

Harlem Valley 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

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PREFACE

Located in Wingdale, New York, Harlem Valley Psychiatric Center began providing care and treatment for mentally ill persons in Putnam and Westchester counties (excluding Mount Vernon and Yonkers) in 1924. The campus is comprised of several older several-story buildings and one modern high rise building.

In 1955, Harlem Valley experienced a peak census of 5,818 inpatients. Today, the facility provides services to approximately 700 inpatients and 1,100 outpatients.

The Joint Commission on Accreditation of Hospitals granted Harlem Valley full accreditation in March 1984. This three-year accreditation status will extend through the first quarter of 1987. The fiscal year 1985-86 legislative budget authorization for the center totalled \$31,990,000.

This report summarizes the findings of an unannounced review of living conditions for patients at Harlem Valley Psychiatric Center conducted by the NYS Commission on Quality of Care in August, 1985. Conducted in compliance with Chapter 50 of the Laws of 1985, which required the Commission to conduct living conditions reviews at all of New York's 26 adult psychiatric centers, the review targeted six randomly selected wards for inspection over the three-day-period and focused on four general issue areas: attention to patients' personal needs,

environmental conditions, patient health and safety, and quality of life concerns.

As reflected in this report, Harlem Valley scored high in several areas related to the quality of living conditions afforded its patients. Patient living areas were generally clean and no significant physical plant or bathroom plumbing maintenance problems were noted. Off-ward programming activities were also among the most varied and interesting the Commission has observed across the State psychiatric center network. Commission reviewers were similarly impressed with the systems in place to ensure adequate clothing for patients. Additionally, most wards offered a full range of basic amenities, including clocks, calendars, menus, accessible telephones, and posted schedules.

In several other areas, however, it was apparent that improvement was needed. Daily management, monitoring and distribution systems for personal hygiene supplies and linens for patients were inadequate on many wards. On many wards, patient privacy and comfort was also compromised due to inadequate accommodations in shower areas and overcrowded conditions in dayrooms, dorms and dining areas. Additional efforts were needed to improve the overall attractiveness of many living areas, which appeared barren with few wall decorations and few personalizing features. Non-breakaway bars in most toilet and shower stalls

and unenclosed overhead pipes in dorm areas posed potential suicide hazards on many wards. In addition, although very adequate off-ward programming was available, patients restricted to the wards had little to do most of the day.

On November 12, 1985, the director of Harlem Valley, Ms. Wendy Acrish, submitted a detailed plan of correction to the Commission. The plan was comprehensive and addressed the areas cited as deficient during our visit. It indicated that steps have been taken to resolve the problem areas and items of deficiency within their control. In other areas that required more indepth systemic attention or budgetary considerations, such as overcrowding and on-ward patient programming, future corrective measures were being considered. 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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on Quality of Care

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Basic Living Conditions Review
Harlem Valley Psychiatric Center

August 18, 19, 20, 1985

Introduction

In compliance with the legislative mandate to review basic living conditions in State psychiatric centers, Commission staff visited Harlem Valley Psychiatric Center (HVPC) on August 18, 19, and 20. During the visit, staff reviewed conditions on Wards 88, 92, 93, 43, 49, and 51 at various times during the day and evening. This review focused on four general areas: patient personal needs, environmental conditions, patient safety, and quality of life. Additionally, Commission staff observed four randomly selected patients on each visited ward to assess the adequacy of their clothing and personal hygiene supplies. If appropriate, these same four patients were interviewed to record their perceptions of how well their basic needs were being met.

The following report summarizes the findings of the Commission's review. Appendix I is a detailed listing of all deficiencies.

PATIENT PERSONAL NEEDS

Clothing

Patients on the six wards visited were generally dressed in clean, seasonally-appropriate, well-fitting clothes. Patients had sufficient supplies of labeled clothing and laundry facilities are available to patients daily. Most wards also have adequately organized clothing storage systems for both dirty and freshly laundered clothing. In addition, a clothing store is available in Building 27 for adult patients who lack sufficient funds.

Some problems were found in the clothing management system. Clothing cubicles were frequently disorganized and in some instances, patients' clothing had not been returned to the correct cubicle. In addition, Ward 88 did not provide any means of storage for dirty laundry. Most problematic was the use of common clothing. In geriatrics, drawers of common underwear, slips and bras were found on Sunday. On Tuesday, a common slip drawer still remained. On Ward 93, common socks were distributed to patients after showering.

Personal Hygiene Supplies

Problems existed in the area of personal hygiene supplies, particularly as related to their organization, distribution and actual patient usage. Significant problems were especially evident on the first day of our observations (Sunday). Although

on-ward supplies of grooming articles appeared adequate, personalized kits were sometimes unlabeled or incomplete. In other instances available kits appeared unused. On Sunday, some kits on Ward 49 were incomplete; kits found on Wards 88 and 92 were not labeled and patients on Ward 43 did not have kits to store their supplies. In addition, an examination of kits on five wards (88, 92, 43, 49 and 51) revealed many toothbrushes in their original wrappers and other supplies that appeared unused by patients. We were also concerned about a bin of "community" hairbrushes and a drawer of "community" lipsticks on Ward 43.

Although almost all of these deficiencies appeared to have been corrected by the third day of our observations, in sum, they indicate serious concerns about the day to day management of personal hygiene supplies at the facility. Of special concern was the finding that a significant number of kits on five of the six wards visited appeared to be unused by patients, suggesting limited staff monitoring of patient personal hygiene needs.

Bed/Bathing Linens/Bathroom Supplies

All six wards had adequate bed and bathing linens as well as bathroom supplies. Both clean and dirty linens were stored appropriately and bathroom supplies such as soap, toilet paper, and paper towels were replenished daily on most wards.

Although in good supply, the effective distribution of linens and bathroom supplies appeared to be a problem, especially on Sunday. Twenty-seven out of 188 beds lacked a sheet, pillow, blanket or bedspread during our Sunday observation. On Sunday,

we also noted that three of the four toilet stalls on Ward 43 lacked toilet paper. Finally, shortages of washcloths were a problem on three wards (88, 92, 93) on Sunday and/or Monday.

The most serious concern noted in this area, however, was the inadequate number of showers on all wards. On all wards only two showers were available for ward census ranging from 29 to 34 patients which resulted in lines of patients waiting their turn to shower. The available showers on the wards visited resulted in a ratio of less than one shower for every 15 patients on most wards.

While almost all noted problems, excepting the adequacy of showers, had been corrected by Tuesday, the deficiencies noted on Sunday and/or Monday clearly suggest that the day-to-day management systems for distributing linens is not uniformly effective, and poses particular problems on Sunday and Monday mornings.

ENVIRONMENTAL CONDITIONS

Cleanliness/Vermin and Sanitation

Based on our repeated observations of six wards over a period of three days, HVPC can be proud of its generally clean facility. For the most part, floors and bathroom fixtures were clean and shiny. Bathrooms were generally odor-free. Furniture in the day rooms and visiting areas was clean and in good repair.

Further HVPC had ensured appropriate garbage and trash disposal, helping to maintain a sanitary facility, free of vermin infestation.

Dirty windows throughout the six wards were the only significant exception to these positive observations. Other noted housekeeping problems were isolated on a few wards, and, in many of these instances, our observations of deficiencies occurred prior to the routine daily rounds of housekeeping staff. In all other instances housekeeping services responded promptly to correct the problem. These isolated problems included some areas of three wards (92, 93 and 49) in need of sweeping, and strong urine odors in bathrooms on these same three wards. Significantly, with only one exception, all areas were clean by the Commission's third observation on Tuesday.

Physical Plant Maintenance

Commission staff were impressed with the overall maintenance of the physical plant including plumbing, walls, windows and ceilings. Walls and ceilings were painted and maintained and windows generally were in good repair. Bathroom fixtures were also well maintained, and in proper working order.

Only one maintenance problem, a cracked window in a shower room on Ward 43, was noted. We did also note, however, that the push sink faucets on Wards 43, 49, and 51 were very difficult for geriatric patients on these wards to activate.

Attractiveness and Comfort

The degree of attractiveness varied within each ward visited. For example, day rooms and visiting areas on the geriatric wards were attractive and decorated with wall murals, tasteful pictures, knick-knack shelves and plants. The larger dorm areas were also quite colorful, and, in many instances, bedspreads and walls were color coordinated. In contrast, however, the private bedrooms and dining areas on the geriatric wards were less attractive. A minimal number of pictures were hung and in some instances walls were devoid of any humanizing touches, whatsoever.

