PRINTED: 02/25/2019 FORM APPROVED OMB NO. 0938-0391

| NAME OF PROVIDER OR SUPPLIER BLACK HILLS CHILDREN'S HOME STREET ADDRESS, CITY, STATE, ZIP CODE 24100 \$ ROCKERVILLE RD RAPID CITY, \$D 57702 ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments N 000 Initial Comments Surveyor: 15036 A complaint survey for compliance with 42 CFR, Part 483, Subpart G, Subsections 483.354-483.376, Condition of Participation for the use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21 was conducted from 2/14/19 | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | , , | E CONSTRUCTION (3 | COMPLETED | |
|---|---|--|--|-------------------|---|---|
| NAME OF PROVIDER OR SUPPLIER BLACK HILLS CHILDREN'S HOME (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments N 000 Initial Comments Surveyor: 15036 A complaint survey for compliance with 42 CFR, Part 483, Subpart G, Subsections 483.354-483.376, Condition of Participation for the use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21 was conducted from 2/14/19 | | | 43L001 | B. WING | | C 02/15/2019 |
| PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) N 000 Initial Comments Surveyor: 15036 A complaint survey for compliance with 42 CFR, Part 483, Subpart G, Subsections 483.354-483.376, Condition of Participation for the use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21 was conducted from 2/14/19 | | | | | 24100 S ROCKERVILLE RD | 32/ 10/20 10 |
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| A complaint survey for compliance with 42 CFR, Part 483, Subpart G, Subsections 483.354-483.376, Condition of Participation for the use of Restraint or Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under Age 21 was conducted from 2/14/19 | N 000 | | | N 000 | | |
| Subpart G: Condition of Participation for the Use of Restraint and Seclusion in Psychiatric Residential Treatment Facilities Providing Inpatient Psychiatric Services for Individuals Under 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 testing 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 had not been located. Findings include: 1. Review of the provider's Serious Occurrence Report dated 2/7/19 regarding resident 5 revealed: | | A complaint survey for Part 483, Subpart G, 483.354-483.376, Continuous of Restraint of Residential Treatmer Inpatient Psychiatric Under Age 21 was continuous 2/15/19. The was found not in comprequirements: N100 and Glossary: Resident = kids, child USE OF RESTRAIN CFR(s): 483.354 Subpart G: Condition of Restraint and Sector Residential Treatmer Inpatient Psychiatric Under Age Twenty Of This CONDITION is Surveyor: 15036 Based on interview, in review, the provider for the facility evidence by one of one cloped from the facility and not been located 1. Review of the providence continuous for the pro | Subsections ondition of Participation for or Seclusion in Psychiatric ont Facilities Providing Services for Individuals onducted from 2/14/19 e Black Hills Children's Home onliance with the following and N214. d, and children. T AND SECLUSION of Participation for the Use clusion in Psychiatric ont Facilities Providing Services for Individuals one. not met as evidenced by: record review, and policy failed to ensure resident raining and conducting elopement policy as one sampled resident (5) who oity and as of the survey date of Findings include: vider's Serious Occurrence regarding resident 5 | | 2. On 2/27/19 the Program Director revised the Runaway polic procedure to address the findings and to achieve sustained co All staff who supervise children will receive this training and dr be conducted. RUNAWAY PROCEDURE (FROM CAMPUS) PROCEDURE WHEN THE CHILD IS OUT OF SIGHT 1. In the event of a runaway supervision of the other children must be mair 2. If a child is discovered missing or runs from a staff member and visual c that child is lost 911 must be called immediately. 3. After 911 has been called the campus all-call system should be used to a available staff about the missing/runaway child. The 799 all-call system ca from any campus phone and should be utilized by the first available staff or can access it who has information about the missing child. The announcem heard on all campus telephones and through the outside speakers mounted buildings. 4. To use the 799 all-call system pick up any campus phone and enter 799, and slowly into the handset and describe: who has run, where was the last were seen, what were they wearing and the direction they were heading if a radio is available make the same announcement. Any staff member heari announcement from the radio who can access a phone should relay the sam using the 799 all-call. Campus radios will be set to channel 8 (EIGHT) at a facilitate communication. 5. While waiting for law enforcement to arrive the senior staff leader on ca (Program Director, Education Director, Lead Team Coordinator, Team Co etc.) will be designated as the search coordinator and will commence a sea campus using available human resources. Only staff not needed to supervis may join in any search effort. Search effort staff and the search coordinator will utilize the 799 all-call system to initiate a se campus. He/she will share where they will be during the search and how to them. The search coordinator will utilize the 199 all-call system to initiate a se campus. He/she will share where they will be during the search and how to them. The search coordinator is asked to remain | oy and mpliance. Ills will 03/22/2019 Itained. Ontact with lert all no be initiated nember who ent will be on campus Speak clearly place they known. If only nig the ne message ll times to mpus ordinator, etch of the echildren all need to arch of contact pipate in the ethe search on or was be followed: area and the ip building area around |

