

Buffalo Psychiatric Center

A Review of Living Conditions



NYS Commission on



**QUALITY
OF CARE**

for the Mentally Disabled

Clarence J. Sundram, Chairman
Irene L. Platt, Commissioner
James A. Cashen, Commissioner

PATIENT LIVING CONDITIONS AT
BUFFALO PSYCHIATRIC CENTER

As observed by the New York State
Commission on Quality of Care
during an unannounced review in
September, 1985.

PREFACE

Buffalo Psychiatric Center, situated on 82 acres in Erie County, began operations in 1880. The Center provides services for the mentally ill residents in four counties: Erie, Niagara, Genesee, and Orleans. The buildings, which range from two to eight stories, were built at various times over the past century. The newest patient building was constructed in 1965.

The facility reached its peak census of over 3,500 inpatients in 1956. Due to deinstitutionalization and an emphasis on community services, the population has steadily declined and the center now provides inpatient services to approximately 750 patients. An additional 2,000 individuals are served annually by the center's outpatient clinics.

Full accreditation was granted to the Buffalo Psychiatric Center by the Joint Commission on Accreditation of Hospitals (JCAH) in June 1982. This accreditation status extends through the first quarter of 1986. The center's 1985-86 fiscal year legislative budget authorization totalled \$32,570,000.

This report summarizes the findings of the Commission on Quality of Care's unannounced review of patient living conditions in September, 1985. This review examined conditions on eight randomly selected wards and targeted four major areas of concern: attention to patients personal needs, environmental conditions,

patient health and safety, and certain quality of life issues including patient privacy, protection of patient belongings, meals and dining, overcrowding, and the availability of scheduled activities.

Conducted in compliance with Chapter 50 of the Laws of 1985, which required the agency to perform living condition reviews at all 25 New York State adult psychiatric centers, this review was also designed to follow-up on deficiencies cited during previous Commission reviews of the facility in May, 1984 and February, 1985. As reflected, in this report the most recent review of conditions at Buffalo Psychiatric Center showed continued and substantial progress on the part of the facility's management and staff to improve conditions for patients.

Notably, in May 1984 Buffalo evidenced significant deficiencies in 76 percent of the areas examined by the Commission, whereas by September 1985 significant deficiencies were noted in only 12 percent of the areas reviewed. Over this time period, Buffalo experienced a change in administration and many new management initiatives to upgrade the quality of living conditions for patients. As referenced in the enclosed report, overcrowding at the facility has been largely eliminated and improved maintenance and housekeeping services have dramatically improved the safety, cleanliness, and attractiveness of patient areas. Equally impressive changes have been made to assure patients adequate clothing and hygiene supplies and to safeguard

patient privacy in sleeping areas and bathrooms. Finally, during the recent visit Commission staff witnessed many more patients on and off the wards engaged in leisure time activities and scheduled programs.

Very few areas of continuing deficiency were noted at the center. Some concerns remained about the secure storage of patient belongings, since wardrobes were not lockable and additional efforts to make some patient bedrooms more attractive and personalized on some wards visited were needed. The Commission also questioned the facility's routine use of large plastic bags for patients to store dirty laundry, due to the possibility that patients may use these bags in a suicide attempt.

On February 12, 1986, Ms. Patricia T. Oulton, Director of Buffalo Psychiatric Center responded to the Commission's report with a plan of correction. This plan addressed all areas of cited deficiencies, and specifically referenced plans for environmental improvements to some patient bedrooms and for providing lockable storage space for patients. The director also indicated that the facility is considering the use of cloth or netted laundry bags to reduce the possible suicide hazard of using plastic bags to store dirty laundry. This plan of correction is appended to this report as Appendix II.

It should be noted that conditions in mental hygiene facilities fluctuate from time to time. The Commission's findings represent a snapshot of the conditions found at the time of our visits. As noted above, the facility director has responded with an extensive plan of correction to address the deficiencies noted. It is thus likely that conditions have changed since our visit.

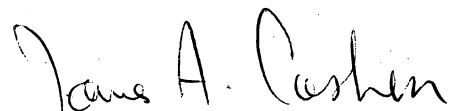
As is its usual practice, the Commission will be conducting follow-up visits to monitor the implementation of this plan of corrective action.



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Basic Living Conditions Review
Buffalo Psychiatric Center
September 17-18, 1985

Introduction

During an unannounced living conditions review of Buffalo Psychiatric Center (BPC) in May of 1984, Commission staff discovered numerous deficiencies including overcrowding on all wards, inadequate or nonexistent personal hygiene supplies, filthy ward conditions, as well as serious safety and suicidal hazards.

In February of 1985, Commission staff returned to the facility to see if cited deficiencies had been remedied and plans of correction had been implemented. Commission staff found markedly improved conditions. Overcrowding had been reduced, and on most wards, individualized personal hygiene kits were found. The facility was found to be clean and well maintained, evidencing increased maintenance and housekeeping services. Previously noted potential suicide/safety problems had also been corrected.