Similarly, the day rooms and visiting area in the adult unit were attractively decorated with pictures, wall murals and plants. Wallpaper on Ward 92 especially enhanced the living atmosphere. Tablecloths and vases lent a personalized touch in dining areas. Humanizing touches in bedrooms, however, were lacking and contained a minimum number of one to two pictures. In addition, Ward 93 appeared to have insufficient lighting resulting in the day room's dimly lit, dark appearance.

Patient Health and Safety

It is apparent that HVPC tries to ensure patient safety. Across the six wards visited, Commission staff did not find any frayed or exposed electrical wires or accessible hot water pipes. All toxic materials and medications were stored safely and locked in rooms or cabinets. Most wastebaskets were metal and fire extinguishers were present and currently inspected. We also noted that HVPC is currently installing additional fire

extinguishing units and hosing on many wards to further guarantee safety.

HVPC also provides all necessary emergency medical equipment and staff were well informed of the emergency procedures for their wards. This equipment, though not on a cart, is portable and available to a ward within five minutes. Inspections of medical equipment and supplies were also current, with the exception of one oxygen tank on Ward 51, which was immediately sent to safety to be updated.

Non-breakaway shower and toilet stall bars were, however observed on most wards, and exposed overhead pipes in dorm hallways were noted on all wards except Ward 92. These potential suicide hazards caused the Commission less concern on Wards 49 and 51 where almost all the geriatric patients were non-ambulatory. They were of greater concern on the admission and adult wards.

Other noted safety issues included the lack of sufficient handrails in the shower areas of the geriatric wards and accessible radiator controls and piping on radiators throughout the wards. (All radiators had small unlocked doors which would allow patients to reach inside and possibly manipulate control valves or touch hot piping.) We were also concerned that the elevator in Building 85 had not been inspected since 1979, although we were pleased that an inspection for this elevator had been arranged for the last day of our visit.

QUALITY OF LIFE

Overcrowding

Overcrowding was a problem on both the adult and geriatric wards. Four-bed dorm rooms on the adult wards lacked sufficient space (i.e. two feet) between beds, and in some rooms, beds blocked accessibility to wardrobes. In two geriatric wards, each of the large dorm areas had two beds less than two feet apart.

Other overcrowding problems existed in the day rooms of Wards 49 and 51 and in the dining areas of all geriatric wards visited. These day rooms lacked sufficient space to comfortably seat all patients, and as a result, patients sat crammed together around the perimeter of the rooms. In addition, dining rooms on geriatric wards were so small that many patients were forced to eat in an extra room off the dining rooms and in hallways. Space was extremely limited even for those geriatric patients eating in the dining areas, with patients eating in geri-chairs cramped very close together.

Patient Idleness

HVPC offers many off-ward activities to its patients. These activities include a social recreation hall, sheltered workshops, satellite workshops, Alcoholics Anonymous, a social club and outside leisure and recreation. In addition, the People's Center provides geriatric patients woodworking activities, hortitherapy

and music therapy. The majority of patients on Wards 88, 92 and 93 were often observed engaged in activities or using their honor passes for outside relaxation.

Unfortunately, when patients are on-ward there are few activities. Leisure supplies are available but are often incomplete or locked away necessitating staff assistance. Patients on the wards were often observed to be sitting, watching T.V., sleeping or smoking.

Patient idleness was most prevalent in geriatrics. Here staff spent their mornings showering and dressing patients, leaving most patients idle. This idleness continued in the afternoon hours and only once did Commission staff observe a therapy aide engaged in a ball toss activity with patients in the day room.

Privacy

Commission staff observed several instances where patients' privacy/comfort was compromised at HVPC. In addition to overcrowded dorm areas, patient privacy while undressing and dressing for showers was also limited. On most wards patients were observed using the shower areas in groups and although patients were showered individually, privacy screens were either inadequate or completely unavailable for undressed patients waiting to enter or just exiting the showers. There was also no adequate provisions made for patients to temporarily lay/hang clean clothes while showering. Patients would therefore place such clothes on frequently wet sinks, floors and chairs. At

times as many as five undressed patients were standing together in these shower areas. The situation on the geriatric wards was further aggravated by the many patients requiring staff assistance to help with dressing. Most patients, due to limited staff, had to wait for this help and CQC staff observed one patient who sat nude a full ten minutes waiting for assistance. The only exception to the practice was noted on Ward 92 where private dressing areas provided patients adequate privacy.

Protection/Security/Access to Personal Belongings

Patients on all wards had sufficient storage space for their belongings. Lockable personal storage space was available to adult patients on Wards 88, 92, and 93. Some patients manage their own keys, while staff, based on patient preference, manage the locker keys for other patients (based on their personal preference). On the geriatric wards, secure storage space is provided in a common locked dressing room. Although most patients on these wards obviously need assistance while dressing, Commission staff feel that the storage of clothing and personal hygiene supplies in patient bedrooms is more appropriate. Moreover, the geriatric patients capable of managing their own clothing and personal hygiene items could do so.

Meals and Dining

Meal time at HVPC was generally pleasant. Meals were well-balanced and served attractively. In most dining areas tables were attractively set with tablecloths, flower vases, napkin holders, etc. and, with isolated exceptions, appropriate utensils and meal condiments were available.

The major problem observed in this area, was the severe overcrowding in the dining rooms serving geriatric patients, noted above. We were also concerned that the few geriatric patients not on a pureed diet, were offered only spoons to eat their meals. Salt was also unavailable for patients on Ward 93 for Sunday dinner. Although facility staff justified this absence of salt, based on the dietary restrictions of the patients, salt was made available for these patients on Monday.

Amenities

Overall, HVPC provides patients with many necessary amenities, including smoking areas, clocks, day/date boards, and telephones. With minor exceptions, these amenities were present on all wards. Drinking water is also freely accessible, and staff provide snacks to geriatric patients in the afternoon and evening, and just in the evening on the adult wards. The patients on the adult wards can obtain afternoon snacks through use of vending machines.

Summary

In general, Commission staff found a mixed quality of living conditions for patients at Harlem Valley Psychiatric Center. In many areas examined our observations indicated excellent management systems and diligent staff attentiveness to patients' needs. Living areas were generally very clean and physical plant and plumbing maintenance at the facility was exemplary. Off-ward programming activities were also among the most varied and interesting we have noted across the State psychiatric center network. We were similarly impressed with the systems in place

to ensure adequate clothing for patients, to control vermin, and, for the most part, to securely store patient belongings. Most wards also offered the full range of basic amenities, including clocks, calendars, posted schedules and menus, and accessible telephones.

In several other areas, however, it was apparent that improvement was needed. On-going management of patients' personal hygiene supplies and staff monitoring to ensure that patients used these supplies seemed inadequate. Linen distribution was an issue of concern on many wards. Adequate accommodations for patient privacy/comfort while showering were also lacking on most wards. In addition, although very adequate off-ward programming was available, patients unable to leave the wards had little to do most of the day. Similarly, isolated overcrowded areas in day rooms, dorms, and dining areas had a distinct detrimental effect on the quality of life for patients. Additional efforts to improve the overall attractiveness of some wards would also greatly improve the appearance of many living areas. We were also concerned that apparently no efforts had been undertaken to rid the facility of non-breakaway bars in shower or toilet stalls, even on selective wards.

There was obviously a major difference in the conditions we observed on Sunday and those we observed on Tuesday. Although some of these changes could reflect a usual discrepancy between weekend and weekday conditions at the center, we assume that our presence on site was the major factor contributing to any changes. We would appreciate hearing the facility's perspective

on the generally poorer conditions observed on Sunday noting both how changes made during our visit will become more typically reflective of Harlem Valley Psychiatric Center care and how other changes not instituted during our visit will be addressed.

Appendix I

LISTING OF SPECIFIC CONCERNS
IDENTIFIED BY COMMISSION REVIEWERS

Listing of Concerns

Facility: Harlem Valley Psychiatric Center

Dates Visited: August 18, 19, 20, 1985

Reviewers: Marcel Chaine
Nicole Chase

Item #	Ward	Description
1. Clothing		
54. Most patients have sufficient supply of personal clothing (no routine use of community clothing).	93, 43, 49	On Wards 43 and 49, drawers of common underwear, socks, and slips were found. On Monday and Tuesday, many patients now had some labeled undergarments in cubby holes, although some were still not labeled. These wards also have supplies of extra housedresses.
		On Ward 93, on Tuesday, common socks were being distributed to patients after showering.
119. Wards' dirty clothing is stored appropriately.	88	On Ward 88, patients are not given any kind of storage for dirty clothes.
121. Patients' personal clothing is labeled and stored in an orderly fashion.	92, 93, 43	On Ward 92, some patients' clothing is kept in cubby holes. On Sunday, clothes were not folded and neatly kept, however, by Monday the clothes were in better order.
		On Ward 93, many patients' clothing were not folded neatly in an orderly fashion, in their labeled cubby holes. This storage area was greatly improved on Monday and Tuesday.
		On Ward 43, clothes in two of five sampled cubicles were not stored in their respective cubby holes.

