

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

FILED
AHCA
AGENCY CLERK

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,**

2007 MAY 23 A 8: 02

Petitioner,

AHCA NO. 2007004716

RENDITION NO.: AHCA-07- 0259 -S-OLC

vs.

**PREMIER BEHAVIORAL SOLUTIONS
OF FLORIDA, INC., d/b/a MANATEE
PALMS YOUTH SERVICES,**

Respondent.

_____ /

FINAL ORDER

Having reviewed the Emergency Suspension of License Order and Moratorium on Admissions dated April 27, 2007, attached hereto and incorporated herein (Ex. 1), and all other matters of record, the Agency for Health Care Administration ("Agency") has entered into a Settlement Agreement (Ex. 2) with the parties to these proceedings, and being otherwise well advised in the premises, finds and concludes as follows:

ORDERED:

1. The attached Settlement Agreement is approved and adopted as part of this Final Order, and the parties are directed to comply with the terms of the Settlement Agreement.

2. An administrative fine of \$12,000.00 is hereby imposed upon the Respondent. This amount is due and payable within thirty (30) days of the date of rendition of this Order.

3. Checks should be made payable to the "Agency for Health Care Administration." The check, along with a reference to the case number, should be sent directly to:

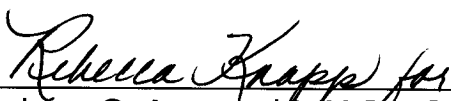
Jean Lombardi
Agency for Health Care Administration
Office of Finance and Accounting
2727 Mahan Drive, MS #14
Tallahassee, Florida 32308

4. Unpaid fines pursuant to this Order will be subject to statutory interest and may be collected by all methods legally available.

5. Each party shall bear its own costs and attorney's fees.

6. The above-styled case is hereby closed.

DONE and **ORDERED** this 10th day of May, 2007,
in Tallahassee, Leon County, Florida.



Andrew C. Agwuhobi, M.D., Secretary
Agency for Health Care Administration

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY, ALONG WITH FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES.

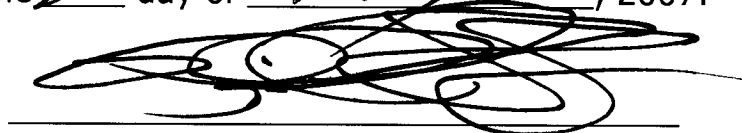
REVIEW OF PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

Geoffrey D. Smith Smith & Associates 2873 Remington Green Circle Tallahassee, Florida 32308 (U. S. Mail)	Thomas J. Walsh II, Esq. Agency for Health Care Admin. 525 Mirror Lake Drive N., #330G St. Petersburg, Florida 33701 (Interoffice Mail)
Jean Lombardi Finance & Accounting Agency for Health Care Admin. 2727 Mahan Drive, MS #14 Tallahassee, Florida 32308 (Interoffice Mail)	Elizabeth Dudek Deputy Secretary Agency for Health Care Admin. 2727 Mahan Drive, Bldg #1, MS #9 Tallahassee, Florida 32308 (Interoffice Mail)
Jan Mills Agency for Health Care Admin. 2727 Mahan Drive, Bldg #3, MS #3 Tallahassee, Florida 32308 (Interoffice Mail)	

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order was served on the above-named person(s) and entities by U.S. Mail, or the method designated, on this the 23rd day of May, 2007.



Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
(850) 922-5873

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
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STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,

2007 APR 27 P 5:49

Petitioner,

vs.

Case No: 2007004716

PREMIER BEHAVIORAL SOLUTIONS
OF FLORIDA, INC., d/b/a
MANATEE PALMS YOUTH SERVICES,

Respondent.

_____ /

EMERGENCY SUSPENSION OF LICENSE ORDER
AND MORATORIUM ON ADMISSIONS

THIS CAUSE came before the Secretary of the Agency for Health Care Administration (hereinafter the "Agency"), or lawful designee, on this date, who upon a careful consideration of the Respondent's written voluntary moratorium on admissions, record review, interviews and personal observations of the Agency surveyors, and other matters in the record, and being fully advised in the premises, finds and concludes as follows:

THE PARTIES

1. The Agency is charged with the legal responsibility of licensing and regulating hospitals in the State of Florida pursuant to Chapter 120, Florida Statutes (2006), Chapter 395, Part I, Florida Statutes (2006), Chapter 408, Florida Statutes (2006), and Chapter 59A-3, Florida Administrative Code, and has jurisdiction over the Respondent, Premier Behavioral Solutions of Florida, Inc., d/b/a Manatee Palms Youth Services (hereinafter "the Respondent").

2. The Respondent was issued a license by the Agency (License Number 4356) to operate a sixty (60) bed Intensive Residential Treatment Program for Children and Adolescents

in the State of Florida located at 4480 51st Street West, Bradenton, Florida 34210 (hereinafter “the Facility”) and was at all times material required to comply with the applicable federal and state regulations, statutes and rules governing such facilities. § 395.002(16), Fla. Stat. (2006). As the operator of such a facility, the Respondent is classified as a Class IV “specialty hospital.” § 395.002(29), Fla. Stat. (2006). Specialty hospitals are defined and governed by Chapter 395, Part I, Florida Statutes (2006), and Chapter 59A-3, Florida Administrative Code. As part of its administrative functions, the Respondent was required to establish and maintain an internal risk management program. § 395.0197(1), Fla. Stat. (2006). Internal risk management programs are governed by Chapter 59A-10, Florida Administrative Code.

3. As a hospital licensee, the Respondent was legally responsible for all aspects of the provider operations. § 408.803(9), Fla. Stat. (2006). “Provider” means any activity, service, agency, or facility regulated by the Agency and listed in section 408.802, Florida Statutes (2006). § 408.803(11), Fla. Stat. (2006). Hospitals are regulated by the Agency and are listed in Section 408.802, Florida Statutes (2006). § 408.802(8), Fla. Stat. (2006). Hospital patients are “clients” as defined by Section 408.803(6), Florida Statutes (2006).

4. The census of the Respondent’s Facility as of April 27, 2007, is forty-three (43) patients.

THE AGENCY’S EMERGENCY SUSPENSION OF LICENSE AND MORATORIUM ON ADMISSIONS AUTHORITY

5. Pursuant to Subsection 395.1065(4), Florida Statutes (2006), the Agency may issue an emergency order immediately suspending or revoking the license when it determines that any condition in the licensed facility presents a clear and present danger to public health and safety. Pursuant to Subsection 395.1065(5), Florida Statutes (2006), the Agency may issue a moratorium on elective admissions to any licensed facility, building, or portion thereof, or

service, when it determines that any condition in the licensed facility presents a clear and present danger to public health and safety.

