	-	D HUMAN SERVICES				APPROVED
						. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		(X3) DATE SURVEY COMPLETED	
		43L001	B. WING		C 02/15/2019	
NAME OF PR	NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				24100 S ROCKERVILLE RD		
BLACK HI				RAPID CITY, SD 57702		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	DWDER OR SUPPLIER         LS CHILDREN'S HOME         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         nitial Comments         Surveyor: 15036         A complaint survey for compliance with 42 CFR, Part 483, Subpart G, Subsections         483.354-483.376, Condition of Participation for he use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing npatient Psychiatric Services for Individuals Jnder Age 21 was conducted from 2/14/19 hrough 2/15/19. The Black Hills Children's Home was found not in compliance with the following requirements: N100 and N214.         Glossary:         Resident = kids, child, and children.         JSE OF RESTRAINT AND SECLUSION CFR(s): 483.354         Subpart G: Condition of Participation for the Use of Restraint and Seclusion in Psychiatric Residential Treatment Facilities Providing npatient Psychiatric Services for Individuals Jnder Age Twenty One.         This CONDITION is not met as evidenced by: Surveyor: 15036 Based on interview, record review, and policy review, the provider failed to ensure resident safety through staff training and conducting resting of the facility elopement policy as evidence by one of one sampled resident (5) who eloped from the facility and as of the survey date nad not been located. Findings include:			CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)      1. As of todays date 3/5/19 resident fives whereabouts and - remain unknown. There is no corrective action given for resi The condition noted as not met has the potential to affect all residents.     2. On 2/27/19 the Program Director revised the Runaway por procedure to address the findings and to achieve sustained All staff who supprvise children will receive this training and be conducted.	condition ident five. I of the oblicy and compliance. drills will anintained. al contact with to alert all can be initiated ff member who rement will be d on campus 99. Speak clearly ast place they if known. If only aring the same message at all times to a campus Coordinator, search of the rvise children ator at need to usearch of the search in the search cition or was	03/22/2019
	1. Review of the provi Report dated 2/7/19 r revealed:	der's Serious Occurrence egarding resident 5		<ul> <li>Tully Staff search the area around the Tully House and the maintenanc adjacent parking lot.</li> <li>Staff from either or both East and West search the area around the Flag and the main parking lot.</li> <li>If school staff is present during the time of the search they will search the school. In their absence the first staff/team completing their search w that task.</li> </ul>	gship building the area around vill complete	
ABORATORY [	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURI	E	TITLE	(	(X6) DATE