Tim Fitzgerald Program Director

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.

Facility ID: 55071

03/05/19

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|---|-----|---|---|----------------------------|
| | | | A. BOILD | | | | , |
| | | 43L001 | B. WING | | | l ' | 15/2019 |
| NAME OF PROVIDER OR SUPPLIER | | | | S | TREET ADDRESS, CITY, STATE, ZIP CODE | | |
| BLACK HILLS CHILDREN'S HOME | | | | 24 | 1100 S ROCKERVILLE RD | | |
| BLACK HILLS CHILDREN S HOME | | | RAPID CITY, SD 57702 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFI TAG | х | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| N 100 | as of the 2/7/19 repo *Residential treatmenteam coordinator (TC) for a group of resider *Resident 6 had becawithout permission. Illocated her in the hal *Resident 5 ran out the Awas not able to lead playing in the gym, a building she had ran *Staff members begawas not found on the *The Serious Occurrentimelines for the above Interview on 2/15/19 administrator regardi *She had eloped on and as of this date hae *The information above Occurrence report day Interview on 2/15/19 4:50 p.m. with the professor of the serious of the s | ran away from the facility and rt had not been located. Int counselor (RTC) (A) and (C) (B) had been responsible ints playing in the gym. It is had followed and lilway. The opposite gym door, RTC ove the other residents and radioed other staff in the from the gym. It is not search, but resident 5 is campus. It is ence Report did not include ove events. It is grant at 9:20 a.m. with the grant grant grant found. It is not been found grant director confirmed: It is a child on Campus (On control on the provider's it is child on Campus (On county on the county of the campus) policy. It is not on children it is not on children it is staff for six residents, which | N | 100 | Teams will report back to the search coordinator once the campus har The search coordinator will determine if the search will extend off-carparts on-campus and if vehicles will be utilized. If the child is found before law enforcement has arrived on campus informed of that. 8. Once law enforcement arrives staff will do what is instructed. 9. Search Coordinator will contact the Program Director and On-Call s PROCEDURE WHEN THE CHILD REMAINS IN SIGHT 1. If a child runs from a staff member and they or another are able they As soon as practical inform others by the use of the 799 all-call system what they are wearing, from where they have run, and the direction in heading if known. The same information may be broadcast on the cam alternate if a phone is not readily available. Any staff receiving the cal near a phone should relay the same information over the 799 all-call if already been done. 2. The senior staff leader on campus designated as the search coordina if additional staff will be sent to aid those following the child and if ve 3. If at any time during the following the child leaves the campus or st keep the child in sight a call will be made to 911 to alert law enforcemmy be made from a personal cell phone at the time sight is lost if cov or by the search coordinator from the campus when that request is mab yradio. 4. Any staff who is involved in pursuing a child who has run away mat time to call 911 if they determine that is needed even if the child remains 1. If the child is found before law enforcement has arrived they will be 6. Once law enforcement arrives staff will do what is instructed. 7. Search Coordinator will contact the Program Director and On-Call s PROCEDURE WHEN THE CHILD IS FOUND 1. Once located, the child should be examined for injuries and food/we medical or supervisory staff. 2. Program Director/designee will inform the referring worker and par safety. 3. A behavior report will be completed detailing the incident. RUNAWAY PROCEDURE (FROM OFF-CAMPUS). In the event of a runa | apus or to other they will be taff. should follow.: who has run, which they are pus radios as an ion the radio that has not tor will decide hicles will be us fif are unable to tor will decide hicles will be us fif are unable to tor will decide hicles will be us fif are unable to tor will decide hicles will be us fif are unable to tor will decide hicles will be us fif are unable to tor will decide hicles will be us fif are unable to tor will decide at any nos in sight. informed. taff. ter needs by ents/guardians so maintained. Instructions fir our location, of went four location, of went after metances. dren. ent/guardians of ter needs by ents/guardians of ter needs by ents/guardians to service wing need the Safety/ techange. Drills will Coordinator, Unit real runaway hilliform will be shared the Safety/ techange. Drills will coordinator, Unit real runaway pigram Director also received training in the runaway signify great first finance will continue des and the runaway will continue des and the runaway well and the runaway well continue des and the runaway well and the runaway | ed. ers |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|---|--|---|--|----------------------------|
| | | | | | | С | |
| | | 43L001 | B. WING _ | | | 02/ | 15/2019 |
| NAME OF PROVIDER OR SUPPLIER BLACK HILLS CHILDREN'S HOME | | | 24 | TREET ADDRESS, CITY, STATE, ZIP CODE 1100 S ROCKERVILLE RD APID CITY, SD 57702 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | x | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| N 100 N 214 | "kids" location by the Refer to N214, finding EDUCATION AND TR | "kids." ighten awareness of every staff. g 1. | | 214 | The standard noted as not being met has the potential to affect a constraint of the Program Director raying t | | |
