reviews will be conducted on a quarterly basis.

715.9(a)(4) LICENSURE Intake

(a) Prior to administration of an agent, a narcotic treatment program shall screen each individual to determine eligibility for admission. The narcotic treatment program shall: (4) Have a narcotic treatment physician make a face-to-face determination of whether an individual is currently physiologically dependent upon a narcotic drug and has been physiologically dependent for at least 1 year prior to admission for maintenance treatment. The narcotic treatment physician shall document in the patient 's record the basis for the determination of current dependency and evidence of a 1 year history of addiction.

Observations

The facility failed to document a face-to-face determination of whether an individual is currently physiologically dependent upon a narcotic drug and has been physiologically dependent for at least 1 year prior to the administration of an agent in one of five records reviewed on April 10-12, 2018.

Plan of Correction

The CEO will remind the physicians of the regulation stating that a face to face history and physical will be completed on all opiate dependent patients prior to initiating a Buprenorphine protocol.

Five clients were reviewed as Subutex clients. Client # 5 was The Medical Records Coordinator will review 5 records per administered the first dose on July 30, 2017. The face to face month for the next three months to ensure compliance. was documented on July 31, 2017.

These findings were reviewed with facility staff during the licensing process.

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Survey conducted on 03/03/2015

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection conducted on March 3, 2015 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Cove Forge Behavioral Health System At Pittsburgh was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection.

Plan of Correction

704.6(a) LICENSURE Clinical Supervisor Qualifications

704.6. Qualifications for the position of clinical supervisor. (a) A drug and alcohol treatment project shall have a full-time clinical supervisor for every eight full-time counselors or counselor assistants, or both.

Observations

Based on a review of the Staffing Requirements Facility Summary Report forms for all of the facilities within the drug and alcohol treatment project, the project failed to have a full-time clinical supervisor for every eight full-time counselors or counselor assistants, or both. The findings include: The Staffing Requirements Facility Summary Report forms for the drug and alcohol treatment project's seventeen facilities were reviewed on March 2, 2015. The project employs a total of 106 full-time counselors and counselor assistants. This number of full-time counselors and counselor assistants would require a minimum of 13 full-time clinical supervisors. The project currently employs 8 full-time clinical supervisors, as of March 2, 2015. The findings were reviewed with facility staff during the licensing process.

Plan of Correction

The Director of Quality Management, along with the Executive Director, will ensure there is one full-time clinical supervisor for every eight full-time counselors and counselor assistants. Caseloads will be redistributed by July 1, 2015 so that clinical supervisors who carry a caseload fall within the guidelines of chapter 704.6. Facility directors and clinical supervisors will be re-educated by the Quality Management Department on permissible case load sizes for each level of care.

Compliance will be accomplished by the facility director, along with the clinical supervisor(s), monitoring the number of full-time counselors vs. clinical supervisors on a quarterly basis.

Completion date July 1, 2015.

709.82(d)(1) LICENSURE Treatment and rehabilitation services

709.82. Treatment and rehabilitation services. (d) Counseling shall be provided to a client on a regular and scheduled basis. The following services shall be included and documented: (1) Individual counseling, at least twice weekly.

Observations

Based on a review of client records, the facility failed to provide counseling to a client on a regular and scheduled basis including individual counseling, at least twice weekly, in four of four partial hospitalization client records. The findings include: Four partial hospitalization client records were reviewed for twice weekly individual counseling sessions on March 3, 2015. The facility failed to provide counseling to a client on a regular and scheduled basis including individual counseling, at least twice weekly, in client records # 1, 2, 3,

Plan of Correction

Counselor will schedule and log all individuals on the service log.

