pennsylvania
DEPARTMENT OF HUMAN SERVICES

December 6, 2019

Ms. Jill Schaller
Executive Vice President of PA Residential
Kidspeace National Center, Inc.
2085 Independence Drive
Schnecksville, Pennsylvania 18078

RE: Franklin House
License #: 207040

Dear Ms. Schaller:

Thank you for your prompt reply to my request for a Plan of Correction. I have reviewed your Plan of Correction and find it to be relevant and appropriate. I am, therefore, approving your action plan.

Please feel free to let me know if I can be of further assistance in the future.

Sincerely,

Brian Hazlak

Brian Hazlak, MA
Licensing Supervisor

Enclosure
Licensing Inspection Summary

Department of Human Services
Office of Children, Youth and Families
LICENSING/APPROVAL/REGISTRATION INSPECTION SUMMARY
55 PA.CODE CHAPTER 3800

Agency/Facility Information

Name: FRANKLIN HOUSE
Address: 5300 KIDSPEACE DRIVE,, ORCHARD HILL CAMPUS,, OREFIELD, PA 18069
Phone: 6107998000
License #: 20704
County: LEHIGH

Inspection Information

Start Date: 10/21/2019 End Date: 10/30/2019 Type: Complaint Notice: Unannounced Visit
Inspector(s): Mark Piazza, Brian Hazlak

Inspection Narrative

The Department of Human Services Office of Children, Youth, and Families conducted a complaint investigation on 10/21/2019. The investigation consisted of video surveillance footage review, record review, and interviews with children and staff. The following violations are being cited in accordance with the 3800 regulations and require a plan of correction.

Signature

The legal entity representative must complete the "Provider's Plan of Correction or Response," sign on the signature line below and date all pages of this document. Return this entire document when completed to your Regional Office no later than 11/15/2019.

Andrea Stettler, MBA — Signature of Legal Entity Representative — 11/15/2019 — Date

Andrea Stettler — Name of Legal Entity Representative — Program Director — Title — 610-799-7991 — Telephone Number

OCYF Regional Staff Approval

Mark Piazza — Signature — 12/6/19 — Date

Brian Hazlak — Signature — 12/6/19 — Date

Signature — 12-6-19 — Date

32 Specific Rights

1. 55 PA Code Chapter

3800.

32.b. A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

Area of Non-Compliance

Per video surveillance footage review of the morning of 10/20/2019, Staff Member A is seen pushing Child # 1 into his bedroom, pulls Child # 2 backwards by his shirt while the Child # 2 is attempting to walk down the hallway, and is physically blocking Child # 3 from walking down the hallway which makes Child # 3 fall to the floor.

In a separate incident on the same morning, after Child # 1 was aggressive towards a peer, Staff Member A is seen chasing after Child #1 then grabs Child # 1 by the arm and attempts to utilize an SCM Technique. Child # 1 falls to the floor and Staff Member A grabs Child # 1's foot/ankle and picks his leg up. Staff Member A takes a couple of steps while holding Child # 1's foot/ankle and drags Child #1 on the floor for approximately 2-3 feet. Provider's Plan of Corrective Action or Response

See Attached

Status of Correction:

202 Appropriate Use of Restrictive Procedures

1. 55 PA Code Chapter

3800.

202.b. With the exception of exclusion as specified in § 3800.212 (relating to exclusion), a restrictive procedure may be used only to prevent a child from injuring himself or others.

Area of Non-Compliance

Date:

Andrew Stutz, MSA
11/15/19

Child # 1 was physically aggressive towards a peer on the morning of 10/20/2019. Staff Member A is seen on video surveillance footage running towards Child # 1 and Child # 1 runs away from the peer. Staff Member A runs towards Child # 1 and attempts to initiate an SCM procedure on Child # 1. Child # 1 falls to the floor and Staff Member A is seen picking up Child # 1's leg by the foot/ankle and takes a couple steps while holding Child # 1's leg. Child #1 had disengaged from the conflict from the other peer and was not an immediate threat at the time of the attempted initiation of the restraint.

FRANKLIN HOUSE 20704

202 Appropriate Use of Restrictive Procedures (continued)

Provider's Plan of Corrective Action or Response

See Attached

Status of Correction:

206 Seclusion

1. 55 PA Code Chapter

3800.

206. Seclusion, defined as placing a child in a locked room, is prohibited. A locked room includes a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.