Item #	Ward	Description
2. Personal Hygiene Supplies		
56. Patients' personal hygiene kits are complete (toothbrush, toothpaste, hairbrush or comb) and individually labeled.	88, 92, 43, 49, 51	Personal hygiene supplies were kept in plastic baggies but were not all labeled on Wards 88 and 92. On Ward 43, hygiene items were not stored in a kit on Sunday, but by Tuesday they were kept in labeled bags. A bin of common brushes was found in the shower area on Sunday. A common lipstick drawer was found on Ward 43 on Sunday but was gone on Tuesday.
		On Sunday, kits on Ward 49 were not complete but by Monday supplies were complete in labeled plastic bags.
		Most hygiene kits appeared unused for Wards 88, 92, 43, 49 and 51 on Sunday and Monday.
94. Patients have opportunity to washup in the evening.	43, 49, 51	Patients on Wards 43, 49 and 51 are only washed in the morning, however all patients appeared clean and those who needed cleaning due to soilage were taken care of immediately.
PA D. Patient has appropriate personal grooming supplies in a labeled personal kit (e.g., hairbrush or comb, toothbrush, toothpaste, shampoo and soap).	All Wards	In the adult Wards 88, 92 and 93 some patients keep their own soap and shampoo. For those who do not, liquid soap and shampoo are made available during showering. For Wards 43, 49 and 51, patients use a liquid soap and shampoo.

<u>Item #</u>	<u>Ward</u>	<u>Description</u>
<u>3. Bed and Bathing Linens</u>		
53. Each patient has adequate bed linens (e.g., two sheets, blanket or bedspread, pillow, pillowcase).	88, 92, 93, 43, 49, 51	On Sunday, on Ward 88, two out of 34 beds lacked one sheet and two out of 34 beds lacked a pillow, however one of the two missing pillows was stuffed in a closet. On Tuesday, all linens were sufficient, however the same pillow was still in the closet.
		Nine out of 31 beds were lacking one sheet on Sunday on Ward 92. By Tuesday, five out of 31 beds lacked one sheet.
		On Sunday, on Ward 93, one of 29 beds lacked one sheet, five of 29 beds lacked a blanket or bedspread, and one of 29 beds lacked a pillowcase. There were still insufficient linens on three beds on Monday, but on Tuesday all beds had sufficient linens.
		Two of 34 beds on Ward 43 lacked one sheet on Sunday, one of 34 beds lacked a sheet on Monday, but all beds had sufficient linens on Tuesday.
		On Monday on Ward 49, three of 31 beds lacked a blanket or bedspread and two were without pillows, on Tuesday only two pillows were missing, one was missing due to soilage.
		One of 29 beds lacked a spread or blanket on Tuesday on Ward 51.

Item #	Ward	Description
88. Ward has sufficient washcloths for washing.	88, 92, 93	There were insufficient washcloths on Sunday and Monday for Wards 92 and 93 and on Monday for Ward 88. By Tuesday, all three wards had a sufficient supply.
4. <u>Bathroom Supplies</u>		
67. Ward has a sufficient number of showers. (One shower for every eight patients.)	All Wards	There were only two showers available on Wards 88, 92, and 93 that house 34, 31 and 29 patients respectively.
		Wards 43, 49 and 51 contained three showers, however, only the two in the main shower room are used, and on Ward 51 only one shower is actually used. These wards house 34, 31 and 29 patients respectively.
74. Bathrooms have toilet paper.	43	On Ward 43, there was no toilet paper in three of four stalls on Sunday only.
80. Bathrooms have soap in soap dispensers.	43, 49	On Sunday only, two out of the four dispensers were empty on Ward 43. Only on Monday was no soap present in the private bathroom 6-60 on Ward 49.
5. <u>Cleanliness</u>		
1. Day room is clean.	93	The floor was dirty in the day room on Ward 93 on Monday but was clean on Tuesday.
9. Day room's furniture clean and in good repair.	88, 92, 93	The porch furniture on Wards 88, 92, and 93 was dirty and contained many black marks. This is due to the plastic material of the furniture and the use of the porch as the smoking room.

Item #	Ward	Description
10. Day room's ashtrays, wastebaskets are sufficient and emptied when needed.	49, 51	There were no wastebaskets in the day rooms of Wards 49 and 51 on Sunday and Monday but were in place on Tuesday.
35. Visiting room's ashtrays, wastebaskets sufficient, and emptied as needed.	49, 51	There were no wastebaskets in the visiting rooms of Wards 49 and 51 on Sunday and Monday, but both had wastebaskets on Tuesday.
36. The quiet/observation room is clean.	92, 93	The quiet/observation room on Ward 92 needed sweeping and on Ward 93 this room needed vacuuming. On Tuesday both rooms were clean.
42. Sleeping areas are clean.	93, 49	The floors were dirty in two out of the six dorm rooms on Ward 49 on Sunday and Monday. By Tuesday, both areas were clean.
		On Monday afternoon, the dorm area on Ward 93 needed sweeping however housekeeping had not yet been through. These were clean on Tuesday.
60. Sleeping areas waste-baskets sufficient and emptied, when needed.	92, 93, 43, 49, 51	On Wards 92, 93, 43, 49 and 51, wastebaskets were unavailable in the dorm areas on Sunday. By Tuesday, there were still insufficient wastebaskets on Wards 92 and 93. On Ward 49, only the large dorm still lacked a wastebasket.
61. Bathrooms are clean.	92, 93	On Sunday afternoon, the sinks on Ward 92 were messy and covered with hair.
		The floors and sinks were not clean on Ward 93 on Monday and Tuesday, however housekeeping had not yet been through to clean.

Item #	Ward	Description
62. Bathrooms are odor-free.	92, 93, 49	The dorm bathrooms on Wards 92 and 93 had strong urine odors on Sunday and Tuesday, however this was corrected immediately Tuesday by clearing and cleaning the drain.
		There was a urine smell in the bathroom on Ward 49 on Monday afternoon only.
7. Windows, Walls, Ceilings		
135. All windows are in good repair.	43	One window was cracked in the shower room of Ward 43.
8. Plumbing		
68. All toilets flush.	88	All six toilets flushed on Ward 88, however two of the six were very difficult to flush.
70. All faucets work.	43, 49, 51	On Wards 43, 49 and 51, all faucets work, however many are very difficult to push and activate. These are quite impractical for the geriatric patients.
9. Attractiveness/Comfort		
6. Day room has appropriate humanizing touches.	92, 93, 49, 51	The day room on Ward 93 has a wall mural on one small wall and some pictures and plants, however more decorations could be used. The day room on Ward 92 had plants and flowers, but only three pictures.

Item #	Ward	Description
6. Day room has appropriate humanizing touches. continued	92, 93, 49, 51	On Ward 49, the day room has one wall mural but many of the walls are barren with only about four wall decorations and three to four plants. Chairs are all placed against the walls.
		On Ward 51, the day room has a wall mural and knick-knack shelf with only a couple of plants and pictures.
7. Day room has window shades/curtains.	49	One curtain of a pair was missing on one of two large windows in the day room of Ward 49 on all three days.
31. Visiting room has appropriate humanizing touches.	43, 51	The visiting room on Ward 43 had some humanizing touches such as plants and pictures, however more decorations were needed.
		Two of four walls in the visiting room on Ward 51 were nicely decorated. The two bulletin board displays hung on the one wall were completely empty making this wall quite barren.
46. Sleeping areas have appropriate humanizing touches.	All Wards	The dorm areas on Wards 88, 93, 43, 49 and 51 with the exception of large dorm areas of 43, 49 and 51, were minimally decorated with an average number of one to two mediocre pictures in each room. On Ward 88, knick-knack shelves were hung but most were void of any knick-knacks. The walls in all of these five wards were quite barren.
		There were no decorations in the bedrooms on Ward 92.