| | education, training, an of - This STANDARD is r Surveyor: 15036 Based on interview, review, the provider fatraining and elopement ensure all staff knew of the staff st | n the event of a runaway | | | 2. On 2/27/19, the Program Director revised the Runaway policy procedure to address the findings and to achieve sustained comp staff who supervise children will be trained in the revised policy Program Director, Safety/Compliance Officer or Lead Team Co Runaway drills will be conducted to ensure staff know their role responsibilities in the event of a runaway resident. 3. Runaway drill checklists will provide the data to monitor the of the system change. The Program Director is responsible to domonitoring or in his absence the Safety/Compliance Officer. The will be done monthly during Runaway drills. The drills will con for the next two years. The results of Runaway drills will be rep Quality Improvement Committee meeting on 03/22/19 and will assessment of staff knowledge of their roles and responsibilities events. We will continue to report this same data to the QI computator for the next two years. The Program Director is responsi reporting. The QI minutes will be emailed to all staff which will Runaway Drill Results. | bliance. All by the ordinators. ss and effectiveness the e monitoring tinue quarterly orted in the include an in these mittee every ble for this | 03/22/19 |
| | Report dated 2/7/19 r revealed: *She was nine years *On 2/3/19 she had ra as of the 2/7/19 repor Interview on 2/15/19 a 4:50 p.m. with the pro *There was now a he "kids" location by the *Staff had not been tr December 1999 Lost Campus - During Day | old. an away from the facility and thad not been located. at 1:47 p.m. and again at agram director confirmed: ighten awareness of every staff. ained on the provider's Child On Campus (On the Monday - Friday) ber 2004 Lost Child Off ampus) policy. | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ` ′ | PLE CONSTRUCTION G | | (X3) DATE SURVEY COMPLETED | | |
|---|--|---|---------------------|--|---------|----------------------------|--|--|
| | | 43L001 | B. WING | | | C 02/15/2019 | | |
| | NAME OF PROVIDER OR SUPPLIER BLACK HILLS CHILDREN'S HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 24100 S ROCKERVILLE RD RAPID CITY, SD 57702 | | 02/13/2019 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY) | OULD BE | (X5) COMPLETION DATE | | |
| N 214 | Continued From pag | ge 3 | N 2 | 14 | | | | |
| | shooter, and facility children elopement. *The provider's Dec Campus (On Campus (On Campus Friday) policy for lost staff. *In the beginning the organized as it could been the program direct leave and the "actin have assumed that "The program direct leave and the "actin have assumed that "The search becam 12:26 p.m. when the ""It took staff 1.5 ho have been done wh [resident 5]." *"Prior to calling 911 Law enforcement sh They are more expemissing persons." *"Complacency amound kids had ran in the part of the program of the same." *"On-campus search completed prior to search." *Staffing ratio at the elopement was "two normal for the facilities" Staff were taught in responsible for other communication amproblem. They were channels which did same thing at the same "Staff had the option of the same staff had the option | lockdown situations; not ember 1999 Lost Child On us - During Daytime, Monday ost children was not followed e search was not as d have been. That would have irector's responsibility. tor was on an authorized g team coordinator should responsibility." e more organized on 2/3/19 at e on-call staff member arrived. urs to contact 911, that should en staff first lost sight of her If the call tree was activated, nould have been notified first, erienced with searching for ongst the staff was an issue, past, staff had found them, me would have been then the should have been then ding vehicles out to It time of resident 5's o staff for six kids, which was y." not to chase kids if they were or kids." nong the staff searching was a the using three different radio not allow everyone to hear the | | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | |
|---|---|--|--------------------|--|---|-------------------------------|----------------------------|
| | | 43L001 | B. WING | | | · | C 15/2019 |
| NAME OF PROVIDER OR SUPPLIER BLACK HILLS CHILDREN'S HOME | | | 24 | TREET ADDRESS, CITY, STATE, ZIP CODE 1100 S ROCKERVILLE RD APID CITY, SD 57702 | 1 021 | 13/2013 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFI TAG | x | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| N 214 | Continued From page used." Interview on 2/14/19 a certified social worker resident 5's elopemer *There had not been the facility. *The search was disconsidered and the search was disconsidered and the search was disconsidered and the search was not their lost child on came *Staff were now responsible to review policies. Interview on 2/15/19 a who was on duty on 2 *Search for resident son-call staff arrived at *Multiple radio channed the active search. -There was not an emoperating that day that | at 5:05 p.m. with licensed (LCSW) F regarding (LCSW) F regarding of on 2/3/19 revealed: any drills for elopement at a arganized until approximately con-call staff licensed social acting team coordinator acting team coordinator acting team coordinator implemented according to appus policy. Consible for reading policies etings at one time were establed in the coordinate of the coordinate o | | 214 | DEFICIENCY) | | |
| | approximately 11:10 a assistance in the gymbeen informed reside *He arrived at the gyr a.m. or 11:13 a.mUpon his arrival to thatlked with TC B in that TC B was attending | a.m. requesting his a. At that time he had not nt 5 had ran from the gym. n at approximately 11:12 e gym he had stopped and | | | | | |

| , , | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ` ′ | E CONSTRUCTION | COMPLETED | | |
|--------------------------|--|--|---------------------|--|-----------------|--|--|
| | | 43L001 | B. WING | | C 02/15/2019 | | |
| | NAME OF PROVIDER OR SUPPLIER BLACK HILLS CHILDREN'S HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 24100 S ROCKERVILLE RD RAPID CITY, SD 57702 | 02/13/2019 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIEN | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY) | BE COMPLETION | | |
| N 214 | *He had actively parthe beginning. *At 12:26 p.m. LSW became more organ Review of the provio Child On Campus (CMonday - Friday) po *"1. In the event of a other children must 2. The Program Diresearch Coordinator. 3. A clothing descrip last seen is determin 4. A search is made building to assure th 5. Staff are assigned child was last seen. 6. Cars are dispatch Coordinator, either clocating themselves of the road to alert in Road (road number) 7. Notification of law telephone number) a Rescue telephone in Program Director or 8. Notification of the | aid resident 5 had ran. ticipated in the search from G arrived, and the search ized. Jer's December 1999 Lost on Campus - During Daytime, licy revealed: Jost child, supervision of the permaintained. Jector or designee is the stion and time the child was need. In on grounds of vehicles and e child is missing. Jet to follow in the direction the lirection on (road name) at the stop signs at each end notorists traveling on County of the search and/or [name of Search and umber] is made by the designee. Jeffering worker, | N 214 | | | | |
| | Director or designee throughout the search 9. Once located, the medical attention, a 10. The Program Dir | child should be examined for change of clothing, and food. rector or designee notifies ents/guardian of child being | | | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) | (X3) DATE SURVEY COMPLETED | |
|---|-------------------------------|--|
| 43L001 B. WING | C | |
| NAME OF PROVIDER OR SUPPLIER BLACK HILLS CHILDREN'S HOME STREET ADDRESS, CITY, STATE, ZIP CODE 24100 S ROCKERVILLE RD RAPID CITY, SD 57702 | 02/15/2019 | |
| (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| N 214 Continued From page 6 Review of the provider's July 2018 to June 2019 inservice training list revealed resident elopement had not been listed. N 214 | | |