6. Pursuant to Subsection 408.814(1), Florida Statutes (2006), the Agency may impose an immediate moratorium or emergency suspension as defined in subsection 120.60, Florida Statutes (2006), on any provider if the Agency determines that any condition related to the provider or licensee presents a threat to the health, safety, or welfare of a client.

7. Pursuant to Subsection 120.60(6), Florida Statutes (2006), if the Agency finds that immediate serious danger to the public health, safety, or welfare requires emergency suspension, restriction, or limitation of a license, the Agency may take such action by any procedure that is fair under the circumstances.

8. In this instance, after careful and due consideration of the Agency's observations, record review, interview, and the Respondent's written voluntary moratorium on admissions, the Agency has determined that the conditions and practices at the Respondent's Facility, as set forth more specifically below, present (1) a clear and present danger to the public health and safety, (2) a threat to the health, safety or welfare of a client, and (3) an immediate serious danger to the public health, safety or welfare. These findings constitute sufficient grounds warranting the emergency suspension of the Respondent's license and a moratorium on admissions.

LEGAL DUTIES AND REQUIREMENTS OF A SPECIALTY HOSPITAL

A. Composition of Staff

9. The composition of the staff shall be determined by the needs of the patients being served and the goals of the facility, and shall have available a sufficient number of mental health professionals, health care workers, program staff and administrative personnel to meet these goals. Fla. Admin. Code R. 59A-3.302(1).

B. Organizational Plan

10. The program shall have an organizational plan which clearly explains the responsibilities of the staff. Fla. Admin. Code R. 59A-3.302(2). This plan shall also include: (a) Lines of authority, accountability and communication; (b) Committee structure and reporting or dissemination of material; and (c) Established requirements regarding the frequency of attendance at general and departmental/service or team/unit meetings. Fla. Admin. Code R. 59A-3.302(2)(a)-(c).

C. Policies and Records.

11. Personnel policies and practices shall be designed, established and maintained to promote the objectives of the program and to insure that there are personnel to support a high quality of patient care. Fla. Admin. Code R. 59A-3.302(3).

12. Each program shall have a written personnel practice plan covering the following areas: job classification; pay plan; personnel selection; probation or work-test period; tenure of office; dismissal; salary increases; procedure for health evaluations; holidays; leave policies; training programs; work evaluation procedures; additional employment benefits; and personnel records. Each new employee shall be given a copy of personnel practices when hired and documentation of receipt shall be maintained in the employee's personnel file. A procedure shall be established for notifying employees of changes in established policies. Fla. Admin. Code R. 59A-3.302(3)(a).

13. There shall be clear job descriptions for all personnel. Each description shall contain the position title, immediate supervisor, responsibilities and authority. These shall also be used as a basis for periodic evaluations by the supervisor. Fla. Admin. Code R. 59A-3.302(3)(b).

14. Accurate and complete personnel records shall be maintained on each employee.

Content shall be established to include but not be limited to the following: 1. Current background information, including the application, references and any accompanying documentation sufficient to justify the initial and continued employment of the individual and the position for which he was employed. Applicants for the positions requiring a licensed person shall be employed only after the facility has obtained verification of their licenses. Where accreditation is a requirement, this shall also be verified. Evidence of renewal of license as required by the licensing agent shall be maintained in the employee's personnel record; 2. Current information relative to work performance evaluation; 3. Records of pre-employment health examinations and subsequent health services rendered to employees, as are necessary to ensure that all facility employees are physically and emotionally able to perform their duties; 4. Medical reports that verify the absence of active communicable disease in facility employees; and 5. Record of any continuing education or staff development programs completed. Fla. Admin. Code R. 59A-3.302(3)(c).

D. Staff Development.

15. The program must provide opportunities and motivation for continuous staff training to enable each member to add to his knowledge and skills and thus improve the quality of services offered. This must be documented. Fla. Admin. Code R. 59A-3.302(4). Programs shall be facility-based with a designated person or committee who is responsible, on a continuing basis, for planning and insuring that plans are implemented. The facility shall also make use of educational programs outside the facility such as workshops, and seminars. Fla. Admin. Code R. 59A-3.302(4)(a). The facility shall also make appropriate orientation and training programs available for all new employees. Fla. Admin. Code R. 59A-3.302(4)(b).

E. Facilities and Physical Plant Safety.

16. The facility shall plan and provide an environment that is therapeutic to, and

supportive of, all the patients in regard to their disturbances, their healthy development and their changing needs. The therapeutic environment shall take into consideration the architecture of the facility, indoor and outdoor activity areas, furnishings, equipment, decorations and all other factors that involve the interpersonal and physical environment. Fla. Admin. Code R. 59A-3.303.

17. The Facilities shall:

- (a) Be designed to meet the needs of the age group of the patients and the objectives of the program;
- (b) Provide adequate and appropriate space and equipment for all of the programs of the facility and the various functions within the facility;
- (c) Provide sufficient space and equipment to ensure housekeeping and maintenance programs capable of keeping the building and equipment clean and in good repair; and
- (d) Provide buildings and grounds of the special hospital that shall be maintained, repaired and cleaned so that they are not hazardous to the health and safety of the patients and staff.

1. Floors, walls, ceilings, windows, doors and all appurtenances of the structures shall be of sound construction, properly maintained, easily cleanable and shall be kept clean.

2. All areas of the facility other than closets or cabinets shall be well lighted. Dormitories, toilets and dayrooms shall have light sources capable of providing adequate illumination to permit observation, cleaning, maintenance and reading. Light fixtures shall be kept clean and maintained.

3. All housing facilities shall be kept free of offensive odors with adequate ventilation.

a. If natural ventilation is utilized, the opened window area for ventilation purposes shall be equal to one-tenth of the floor space in the residential area.

b. When mechanical ventilation or cooling systems are employed, the system shall be kept clean and properly maintained. Intake air ducts shall be designed and installed so that dust or filters can be readily removed. In residence areas and isolation rooms without natural ventilation, mechanical ventilation systems shall provide a minimum of 10 cubic feet of fresh or filtered recirculated air per minute for each patient occupying the area.

c. All toilet rooms shall be provided with direct openings to the outside or provided with mechanical ventilation to the outside.

d. Facilities which utilize permanent heating units shall maintain a minimum temperature of 65 degrees F at a point 20 inches above the floor in sleeping areas. Facilities, such as outdoor programs, which cannot provide permanent heating

units, shall ensure that patients are provided with items which will provide adequate warmth during sleep. These shall include items such as portable catalytic heaters and sleeping bags, extra blankets and clothing designed to ensure comfortable sleep in cold weather.