In compliance with the legislative mandate in Chapter 50 of the Laws of 1985 requiring the Commission to review basic living conditions in all State psychiatric centers, Commission staff revisited BPC on September 17 and 18. As preliminarily

discussed with BPC staff, the objectives of this living conditions review were twofold:

- (1) to determine if living conditions on three of the wards previously reviewed by the Commission in May of 1984 and February of 1985 continue to show improvements in the quality of care; and,
- (2) to determine if facility-stated plans of action addressing new procedures, staff assignments, and/or supervisory monitoring had been implemented on the other three wards selected for review.

With the assistance of a data collection instrument, Commission staff visited Wards 63, 68, 80 (three original wards) and Wards 44, 47, 75 (three new wards) to assess living conditions. The review focused on four general areas: patient personal needs, environmental conditions, patient safety, and quality of life. Additionally, CQC staff observed four randomly selected patients on each ward, assessing the adequacy of their clothing and personal hygiene supplies. If appropriate, these same patients were interviewed to record their perceptions of how well their basic needs were being met.

As indicated below, during this latest round of site visits, BPC continued to show marked improvements in most areas reviewed. As with our February 1985 follow-up visit to the center, the fruits of improved management systems and accountability were evident on all wards visited. No serious systemic deficiencies were found and, in most instances, noted problems were isolated and minimal.

PATIENT PERSONAL NEEDS

Clothing

Patients were found to be dressed in clean, well fitting, and seasonally appropriate clothing. Patient clothing was individualized, appropriately labeled, and stored in wardrobes. In fact, if a patient is unable to keep his/her clothing in a wardrobe, it is considered a treatment rather than a storage problem, and dealt with accordingly.

Of the 24 patients interviewed, we found 19 to be appropriately dressed, and only very minor problems were found with the clothing worn by the other 5 individuals. We did notice, however, that black plastic bags, creating a potential suicide hazard, were used by all patients to store dirty laundry. Laundry baskets or cloth laundry bags were not used for this purpose.

The adequate supply of personalized patient clothing we found at BPC appears to be the result of a smoothly run clothing management and distribution system. Patients are able to select and receive three sets of clothing within three days of admission and, if necessary, receive three additional changes of clothes within 14 days. Clothing inventories are checked quarterly, and patient clothing needs are then met either by shopping in the community, use of a mobile shopper's service, or through BPC's own clothing store.

ENVIRONMENTAL CONDITIONS

Cleanliness

Administrative changes made by BPC to upgrade the house-keeping department, including the assignment of housekeepers to specific areas in the facility, continue to result in generally clean and odor-free conditions throughout the center. Only minor, isolated problems were noted on two wards. On Ward 63, dirty clothes and linens were found under several beds in a dorm area, dorm fans were dirty, and in the bathroom the corners of the floor were dirty, the mirrors needed to be cleaned, and the floor was moldy under a shower curtain. The only problem noted on Ward 68 was a dirty shower vent. All other areas reviewed were spotless. In addition, staff at BPC indicated that there are only occasional problems with cockroaches, and that the roach control program has been generally effective. House-keeping staff deserve to be complimented on the exceptional job they are doing.

Physical Plant Maintenance

Commission staff found walls, windows, and ceilings painted and in good repair on all wards visited. In addition, all toilets flushed, sinks drained, faucets worked, and all fixtures were free of leaks. Administration at BPC indicate that the excellent level of repair found at the facility is the result of an aggressive preventative maintenance program and a revamped work order system that produces an accountable, responsive

maintenance force. At no time during our two-day visit did any of the staff we spoke with complain about BPC's maintenance staff. In fact, they all commented on the usually quick response of the maintenance staff as well as the quality of their work.

While the facility was very clean and well maintained, additional decorations and personalizing touches in the sleeping areas and hallways would enhance the ambiance of all wards. Similarly, the day rooms of Wards 44 and 68, and the visitors' rooms of Wards 63, 68, and 80 appeared rather barren and could benefit immensely from additional efforts to create a warm, comfortable environment.

In contrast to these well maintained yet cold living areas found on several of the adult wards, were the very impressive wall murals found in the hallways and dining areas adjacent to the psychogeriatric wards. These most striking works were the effort of an artist hired on a grant from the Union Carbide Company, and are quite beautiful.

PATIENT SAFETY

Emergency Medical Equipment and Procedures Suicide and Safety Hazards

The review of the on-ward emergency medical equipment revealed that the necessary items were present and appropriately inspected. A check of this equipment on every shift guaranteed it to be in good working order. Every staff member questioned

knew who to call in a medical emergency, and knew the location of first aid and emergency medical equipment.

The facility was mostly free of suicide or safety hazards, and Commission staff observed breakaway bars in all shower areas and toilet stalls. However, after the seclusion room was painted on Ward 63 the observation mirror was not replaced, on Ward 68 curtain rod holders which could pose a suicide hazard remained in place above a seclusion room window. There were also exposed overhead pipes in the hallways, day rooms, and in some of the sleeping areas on Wards 44, 63, and 75. In addition, on all wards, the use of plastic bags to store dirty clothing, noted above, presents a potential suicide hazard.