Item #	Ward	Description
47. Sleeping areas have window shades/curtains.	43	There were no curtains in bedroom 3-34 on Ward 43 on all three days. The patient had torn them down and they had been sent out to be sewn.
101. Dining room has appropriate humanizing touches.	43, 49, 51	The dining areas for Wards 43, 49 and 51 were minimally decorated with one to three pictures and a couple of plants. For the most part, walls were mostly barren of humanizing touches.
10. Suicide Hazards		
86. Ward has breakaway bars in shower/toilet stalls.	All Wards	The dorm toilets have non-breakaway bars in Wards 88, 92 and 93. On Ward 93, the showers also have non-breakaway bars. There are non-breakaway bars in both toilet and shower stalls for 43, 49 and 51, however most patients in these wards are very infirmed.
139. Ward is free of obvious suicide hazards (e.g., exposed overhead pipes, non-breakaway shower bars, etc.).	All Wards	Wards 88, 92 and 93 have non-breakaway toilet stall bars in the dorm bathrooms and in the large bathrooms for Wards 43, 49, and 51. Overhead pipes in dorm hallways are exposed in Wards 88, 93, 43, 49, and 51. Non-breakaway shower bars are found on Wards 93, 43, 49 and 51.
		Due to the installation of fire hose piping, a hole in the floor was present in one bedroom in both Wards 43 and 49. On Ward 43, the hole was covered by a loose piece of plywood on Sunday, but on Monday the hole was exposed. The diameter of the hole was approximately five inches.

Item #	Ward	Description
139. Ward is free of obvious suicide hazards..... continued	All Wards	On Ward 49, the hole in the floor was covered by a loosely secured piece of plywood. On Tuesday, both holes were covered and tightly secured.
		No handrails were present in the shower rooms for Wards 43, 49 and 51, and on Ward 51, the handrail did not continue the length of the bathroom.
		The radiators on all six wards had access doors that in some cases were capable of being opened or were missing. This allowed patients access to the radiator control knob and possibly hot water pipes and radiator units.

11. Fire and Other Safety Hazards

134. All wastebaskets are metal.	92, 43	A plastic wastebasket was noted in a dorm area on Ward 43 (room 3-28) and in the clothing storage area on Ward 92.
138. Elevator inspections up-to-date.	43, 49, 51	The elevators in Building 85 housing Wards 43, 49 and 51 were last inspected on 3/79. Although overdue, these were scheduled to be inspected on Tuesday.
141. Fire extinguisher inspections up-to-date.	92, 93	The fire extinguisher in the kitchen between Wards 92 and 93 was last inspected June 3, 1985. By Tuesday this was current.

Item #	Ward	Description
12. Emergency Medical Equipment and Procedures		
148. Portable oxygen is available within five minutes and has been inspected within the past month.	51	The oxygen tank on Ward 51 was last inspected 5/8/85 and was immediately sent out to be inspected.
13. Overcrowding		
14. Day room has sufficient seats/space for patients.	49, 51	The day room of Ward 49 has only 15 stuffed chairs and a table with four chairs. There is limited seating. Space is a problem for patients in geri-chairs, which are very close together on both Wards 49 and 51.
49. Sleeping areas have sufficient space around beds (at least two feet).	88, 92, 43, 49	On Sunday and Monday, four out of ten bedrooms in Ward 88 contained four beds which did not allow for sufficient space between two beds. On Tuesday, just two out of ten rooms lacked sufficient space, for they still contained four beds.
		Two out of ten rooms in Wards 92 and 93 that contained four beds lacked sufficient space between two beds on all three days.
		The large dorm in Wards 43 and 49 had two beds less than two feet apart on all three days.
95. Dining room has sufficient seats/space for patients.	43, 49, 51	The dining areas for Wards 43, 49 and 51 were overcrowded forcing some patients in geri-chairs to eat in the hallways. Within the dining area, patients in geri-chairs were seated along the walls and were crowded together. There was an extra room with a table next to the dining room where the overflow of patients would eat.

Item #	Ward	Description
14. Patient Idleness		
16. Ward has leisure time supplies/equipment available and operational.	92, 49	Leisure supplies are fairly sparse on Wards 49 and 92. Only a few games were available on Ward 92 and on Ward 49 just a couple of games and some art construction paper was available.
17. Ward's leisure time supplies are accessible to patients.	All Wards	Leisure time supplies are available to patients with staff assistance in all six wards visited.
153. Patient activity/programming summary.	43, 49, 51	The morning hours in the geriatric wards of 43, 49, and 51 are needed to complete the showering and dressing of patients. Due to this, patients are either found idly waiting their turn or idly sitting in the day room after showering. On Ward 43, due to the lesser infirmed patient, 10 patients were able to go for off ward activities by 10:20 a.m. Two patients were attending a sheltered workshop and eight were at the people's center which is available at different times for the different wards. The patients on Ward 43 were all on ward in the afternoon and the majority in the day room were engaged in a ball toss with the therapy aide. By the afternoon, 16 patients on Ward 49 and seven on Ward 51 were actively engaged off ward either at the people's center or physical therapy. The patients remaining on ward spent their hours sitting or sleeping. On Ward 51, at least ten patients nap from 2:00 - 4:30. Although the television was usually on, most patients were not viewing it.

Item #	Ward	Description
153. Patient activity..... continued	43, 49, 51	Radio music may serve to more effectively entertain the patients as they seemed to respond to music played during showering. More use of leisure supplies and on ward activities are needed to provide a more meaningful way of filling the hours of the very infirmed patients.
	88, 92, 93	The majority of patients on Wards 88, 92, and 93 are actively engaged in activities throughout the day. These activities include sheltered workshops, satellite workshops, campus school, or use of the social recreation hall. Many patients in possession of honor passes were using their time off ward for their own relaxation and recreation. The use of this time would vary in the day depending on the patient's programming. Patients who were observed to be on ward at any time were observed napping, watching TV, sitting or smoking. Very little use of on ward leisure supplies was observed. Evening activities alternate and were varied for the wards between an on ward movie to the off ward use of the social recreation room or to outside recreation. AA is also offered nightly. Patients also reported activities such as dances on Saturday evenings.

Item #	Ward	Description
154. Staff activity summary.	All Wards	<p>Staff was observed to be actively engaged in daily routine activities on all six wards. On Wards 88, 92, and 93, these activities would include chaperoning patients in off ward activities, to monitoring smoking, doing laundry and linens, and updating records.</p> <p>Due to the infirm patients in the geriatric wards of 43, 49 and 51, staff's time was filled with individual patient care of showering, dressing, and feeding and daily chores of linens and record keeping. Considering there was a minimum number of staff to perform these duties, very little time was left open for leisure staff-patient interaction.</p>
15. <u>Privacy</u>		
49. Sleeping areas have sufficient space around beds.		See Item #16.
76. Bathrooms have doors/curtains on toilet stalls for privacy.	92, 93, 43, 49	On Wards 92 and 93, two out of six toilet stalls were without a door or curtain all three days.
		On Wards 43 and 49, two out of four toilet stalls were without a door or curtain on Sunday, but was corrected by Monday.
89. No group showering (e.g., patients are not showered in such a manner that they are left undressed in front of other patients).	88, 93, 43, 49, 51	On Ward 88, there are individual private showers, however women undress in front of each other for there are no dressing rooms or places to hang clothes made available. There would be two to four naked women waiting in

Item #	Ward	Description
89. No group showering..... continued	88, 93, 43, 49, 51	the alcove in front of the showers. Women would again need to come out into the larger bath area to dress after showering. A screen was placed in front of the showers to block the view from the door and larger bath area. However, there was no screen between the showers in the alcove area to afford more privacy, until Commission staff suggested this. Also the number of patients allowed to wait in the alcove was not monitored or controlled.
		On Ward 43, 49 and 51, geriatric patients were showered privately, but would be placed in the dressing room to dry off. There would be at least two naked patients drying off or getting dressed along with others awaiting their turn to be dressed. On Ward 49, one patient sat nude for at least 10 minutes waiting for someone to attend to her. Another was dressed while still sitting in the wet chair used for showering.
90. Staff conduct showering/ bathing in a humane manner.	88, 93, 43, 49, 51	Same as Item #89.
16. Protection/Security/Access to Personal Belongings		
51. Each patient has a secure personal storage space.	43, 49, 51	Patients on Wards 43, 49 and 51 do not have any lockable storage space.

Item #	Ward	Description
52. Patient has ready access to personal belongings.	All Wards	Patients on Wards 88, 92, and 93 have lockable space but some request that staff keep their keys, therefore assistance would be needed. Dorm areas are at times locked which would also result in needed assistance. In addition, clothing for some patients on Ward 92 and for all on Ward 93 are kept in a locked clothing room off the bath area.
		All clothing and hygiene items are kept in a locked dressing room for all patients on Wards 43, 49 and 51. Due to the infirmed patients, most do not possess many other personal items. From Commission observation, a limited number of patients possibly could benefit by having a lockable storage area.