(e) Provide both indoor and outdoor areas where patients can gather for appropriate activities. The grounds on which the facility is located shall provide adequate space to carry out the stated goals of the program; for outdoor activity areas that are appropriate for the ages and clinical needs of children; and provide an appropriate transitional area between the facility and the surrounding neighborhood which is consistent with the goals of the facility, and compatible with existing zoning ordinances.

(f) Provide sleeping areas that shall promote comfort and dignity and provide space and privacy for residents.

1. There shall be no more than eight patients in a sleeping room unless written justification on the basis of the program requirements has been submitted to and approved by the licensing agency.

2. Beddings, Clothing and Personal Items. Beds and beddings shall be kept in good repair and cleaned regularly. Used mattress and pillow covers shall be laundered before being issued. Sheets and personal clothing shall be washed at least weekly and blankets washed or dry cleaned at least quarterly. Sheets and blankets shall be stored in a clean, dry place between laundering and issue.

3. Each patient shall have his own bed consisting of a level bedstead and a clean mattress in good condition.

4. All mattresses shall have fire retardant mattress covers or protectors. Water repellent mattress covers shall be available if needed.

(g) Provide individual and separate accessible storage areas for each resident's clothing and personal possessions.

(h) Provide laundry and/or dry cleaning facilities. Where laundry facilities are provided, they shall be adequate to ensure an ample quantity of clean clothing, bed linens and towels. Laundry facilities shall be of sound construction and shall be kept clean and in good repair. Laundry rooms shall be well lighted and properly ventilated. Clothes dryers and dry cleaning machines shall be vented to the exterior. Exposure to dry cleaning solvents shall not exceed threshold limit values set by the American Conference of Governmental Hygienists. If laundry facilities are not available, sheets and blankets shall be sent to commercial laundries.

(i) Provide privacy for personal hygiene.

1. All toilets shall have secured seats and be kept clean and in good working order, and all toilets shall be partitioned for privacy.

2. Bathrooms shall be cleaned thoroughly each day.

3. Bathrooms shall be conveniently located to the sleeping areas.

(j) Provide for the personal hygiene for all patients.

1. A written policy shall be maintained on file at the facility.
 2. Toothbrushes, toothpaste, soap, and other items of personal hygiene shall be provided by the facility if not provided by the patients.
 3. Shatterproof mirrors shall be furnished in each bathroom.
- (k) Maintain food service facilities in accordance with the regulations described in Chapter 64E-11, F.A.C.

Fla. Admin. Code R. 59A-3.303(2).

F. Quality Improvement.

18. Each hospital shall have a planned, systematic, hospital wide approach to the assessment, and improvement of its performance to enhance and improve the quality of health care provided to the public. Fla. Admin. Code R. 59A-3.271(1).

19. Such a system shall be based on the mission and plans of the organization, the needs and expectations of the patients and staff, up-to-date sources of information, and the performance of the processes and their outcomes. Fla. Admin. Code R. 59A-3.271(1)(a).

20. Each system for quality improvement, which shall include utilization review, must be defined in writing, approved by the governing board, and enforced, and shall include: 1. A written delineation of responsibilities for key staff; 2. A policy for all privileged staff, whereby staff members do not initially review their own cases for quality improvement program purposes; 3. A confidentiality policy; 4. Written, measurable criteria and norms; 5. A description of the methods used for identifying problems; 6. A description of the methods used for assessing problems, determining priorities for investigation, and resolving problems; 7. A description of the methods for monitoring activities to assure that desired results are achieved and sustained; and 8. Documentation of the activities and results of the program. Fla. Admin. Code R. 59A-3.271(1)(b).

21. Each hospital shall have in place a systematic process to collect data on process

outcomes, priority issues chosen for improvement, and the satisfaction of the patients. Processes measured shall include: (a) Appropriate surgical and other invasive procedures; (b) Preparation of the patient for the procedure; (c) Performance of the procedure and monitoring of the patient; (d) Provision of post-procedure care; (e) Use of medications including prescription, preparation and dispensing, administration, and monitoring of effects; (f) Results of autopsies; (g) Risk management activities; (h) Quality improvement activities including at least clinical laboratory services, diagnostic imaging services, dietetic services, nuclear medicine services, and radiation oncology services. Fla. Admin. Code R. 59A-3.271(2).

22. Each hospital shall have a process to assess data collected to determine: (a) The level and performance of existing activities and procedures, (b) Priorities for improvement, and (c) Actions to improve performance. Fla. Admin. Code R. 59A-3.271(3).

23. Each hospital shall have a process to incorporate quality improvement activities in existing hospital processes and procedures. Fla. Admin. Code R. 59A-3.271(4).

G. Risk Management.

24. As part of its administrative functions, each facility is required to establish and maintain an internal risk management program. § 395.0197(1), Fla. Stat. (2006). Internal risk management programs are governed by Chapter 59A-10, Florida Administrative Code.

H. Services.

25. Services shall be designed to meet the needs of the emotionally disturbed patient and must conform to stated purposes and objectives of the program. Fla. Admin. Code R. 59A-3.110. There shall be a master clinical staffing pattern which provides for adequate clinical staff coverage at all times. Fla. Admin. Code R. 59A-3.110(3). There shall be at least one registered nurse on duty at all times. Services of a registered nurse shall be available for all patients at all

times. Fla. Admin. Code R. 59A-3.110(3)(a). A physician shall be on call twenty-four (24) hours a day and accessible to the facility within forty-five (45) minutes. Fla. Admin. Code R. 59A-3.110(3)(b). Special attention shall be given to times which probably indicate the need for increased direct care (e.g., weekends, evenings, during meals, transition contained herein, and substantiated by the results between activities, and waking hours). Fla. Admin. Code R. 59A-3.110(3)(d). Staff interaction shall insure that there is adequate communication of information regarding patients (e.g., between working shifts or change of personnel) with consulting professional staff for routine planning and patient review meetings. These interactions shall be documented in writing. Fla. Admin. Code R. 59A-3.110(3)(e).