QUALITY OF LIFE

Overcrowding

In general, BPC had comfortable spacious living areas for patients. All dining rooms had sufficient seats and space for the patients, and the vast majority of sleeping areas and day rooms surveyed had ample room. Commission staff did find Ward 63 to be somewhat overcrowded. On this ward the day room had only 26 seats for 35 patients, and in one dorm area there were four beds that were less than two feet apart.

Patient Idleness/Staff Activities

During our visit we found ample leisure time supplies and equipment on all wards. These supplies and equipment were also readily accessible to patients and maintained in good repair.

All wards had a current program schedule posted listing specific activities, and, in general, staff and patients were involved in some type of activity. We observed patients playing cards, ping-pong, games, reading, exercising, shooting pool, listening to the stereo, and watching T.V. Off-ward programs in the Rehab and Strozzi buildings were varied, and included both structured vocational programs as well as unstructured social and recreational programs. These programs were popular, and we noted that at least several patients from every ward visited were off the ward attending one or another of these programs.

Privacy/Security

Patient privacy was well protected at the facility. All wards had designated private visiting rooms. All bathrooms had doors on toilet stalls and curtains for showers, and showering of patients was conducted in a humane manner which safeguarded their privacy.

However, on all wards the unavailability of keys prevented patients from locking their wardrobes, severely limiting a patient's ability to secure his or her personal belongings. The seriousness of this deficiency was reinforced by both patient and staff complaints of the theft problem at the facility.

Basic Amenities of Daily Living

Such basic amenities as patient rights' information, day room and dormitory clocks, calendars, and drinking water fountains were available on almost all wards reviewed. Only

isolated minor deficiencies, such as lack of a clock in several sleeping areas, no calendar in two day rooms, and missing or outdated menus on three wards were noted.

Of special note in terms of amenities for patients' special needs was a renovated bathroom on Ward 44. This bathroom was designed for wheelchair-bound patients and contained such inpatient items as tilted mirrors, raised sinks to allow wheelchairs underneath, and electrical outlets above the sinks so patients could plug in electric razors or hair dryers, without bending down.

Meals and Dining

All dining areas were clean and fairly well decorated. Meals were of sufficient quantity and attractively served at appropriate temperatures. Condiments were available, and a full complement of silverware was available. Most importantly, all patients interviewed stated that the food was nutritious and good.

Summary

Commission staff were pleased to discover that all six wards reviewed generally provided satisfactory care in the areas of patient personal needs, environmental conditions, patient safety, and quality of life. New policies and supervisory monitoring continue to enhance the productivity and efficiency of the housekeeping and maintenance departments. Improving systems of both management and distribution of clothing,

personal hygiene supplies, linen, and bathroom supplies were in evidence on the wards. In general, deficiencies that were noted in May of 1984 and February of 1985 have been corrected or are being addressed.

However, several areas of concern were noted during the review:

- o The unavailability of wardrobe keys prevents patients from securing their valuables. A number of patients and staff mentioned that theft of clothing and other items exists on most of the wards reviewed.
- o The use of plastic bags appear to be a poor system for storing dirty clothing. The use of netted cloth bags or a laundry basket would be more sanitary, and eliminate a possible suicide hazard.
- o On all wards, additional decorations and personalizing touches in the sleeping areas and hallways would enhance the ambiance.

Finally, Commission staff would like to take this opportunity to applaud the many caring staff-patient interactions we observed. Without exception, these exchanges were caring and polite. Facility staff conducted themselves in a warm yet professional manner, and deserve praise and encouragement to continue.

Appendix I

LISTING OF SPECIFIC CONCERNS
IDENTIFIED BY COMMISSION REVIEWERS

Listing of Concerns

Facility: Buffalo Psychiatric Center
 Dates Visited: September 17, 18, 1985
 Reviewers: Paul Remick
 Mark Keegan

<u>Item #</u>	<u>Ward</u>	<u>Description</u>
<u>Clothing</u>		
119. Wards' dirty clothing is stored appropriately.	44, 47, 63, 68, 75, 80	On all wards, the use of plastic bags to store dirty clothing was observed. A more appropriate system to store dirty clothing, such as a netted cloth bag or a laundry basket, could be implemented.
120. Ward clothing storage area is clean and neat.	68	On Ward 68 there was some clothing debris on the floor of the storage room.
121. Patients' personal clothing is labeled and stored in an orderly fashion.	63, 68	On Wards 63 and 68, patients are responsible for the storage of their personal clothing. Some of the ward-robe closets were messy and disheveled.
123. Ward's washer/dryer clean.	68	On Ward 68 the dryer's lint filter needed to be cleaned.
PA E. Patient is appropriately dressed (e.g., shirt/blouse, pants/skirt, underwear, socks/stockings, shoes).	44	On Ward 44, one of the four patients interviewed was not wearing shoes.