17. Amenities

12. Day room has non-smoking area posted.	92	The non-smoking area was not posted in the day room on Ward 92.
18. Day room has clock with correct time.	93	Two out of three clocks did not display the correct time due to electrical work being done on Ward 93.
19. Day room has calendar with correct date.	All Wards	There are no calendars on any of the six wards visited.
20. Day room has correct day/date posted.	49, 51	The correct day/date was not posted on Wards 49 and 51 on Sunday and Monday, but was posted on both wards on Tuesday.

Item #	Ward	Description
22. Ward has telephone accessible.	43, 49	On Ward 43, the telephone was not on the ward and patients would need staff assistance for its use.
		On Ward 49, the phone was kept in a locked empty room and patients would need staff assistance.
59. Sleeping areas have clocks with correct time accessible to patients in dorm areas.	93, 43, 49, 51	The clock in the dorm area of Ward 93 was not working all three days due to electrical work being done.
		On Ward 49, there was no clock available in the large dorm until Tuesday. The clock in the large dorm on Ward 51 was broken on Monday but was working correctly on Tuesday. On Wards 43, 49, and 51 there are no closely accessible clocks for patients in private rooms and some four bedroom dorms.
110. Ward has menu posted in area accessible to patients.	43	On Monday morning, the outdated menu was still posted for Ward 43, however this was corrected by Monday evening.
115. Facility-provided snacks available in the afternoon.	88, 92, 93	For Wards 88, 92 and 93, snacks are only provided for those who need nourishment. Other patients may get snacks in the vending machines.

Item #	Ward	Description
18. Meals and Dining		
107. Ward has appropriate eating utensils available. (If no, indicate if inoperable dishwasher is cause of problem.)	88, 49, 51	<p>On Wards 49 and 51, only spoons were available due to the infirm condition of the patients resulting in pureed food. However, there were at least two patients on Ward 49 observed eating the evening meal that was normal in consistency and could have been supplied with more utensils.</p> <p>One patient on Ward 51 was eating her Monday dinner on a styrofoam plate and plastic spoon. Staff could not provide a reasonable explanation for this.</p> <p>On Monday morning on Ward 88, five of nine tables lacked napkins. These were immediately filled after making staff aware of this.</p>
108. Ward has appropriate meal condiments available.	88, 93	<p>For Sunday's dinner on Ward 93, salt and pepper was not placed on five out of eight tables. Salt was not available - only upon request. Staff reported that they were restricting its use. However, for Monday's breakfast there was a salt and a pepper shaker on all tables.</p> <p>Salt shakers were available on only four of nine tables during Monday's breakfast on Ward 88.</p> <p>For both wards, sugar was available upon request.</p>

Appendix II

FACILITY RESPONSE AND
PROPOSED PLAN OF CORRECTION

Harlem Valley Psychiatric Center

A Facility of the New York State Office of Mental Health
Wingdale, New York 12594

(914) 832-6611

November 8, 1985



Wendy P. Acrish, M.P.S.
DIRECTOR

Marcel Chaine
Protection and Advocacy Specialist
State of New York
Commission on Quality of Care
For The Mentally Disabled
Albany, New York 12210

Dear Mr. Chaine:

Thank you for your report of the Commission's site visit to Harlem Valley on August 18, 19 and 20, 1985. Overall, we thought the survey process was a good one as the review was very thorough and findings were balanced by repeated observations over time. Staff were similarly impressed by the professionalism and courtesy extended by both you and Nicole Chase.

I was pleased to find the many positive notations of exemplary conditions at Harlem Valley. Your comments regarding clean living environments, exemplary physical plant, some of the best varied and interesting off-ward programming, and the systems to ensure clothing and amenities, all speak to well defined management systems and high staff commitment. We are proud of this record and we will continue to seek the highest standards of patient care within the fiscal resources available to us.

There is, however, one part of the report with which we take strong exception. According to your reference on Breakaway Bars - Showers and Toilets you state "apparently no efforts had been made to rid the facility of non-breakaway bars in showers or toilet stalls, even on selective wards". This is not the case as the facility has maintained a long standing vigilance in this area and has completed various "suicide prevention" alterations over time. Building 27, which contains "high risk" patients of admission and secure care, has had many modifications enclosing pipes within bathrooms, changing curtain rods, light fixtures, etc. in dayroom and dorm areas, and dropping ceilings where possible. More recently, a project was completed enclosing bars and toilet stalls in the main bathroom on all wards in Building 27.

We have, in fact, taken many positive actions to rid the facility of such hazards and continue to apply this principle in the design and planning for on-going renovation projects. Capital Construction requests were submitted for Building 85 and 26 (the other two patient buildings) which contain designs

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New York State Office of Mental Health

From the digital collections of the New York State Library.



for enclosing similar hazards. The project for Building 85 has been approved and we expect to receive notification shortly for the Building 26 project.

Responses to General Observations:

1. Breakaway Bars - Showers and Toilets - As mentioned above, concern for suicide prevention programs has been on-going. The report is referencing small (two stall) "night bathrooms" within the dorm area. These bathrooms are available for patient convenience and are used under staff supervision. We agree that alterations for these areas as well as the main corridor in dormitories would provide additional safeguards, and we will seek capital construction funds for such development.
2. Overcrowding - Since the time of the survey an additional ward (050) was opened within Building 85. Plans and capital construction requests have also been developed and submitted to the Office of Mental Health for opening additional wards within Building 26. These additional wards will provide increased accommodation for planned New York City transfers. Funding for this project was requested to provide renovations similar to the "Model Ward" (092) which has incorporated facilities for meeting humanization and suicide prevention renovations. Additionally, approved capital construction for Building 85 contains provisions for partitioning doors to provide four patient bedrooms, increased dining room space, and altering dayroom space to provide for better programming and leisure time activities.

Additional staffing is also provided at an 8 to 1 ratio for planned New York City transfers. This level is commensurate with existing staff levels and will provide a service level equivalent to present service provision.

We have requested and worked with O.M.H. in planning for the necessary physical accommodations which are a major component in adequately housing patients. An equally critical factor is the staffing ratio necessary to support and provide for therapeutic programming and leisure time activity. We have attempted, within resource constraints, to provide a balance of space utilization and staff distribution to efficiently meet these therapeutic needs and respect patients rights and dignity. Additional accommodations will require intensified staffing to address more individualized needs.

3. On ward programming - As you have noted, off-ward programming was very adequate (among the most interesting and varied throughout the state network); on ward programming, however, particularly for geriatric patients often left patients with little to do as staff were actively engaged in showering, dressing, meals and other activity of daily living programs. Once again, we have attempted to

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New York State Office of Mental Health



provide an efficient balance of programming within resource constraints. Clinically, we have attempted to provide programs off-ward in "normalized" environments. On ward programs have as their first priority the care and well being of patients for which staffing has been committed. Additional programming will only be possible as staffing levels are increased.

4. Personal hygiene supplies - During the survey, Harlem Valley was piloting a project to provide personalized hygiene "kits" with a standardized inventory of articles to patients on select wards. This project is now completed and kits are being prepared and distributed to all patients. Additional kits are also being prepared and will be given to each new admission. We are reviewing patients use of these articles and we will intensify efforts to encourage patient participation in personal hygiene as well as provide supervision of such use. Geriatric patients require special assistance and we will review the activity of Daily Living Program in this area. As you noted, patients are clean and well groomed and we will intensify our efforts encouraging fuller patient participation where possible.
5. Linen distribution - I was encouraged to find your comments on the overall effectiveness of the linen distribution system which provides for an adequate supply of clean and appropriate clothes. The identified problem, particularly within Geriatrics, is the storage and personalization of clothing. We are reviewing the storage facilities for patient's personalized clothing to see what physical supports can be provided. Staff have been reminded and responsibilities fixed to ensure the proper labeling and storage of clothes.
6. Weekend and Weekday Conditions - We have attempted to provide on-going management systems which will ensure continuity of programming and quality of care. In general these systems have proved to be effective and attest to the many positive observations made during the survey. We believe that the "improved conditions" at the end of survey reflect staff's efforts to promptly initiate corrective action. The types of deficiencies cited -- overcrowding, suicide hazards, linen and personal hygiene use, etc. are system issues that do not vary over time and require broad participation to rectify. More isolated instances are more easily correctable and were immediately attended to during the survey.