All partial clients will receive 2 individual sessions per week. Supervisor will monitor the service log and progress notes monthly for accuracy.

and 4. Client # 1 was admitted into treatment on January 8, 2015. Only one individual counseling session was documented for the weeks of January 26 and February 9, 2015. The facility failed to provide client # 1 individual counseling, at least twice weekly. Client # 2 was admitted into treatment on December 26, 2014 and discharged on February 5, 2015. No individual counseling sessions were documented for the weeks of January 5 and January 26, 2015. The facility failed to provide client # 2 individual counseling, at least twice weekly. Client # 3 was admitted into treatment on January 8, 2015 and discharged on February 13, 2015. Only one individual counseling session was documented for the week of January 26, 2015. The facility failed to provide client # 3 individual counseling, at least twice weekly. Client # 4 was admitted into treatment on January 9, 2015 and discharged on February 11, 2015. Only one individual counseling session was documented for the weeks of January 12, January 19 and February 2, 2015. No individual counseling sessions were documented for the week of January 26, 2015. The facility failed to provide client # 4 individual counseling, at least twice weekly. The findings were reviewed with facility staff during the licensing process.

Completion date 3/23/15

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Survey conducted on 03/10/2016

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection conducted on March 10, 2016 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Cove Forge Behavioral System At Pittsburgh was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection.

Plan of Correction

709.28(c) LICENSURE Confidentiality

709.28. Confidentiality. (c) The project shall obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record. The consent shall be in writing and include, but not be limited to:

Observations

Based on a review of client records, the facility failed to obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record in two of ten client records.

The findings include:

Ten client records were reviewed for written, informed and voluntary consents to release information from the client on March 10, 2016. The facility failed to obtain an informed and voluntary consent to release information from the client in client records # 1 and 2.

Plan of Correction

Clinical director will provide training to staff that is compliant with 42 CFR. A line will be added to the consent release of information form to allow for verbal revocation. Current and future clients will sign consents to release information that is compliant with 42 CFR. Clinical Supervisor will randomly check 5 charts per week for the next 8 weeks to ensure consents are correct. All training of staff will be complete and charts will be compliant by May 20, 2016. Quality Director and Regional VP are currently working with corporate to develop a new consent to release information form that will be compliant with State and Federal regulations.

The facility's consent to release client information form is a standardized form titled "Authorization to Disclose Healthcare Information". The consent form included the following statement: "I may revoke this authorization at any time. Revocations to this authorization must be in writing. Revocation will not apply to information disclosed prior to receiving a written revocation". 42 CFR Part 2, Subpart C, subsection 2.31 (a) Required elements, specifies that the following information must be included on the written consent: "(8) A statement that the consent is subject to revocation at any time except to the extent that the program or person which is to make the disclosure has already acted in reliance on it." Therefore, as per 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) the consent to release information form can be revoked by the client at any time and there is no

restriction on the manner in which the client may revoke it. The facility failed to adhere to the requirements outlined in the federal confidentiality regulations by requiring the client to revoke the consent to release information in writing.

Client # 1 was admitted into treatment on February 8, 2016. Consent to release information forms for the funding entity and probation officer were signed by client # 1 on February 8, 2016. These consent to release information forms contained the statement "Revocations to this authorization must be in writing". The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form.

Client # 2 was admitted into treatment on February 9, 2016. Consent to release information forms for the funding entity and probation officer were signed by client # 2 on February 9, 2016. These consent to release information forms contained the statement "Revocations to this authorization must be in writing". The facility failed to adhere to the requirements in 42 CFR, Part 2, Subpart C, subsection 2.31 (a)(8) by restricting the client to a written revocation of the consent to release information form.

The findings were reviewed with facility staff during the licensing process.

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Survey conducted on 02/28/2017

INITIAL COMMENTS

This report is a result of a complaint investigation conducted on Febuary 28, 2017 by staff from the Division of Accountability and Program Improvement. Based on the findings of the on-site, the allegations against Cove Forge Behavioral System At Pittsburgh were substantiated. Therefore, the facility was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection:

709.28(c) LICENSURE Confidentiality

709.28. Confidentiality. (c) The project shall obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record. The consent shall be in writing and include, but not be limited to:

Observations

Based on a review of client records, the facility failed to adhere to the limitations imposed under 4 Pa. Code 255.5 and allowed for the release of information outside of what is allowable.

4 Pa. Code states:

Information released to judges, probation or parole officers, insurance company, health or hospital plan or governmental officials, pursuant to paragraphs (1), (2), (4),(7), (8) or subsection (a) of this section, is for the purpose of determining the advisability of continuing the client with the assigned project and shall be restricted to the following.