I. Management and Administration.

26. Each hospital shall be under the direction of a chief executive officer appointed by the governing body, who is responsible for the operation of the hospital in a manner commensurate with the authority conferred by the governing body. Fla. Admin. Code R. 59A-3.273(1)

27. The chief executive officer shall take all reasonable steps to provide for: (a) Compliance with applicable laws and regulations; and (b) The review of and prompt action on reports and recommendations of authorized planning, regulatory, and inspecting agencies. Fla. Admin. Code R. 59A-3.273(2)

28. The chief executive officer shall provide for the following: (a) Establishment and implementation of organized management and administrative functions, including: 1. Clear lines of responsibility and accountability within and between department heads and administrative staff; 2. Effective communication mechanisms among departments, medical staff, the administration and the governing body; 3. Internal controls; 4. Coordination of services with the identified

needs of the patient population; 5. A policy on patient rights and responsibilities; 6. A mechanism for receiving and responding to complaints concerning patient care; 7. A policy on withholding resuscitative services; 8. Policies and procedures on identification and referral of organ and tissue donors including notification of organ and tissue procurement agencies when organs and tissues become available as specified under Rule 59A-3.219, F.A.C.; 9. Policies and procedures for meeting the communication needs of multicultural populations and persons with impaired hearing or speaking skills; 10. Policies and procedures on discharge planning; 11. A policy to assist in accessing educational services for children or adolescents when treatment requires a significant absence from school; 12. Policies and procedures to assure that the treatment, education and developmental needs of neonates, children and adolescents transferred from one setting to another are assessed; 13. Dissemination and enforcement of a policy prohibiting the use of smoking materials in hospital buildings and procedures for exceptions authorized for patients by a physician's written authorization; 14. A policy regarding the use of restraints and seclusion; and 15. A comprehensive emergency management plan which meets the requirements of paragraph 395.1055(1)(c), F.S., and Rule 59A-3.078, F.A.C. Fla. Admin. Code R. 59A-3.273(3)

THE AGENCY'S FINDINGS OF FACT

29. The Respondent was issued a license by the Agency (License Number 4356) to operate a sixty (60) bed Intensive Residential Treatment Program for Children and Adolescents as set forth in greater detail in paragraphs 2 and 3 of this Emergency Suspension Order.

30. The Respondent holds itself out to the public as serving the needs of patients as a licensed specialty hospital operating an Intensive Residential Treatment Program for Children and Adolescents.

31. The Respondent was required to remain in substantial compliance with the federal and state regulations, statutes and rules governing such facilities. Ch. 395, Part I, Fla. Stat. (2006). Such regulations, statutes and rules exist to protect and provide for the health, safety, and welfare of patients.

32. The census of the Respondent's Facility as of April 27, 2007, is forty-three (43) patients.

33. The Agency conducted a survey of the Respondent and its Facility on or about April 23 through 25, 2007, and future monitoring visits are anticipated.

34. The Agency's survey, based upon a review of the Facility records, observation and interview, found deficient conditions and practices at the Facility that included, but were not limited to, the requirements for Governing Body as well as Facilities and Physical Plant Safety.

35. On April 25, 2007, the Respondent agreed in written letter to a self-imposed moratorium on all admissions until the Respondent was able to correct its deficient conditions and practices and demonstrate compliance with the minimum statutory and regulatory requirements of law, including, but not limited to, those deficiencies recited above. A copy of the letter is attached as Attachment A.

36. Based upon the results of the aforementioned survey, the Agency makes the following findings:

a. Upon arrival, the Respondent identified two (2) patients who were placed under suicide precautions. Based upon further inquiry, the Respondent reviewed its records and discovered that eighteen (18) patients, not (2) patients, were actually placed under suicide precautions.

b. The Respondent's suicide watch policy includes a three tiered system of observation, the most intense being level one which mandates one to one supervision of the patient by the Respondent's staff. Both level one and two watches further mandate that potentially dangerous items such as sharp items, belts, shoelaces, and similar paraphernalia which could be utilized to cause self harm, be denied access to patients under level one or two

suicide watch.

c. The Respondent's staff failed to ensure that such items were inaccessible to the patients under ordered suicide prevention procedures. The staff indicated an unawareness of the requirement that such items be removed from patient areas where a patient present was under suicide precautions.

d. The Agency observed as readily available to these patients items such as shoe strings, belts, drawstrings from clothing and personal hygiene items.

e. The Respondent's staffing patterns were insufficient to meet the required supervision of the eighteen patients under suicide precautions. While the Respondent's staffing patterns reflected minimum levels to accommodate its census, no additional staff was scheduled to ensure adequate staff for increased one-to-one supervision of patients under level one suicide precautions or the maintenance of visual contact at all times as required for those patients under level two suicide precautions.

f. The physical plant is in significant disrepair, far from the therapeutic environment. Inclusive were areas of missing and damaged ceiling tiles, damaged fire control systems, including an absence of cover plates on fire sprinkler heads for approximately eighty (80) percent of the Facility, cracked Formica and plexi-glass panels, and serious housekeeping deficiencies with noted dirty and unkempt patient rooms and clothes scattered throughout patient areas.

g. These physical plant deficiencies exacerbate the ability to protect patients from self harm. Reported are incidents of patients utilizing shards of plexi-glass and Formica as tools for self injury. Metal plates from electrical outlets have been removed by patients as tools for self injury or otherwise to cause harm to self or others. Loose wires and cords hanging from televisions in common areas of the Facility provide further risks to patients.

h. The Respondent has not implemented any systems to address the above identified risks or to evaluate reported incidents to ensure patient safety. The following reflects the scope of these failures:

- i. The Respondent's Safety Committee has not documented minutes for the third (3rd) and fourth (4th) quarter of calendar year 2006 despite multiple incident reports including incidents of patients breaching nursing stations and obtaining scissors, keys, or other contraband;
- ii. The Respondent's safety officer does not make routine rounds for the visual check of safety risks and when conducted, the same is not documented;
- iii. Incident reports were not consistently completed evidenced by the failure to report two (2) identified significant incident. One patient seized a handful of medications and ran. The medications were never located and a determination

of the disposition of the medication was not made. A second incident involved a patient jumping the counter of the nurses' station, acquiring keys, and breaching security by entering an adjacent locked unit;

- iv. The Respondent's risk manager has not performed assigned functions. Incident reports are entered in a data base; however no analysis or corrective action is taken. The Respondent's January 2007 report reflects handwritten corrective actions, however no evidence of the implementation of these actions could be located. When a substantially similar report was generated two (2) months later, no evidence existed to reflect that the risk manager evaluated the results to implement corrective action, or further, any recognition that the similar results despite any planned or implemented intervention.
- v. The Respondent's Quality Assurance program is non-functional and not serving to ensure the health and safety of patients. Minutes of the Respondent's Medical Executive Committee and the Respondent's Board of Directors reflect that for the calendar year 2006, though Quality Assurance was calendared as an agenda item, each reflected that a report was pending. Thus, no quality assurance action was exercised by the Respondent for the calendar year.
- i. Many of the Respondent's staff lack the qualifications to perform their duties and responsibilities. Four employee files reflect that the employee's criminal background check contained information which disqualified the employee from employment in the Facility. The file of a now terminated employee reflected that though the criminal history received by the Facility indicated that the employee was not qualified for future employment, the Facility retained the employee for in excess of one month thereafter. Several reviewed personnel files failed to contain required criminal background screenings.
- j. Staff members are not qualified for their responsibilities, often hired with no related experience or education. Many personnel records reflect no evaluation of job performance of newly hired staff post orientation. One employee with documented episodes of sleeping while on duty and falsifying Facility records remains employed.
- k. The inability of staff to meet the needs of the patients is illustrated by one patient record. The patient was ordered under level one (1) suicide precautions on April 10, 2007. As above described, the Respondent was to ensure that the patient was under one to one supervision at all times and that the patient have no access to potentially harmful objects. Despite this, on April 16, 2007, the patient ingested foreign objects including toiletries in an attempt at self harm. On April 17, 2007, the patient ingested a screw in an attempt at self harm, necessitating hospitalization. The patient was returned to the Respondent facility from the hospital and, on April 18, 2007, ingested a metal washer again attempting self injury. The patient was again hospitalized. Thus, while under the most intense level of suicide precautions, this patient was able to effectuate three (3) self

injuring behaviors, two requiring hospitalization, in a period of eight days.