Overall, the survey was very positive as additional input provides the opportunity for self examination and review. The management systems established at Harlem Valley and high staff commitment attest to the many positive

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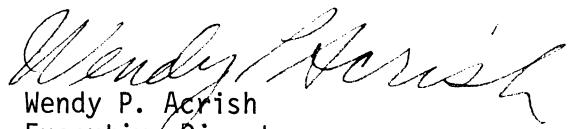
New York State Office of Mental Health



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observations made. For those areas within our immediate control, we have reviewed and addressed within the enclosed work plan. We will also work with the Office of Mental Health in pursuing improvements requiring capital changes as described. Other improvements will require additional resources and we will continue our efforts to efficiently manage these resources to provide the best possible care.

Very truly yours,


Wendy P. Acrish
Executive Director

WPA/JL/bz
cc: Steven E. Katz, M.D.
William Morris, Regional Director
File

ENCLOSURE

HARLEM VALLEY PSYCHIATRIC CENTER
 QUALITY OF CARE COMMISSION REVIEW
 SUMMARY OF CORRECTIVE ACTION PLANS
 NOVEMBER 1985

<u>STANDARD NUMBER</u>	<u>FINDINGS / RECOMMENDATIONS</u>	<u>IMMEDIATE CORRECTIVE ACTION</u>	<u>SYSTEMIC CORRECTIVE ACTION</u>	<u>TARGET DATE</u>	<u>O/I-GOING REVIEW PLAN</u>	<u>COMMENTS</u>
54	<p>*Ward 043 & 049 had draw-string patient clothes to be *bers of common underwear, labeled and stored in *socks and slips. Ward 121 *093 had common socks *which were distributed *A basic inventory of *of clothing will be *After showers. *Clothing was not stored *maintained on the wards *neatly.</p>	<p>*Responsibility for the *various aspects of managing the clothing system *will be assigned to specific individual staff to *ensure accountability.</p> <p>*Committee appointed to examine facilities for storage and formulate recommendations.</p> <p>*Contingent upon cost renovations will be made over time.</p> <p>*A distribution system was developed to ensure a full supply of available clothing.</p> <p>*The system will be re-enforced to ensure a consistent amount for all wards via the daily monitoring checklist.</p>	<p>*12/15/85* A daily monitoring check list was developed to ensure on-going review of critical issues for all three shifts.</p> <p>*Nursing supervisory inventory of staff reviews to ensure compliance.</p> <p>*Routine environment-survey will be used to monitor overall compliance. This will be reinforced within the Geriatric Service where confirmed patients have special needs.</p>	<p>*12/15/85*</p>	<p>*check list was developed to ensure on-going review of critical issues for all three shifts.</p> <p>*Nursing supervisory inventory of staff reviews to ensure compliance.</p> <p>*Routine environment-survey will be used to monitor overall compliance. This will be reinforced within the Geriatric Service where confirmed patients have special needs.</p>	<p>*Correct-ward to review as part of daily environmental checklist.</p>
119	<p>*Ward 088 patients are not given storage for dirty clothes.</p>	<p>*For ward 088 (female admissions) all laundry is done on the ward. For patients who can manage their own clothing hamper are provided within their own dormitory area. For those patients who cannot manage their own clothes hamper are provided in the laundry room.</p>	<p>*For ward 088 (female admissions) all laundry is done on the ward. For patients who can manage their own clothing hamper are provided within their own dormitory area. For those patients who cannot manage their own clothes hamper are provided in the laundry room.</p>	<p>*Correct-ward to review as part of daily environmental checklist.</p>	<p>*Correct-ward to review as part of daily environmental checklist.</p>	<p>*Correct-ward to review as part of daily environmental checklist.</p>

**HARLEM VALLEY PSYCHIATRIC CENTER
QUALITY OF CARE COMMISSION REVIEW
SUMMARY OF CORRECTIVE ACTION PLANS**
NOVEMBER 1935

NOVEMBER 1935

<u>STANDARD NUMBER</u>	<u>FINDINGS / RECOMMENDATIONS</u>	<u>IMMEDIATE CORRECTIVE ACTION</u>	<u>SYSTEMIC CORRECTIVE ACTION</u>	<u>TARGET DATE</u>	<u>ON-GOING REVIEW PLAN</u>	<u>COMMENTS</u>
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2. PERSONAL HYGIENE SUPPLIES

*Personal hygiene supply *Standardized personal
* bags not all labeled on *hygiene kits have been
* wards 088 and 092. *developed and piloted
* successfully on selected
*wards. Distribution of
*the personalized kits has
*been initiated, although
*distribution to all
*inpatient wards will not
*be complete until
*12/31/35.

* Ward 043 had common
* brushes and lipstick

*use their own lipstick
*and brushes.

- * Most hygiene kits appear unused.
- * For patients who are capable of using their personal hygiene kits independently staff will continue to provide supervision and encouragement to patients to use their kits appropriately. In those areas where patients cannot use their kits independently staff will continue to provide assistance.

* will warn will
* be complete by
* 12/31/85. The
* fixing of
* responsibility
* and the daily
* monitoring over
* three shifts
* will provide
* continued
* emphasis of
* day to day
* management.

12/31/85

*Patients will be given patients on wards 043.

Correct- *AB noted all

HARLEM VALLEY PSYCHIATRIC CENTER
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	* 049 and 051 are only washed in the morning.	* access to washing supplies during the evening hours. Those patients who can wash independently will be encouraged to do so. *Those who can not wash independently but require washing will be assisted by staff.			

	<u>COMMENTS</u>
	*patients *appeared clean *Those patients heading *attention were immediately *attended to. *Opportunity will be provided during *the evening *hours for those patients wishing *additional *wash-up.

43

3. BED AND BATHING LINEN

- 53 *On the first day of the survey 14 beds did not have a complete compliment of 2 sheets per bed. 5 beds did not have pillows and 9 beds were missing bedspreads or blankets. By the last day of the survey 5 beds were still missing both sheets and 2 beds lacked pillows.

- *During the first day of the survey there were insufficient washcloths for washing on wards 092, 093 and on the second day for ward 088. *By the last day all

- *Corrected - daily monitoring *check list includes *check list includes *a daily review of *all beds to ensure *a full compliment of over three shifts will *linen. *Routine environmental surveys will emphasize on *be used to monitor *day to day overall compliance. *management.

- *Maintaining an adequate supply of washcloths are provided for all wards. *for washing on wards 092, 093 and on the second day for ward 088. *The use of disposable

- *12/01/85 *Daily monitoring *check list includes *a daily review of *wash cloth supplies *to ensure an *adequate supply.

<u>STANDARD NUMBER</u>	<u>FINDINGS / RECOMMENDATIONS</u>	<u>IMMEDIATE CORRECTIVE ACTION</u>	<u>SYSTEMIC CORRECTIVE ACTION</u>	<u>TARGET DATE</u>	<u>ON-GOING REVIEW PLAN</u>

	<u>COMMENTS</u>
	*patients *appeared clean *Those patients heading *attention were immediately *attended to. *Opportunity will be provided during *the evening *hours for those patients wishing *additional *wash-up.

HARLEM VALLEY PSYCHIATRIC CENTER
 QUALITY OF CARE COMMISSION REVIEW
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<u>STANDARD</u>	<u>FINDINGS/RECOMMENDATIONS</u>	<u>IMMEDIATE CORRECTIVE ACTION</u>	<u>SYSTEMIC CORRECTIVE ACTION</u>	<u>TARGET DATE</u>	<u>ON-GOING REVIEW PLAN</u>	<u>COMMENTS</u>
JUDGMENT						
	*wards had a sufficient supply.	*washcloths is being explored.			*Routine environmental surveys will be used to monitor overall compliance.	

4. BATHROOM SUPPLIES

- 67 *Insufficient number of showers given the ward census.
 *Ward staff to establish a shower schedule so that request to install additional shower stalls *ed during shower times.
 *thus providing more adequate space.
- 74 *On Ward 043 there were 3 bathroom stalls lack-toilet paper on the first day of the survey. are kept filled.
 *On Ward 043 there was soap in two of the four dispensers on the first day.
 *Corrected immediately. Responsibility was clarified.
 *Ward staff to ensure that between housekeeping and ward staff. Additional keys were issued to all wards to ensure access at all times.
- 93 *Several areas were in need of additional cleaning including: 1. *survey. *the observation room on Ward 092 needed sweep-

44

5. CLEANLINESS

1. *Several areas were in All areas were attended to at the time of the survey. *The overall housekeeping system proved to be effective. Isolated problems are attended to *Housekeeping to continue by Ward staff where
36. *As noted the environmental check-*facility can shift to ensure that general cleanliness as the area is neat and clean.
42. *Correct--The daily ward environmental check-*list requires each staff member to ensure an adequate supply of paper is available in the dispenser.