<u>Item #</u>	<u>Ward</u>	<u>Description</u>
<u>Clothing (contd)</u>		
PA H. Patients' clothing is clean.	44, 63, 75	On Wards 44, 63, and 75, one of the four patients interviewed was wearing a stained or soiled shirt.
PA I. Patient's clothing is in reasonably good repair.	44	On Ward 44, one of the four patients interviewed was wearing pants that had several cigarette burns on them.
<u>Personal Hygiene Supplies</u>		
56. Patients' personal hygiene kits are complete (toothbrush, toothpaste, hairbrush or comb) and individually labeled.	63	On Ward 63, although hygiene supplies were present, they were not in personal kits.
92. Patients have opportunity to shower daily.	44	On Ward 44 the general policy is that patients shower twice a week.
PA C. Patient is shaved.	44, 63, 75	On Ward 75, three of the four patients interviewed needed a shave. On Wards 44 and 63, one of the four patients interviewed needed a shave.
PA D. Patient has appropriate personal grooming supplies in a labeled personal kit (e.g., hairbrush or comb, toothbrush, toothpaste, shampoo, and soap).	63	On Ward 63, one of the four patients interviewed needed a hairbrush.

<u>Item #</u>	<u>Ward</u>	<u>Description</u>
<u>Bed and Bathing Linens</u>		
53. Each patient has adequate bed linens (e.g., two sheets, blanket or bed-spread, pillow, pillow-case).	63	On Ward 63 one bed had no sheets.
88. Ward has sufficient washcloths for washing.	68	On Ward 68 there were only 11 washcloths available.
<u>Bathroom Supplies</u>		
67. Ward has a sufficient number of showers (one for every 8 patients).	44, 47, 63, 68, 75, 80	On Wards 47, 63, 75, and 80, there are only two shower heads for between 25 and 35 patients; on Ward 44 there are only two shower heads and one universal tub for 23 patients, and on Ward 68 there were only three shower heads for 30 patients.
80. Bathrooms have soap in soap dispensers.	75	On Ward 75, two of the three soap dispensers needed to be filled.
<u>Cleanliness</u>		
9. Day room's furniture clean and in good repair.	63	On Ward 63 approximately half of the chairs in the day room had burn holes.

<u>Item #</u>	<u>Ward</u>	<u>Description</u>
<u>Cleanliness (contd)</u>		
42. Sleeping areas are clean.	63	On Ward 63, in the dorm areas dirty clothes and linen were found under some of the beds. The fans in the dorms were also dirty.
61. Bathrooms are clean.	63, 68	On Ward 63 the corners and edges of the bathroom floors were dirty; the mirrors needed to be cleaned; the floor was moldy under the shower mats. On Ward 68 a vent in the shower was dirty.
<u>Vermin and Sanitation</u>		
128. Ward free of insects.	47, 63, 68, 80	On Wards 47, 63, 68, and 80, staff stated that there were occasional problems with cockroaches.
<u>Walls, Windows, Ceilings</u>		
103. Dining room walls, ceilings painted and maintained.		Main dining room in Strozzi Building had a major ceiling leak due to an ongoing capital construction project. This appears to be a very temporary situation, and staff took great pains to ensure patient safety.
<u>Attractiveness/Comfort</u>		
6. Day room has appropriate humanizing touches.	44, 68	On Wards 44 and 68 the day rooms need additional decorations and humanizing touches. The addition of plants, posters, etc., would make these day rooms more attractive.

<u>Item #</u>	<u>Ward</u>	<u>Description</u>
<u>Attractiveness/Comfort (contd)</u>		
7. Day room has window shades/curtains.	63	On Ward 63 the day room curtains were short in length and did not cover the entire window.
31. Visiting room has appropriate humanizing touches.	63, 68, 80	On Wards 63, 68, and 80 the visitors room needs additional decorations and humanizing touches. The addition of plants, posters, etc., would greatly enhance the ambiance of these rooms.
46. Sleeping areas have appropriate humanizing touches.	44, 47, 63, 68, 75, 80	On all wards reviewed, the sleeping areas need additional decorations and personalizing touches. The addition of personalized articles, color-coordinated bedspreads, wall hangings, etc., would greatly enhance the ambiance of these dorm areas.
47. Sleeping areas have window shades/curtains.	63	On Ward 63, in the dorm, one window had no curtain rod.
101. Dining room has appropriate humanizing touches.		The main dining room in the Strozzi Building needs additional decorations. Wall decorations, plants, murals, centerpieces, etc., could all be used to enhance the ambiance of the dining room.