## Tim Fitzgerald

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

**Program Director** 

03/05/19

PRINTED: 02/25/2019

		MEDICAID SERVICES					0.0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		(X3) DATE COMP	SURVEY	
	CONTRECTION		A. BUILDIN	NG .			
			D WIND			C	
		43L001	B. WING			02/	15/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
BLACK HILLS CHILDREN'S HOME				2	24100 S ROCKERVILLE RD		
BLACKI		-		I	RAPID CITY, SD 57702		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX			PREFIX	Х	(EACH CORRECTIVE ACTION SHOUL		COMPLETIO DATE
TAG	REGULATORT OR	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPRO DEFICIENCY)	RIATE	
					Teams will report back to the search coordinator once the camp		
N 100	Continued From page	<u>a</u> 1	N 1	100	The search coordinator will determine if the search will extend of parts on-campus and if vehicles will be utilized.	-	
11 100				100	<ol> <li>7. If the child is found before law enforcement has arrived on ca informed of that.</li> </ol>	npus they will be	
	*She was nine years				8. Once law enforcement arrives staff will do what is instructed.		
		an away from the facility and			<ol> <li>Search Coordinator will contact the Program Director and On- PROCEDURE WHEN THE CHILD REMAINS IN SIGHT</li> </ol>	Call staff.	
	as of the 2/7/19 report			1. If a child runs from a staff member and they or another are ab As soon as practical inform others by the use of the 799 all-call			
	*Residential treatmer			what they are wearing, from where they have run, and the direct	on in which they are		
	team coordinator (TC			heading if known. The same information may be broadcast on the alternate if a phone is not readily available. Any staff receiving t		1	
	for a group of resider			near a phone should relay the same information over the 799 all- already been done.	call if that has not		
	*Resident 6 had beca			2. The senior staff leader on campus designated as the search co			
	without permission. T			if additional staff will be sent to aid those following the child and 3. If at any time during the following the child leaves the campu	l if vehicles will be us or staff are unable to	ed.	
	located her in the hal			keep the child in sight a call will be made to 911 to alert law enf may be made from a personal cell phone at the time sight is lost	prcement. That call		
	*Resident 5 ran out tl			or by the search coordinator from the campus when that request			
	A was not able to lea			by radio. 4. Any staff who is involved in pursuing a child who has run awa	y may decide at any		
	playing in the gym, a			time to call 911 if they determine that is needed even if the child 5. If the child is found before law enforcement has arrived they we	remains in sight.		
				6. Once law enforcement arrives staff will do what is instructed.			
	building she had ran			7. Search Coordinator will contact the Program Director and On- PROCEDURE WHEN THE CHILD IS FOUND	Call staff.		
	*Staff members bega			<ol> <li>Once located, the child should be examined for injuries and for medical or supervisory staff.</li> </ol>	od/water needs by		
	was not found on the	-			2. Program Director/designee will inform the referring worker and	d parents/guardians	
		ence Report did not include			safety. 3. A behavior report will be completed detailing the incident.		
	timelines for the abov	/e events.			RUNAWAY PROCEDURE (FROM OFF-CAI 1. In the event of a runaway supervision of the other children mu		
					2. If a child is discovered missing or runs from a staff member ca	Ill 911. Instructions fr	om
	Interview on 2/15/19				law enforcement will be followed. Be prepared to give the dispathe child's name, what the child was wearing, and the direction the child was wearing and the direction the direction the direction the direction of the direction o		
		ng resident 5 confirmed:			running away or their last location before they were missing. 3. After 911 has been called, call BHCH (343-5422) to report the	circumstances	
	*She had eloped on 2	2/3/19 from the facility gym			4. If indicated, on campus staff will dispatch staff to retrieve oth		
	and as of this date ha	ad not been found.			<ol> <li>Contact Program Director and On-Call staff.</li> <li>Program Director/designee will inform the referring worker and</li> </ol>	d parent/guardians of	
	*The information abo	ve in the Serious			child's safety. PROCEDURE WHEN THE CHILD IS FOUND		
	Occurrence report da	ated 2/7/19 was accurate.			1. Once located, the child should be examined for injuries and for	od/water needs by	
					medical or supervisory staff. 2. Program Director/designee will inform the referring worker and	d parents/guardians	
	Interview on 2/15/19	at 1:47 p.m. and again at			of child's safety. 3. A behavior report will be completed detailing the incident. Th	erapists reviewing	
		ogram director confirmed:			those behavioral reports will determine if changes to the Master needed.		
		rained on the provider's			4. Each quarter data from behavioral reports detailing runaway e		
		Child On Campus (On			with the Quality Improvement Committee by the Program Direc Compliance Officer.	or or the Safety/	
		ytime, Monday - Friday)					
		iber 2004 Lost Child Off			3. Runaway drill checklists will be monitored to ensure the effectiveness of the	system change. Drills will	
					3. Runaway drill checklists will be monitored to ensure the effectiveness of the be conducted by either the Program Director, Safety/Compliance Officer, Lead Therapists, Education Director, Lead Teacher, Team Coordinator as in the even effective answer of them may are as the Servich Coordinator. All staff where ensure the safety Coordinator and the same same same same same same same sam	Team Coordinator, Unit nt of a real runaway	
	Campus (From Off-C				situation anyone of them may act as the Search Coordinator. All staff who sup involved in runaway drills, including all shifts.	s sao cinidren will be	
	-	ocused on active shooter and			The Program Director has responsibility to ensure that all newly hired staff rec policy and procedures and that all existing staff receive that training annually.	eve training in the runawa The Program Director also	
	-	ations, not on children			has the responsibility to ensure that runaway drills are conducted.		
	elopement.				The Program Director will verify on a quarterly basis that all newly oriented sta in the runaway policy and procedure and that by June 30 of every calendar ye received that training. At least one time per month a runaway drill will be condu-	ar all exisiting staff have icted. We will continue	
	*Staffing ratio at the t				these monitoring checks checks on this scedule for the year.		ļ
	elopement was two s	taff for six residents, which			The Program Director will report the results of the monitoring of the staff trainir drill checklists results to the Quality Improvment Committee on March 22, 2011 will continue to make those same reports to the QI Committee on a quarterly b years. In his absence the Safety/Compliance Officer will do the reporting.	. The Program Director asis for the next two	1
	was normal for the fa	cility.			years. In his absence the salety-compliance Officer will do the reporting.		
		t to chase "kids" if they were					1