HARLEM VALLEY PSYCHIATRIC CENTER
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61.	<ul style="list-style-type: none"> * sing and on Ward 093 the floor needed vacuuming; services. * floors were dirty on two out of six dorm rooms on Ward 049 on Sunday and Monday; 3. the day room floor needed sweeping on Monday afternoon on ward #93; 4. sinks on ward #92 were messy on Sunday quite good. and the floors/sinks on #93 were not clean Monday and Tuesday. 	<ul style="list-style-type: none"> * immediate action is required and additional cleaning is provided by housekeeping. * The deficient areas noted were isolated incidents where additional cleaning was needed. In general the cleaning schedule of the facility as a whole is revised to include daily flushing of the drains with water and monthly deodorizing. 	<ul style="list-style-type: none"> * The cleaning schedule of housekeeping was revised to include ward staff will work with patients to ensure that facilities are used appropriately. 	<ul style="list-style-type: none"> * Corrected. 	<ul style="list-style-type: none"> * 12/01/85 	<ul style="list-style-type: none"> * floors are clean and shiny. * Bathrooms are odor free and furniture is in good repair. * Management system has proven effective and will be used to ensure a continued overall compliance.
62.	<ul style="list-style-type: none"> * The bathrooms on wards #92, 093 and 049 had a strong smell of urine. 	<ul style="list-style-type: none"> * Housekeeping staff to maintain cleaning schedule. 	<ul style="list-style-type: none"> * The current furniture on the porch areas is a heavy plastic variety that has been found to be most resistive to burns and damage compared to previous types of furniture. Cigarette burns however mar the finish producing an "unpleasant appearance". Despite using a variety of cleaning solutions it has been difficult to remove the black marks caused by cigarette burns. 	<ul style="list-style-type: none"> * 12/01/85 	<ul style="list-style-type: none"> * The routine environment mental surveys will monitor the condition of the porch furniture to ensure compliance. 	
9.	<ul style="list-style-type: none"> * The porch furniture on wards 088, 092 and 093 was dirty and contained many black marks due to the plastic design. 	<ul style="list-style-type: none"> * Ward staff to continue monitoring patients' smoking to ensure appropriate supervision. 	<ul style="list-style-type: none"> * Housekeeping staff have cleaned the furniture although it is difficult to remove the black marks from the finish. 	<ul style="list-style-type: none"> * Two recommendations will be pursued: * 1. alternatives cleaning solutions will be sought; * 2. the therapeutic environment committee 	<ul style="list-style-type: none"> * The therapeutic environment committee 	

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10.	There were an insufficient number of wastebaskets:	Wards were provided an adequate supply of waste-baskets.	will explore other types of porch furniture.	Corrected	12/15/85.	Additional wastebaskets were distributed at the time of the survey. A review will be initiated to determine what areas require wastebaskets and how many should be available.
60.	1. in the day rooms of wards 049 and 051;	The facility concurs on the need for additional wastebaskets in some areas, although the need for wastebaskets in each dormitory cubicle may not be warranted.	Review of the adequacy and distribution of wastebaskets in some areas, although the need for wastebaskets in each dormitory cubicle may not be warranted.	12/15/85.	The facility will conduct review to be completed by 12/15/85.	
83.	2. in the visiting rooms of 049 and 051;					
	3. in the dorm areas;					
	4. on Ward 043 there was no wastebasket in two bathrooms on Sunday.					

7. WINDOWS, WALLS, CEILINGS

- *One window was cracked
*in the shower room of
*ward 043.

*The facility policy of
*replacing only those
*cracked windows which
*present a patient hazard
*and not those cosmetic
*cracks was reviewed.
*The existing policy will
*be continued as their are
*limited maintenance
*resources and replacing
*all cracked windows (even
*those cosmetic cracks)

*Correct- *Routine environ-
*ed *mental surveys will
*during *be used to monitor
*the *the replacement of
*survey *hazardous cracked
*windows to ensure
*compliance.

*As noted all
*windows were
*in good repair
*Cracked
*windows which
*present a hazard
*are immediately
*replaced.
* * * * *

HARLEM VALLEY PSYCHIATRIC CENTER
QUALITY OF CARE COMMISSION REVIEW
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NOVEMBER 1985

<u>STANDARD NUMBER</u>	<u>FINDINGS/RECOMMENDATIONS</u>	<u>IMMEDIATE CORRECTIVE ACTION</u>	<u>SYSTEMIC CORRECTIVE ACTION</u>	<u>TARGET DATE</u>	<u>ON-GOING REVIEW PLAN</u>	<u>COMMENTS</u>
*	*	*	*	*	*	*

- * is not an essential item
- * in terms of patient safety, compare to other maintenance priorities.
- * The policy shall be to replace those windows which are a patient hazard and concentrate maintenance efforts on other priorities to ensure a safe facility.

8. PLUMBING

63. *Some toilets and faucets were difficult to activate, although all were found to be in working order.
70. *flushing and faucet mechanisms were adjusted to ensure easier use.

*Correct-*Routine environmental surveys will be used to monitor the ease in which toilets and faucets are activated.

9. ATTRACTIVENESS/COMFORT

6. *Additional humanizing touches are needed in the following areas:
1. dayrooms on wards 092, 093, 049 & 051;
 2. visiting rooms on wards 043 & 051;
 3. dormitory area for all wards.
- *HOPC has emphasized the need to maintain a therapeutic, safe and humanizing environment. The facility has worked hard at achieving this goal. This is evidenced by the positive comments noted by surveyors from
- *Therapeutic environment Committee was formed to provide planning for the design of the "model" ward emphasizing a positive environment. Two model wards were completed, one in building 85 and another in building 86.
- *12/31/85*Routine environmental surveys will be used to assess the humanization of the environment and to monitor compliance.
- *As noted generally the environment is very good.

HARLEM VALLEY PSYCHIATRIC CENTER
QUALITY OF CARE COMMISSION REVIEW
SUMMARY OF CORRECTIVE ACTION PLANS
NOVEMBER 1985

<u>STANDARD</u>	<u>FINDINGS / RECOMMENDATIONS</u>	<u>IMMEDIATE CORRECTIVE ACTION</u>	<u>SYSTEMIC CORRECTIVE ACTION</u>	<u>TARGET DATE</u>	<u>ON-GOING REVIEW PLAN</u>	<u>COMMENTS</u>
NJ 1.1.2			<ul style="list-style-type: none"> * regulatory agencies * The therapeutic environment committee was formed to oversee the implementation of a therapeutic humanizing environment. The committee (which includes management, clinical staff as well as patient input) must maintain a balance among safety concerns, the personal needs of the patients (ie. rights, dignity etc.) and cost constraints. HVC will continue its efforts at reviewing and identifying those areas in the environment needing improvement. The areas noted by the QCC survey team will be reviewed by the therapeutic environmental committee. 			<ul style="list-style-type: none"> * building 27. The model ward in building 27, ward 092, was carefully designed not only to address the safety needs of patients but also to demonstrate in a very representation from not only management but also type wards can be clinical staff as well as renovated with limited patient input) must been noted as an exemplary model for all state facilities. * Ward 092 will serve as the prototype for HVC as additional wards are reviewed and identified.
			<ul style="list-style-type: none"> * curtains were added to ward 049 dayroom. 			<ul style="list-style-type: none"> * Routine environmental surveys will monitor to ensure that all windows have curtains and report those areas of non-compliance.
			<ul style="list-style-type: none"> * One curtain was missing from the dayroom of ward 049. 			<ul style="list-style-type: none"> * Curtains were added to ward 049 dayroom. * Approved contractor for supplying curtains has consistently proven difficult in providing an adequate supply. * Contract is being developed with local sheltered workshops to provide customized service.

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N.J.B.I. 2	*	*	*	*	*	*	*

10. SUICIDE HAZARDS

36. Non-breakaway bars are

*not consistently installed in all toilet/shower areas.

*The issue of suicide prevention has been an

*area of concern which is being addressed by the

*facility (as evidenced by funds for the renovation

*the completed enclosures of "night bathrooms" in

*in all the main bathrooms building 27 and 26 has

*within building 27).

*efforts at minimizing environmental hazards

*an ongoing concern of the construction project

*which will address the

*safety concerns noted in

*the bathrooms of building

*85 has been approved and

*funded this year.

139.

Over head exposed pipes

*Over head pipes in dorm areas are breakaway in

*each sleeping area.

*Although the central dormitory hallway does

*not have breakaway bars.