<u>Item #</u>	<u>Ward</u>	<u>Description</u>
<u>Suicide Hazards</u>		
41. Seclusion room is safe (in terms of self-injury; i.e., no sharp objects, loose sheets, light fixtures, wall sockets, etc.).	63, 68	On Ward 63 the observation mirror was not replaced after the room was repainted. On Ward 68, curtain rod holders were in place above the window (but were removed within 24 hours of CQC observation).
139. Ward is free of obvious suicide hazards (e.g., exposed overhead pipes, nonbreakaway shower	44, 63, 75, 47, 68, 80	On Wards 44, 63, and 75 there were exposed pipes in the hallways, day rooms, and in some of the sleeping areas. On all wards the use of plastic bags for dirty clothing storage may present a potential suicide hazard.
<u>Fire and Other Safety Hazards</u>		
133. Ward is free of frayed or exposed electrical wires.	44, 80	On Ward 80 a light switch in the hallway was missing its cover. (It was repaired by the time CQC staff left the ward.) On Ward 44 a lamp in both the visitors room and the day room was without a bulb, but neither lamp was plugged in.
<u>Overcrowding</u>		
14. Day room has sufficient seats/space for patients.	63	On Ward 63 the day room had twenty-six seats for 35 patients.
49. Sleeping areas have sufficient space around beds (at least two feet).	63	On Ward 63, in the dorm area, there were four beds that were less than two feet apart.

<u>Item #</u>	<u>Ward</u>	<u>Description</u>
<u>Protection/Security/Access to Personal Belongings</u>		
51. Each patient has a secure personal storage space.	44, 47, 63, 68, 75, 80	On all wards there were no keys available for the patients to lock their wardrobe closets. Patients complained of items being stolen on several wards.
<u>Amenities</u>		
11. Day room has non-smoking areas available to patients.	80	On Ward 80 there was no non-smoking area in the day room.
12. Day room has non-smoking area posted.	44, 68, 80	On Wards 44, 68, and 80 there was no non-smoking area sign exhibited.
13. Staff enforce non-smoking area rule.	68	On Ward 68 staff did not enforce the non-smoking area rule in the day room.
19. Day room has calendar with correct date.	44, 63	On Wards 44 and 63 the day rooms did not have a calendar with the correct date.
20. Day room has correct day/date posted.	63	On Ward 63 the correct day/date were not posted in the day room.
59. Sleeping areas have clocks with correct time accessible to patients in dorm areas.	63, 68, 80	On Wards 63, 68, and 80 there were no clocks in the sleeping areas.

Appendix II

FACILITY RESPONSE AND
PROPOSED PLAN OF CORRECTION



**NEW YORK STATE
OFFICE OF MENTAL HEALTH**

44 Holland Avenue, Albany, New York 12229

WESTERN NEW YORK REGIONAL OFFICE
C. RICHARD ORNDOFF, Regional Director
DAVID J. CARLINI, Deputy Regional Director

STEVEN E. KATZ, M.D.
Commissioner

MEMORANDUM

TO: Mark Keegan
Commission on Quality of Care

FROM: Robyn Meyer *RAM*
WNY Regional Office

RE: BUFFALO PSYCHIATRIC CENTER'S PLAN OF CORRECTIVE ACTION

DATE: February 12, 1986

Enclosed please find BPC's Plan of Correction for the CQC's unannounced site visit in September.

If you have any questions, please contact me.

RAM/dmt
Enclosure

CC: C. Richard Orndoff, WNY Regional Office
David J. Carlini, WNY Regional Office
Patricia T. Oulton, Buffalo Psychiatric Center
Rich Panell, Buffalo Psychiatric Center
Donna Martello, Program Operations - OMH

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<u>Attractiveness/Comfort</u>				
<p>6. Day room has appropriate humanizing touches.</p> <p>On wards 44 & 68 the day rooms need additional decorations and humanizing touches. The addition of plants, posters, etc., would make these day rooms more attractive.</p>	<p>Additional pictures, plants and furniture have been placed in these areas to to improve the environment.</p>	<p>An environmental coordinator has been appointed to assess the environment on each ward and to assist ward staff in making improvements. Decorating contests have been held to stimulate further humanization and personalization. These efforts will continue.</p>	Ongoing	<p>Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>
<p>7. Day room has window shades/curtains.</p> <p>On ward 63 the dayroom curtains were short in length and did not cover the entire window.</p>	<p>None taken. "Short" curtains were selected by ward staff to enhance air circulation. They will be replaced by full curtains with tiebacks.</p>	None	4/1/86	<p>Curtains are reviewed and replaced according to a predetermined schedule.</p>
<p>31. Visiting room has appropriate humanizing touches.</p> <p>On wards 63, 68, & 80 the visitors room needs additional decorations and humanizing touches. The addition of plants, posters, etc., would greatly enhance the ambiance of these rooms.</p>	<p>In each area visiting rooms have been improved by the addition of pictures and plants.</p>	<p>As noted before, the environmental coordinator will work with ward staff to continue to improve ward and visiting room environments</p>	Immediate	Ongoing