Area of Non-Compliance

Per video surveillance footage review, Staff Member A is seen pushing Child # 1 into his/her room and placing a large wooden chair in front of Child # 1's door and sits in the chair, which is blocking Child # 1 from exiting the room. Provider's Plan of Corrective Action or Response

See Attached

Date: 11/15/19

Status of Correction:

Date:

Andrew Stubbs, MAA
11/15/19

Department of Human Services Licensing Inspection Summary
KidsPeace Plan of Correction
Patriot Center – Franklin House
License 207040
November 15, 2019

1. **Regulation- 3800.32(b)- A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment**

   a. Description of Violation: Per video surveillance footage review of the morning of 10/20/19, Staff Member A is seen pushing Child #1 into his bedroom, pulls Child #2 backwards by his shirt while the Child #2 is attempting to walk down the hallway, and is physically blocking Child #3 from walking down the hallway which makes Child #3 fall to the floor. In a separate incident on the same morning, after Child #1 was aggressive towards a peer, Staff Member A is seen chasing after Child #1 then grabs Child #1 by the arm and attempts to utilize an SCM technique. Child #1 falls to the floor and Staff Member A grabs Child #1's foot/ankle and picks his leg up. Staff Member A takes a couple of steps while holding Child#1's foot/ankle and drags Child#1 on the floor for approximately 2-3 feet.

KidsPeace Plan of Correction (POC): Patriot Center leadership in conjunction with PSDS will conduct a video review and re-training with Staff Member A. This will provide a step by step discussion on reviewing the incident noted on 10/20/19 and how Staff Member A should have physically intervened utilizing sanctioned SCM procedures. This will be completed by 12/15/2019.

2. **Regulation – 3800.202(b)- With the exception of exclusion as specified in 3800.212, a restrictive procedure may be used only to prevent a child from injuring himself or others.**
   Description of Violation: Child#1 was physically aggressive towards a peer on the morning of 10/20/19. Staff Member A is seen on video surveillance footage running towards Child #1 and Child#1 runs away from the peer. Staff Member A runs towards Child#1 and attempts to initiate an SCM procedure on Child#1. Child#1 falls to the floor and Staff Member A is seen picking up Child#1's leg by the foot/ankle and takes a couple of steps while holding Child#1's leg. Child#1 had disengaged from the conflict from the other peer and was not an immediate threat at the time of the attempted initiation of the restraint.

11/15/19

KidsPeace Plan of Correction (POC): Staff Member A will be trained in Crisis Management Interventions (curriculum attachment #1). This training includes discussion and role plays for associates to practice intervening with youth at different levels in the crisis cycle. This includes verbal, non-verbal, Ukeru and SCM strategies, focusing on SCM as a last resort, ensuring imminent criteria is met. This will be instructed by PSDS staff and Patriot Center leadership. This will be completed by December 15, 2019

3. **Regulation – 3800.206 – Seclusion, defined as placing a child in a locked room, is prohibited. A locked room includes a room with any type of door-locking device, such as a key lock, spring lock, bolt lock, foot pressure lock or physically holding the door shut.**

   Description of Violation: Per video surveillance footage review, Staff Member A is seen pushing Child#1 into his/her room and placing a large wooden chair in front of Child#1's door and sits in the chair, which is blocking Child#1 from exiting the room.

KidsPeace Plan of Correction (POC): Program staff will be re-trained on the Time Out Interventions policy (ORG.4212) (attachment #2). This policy outlines options for staff to utilize with youth. Section IV General, last bullet point on page 2 outlines the prohibited use of seclusion within our program. This will be discussed and reviewed to Staff Member A by Patriot Center leadership and PSDS staff and completed by December 15, 2019.

Andrew Williams MSA
11/15/19

Crisis Management Interventions

Objectives: This training will offer staff the opportunity to utilize different crisis management techniques ranging from least restrictive to most restrictive interventions. Staff will then receive and give each other feedback, based on the crisis reenactments on the milieu. Staff will utilize de-escalation techniques in Life Space Crisis Intervention, Ukeru and Safe Crisis Management.

De-Escalation Strategies
(Non-Verbal Techniques)

1. **Planned Ignoring**
2. **Signals**
   - Eye contact
   - Facial expressions
   - Body language
   - Gestures
3. **Environmental Prompts**
4. **Proximity Prompt**
5. **Touch prompt (selective/positive)**
6. **Sensory Strategies (Comfort Items)**

Life Space Crisis Intervention

1. **Drain Off**
2. **Timeline**
3. **Central Issue**
4. **Insight**
5. **New Skills**
6. **Transfer of Training**

Active Listening Skills:
Attend, Reassure, Validate, Affirm, Decode

Attachment #1
Andrew Stark MBA
11/15/19

UKERU

REMEMBER-

1. **Always be trauma informed**
2. **Always give space**
3. **Be aware of your surroundings**
4. **Maintain balance in a movable stance**
5. **Direct the client's movement**
6. **Never confine a person or jab a pad at them**

Safe Crisis Management

1. **Least Restrictive Alternative**
2. **Para-verbal Communication**
    a. Tone
    b. Rate
    c. Volume
3. **Imminent Danger to Self/Others**
4. **Proper Technique – no pressure or restricting breathing; up and off**
5. **SAFETY & COMMUNICATION**

Attachment #1
Andre Stubbs, MBA

KIDSPEACE POLICY

"Copyright, KidsPeace Corporation"

Title: Time Out Interventions	Chapter: Program Guidance
Policy Number: ORG.4212	Subsection: Child Protection
Initiating Authority: Behavior Management Committee	Supersedes: ORG.4212
Origination Date: January 1, 1996	**Implementation Date: May 3, 2017**
Approving Authority: Sue Leyburn, Executive Vice President Programs	

I. POLICY STATEMENT

Time Out is used as a treatment intervention to assist clients in gaining control of their behavior, and as a preventative measure to more restrictive interventions.