1. The Respondent's 3 – 11 shift reflects the occurrence of multiple incidents of patients acting out, setting off fire alarms to facilitate elopement, and the imposition of significant property damage. Despite these continuing occurrences, the Respondent failed to supplement its staffing pattern until responding to Agency expressed concerns.

CONCLUSIONS OF LAW

37. The Agency is charged with the legal responsibility of enforcing the federal and state regulations, statutes and rules governing specialty hospitals, including Intensive Residential Treatment Programs for Children and Adolescents, and internal risk management programs. Ch. 395, Part I, Fla. Stat. (2006), Ch. 408, Part II, Fla. Stat. (2006); Ch. 59A-3, Fla. Admin. Code; Ch. 59A-10, Fla. Admin. Code.

38. As part of this legal responsibility, the Agency is authorized to take emergency action and will take emergency action against a facility in which the conditions and practices of the facility present a direct and immediate threat to the health, safety or welfare of the patients of a specialized hospital, including Intensive Residential Treatment Programs for Children and Adolescents.

39. The Agency has jurisdiction over the Respondent in accordance with the above-referenced provisions of law.

40. Based upon the above stated provisions of law and findings of fact, the Secretary concludes that the current conditions existing in the Respondent's Facility present a direct and immediate threat to the health, safety or welfare of the residents and warrants the emergency suspension of the Respondent's license to operate an Intensive Residential Treatment Program for Children and Adolescents.

41. The facts demonstrate the systematic failures of the Respondent in providing a safe environment for patients, both in the physical plant deficiencies and in the failure to provide

qualified staff. The Facility lacks the therapeutic atmosphere required. It further aggravates patient safety, supplying in its disrepair access to dangerous conditions, which enable patients intent on self injury to readily locate instrumentalities to accomplish those ends.

42. When staff are unaware of orders requiring intense supervision for the protection of patients from suicidal and self injurious behaviors, no protections are provided. Further, as illustrated, when such supervision was provided by staff, it still failed to protect the patients from acquiring foreign objects and inflicting self harm repetitively.

43. Risk management and quality assurance programs are mandated to ensure that the ongoing safety of patients is protected. The Respondent has utterly failed to implement such systems. Incidents which should immediately prompt corrective action passed without note. Systemic analysis of dangers, patterns, or the efficacy of corrective actions were absent. Patient safety programs have failed as to each patient in the Facility. The absence of such protective systems places each patient, staff, and the public at great risk.

44. The Respondent serves children and adolescents. The children of Florida are entitled to the highest levels of protection. The Respondent has demonstrated either a negligent or conscious disregard for the safety of these children as illustrated by its failure to ensure that staff with access to these children do not have criminal backgrounds that would prohibit such contact.

45. Similarly, as the Respondent houses solely children, the placement decisions regarding these patients must involve informed decision making by legal and natural guardians. The Agency is cognizant of the risks involved in the relocation of children and the desire for deliberate decision making in the child's best interest. While these facts individually and collectively justify the immediate suspension of the Respondent's license, the Agency has

determined that the orderly relocation of children, providing the opportunity for the highest attention to the children's emotional and physical well-being, demands that the Facility's license suspension be delayed for a brief and reasonable period of time while patient relocation is addressed.

46. This Emergency Suspension of License Order and Moratorium on Admissions is the least restrictive means that the Agency could take against the Respondent to ensure the protection of the health, safety and welfare of the patients. The remedy of emergency license suspension is tailored to address the specific harm in this particular instance, but delayed briefly in order to protect the children and adolescents that currently reside in the Facility by allowing sufficient time to locate alternative living accommodations. Although a simple moratorium on admissions would serve the citizenry in some respects and alleviate some of the concerns presented with this Facility, that remedy alone, in the experienced judgment of the Agency, is inadequate to address the harm in this particular instance. The Respondent's deficient conditions and practice and its egregious failures to comply with the regulatory provisions are so systemic and pervasive in this case, it is apparent that a simple moratorium on admissions is inadequate to sufficiently protect the children and adolescents that currently or in the future reside in the Facility. As a result, the instant order is sufficiently narrowly-tailored to be fair.

IT IS THEREFORE ORDERED THAT:

47. The Respondent's license to operate an Intensive Residential Treatment Program for Children and Adolescents (License Number 4356) is **SUSPENDED** to take effect on May 4, 2007, at 5:00 p.m.

48. The Respondent is placed under an **IMMEDIATE MORATORIUM ON ALL ADMISSIONS.**

49. Upon receipt of this Emergency Suspension of License Order and Moratorium on Admissions, the Respondent shall post this Order on its premises in a place that is conspicuous and visible to the public.

50. The Respondent shall not admit any patients or readmit any prior patients upon receipt of this Emergency Suspension of License Order and Moratorium on Admissions.

51. As of the effective date and time of the Emergency Suspension of License Order, the Respondent and its Facility shall not operate an Intensive Residential Treatment Program for Children and Adolescents.

52. During the interim period between the receipt of this Emergency Suspension of License Order and Moratorium on Admissions and the effective date and time of the license suspension, the Respondent shall continue to operate the Facility, shall comply with all of the federal and state regulations, statutes and rules governing such facilities, shall ensure the health, safety and welfare of the patients and shall fully cooperate with the responsible persons and/or government agencies for the transfer of the patients.

53. The Agency shall monitor the conditions at Respondent's Facility as needed after the service of this Emergency Suspension of License Order and Moratorium on Admissions.