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<p>46. Sleeping areas have appropriate humanizing touches.</p> <p>On all wards reviewed, the sleeping areas need additional decorations and personalizing touches. The addition of personalized articles, color-coordinated bedspreads, wall hangings, etc., would greatly enhance the ambiance of these dorm areas.</p>	<p>Some improvements have been made in each area noted.</p>	<p>As noted above, an environmental coordinator has been appointed and will continue our efforts to improve the patient environment.</p>	<p>Ongoing</p>	
<p>47. Sleeping areas have window shades/curtains.</p> <p>On ward 63, in the dorm, one window had no curtain rod.</p>	<p>The curtain rod has been replaced.</p>	<p>This area is reviewed in environmental reviews. Problems are sent to ward staff for correction.</p>	<p>Ongoing</p>	
<p>101. Dining room has appropriate humanizing touches.</p> <p>The main dining room in the Strozzi Bldg. needs additional decorations. Wall decorations, plants, murals, centerpieces, etc., could all be used to enhance the ambiance of the dining room.</p>	<p>Hanging plants and pictures have been added. Many areas have been repainted.</p>	<p>The dining area is in the process of being expanded and improved. This contract is starting in March, 1986 and will be completed by June, 1986.</p>	<p>Completed</p>	<p>Environmental tours will continue. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<p><u>Suicide Hazards</u></p> <p>41. Seclusion room is safe (in terms of self-injury; i.e., no sharp objects, loose sheets, light fixtures, wall sockets, etc.).</p> <p>On ward 63 the observation mirror was not replaced after the room was repainted. On ward 68, curtain rod holders were in place above the window (but were removed within 24 hrs. of CQC observation).</p> <p>139. Ward is free of obvious suicide hazards (e.g., exposed overhead pipes, nonbreakaway shower).</p> <p>On wards 44, 63, & 75 there were exposed pipes in the hallways, dayrooms and in some of the sleeping areas. On all wards the use of plastic bags for dirty clothing storage may present a potential suicide hazard.</p>	<p>The observation mirror has been replaced.</p> <p>These problems have been turned over to the safety and environmental committees for their review and for their recommendations.</p>	<p>Seclusion rooms are checked in the environmental tours. Problems are noted and are sent to ward staff or support service for correction.</p> <p>Pending</p>	<p>Ongoing</p> <p>Pending</p>	<p>Environmental tours will continue. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p> <p>Pending Target date for report submission is 4/1/86</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<p><u>Fire and Other Safety Hazards</u></p>				
<p>133. Ward is free of frayed or exposed electrical wires.</p> <p>On ward 80 a light switch in the hallway was missing its cover. (It was repaired by the time CQC staff left the ward). On ward 44 a lamp in both the visitors room and the dayroom was without a bulb, but neither lamp was plugged in.</p>	<p>Bulbs were replaced in each lamp immediately. A stock of bulbs is now maintained by unit staff to insure rapid replacement of bulbs.</p>	<p>Environmental safety issues are reviewed during the environmental review process. Noted problems are forwarded to the appropriate area for corrective action.</p>	<p>Ongoing</p>	<p>Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>
<p><u>Overcrowding</u></p>				
<p>14. Dayroom has sufficient seats/space for patients.</p> <p>On ward 63 the dayroom had 26 seats for 35 patients.</p>	<p>Patients have other areas to use in addition to the day room including a lounge and a music room.</p>	<p>None</p>	<p>None</p>	<p>None</p>
<p>49. Sleeping areas have sufficient space around beds (at least 2 feet).</p> <p>On ward 63 in the dorm area there were 4 beds that were less than 2 feet apart.</p>	<p>This was corrected by the time the report was received.</p>	<p>Placement of beds is reviewed during the environmental review process.</p>	<p>Ongoing</p>	<p>Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<u>Protection/Security/Access to Personal Belongings</u>				
<p>51. Each patient has a secure storage space.</p> <p>On all wards there were no keys available for the patients to lock their wardrobe closets. Patients complained of items being stolen on several wards.</p>	<p>Keys have been made available to patients in many of our geographic units. This effort will continue so that all patients capable of handling keys have control of their wardrobes.</p>	<p>Future purchasing of wardrobes will consider products which will allow patients to lock wardrobes without the current key system required. Systems which have master keys or combination locks will be sought.</p>	<p>Ongoing</p>	
<u>Amenities</u>				
<p>11. Dayroom has non-smoking areas available to patients.</p> <p>On ward 80 there was no non-smoking area in the dayroom.</p>	<p>Non-smoking areas have been designated.</p>	<p>Smoking areas are reviewed as part of the ongoing environmental review process.</p>	<p>Immediate and Ongoing</p>	<p>Environmental reviews will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>