II. PURPOSE

The use of Time Out is intended to offer clients an opportunity to build and use skills that will allow them to gain emotional control. Time Out reduces stimuli and provides a safe, therapeutic environment which enables clients to gain control of impulsive or aggressive behavior that might otherwise result in risk of harm to self or others. Time Out may also be used to give a client the opportunity to deal with emotions that are not associated with impulsive or aggressive behavior but which might lead to unsafe behavior if unchecked. Time Out is used in conjunction with less restrictive intervention such as re-direction, and/or counseling and to prevent restraint.

III. SCOPE

KidsPeace Pennsylvania and Maine Residential Programs, KidsPeace Children's Hospital, Pennsylvania Education and Pennsylvania Community Programs

IV. GENERAL

Terminology:

Safe Room /Area-. A room or an area in a KidsPeace setting that has been designated for Time Out or therapeutic interventions. May also be referred to as a quiet, Time Out or crisis room. Doors on a safe room must remain open at all times, and if closed two or more staff must remain present in the room. If there is no window on the door to the safe room/area then the door must remain ajar and/or another staff member must remain either in the room or in the opening of the door.

Imminent Harm/Danger - An emergency in which there is danger of a client physically harming him or herself, associates or others, and non-physical interventions would not be effective at that point.

Staff Directed Time Out -. A client is assigned to or offered, a designated quiet area or neutral location for the purpose of allowing him/her to regain self-control in a setting that minimizes external stimuli. When present in a location, Time Out rooms meet state regulatory requirements and standards in design specifications. A staff member may remain in the Time Out area as needed. It is utilized with consideration for the client's age and cognitive level of functioning, and may not exceed 30 minutes in duration unless documented with criteria for continuing the Time Out.

Client-Requested Time Out - A client may request a Time Out when he or she feels a need to relocate to a quiet area such as a safe room, or other neutral location in order to maintain behavioral control, or as a means to prevent an escalation in unsafe behavior. It is utilized with consideration for the client's age and cognitive level of functioning. There are no time limits for a client requested/initiated Time Out.

Disruptive Behavior - The actions or reactions of a client in a community or unit setting in which impulsive or aggressive behavior places a client at risk to self or others or may

Attachment #2

Ordinance, MBA, 11/15/19

lead to a continued disruption of other individuals within the environment. Examples of disruptive behavior may include loud tones, which may encourage others to act out, provoking peers, becoming physically or verbally aggressive, and not following directives to the point that control and safety of the environment is threatened.

Seclusion – The involuntary confinement of a client to a room from which the client is physically prevented from leaving for any period of time. Seclusion is not permitted to be used with any client in a Pennsylvania or Maine Residential Program, Pennsylvania Community Program, Pennsylvania Children's Hospital, and New England Education Programs.

V. POLICY

A. Use of Time Out

1. Clients and their families will be educated about the purpose of Time Out and circumstances during which it may be used.

2. Time Out may be used informally as a spontaneous application of safety or deescalation at any time and as such, will be documented in the daily note.

3. Time Out as a formal de-escalation treatment strategy will appear in the client's treatment plan..

4. When a staff member and/or treatment team determines that a client engaging in disruptive behavior would benefit from a Time Out, the child will be guided to a designated Time Out area.

5. The client will be informed of the criteria to be met for their release from staff directed Time Out upon initiation of the staff directed Time Out. For example, that the Time Out will be discontinued as soon as the disruptive behavior has ended. Associate will continue to work with the client to utilize identified deescalation techniques and strategies that will assist them in de-escalation.

6. A client may request a Time Out at any time they feel they are at risk of losing control of their behavior.

7. Doors on any room utilized for Time Out shall remain unlocked . If the door is closed and staff are present in the room with the client then there must be two or more staff present in the room.

8. Associates must maintain "eyes on" supervision of the client for the duration of the Time Out.

9. When multiple clients require associate directed Time Out simultaneously, the associate will utilize approved alternative locations for each client.

10. An associate may stand in the doorway of a room being utilized for Time Out, but may not close, lock, or block the door, or otherwise deny a client exit from the room.

11. All documentation for use of Time Out will be filed in the client record.

Attachment #2
Andrea Sellers, MBA
4/15/19