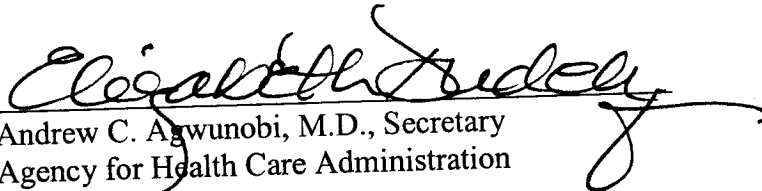
54. On the effective date and time of the license suspension, the Respondent shall unconditionally surrender its license certificate to the Agency.

55. This Emergency Suspension of License Order shall continue in effect without limitation or interruption until further order of the Agency or a court of competent jurisdiction.

56. The Agency shall promptly file an administrative action against the Respondent based upon the facts set out in this Emergency Suspension of License Order and shall provide notice to the Respondent of the right to a hearing under Section 120.57, Florida Statutes (2006),

at the time that such action is taken. The Agency, and the Division of Administrative Hearings upon a petition for a formal hearing, shall have jurisdiction pursuant to Sections 120.569 and 120.57, Florida Statutes (2006).

DONE AND ORDERED in Tallahassee, Leon County, Florida, on this 27th day of April, 2007.


Andrew C. Agwunobi, M.D., Secretary
Agency for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

This emergency suspension order is a non-final order subject to facial review for legal sufficiency. See Broyles v. State, 776 So.2d 340 (Fla. 1st DCA 2001). Such review is commenced by filing a petition for review in accordance with Florida Rules of Appellate Procedure 9.100(b) and (c). See Fla. R. App. P. 9.190(b)(2). In order to be timely filed, the petition for review must be filed within thirty (30) days of the rendition of this non-final emergency suspension order.

04/27/2007 17:55
APR-25-2007 18:03

7275521440

MANATEE PALMS ADMIN

AHCA GENERAL COUNSEL

941 7611632

PAGE 02/02
P.02/02



Paul Kaufman, AHCA
Fax # (727) 552-1162

April 25, 2007

Dear Pat Kaufman;

The Manatee Palms Youth Services recognizes that it is out of compliance with State statutory and regulatory licensure requirements. As such, this facility has imposed a voluntary moratorium on new admissions effective retroactive to April 16, 2007.

This moratorium shall continue until such time as Manatee Palms Youth Services meets minimum statutory and regulatory requirements. Manatee Palms Youth Services shall cooperate with AHCA to reduce this voluntary moratorium to an Order of AHCA

Sincerely,

Renee Ristow, MSSA
Chief Executive Officer

Cc: file

"A"



CHARLIE CRIST
GOVERNOR

ANDREW C. AGWUNOBI, M.D.
SECRETARY

DELEGATION OF AUTHORITY

To Execute
Emergency Suspension Orders

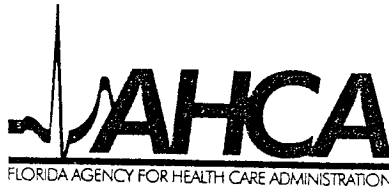
I specifically delegate the authority to execute Emergency Suspension Orders to Elizabeth Dudek, Deputy Secretary, Health Quality Assurance, or her delegate.

This delegation of authority shall be valid from date January 2, 2007 until revoked by the Secretary.

Andrew C. Agwunobi, M.D., Secretary

1/2/07

Date



CHARLIE CRIST
GOVERNOR

ANDREW C. AGWUNOBI, M.D.
SECRETARY

DELEGATION OF AUTHORITY
To Execute
Immediate Orders of Moratorium

I specifically delegate the authority to execute Immediate Orders of Moratorium to Elizabeth Dudek, Deputy Secretary, Health Quality Assurance, or her delegate.

This delegation of authority shall be valid from date January 2, 2007 until revoked by the Secretary.

Andrew C. Agwunobi, M.D., Secretary

1/2/07

Date

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

**STATE OF FLORIDA,
AGENCY FOR HEALTH
CARE ADMINISTRATION,**

Petitioner,

vs.

CASE NO. 2007004716

**PREMIER BEHAVIORAL
SOLUTIONS OF FLORIDA,
INC. d/b/a MANATEE
PALMS YOUTH SERVICES,**

Respondent.

_____ /

SETTLEMENT AGREEMENT

This Settlement Agreement (hereinafter "Agreement") is entered between the Petitioner State of Florida, Agency for Health Care Administration ("AHCA" or "the Agency") and Respondent, Premier Behavioral Solutions of Florida, Inc. d/b/a Manatee Palms Youth Services ("Manatee Palms") to resolve certain matters in dispute and to protect the health, safety, and welfare of Florida's citizenry. This Agreement shall be adopted and incorporated as the Final Order of the Agency and shall amend the Agency's Emergency Suspension of License Order and Moratorium on Admissions dated April 27, 2007 as recited herein.

THE PARTIES

1. The Agency is charged with the legal responsibility of licensing and regulating hospitals in the State of Florida pursuant to Chapter 120, Florida Statutes (2006), Chapter 395, Part I, Florida Statutes (2006), Chapter 408, Florida Statutes (2006), and Chapter 59A-3, Florida Administrative Code, and has jurisdiction over Manatee Palms.

2. Manatee Palms was issued a license by the Agency (License Number 4356) to operate a 60-bed Intensive Residential Treatment Program for Children and Adolescents in the State of Florida located at 4480 51st Street West, Bradenton, Florida, 34210 (hereinafter “the facility”), and was at all times material required to comply with the applicable federal and state regulations, statutes and rules governing such facilities. § 395.002(16), Fla. Stat. (2006). As the operator of such a facility, Manatee Palms is classified as a Class IV “specialty hospital.” § 395.002(29), Fla. Stat. (2006). Specialty hospitals are defined and governed by Chapter 395, Part I, Florida Statutes (2006), and Chapter 59A-3, Florida Administrative Code.

**THE AGENCY’S AUTHORITY TO ENTER EMERGENCY
SUSPENSION OF LICENSE AND MORATORIUM ON ADMISSIONS**

3. Pursuant to Subsection 395.1065(4), Florida Statutes (2006), the Agency may issue an emergency order immediately suspending or revoking the license when it determines that any condition in the licensed facility presents a clear and present danger to public health and safety. Pursuant to Subsection 395.1065(5), Florida Statutes (2006), the Agency may issue a moratorium on elective admissions to any licensed facility, building, or portion thereof, or service, when it determines that any condition in the licensed facility presents a clear and present danger to public health and safety.

4. Pursuant to Subsection 408.814(1), Florida Statutes (2006), the Agency may impose an immediate moratorium or emergency suspension as defined in subsection 120.60, Florida Statutes (2006), on any provider if the Agency determines that any condition related to the provider or licensee presents a threat to the health, safety, or welfare of a client.