*Staff provide supervision of the hallways.

*fire hose construction was provided by an

*contractor. The hole left

Correct-

*fire hose cabinets was

*immediately notified.

*HVPC work control department provided

*immediate assistance.

*Review and installation of "suicide prevention" alterations has been an ongoing concern. The main bathroom areas in building 27 were completed as all bars were enclosed and sealed. *Capital construction funds for the renovation of "night bathrooms" in all the main bathrooms building 27 and 26 has been approved by OMH and is pending DOB. *A capital construction project which will address the safety concerns noted in the bathrooms of building 85 has been approved and funded this year.

Next fiscal year to enclose the overhead pipes down the central dormitory hallways.

Capital construction renovations will ensure compliance.

Contractor working on the

*Correct-

*fire hose cabinets was

*immediately notified.

*HVPC work control department provided

*immediate assistance.

*2/01/86
 Correct-

*Handrails for all areas are being reviewed. The review will be completed *

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		*by 11/30/85. The handrails will be installed in all areas as necessary.				
		*Radiator access doors are being sealed.		*12/31/85*		

11. FILE AND OTHER SAFETY HAZARDS

134. *A plastic wastebasket was noted on ward 043 and 092.
- *plastic wastebaskets replaced.
- *As noted earlier, a review will be initiated to ensure an appropriate distribution of wastebaskets that addresses not only the cleanliness issues but the clinical concerns (eg. wastebaskets being used as projectiles).
- *Correct--Routine environmental surveys will monitor to ensure inspections are current and appropriate waste receptacles are present.
138. *The elevators in Building 35 were last inspected on 3/79. Although the next inspection is scheduled for the last day of the survey.
- *Elevator inspections are due every 5 years. Arrangements provided to have the elevator inspection made during the survey.
- 141 *One fire extinguisher in the kitchen between wards 092 & 093 was last inspected 6/3/85. By the last day of the survey it was inspected.
- *Correct--ed
- *Correct--ed

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*	*	*	*	*	*	*

12. EMERGENCY MEDICAL EQUIPMENT AND PROCEDURES

148. *Oxygen tank on ward 051 was last inspected 5/8/85. The tank was sent out immediately for inspection.

*Corrected during the survey.

*Correct-Routine environmental surveys will monitor the currentness of inspections and report all areas of non-compliance.

51

13. OVERCROWDING

14. *Insufficient dayroom space for those wards where there are geriatric patients.

*An additional ward (050) has been opened which will help alleviate some of the problem.

*Census is continually monitored to maintain patient goals. Internally four beds did not allow sufficient space between beds.

*The large dormitory on wards 043 & functional level, are 049 had two beds less than two feet apart.

*The dining areas on 043, 049 and 051 were overcrowded severely.

*The dining areas on 043, 049 and 051 were overcrowded severely. Geriatric patients had to eat in the hallway. Within the dining area geriatric patients were

*Waiting therapeutic efforts to reduce over-crowding have been on-going implementation of capital construction projects. *OMH Environment Committee to review implementation of capital construction projects. *which will allow additional ward space for additional New York City transfers.

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		ACTION	ACTION	ACTION	ACTION			
16.	* crowded together along *the wall.	*	*	*These efforts will help *to reduce overcrowding.	*	*	*	*

14. PATIENT IDLENESS

16. *Leisure supplies are *The leisure supplies were*As noted by the survey *Correct--*Routine environ-
*spurse on wards 049 and *reviewed and an adequate *team there is a variety *mental surveys will *leisure time
*092. During the morning*and diverse supply is *of off ward activities *be used to monitor *supplies are
*most of on ward *available. *for patients to get *the availability of *available to
activities center around *involved in. *activities and the *patients.
*showering and dressing. *Patients are generally *Additionally it was *utilization of on *
*Many patients were found*encouraged to participate*noted that the *ward leisure
*either waiting their *in off ward activities *staff interaction with *ward program-
*turn for showering or *when possible. Given the*patients was good. *ming was
*idly sitting in the day *Efforts will be made *exemplary. For
*room after showers. *available on ward staff *to review on ward *patients on
*There is a good variety *priorities must be *activities given current *ward staff were
*of off ward activities *determined. For patients*staffing constraints and *actively
*although patients *unable to leave the ward *competing priorities in *providing ADL
*remaining on ward spend *the first priority for *an effort to improve *care to
*their time either *existing ward staff is to*available leisure *patients
*sitting or sleeping. *activities on ward. *patients
*provide ADL care. *(showering,
*meals, etc)
*Patients are
*provided a full
*and active day
*of activities
*within the
*staffing
*constraints.
*
*Wards ORR.092, 093
*patients are engaged
*in a variety of off
*ward activities
*throughout the day.
*However, patients
*who were observed on
*ward at any time were
*seen napping, watching
*TV, sitting or smoking.
*Very little use of ward
*leisure supplies was
*observed.
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15. PRIVACY

49. *Insufficient space in dormitory cubicles with four beds. *Census goals will be monitored closely. As building 26 renovations are completed some of the overcrowding will be alleviated.
- *Please refer to section 13 on overcrowding. *As additional ward space is renovated, it will help to alleviate some of the existing overcrowding.
- *Some toilet stall doors were missing.
49. *Some wards, with the exception of the "model" screens will be placed in the shower areas during showers. A group of patients was often waiting nude for their showers. Some wards did not provide adequate space for patients to hang their clothes.
- *Additional privacy curtains suspended by ceiling tracks will be explored as a means of partitioning the waiting area thus providing more privacy for dressing and changing.
- *In building 85 the use of curtains suspended by ceiling tracks will be explored as a means of partitioning the waiting area thus providing more privacy for dressing and changing.
- *Capital renovation requested to increase the number of available showers.

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16.	<u>PROTECTION/SECURITY/ACCESS TO PERSONAL BELONGINGS</u>			*12/31/85*		
51.	*Patients on wards 043. *049 and 051 do not have *any lockable storage *space.	*The overwhelming *majority of patients on *these wards cannot manage *their personal belongings *without assistance. *For these patients *lockable storage space is *provided with staff *assistance. For those *few patients who can *manage their own personal *belongings, lockable *storage space will be *provided.				
52.	*Patients on wards 088, *092 and 093 have lock- *able storage space but *dorm areas are locked at *times which would result *in the need for staff *assistance. In addition *clothing for those areas *is kept in a locked *clothing room off the *bathroom.	*Clothing is kept in a *locked area only for *those patients not *capable of managing their *own clothing. *have direct access to *all other times patients *will continue to *provide assistance for *those patients *unable to manage their *clothing independently. *For wards 043, 049, and *051 all hygiene supplies *and clothing is kept *locked although some *patients appear capable *of handling their own.	*Dorm areas are locked *only during mealtime *and medication time. *All other times patients *will continue to *provide assistance for *those patients *unable to manage their *clothing independently. *so. Those *es are given an oppor- *tunity to do so. *as part of their *treatment plan.	*12/31/85*		

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12.	*Non-smoking area was not posted *Posted on Ward 092. *other areas are non-smoking.			*12/15/85*		*Correct--* *ed
13.	*Some clocks, calendars, date boards, and menus were not accurate.					
19.	*Additional calendars and clocks were distributed to the wards.					
20.	*Responsibility for ensuring the timeliness of the information is being reviewed. Staff responsibility for updating the information is being reviewed to ensure consistency and accountability.					
59.						
110.						
22.	*On wards 043 and 049 the telephones were not immediately accessible to patients without staff assistance.			*12/31/85*		*The location of telephone is being reviewed with the goal of ensuring their accessibility to patients.
115.	*Snacks for patients on wards 089, 092 and 093 are only provided for those that need nourishment.					*Current policy states that afternoon snacks are provided as directed by the nutritional and orders by the treating physician. The vending room is available and accessible during the afternoon for those patients wishing a snack. Evening snacks are provided to all patients.

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19. MEALS AND DINING

107. *on wards 049 and 051
 *only spoons were
 *available as most
 *patients were on non-
 *purified food, although
 *two patients had food off
 *normal consistency on
 *ward 049.
- *A full compliment of
 *silverware will be
 *available for those
 *patients on non-purified
 *diets.
- *Correct-*
 *ed.
108. *Some salt and pepper was
 *shakers were missing
 *from the tables on
 *wards 083 and 093.
 *In general condiments will be
 *available, although staff may
 *restrict use due to clinical
 *conditions.
- *Salt and pepper was
 *provided.
- *General condiments will be
 *available, although staff may
 *restrict use due to clinical
 *conditions.
- *Correct-*
 *ed.

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