Facility ID: 55071

If continuation sheet Page 2 of 7

	OF DEFICIENCIES	MEDICAID SERVICES		E CONSTRUCTION	(X3) DATE	0. 0938-039		
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	· · ·	LETED			
					с			
		43L001	B. WING		02/	15/2019		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE				
BLACK HILLS CHILDREN'S HOME			:					
DEAGIN		-		RAPID CITY, SD 57702				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE		
N 100	Continued From page		N 100					
	responsible for other *There was now a he "kids" location by the	ighten awareness of every						
	Refer to N214, findin	g 1.						
N 214	EDUCATION AND TRAINING CFR(s): 483.376(a)		N 214	4 1. The standard noted as not being met has the potential to affect all reside 2. On 2/27/19, the Program Director revised the Runaway policy and procedure to address the findings and to achieve sustained compliance. All				
		uire staff to have ongoing nd demonstrated knowledge		staff who supervise children will be trained in the revise Program Director, Safety/Compliance Officer or Lead T Runaway drills will be conducted to ensure staff know t responsibilities in the event of a runaway resident. 3. Runaway drill checklists will provide the data to mor	eam Coordinators. heir roles and itor the effectiveness	03/22/19		
	This STANDARD is not met as evidenced by: Surveyor: 15036 Based on interview, record review, and policy review, the provider failed to ensure elopement training and elopement drills were conducted to ensure all staff knew what their roles and responsibilities were in the event of a runaway resident. Findings include: 1. Review of the provider's Serious Occurrence Report dated 2/7/19 regarding resident 5 revealed:			of the system change. The Program Director is responsible to do the monitoring or in his absence the Safety/Compliance Officer. The monitori will be done monthly during Runaway drills. The drills will continue quar for the next two years. The results of Runaway drills will be reported in th Quality Improvement Committee meeting on 03/22/19 and will include ar assessment of staff knowledge of their roles and responsibilities in these events. We will continue to report this same data to the QI committee even quarter for the next two years. The Program Director is responsible for thi reporting. The QI minutes will be emailed to all staff which will include the Runaway Drill Results.		erly		
		old. an away from the facility and rt had not been located.						
	4:50 p.m. with the pro *There was now a he "kids" location by the	at 1:47 p.m. and again at ogram director confirmed: eighten awareness of every staff. rained on the provider's						
	December 1999 Lost Campus - During Day	Child On Campus (On ytime, Monday - Friday) iber 2004 Lost Child Off ampus) policy.						

If continuation sheet Page 3 of 7

		D HUMAN SERVICES MEDICAID SERVICES				FOF	RM APPROVED IO. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
43L001		43L001	B. WING			02/15/2019		
NAME OF PROVIDER OR SUPPLIER			•	S	STREET ADDRESS, CITY, STATE, ZIP CODE			
BLACK HI	LLS CHILDREN'S HOME				24100 S ROCKERVILLE RD RAPID CITY, SD 57702			
(X4) ID PREFIX TAG	SUMMARY ST, (EACH DEFICIENC' REGULATORY OR I	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROI DEFICIENCY)	LD BE COMPLETION			
N 214	shooter, and facility loc children elopement. *The provider's Decer Campus (On Campus - Friday) policy for los by staff. *In the beginning the organized as it could been the program directo leave and the "acting have assumed that re *The program directo leave and the "acting have assumed that re *The search became 12:26 p.m. when the *"It took staff 1.5 hour have been done when [resident 5]." *"Prior to calling 911 ft Law enforcement sho They are more experi missing persons." *"Complacency amore kids had ran in the pa They thought this time same." *"On-campus search completed prior to set search." *Staffing ratio at the ti elopement was "two s normal for the facility. *"Staff were taught no responsible for other *Communication amo problem. They were u channels which did no same thing at the sam *"Staff had the option	beckdown situations; not mber 1999 Lost Child On a - During Daytime, Monday t children was not followed search was not as have been. That would have ector's responsibility. r was on an authorized team coordinator should esponsibility." more organized on 2/3/19 at on-call staff member arrived. s to contact 911, that should in staff first lost sight of her the call tree was activated. uld have been notified first. enced with searching for logst the staff was an issue, st, staff had found them. would have been the should have been the should have been nding vehicles out to me of resident 5's staff for six kids, which was " ot to chase kids if they were kids." ing the staff searching was a using three different radio ot allow everyone to hear the he time.	N	214				