5. Pursuant to Subsection 120.60(6), Florida Statutes (2006), if the Agency finds that immediate serious danger to the public health, safety, or welfare requires emergency suspension, restriction, or limitation of a license, the Agency may take such action by any procedure that is

fair under the circumstances. The Agency is thereafter required to promptly initiate a formal administrative action based on the facts set out in the Emergency Order and provides the opportunity for a formal administrative hearing pursuant to Sections 120.569, 120.57(1), Florida Statutes.

ENTRY OF EMERGENCY ORDER

6. On April 27, 2007, the Agency entered an Emergency Suspension of License Order and Moratorium on Admissions (the "Emergency Order"). Pursuant to the Emergency Order, a moratorium on admissions was placed on all admissions to Manatee Palms, and the license of the facility was ordered to be suspended effective May 4, 2007.

7. Entry of the Emergency Order was based upon the specific facts and circumstances as described in the Order, which recited deficiencies in various aspects of facility operations including governing body and management of the facility, staff quality and staffing patterns, patient supervision, physical plant, quality assurance, quality improvement and risk management activities and functions, and a general failure to ensure the safety and well being of patients.

8. Without admitting the validity of any of the allegations of deficiencies, Manatee Palms has developed a detailed Plan of Correction to address the concerns found in the Emergency Order. A copy of this Plan of Correction is attached as Exhibit A hereto and incorporated herein.

ACTIONS TAKEN BY MANATEE PRIOR TO ENTRY OF THE EMERGENCY ORDER

9. Prior to entry of the Emergency Order, Manatee Palms represents that it had undertaken actions aimed at improving the quality of operations at the facility and addressing specific concerns over certain operational aspects of the facility.

10. On January 22, 2007, Manatee Palms replaced the prior facility Chief Executive Officer (“CEO”) with an interim CEO, and on April 2, 2007 retained a new CEO to supervise, oversee and implement specific measures aimed at quality improvement.

11. On April 25, 2007, Manatee Palms agreed in writing to a voluntary moratorium on new admissions to the facility. A copy of this agreement is attached as Exhibit B.

12. In addition to the voluntary moratorium on admissions, Manatee Palms represents that it had made plans to reduce its census level in order to provide availability of sufficient qualified staff to ensure the safety and well being of all patients in the facility, and to ensure delivery of high quality health care services.

**ACTIONS TAKEN SUBSEQUENT
TO ENTRY OF THE EMERGENCY ORDER**

13. Subsequent to entry of the Emergency Order, Manatee Palms has cooperated fully with efforts by the Agency and the Department of Children and Families to find appropriate discharge placements for all of the facility’s residents. Additionally, Manatee Palms has implemented its own efforts to find appropriate discharge placements.

14. It is anticipated that as of Friday, May 4, 2007, all patients will have been discharged from Manatee Palms to other facilities or to the custody of their parents or legal guardians.

15. As noted above, Manatee Palms has developed the Plan of Correction attached as Exhibit A, and hereby submits this plan to the Agency for review and comment. Upon acceptance of Manatee Palms’ plan of correction, Manatee Palms agrees to continue to work cooperatively with Agency to finalize and immediately implement this Plan of Correction to address deficiencies identified by the Agency during its survey completed on or about April 25, 2007.

**STAY OF ORDER OF SUSPENSION AND
CONTINUED MORATORIUM ON ADMISSIONS WITH PROVISIONS FOR THE
TIERED LIFTING OF THE MORATORIUM ON ADMISSIONS**

16. Provided that Manatee Palms successfully reduces its patient population to zero (0) by 5:00 PM on May 4, 2007, and contingent upon the full execution of this Agreement, the Emergency Suspension of the License of Manatee Palms, as Ordered by the Agency in its Emergency Order, is stayed pending further Order of the Agency. The Moratorium on admissions Ordered by the Agency in its Emergency Order shall remain in full force and effect until lifted, in whole or in part, by the Agency.

17. Manatee Palms agrees that it shall immediately commence the implementation of corrective measures that, if verified and approved by the Agency, would lead to the incremental lifting of the Moratorium on Admissions and permitting Manatee Palms to resume acceptance of new patients under the specific provisions set forth below.

LIMITED RESUMPTION OF OPERATIONS

18. Prior to seeking Agency permission to resume operations, Manatee Palms shall implement sufficient corrective measures to allow for a limited census not to exceed twenty (20) patients. Corrective measures shall ensure full compliance with all state and federal regulations applicable to operation of a Class IV specialty hospital and Intensive Residential Treatment Program and internal risk management programs as set forth in Chapter 395, Florida Statutes, and Chapters 59A-3, and 59A-10, Florida Administrative Code. Such measures shall include, at a minimum, the following:

- a. Staffing Plan and Assurances: Manatee Palms shall present a staffing plan that demonstrates sufficient staffing ratios, availability of competent staff, and documentation of required background screening in order to appropriately provide care and treatment to the maximum 20 patients.
- b. Physical Plant Assurances: Manatee Palms shall identify all areas of its proposed facility where the maximum of 20 patients will reside and be provided with required

care and therapies. Manatee Palms shall correct all physical plant deficiencies in these areas and shall ensure that these areas of the facility meet applicable building and life safety code requirements. Manatee Palms shall provide a written periodic inspection and maintenance plan to ensure the continued upkeep and safety of the physical plant. For all physical plant corrective actions, Manatee Palms will, prior to making any renovations, provide the Agency with a detailed proposal of the scope of work it intends to do, including all mechanical and electrical systems, all architectural finishes and all fire safety components. The Agency's Office of Plans and Construction will review this proposal to determine the need for additional plan submission or review and shall notify Manatee Palms of its findings. Manatee Palms will apply for all required approvals for changes to the facility.

- c. Assurances Regarding Risk Management/Quality Assurance/Quality Improvement Activities: Manatee Palms shall provide a copy of its Quality Assurance/ Quality Improvement Plan to the Agency, and shall include a specific plan and specific measures that will be implemented, and documented on an ongoing basis, to identify and correct any deficiencies in facility operations. This will include specific plans for ensuring proper observance by staff of policies pertaining to suicide prevention, special precautions, incident documentation and reporting and other quality improvement measures. The Risk Management plan shall be submitted for review, together with verification that proper documentation will be kept of risk management activities, and shall address a risk manager on site.

19. Upon implementation of corrective measures as set forth herein, Manatee Palms may submit a written request to the Agency to lift the moratorium on admissions to allow for the gradual admission of new patients not to exceed a census of twenty (20) patients.