<p>12. Dayroom has non-smoking area posted.</p> <p>On wards 44, 68, & 80 there was no non-smoking area sign exhibited.</p>	<p>Non-smoking areas have been designated.</p>	<p>Smoking areas are reviewed as part of the ongoing environmental review process.</p>	<p>Immediate and Ongoing</p>	<p>As noted above the environmental tours will continue. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<p>13. Staff enforce non-smoking area rule.</p> <p>On ward 68 staff did not enforce the non-smoking area rule in the day room.</p>	<p>At the time this report was received these staff could not be identified.</p>	<p>When staff fail to enforce ward rules and regulations they are verbally counseled. Repeated problems could lead to discipline.</p>	Ongoing	Unit/Ward Supervision
<p>19. Dayroom has calendar with correct date.</p> <p>On wards 44 & 63 the dayrooms did not have a calendar with the correct date.</p>	<p>Ward staff are responsible to review calendars daily. Staff reminded of this expectation.</p>	<p>Calendar dates are reviewed during the environmental reviews and are corrected when problems are noted.</p>	Ongoing	<p>Environmental reviews will continue. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>
<p>20. Dayroom has correct day/date posted.</p> <p>On ward 63 the correct day/date were not posted in the dayroom.</p>	<p>Ward staff are responsible to review calendar dates daily. Staff reminded.</p>	<p>As above, environmental reviews cover correct day/date posting.</p>	Ongoing	<p>Environmental Reviews will continue. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>
<p>59. Sleeping areas have clocks with correct time accessible to patients in dorm areas.</p> <p>On wards 63, 68, & 80 there were no clocks in the sleeping areas.</p>	<p>Clocks have been placed in all sleeping areas on wards 63 & 68. Clocks are being placed in the hallways of ward 80 (the majority of rooms are single) due to cost considerations and concern about the hazard presented when the plastic covers from the clock face is broken.</p>	<p>Presence of clocks is checked during the environmental reviews.</p>	Immediate and Ongoing.	<p>Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<p>110. Ward has menu posted in area accessible to patients.</p> <p>On ward 63 there was no menu posted. On ward 68 the previous day's menu was posted. On ward 75 the previous week's menu was posted.</p> <p><u>Clothing</u></p>	<p>MHTA's responsible for posting menus weekly and changing menu page daily.</p>	<p>Presence of up to date menu is checked during the environmental review.</p>	<p>Immediate and Ongoing</p>	<p>Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>
<p>119. Wards' dirty clothing is stored appropriately.</p> <p>On all wards the use of plastic bags to store dirty clothing was observed. A more appropriate system to store dirty clothing, such as a netted cloth bag or a laundry basket, could be implemented.</p>	<p>None Issue to be reviewed by environmental and safety committees.</p>	<p>We are currently reviewing several methods for clothing storage which would be more acceptable and of a reasonable cost. These include a canvas or cloth clothing bag and an open mesh bag or basket.</p>	<p>4/1/86</p>	<p>Director and Clinical Director to review committee recommendations.</p>
<p>120. Ward clothing storage area is clean & neat.</p> <p>On ward 68 there was some clothing debris on the floor of the storage room</p>	<p>Room was cleaned upon notification or problem.</p>	<p>The room is checked daily by ward staff and cleaned when problems are noted.</p>	<p>Immediate Review is Ongoing</p>	<p>In addition to ward reviews, environmental tours are conducted at least monthly and the condition of each room is reviewed.</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<p>121. Patients' personal clothing is labeled and stored in an orderly fashion.</p> <p>On ward 63 & 68 patients are responsible for the storage of their personal clothing. Some of the wardrobe closets were messy and disheveled.</p>	Wardrobe closets were inspected and cleaned.	Immediate Reviews are Ongoing	Ward staff will continued to monitor.	Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.
<p>123. Ward's washer/dryer clean.</p> <p>On ward 68 the dryer's lint filter needed to be cleaned.</p>	Lint filter was cleaned	This item is reviewed during the environmental tours. All deficiencies are addressed immediately upon discovery.	Immediate Reviews are Ongoing	Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.
<p>PA E. Patient is appropriately dressed (e.g. shirt/blouse, pants/skirt, underwear, socks/stockings, shoes).</p> <p>On ward 44 one of the four patients interviewed was not wearing shoes.</p>	At the time this report was received this patient could not be identified.	The condition of patient clothing including footwear is observed each day by ward staff and when problems are noted are corrected.	Reviews are Ongoing	Environmental tours review patient clothing and report problems to unit administration for correction.