- (1) Whether the client is or is not in treatment.
- (2) Client's prognosis.
- (3) The nature of the project.
- (4) A brief description of the client's progress.
- (5) A short statement as to whether the client has relapsed into drug or alcohol abuse and the frequency of such relapse.

Plan of Correction

Plan of Correction

A plan of correction has been developed which includes:

Additional training for all office staff to be completed: Customer Service, Rapid Regulatory Compliance, Patient Rights- A HCCS regulatory course and Informed Consent - A HCCS regulatory course by April 10, 2017.

Counselor will attend a second DDAP sponsored Confidentiality training by May 1, 2017.

Counselor will attend DDAP sponsored Practical Applications of Confidentiality training by May 1, 2017.

Counselor will also complete:

Therapeutic Boundaries, Zero Tolerance, and Identifying and assessing Victims of Domestic Violence by April 10, 2017.

Counselor will receive additional weekly supervision for 3 months, June 5, 2017.

Clinical supervisor reviewed PA Code 255.5 with counselor on April 7, 2017.

The facility director will assure compliance.

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Survey conducted on 04/18/2017

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection conducted on April 18, 2017 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Cove Forge Behavioral System at Pittsburgh was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection:

Plan of Correction

704.11(f)(2) LICENSURE Trng Hours Req-Coun

704.11. Staff development program. (f) Training requirements for counselors. (2) Each counselor shall complete at least 25 clock hours of training annually in areas such as: (i) Client recordkeeping. (ii) Confidentiality. (iii) Pharmacology. (iv) Treatment planning. (v) Counseling techniques. (vi) Drug and alcohol assessment. (vii) Codependency. (viii) Adult Children of Alcoholics (ACOA) issues. (ix) Disease of addiction. (x) Aftercare planning. (xi) Principles of Alcoholics Anonymous and Narcotics Anonymous. (xii) Ethics. (xiii) Substance abuse trends. (xiv) Interaction of addiction and mental illness. (xv) Cultural awareness. (xvi) Sexual harassment. (xvii) Developmental psychology. (xviii) Relapse prevention. (3) If a counselor has been designated as lead counselor supervising other counselors, the training shall include courses appropriate to the functions of this position and a Department approved core curriculum or comparable training in supervision.

Observations

The facility failed to document that each counselor completed at least 25 hours of training for the 2016 training year. Staff records were reviewed on April 18, 2017. Six counselor records were reviewed; however, only one counselor was reviewed for 2016 training as five were newly hired. Staff #4 did not complete the required 25 hours of training for 2016. Staff #4 was hired as a counselor on 6/10/13. Staff #4 had documentation of 14.5 hours of training for the 2016 training year. These findings were reviewed with facility staff during the licensing process.

Plan of Correction

Clinical Director will monitor staff trainings on a quarterly basis to ensure staff are completing the 25 required training hours within the appropriate time period.

Clinical director will provide proof of trainings and send certificate of completions to Cove Forge Training Department.

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Survey conducted on 04/02/2018

INITIAL COMMENTS

This report is a result of an on-site licensure renewal inspection conducted on April 2, 2018 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Cove Forge Behavioral System at Pittsburgh was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection:

Plan of Correction

709.33 (a) LICENSURE Notification of termination.

§ 709.33. Notification of termination. (a) Project staff shall notify the client, in writing, of a decision to involuntarily terminate the client ' s treatment at the project. The notice shall include the reason for termination.

Observations

The facility failed to notify the client, in writing, of the decision to involuntarily terminate the client's treatment at the project in one of one client record reviewed on April 2, 2018.

Plan of Correction

Clinical Supervisor trained staff in group supervision on 4/10/18 of the process when involuntarily terminating a client's treatment. Process: Staff will notify clients who are discharged involuntarily in writing of the decision. This will be done by sending a discharge letter on letterhead to client and a copy of the letter will be retained in client chart under correspondence.

Client #4 was involuntarily terminated on December 22, 2017. There was no documentation provided that the client had been notified, in writing, of the decision.

These findings were reviewed with facility staff during the licensing process.

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