If continuation sheet Page 4 of 7

PRINTED: 02/25/2019

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C		
		43L001	B. WING			02/15/2019		
NAME OF P	ROVIDER OR SUPPLIER		1	;	STREET ADDRESS, CITY, STATE, ZIP CODE	, <u> </u>		
				:	24100 S ROCKERVILLE RD			
BLACK HILLS CHILDREN'S HOME					RAPID CITY, SD 57702			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	BE IATE	(X5) COMPLETION DATE		
N 214	Continued From page used."	2.4	N	214	4			
	Interview on 2/14/19 a certified social worker resident 5's elopemer *There had not been the facility. *The search was disc 12:26 p.m. when the worker G arrived. *Staff member E was (ATC). *No one wanted to as designee/search coor *The search was not their lost child on carr *Staff were now respo on their own. Unit me used to review policies Interview on 2/15/19 a who was on duty on 2 *Search for resident 5 on-call staff arrived at *Multiple radio channe the active search. -There was not an em operating that day that to hear the same info *He received a call ov approximately 11:10 a assistance in the gym	and on 2/3/19 revealed: any drills for elopement at organized until approximately on-call staff licensed social acting team coordinator sume the role of rdinator. implemented according to opus policy. onsible for reading policies etings at one time were es. at 12:45 p.m. with ATC E 2/3/19 revealed: 5 was disorganized until the t 12:26 p.m. els were operating during mergency radio channel at would have enabled staff rmation at the same time. ver the radio at						
	a.m. or 11:13 a.m. -Upon his arrival to th talked with TC B in th -TC B was attending	n at approximately 11:12 e gym he had stopped and e hallway. resident 6 at that time. hinute or less RTC A opened						

Facility ID: 55071

If continuation sheet Page 5 of 7

PRINTED: 02/25/2019

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	2: 02/25/2019 APPROVED 0: 0938-0391
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		43L001	B. WING			( 02/ <sup>,</sup>	) 15/2019
NAME OF PF	OVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, S	TATE, ZIP CODE		
				24100 S ROCKERVILLE R	D		
BLACK HILLS CHILDREN'S HOME				RAPID CITY, SD 57702			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
N 214	Continued From page		N 214	4			
	the beginning.	cipated in the search from Garrived, and the search					
	Child On Campus (Or Monday - Friday) polit *"1. In the event of a l other children must be 2. The Program Direct Search Coordinator. 3. A clothing description last seen is determine 4. A search is made of building to assure the 5. Staff are assigned to child was last seen. 6. Cars are dispatche Coordinator, either dir locating themselves a of the road to alert mor Road (road number). 7. Notification of law e telephone number) ar Rescue telephone num Program Director or d 8. Notification of the re parents/guardian is m	ost child, supervision of the e maintained. tor or designee is the on and time the child was ed. on grounds of vehicles and child is missing. to follow in the direction the d, by direction of the Search rection on (road name) it the stop signs at each end otorists traveling on County enforcement (county and nd/or [name of Search and mber] is made by the lesignee. eferring worker, nade by the Program					
	throughout the search 9. Once located, the or medical attention, a cl 10. The Program Dire	child should be examined for hange of clothing, and food. ector or designee notifies nts/guardian of child being					

Facility ID: 55071

If continuation sheet Page 6 of 7

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 02/25/2019 / APPROVED ). 0938-0391
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		43L001	B. WING				_ 15/2019
NAME OF F	NAME OF PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BLACK HILLS CHILDREN'S HOME					4100 S ROCKERVILLE RD RAPID CITY, SD 57702		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
N 214	Review of the provide	e 6 er's July 2018 to June 2019 revealed resident elopement	N	214			

Event ID: D9R711

Facility ID: 55071

If continuation sheet Page 7 of 7