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<p>PA H. Patients' clothing is clean.</p> <p>On ward 44, 63 & 75, one of the four patients interviewed was wearing a stained or soiled shirt.</p>	<p>At the time this report was received these patients could not be identified.</p>	<p>The condition of patient clothing is reviewed each day by ward staff. When problems are noted they are corrected.</p>	<p>Reviews are Ongoing</p>	<p>As noted above, environmental tours also review the condition of patient clothing.</p>
<p>PA I. Patient's clothing is in reasonably good repair.</p> <p>On ward 44 one of the four patients interviewed was wearing pants that had several cigarette burns on them.</p>	<p>At the time this report was received this patient could not be identified.</p>	<p>The condition of the clothing is checked by both ward staff and laundry staff. When clothing is no longer in wearable condition it is condemned and replaced.</p>	<p>Reviews are Ongoing</p>	<p>Ward and laundry staff will continue to monitor the condition of patient clothing.</p>
<p><u>Personal Hygiene Supplies</u></p> <p>56. Patients' personal hygiene kits are complete (toothbrush, toothpaste, hairbrush or comb) and individually labeled.</p> <p>On ward 63, although hygiene supplies were present, they were not in personal kits.</p>	<p>Personal hygiene kits were made up for all patients on this ward.</p>	<p>Personal hygiene kits are checked at random during each environmental tour. When problems are identified ward staff are notified to correct them.</p>	<p>Immediate Reviews are Ongoing</p>	<p>Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<p>92. Patients have opportunity to shower daily.</p> <p>On ward 44 the general policy is that patients shower twice a week.</p>	<p>Policy has been clarified. Patients must shower at least 2x per week and more often if desired or necessary.</p>	<p>Environmental reviews cover this issue.</p>	<p>Immediate and Ongoing.</p>	<p>Patients personal hygiene is reviewed in environmental review.</p>
<p>PA C. Patient is shaved.</p> <p>On ward 75 three of the four patients interviewed needed a shave. On wards 44 & 63, one of the four patients interviewed needed a shave.</p>	<p>Policy on shaving has been clarified. Patients are shaved daily.</p>	<p>Patient condition is reviewed during ward environmental reviews.</p>	<p>Immediate and Ongoing.</p>	<p>Environmental reviews will continue. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>
<p>PA D. Patient has appropriate personal grooming supplies in a labeled personal kit (e.g. hairbrush or comb, toothbrush, toothpaste, shampoo, and soap).</p> <p>On ward 63 one of the four patients interviewed needed a hair brush.</p>	<p>At the time this report was received, this patient could not be identified.</p>	<p>Personal hygiene supplies are available through the facility storehouse. Monthly inventories are conducted to insure adequate supplies are always on hand. Environmental tours randomly select personal hygiene kits to insure they are complete.</p>	<p>Ongoing</p>	<p>Inventories are conducted monthly. Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<u>Bed and Bathing Linens</u>				
<p>53. Each patient has adequate bed linens (e.g. two sheets, blanket or bedspread, pillow, pillowcase).</p> <p>On ward 63 one bed had no sheets.</p>	<p>At the time the report was received this was no longer a problem.</p>	<p>Bed and bath linens are delivered to each ward weekly. Ongoing inventories insure an adequate supply is always available. When problems are discovered emergency supplies are delivered to the effected unit.</p>	<p>Ongoing</p>	<p>Deliveries and inventories will continue.</p>
<p>88. Ward has sufficient washcloths for washing.</p> <p>On ward 68 there were only 11 washcloths available.</p>	<p>At the time the report was received this was no longer a problem.</p>	<p>As noted before, ongoing inventories are conducted and emergency linen supplies are available.</p>	<p>Ongoing</p>	<p>Delivery and inventory procedures will be continued.</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<u>Cleanliness</u>				
<p>9. Dayroom furniture clean and in good repair.</p> <p>On ward 63 approximately half of the chairs in the dayroom had burn holes.</p>	<p>Chairs and couches were scheduled for upholstery. This project has not yet been completed.</p>	<p>The condition of furniture is checked during each environmental tour. When problems are noted the furniture is sent to our patient workshop for repair or is replaced.</p>	<p>2/15/86 Ongoing</p>	<p>Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>
<p>42. Sleeping areas are clean.</p> <p>On ward 63 in the dorm areas dirty clothes and linen were found under some of the beds. The fans in the dorms were also dirty.</p>	<p>The dorm areas and fans have been cleaned.</p>	<p>These areas are reviewed in the environmental reviews. When problems are noted they are brought to the ward staff attention for correction.</p>	<p>Ongoing</p>	<p>Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>
<p>61. Bathrooms are clean.</p> <p>On ward 63 the corners and edges of the bathroom floors were dirty; the mirrors needed to be cleaned, the floor was moldy under the shower mats. On ward 68 a vent in the shower was dirty.</p>	<p>This bathroom was cleaned as part of a special project.</p>	<p>Environmental tours are conducted and review this area. The facility is currently looking for an alternative to the shower mats which have been problematic</p>	<p>6/1/86</p>	<p>Environmental tours will be continued. These are conducted monthly by the unit staff, the Environmental Committee and by the Regional Office.</p>

Findings and/or Recommendations	Immediate Corrective Action	Systemic Corrective Action	Date Implemented or Target Date	Ongoing Review Plan
<p><u>Vermin and Sanitation</u></p> <p>128. Ward free of insects.</p> <p>On wards 47, 63, 68, and 80 staff stated that there were occasional problems with cockroaches.</p>	<p>The facility has an extermination contract and monitors requests for extermination to insure an adequate response to each extermination request. This contract provides for routine extermination as well as for special projects.</p>	<p>As noted.</p>	<p>Ongoing</p>	<p>As noted.</p>
<p><u>Walls, Windows, Ceilings</u></p> <p>103. Dining room walls, ceilings painted and maintained.</p> <p>Main dining room in Strozzi Bldg. had a major ceiling leak due to an ongoing capital construction project. This appears to be a very temporary situation and staff took great pains to ensure patient safety.</p>	<p>The roof construction has been completed as of 12/30/85.</p>	<p>None needed.</p>	<p>—</p>	<p>—</p>

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