20. Upon receipt of the written request of Manatee Palms, the Agency shall timely perform an inspection of the facility to determine if the minimum requirements of law have been met to ensure compliance with applicable statutory and regulatory provisions. Upon verification of compliance and a determination that all minimum licensure requirements have been met by the Agency, the parties agree that the Agency may partially lift the moratorium on admissions and allow limited resumption of operations at the facility. Said partial lifting of the moratorium may limit Manatee Palms as to the number of patients which may be admitted, the graduated admission of patients, portions of the physical plant, or other limitations which assure the health and safety of prospective patients. In no event shall the initial partial lifting of the moratorium

allow for a census in excess of twenty (20) patients.

21. Manatee Palms may request the Agency in writing to further lift the Moratorium on Admissions in such increments as may be necessary to regain full licensed capacity. Any and each such request shall be accompanied by a plan documenting reasonable assurances that there is sufficient and competent staff, physical plant compliance, and appropriate management and oversight of quality assurance/quality improvement/risk management activities to ensure the safety and well being of the increased patient census. The Agency shall promptly review such a request and inform Manatee Palms of its determination of whether the increase in census is acceptable. Inclusive in any review under this paragraph shall be an analysis of Manatee Palms' staff and extant and proposed patients. This analysis shall include a determination as to the qualifications, training and experience of staff and its ability to meet the needs of patients in light of the patients' acuity. The Agency may consult with its community partners, including but not limited to, sister agencies, in evaluating the capacity of Manatee Palms' staff to meet the needs of its population and target population. The factors weighed and conclusions reached shall be shared with Manatee Palms. Under no circumstances shall the census be increased more than 5 per day.

22. Manatee Palms shall take such action as is necessary to ensure that adequate and appropriate corrective measures to ensure compliance with all minimum federal and state requirements for licensure as a sixty (60) bed class IV specialty hospital have been met within one hundred eighty (180) days of this agreement. Should Manatee Palms fail to fulfill the minimum federal and state requirements for licensure as a sixty (60) bed class IV specialty hospital within one hundred eighty (180) days of this Agreement, the Agency shall lift its stay of the suspension of the license of Manatee Palms and Manatee Palms shall relinquish its licensure

to the Agency. If AHCA concludes that Manatee Palms has fulfilled the minimum federal and state requirements for licensure as a sixty (60) bed class IV specialty hospital within one hundred eighty (180) days of this Agreement, the Agency shall rescind, nunc pro tunc April 27, 2007 the suspension of Manatee Palm's license in the Emergency Order.

OTHER OBLIGATIONS AND AGREEMENTS

23. The Agency reserves all rights and may take any actions authorized by law necessary to ensure require full compliance with the requirements of Chapters 395 and 408, Florida Statutes, and Chapters 59A-3 and 59A-10, Florida Administrative Code. Manatee Palms reserves its rights under Chapter 120, Florida Statutes, with respect to any future separate and distinct actions by the Agency.

24. The parties recognize that the determination of compliance with regulatory mandates is a determination which lies within the sound discretion of the Agency, which shall not be unreasonably be withheld. The parties hereby stipulate and agree that the determination that the provisions of this Agreement have been met by Manatee Palms lies in the sole discretion of the Agency and that should the Agency determine that the provisions have not been met, including but not limited to the time limitations set forth herein, the stay of the suspension of the license of Manatee Palms as provided in the Emergency Order will be lifted by the Agency and in such event, Manatee Palms shall immediately relinquish its license.

25. The parties to this Agreement, individually and collectively, stipulate and affirmatively assert that the purpose of this Agreement is to facilitate the availability of quality health care services to the citizens of the State of Florida. In recognition of the unique facts and circumstances attendant to the licensure of which this Agreement is subject, the parties, individually and collectively, recognize that this Agreement and its terms are necessary to ensure

that no citizen is offered or provided services by Manatee Palms which fails to meet licensure requirements. As such, Manatee Palms stipulates to the terms of this Agreement. The Agency affirmatively warrants that it shall perform its regulatory license review responsibilities with all deliberate due diligence and shall promptly lift the moratorium instituted by the Emergency Order in accord with the terms of this agreement, in whole or in part, upon Manatee Palms meeting the physical plant and other minimum requirements as codified to ensure the health and well-being of potential patients.

26. Pursuant to Section 120.60, Florida Statutes, the Agency is required to promptly issue Manatee Palms an Administrative Complaint and point of entry for administrative proceedings concerning the matters set forth in the Emergency Order. Upon execution of this Agreement, Manatee Palms waives its right to the issuance of such an Administrative Complaint and point of entry as to the Emergency Order or any Agency action taken pursuant to the terms of this Agreement, including but not limited to, any partial lifting of the moratorium or the denial thereof or the suspension of Manatee Palms' license. In addition, Manatee Palms agrees to pay an administrative fine in the sum of twelve thousand dollars (\$12,000.00) to the Agency within thirty (30) days of the date of the Final Order adopting this agreement as a result of its survey of Manatee Palms completed on or about April 25, 2007.

27. Upon execution of this Agreement, Manatee Palms further waives its right to a judicial appeal of the Emergency Order dated April 27, 2007.

28. The parties waive any right to compliance with the form of a Final Order (i.e., Findings of Fact and Conclusions of Law) to which they may entitled, and stipulate and agree to entry of a Final Order that adopts the terms and conditions of this Agreement.

29. Manatee Palms on behalf of itself, or any other entity deriving from Manatee Palms or its companies, subsidiaries, or other known or unknown bodies, affirmatively waives any right to challenge the Emergency Order, the determination of the scope of licensure, the lifting of the moratorium, in total or in part, or the suspension of its license by the Agency pursuant to the provisions of this Agreement in any forum, judicial or quasi-judicial, including any rights under the Florida Administrative Procedure Act, Chapter 120, Florida Statutes (2006), or to pursue any claim, including, but not limited to, a claim for damages, injunctive relief, attorney's fees, and costs, in any forum, judicial or quasi-judicial, other than an action to enforce or interpret this agreement in circuit court. In addition, should any entity pursue such a challenge to the actions of the Agency under this Agreement or seek affirmative relief, monetary or injunctive, Manatee Palms agrees to indemnify the Agency for any resulting judgment and any attorney's fees or costs incurred by the Agency in the defense of such a claim or action. Nothing herein shall be construed as a waiver of Manatee Palms' rights to obtain a circuit court hearing to determine whether an action or determination of the Agency in implementing this agreement is contrary to law or the terms of this Agreement.

30. Upon receipt of the fully executed copy of this Agreement, Manatee Palms shall post this Agreement and any subsequent Final Order adopting the same on its premises in a place that is conspicuous and visible to the public. The Agency shall make a copy of this Agreement and any Final Order adopting the same available to the public in like manner as the Emergency Order.

31. All section numbers set forth herein refer to the Florida Statutes in effect at the time of execution of this Agreement, and all rule numbers that may be set forth herein refer to the Florida Administrative Code in effect at the time of execution of this Agreement.

32. Venue for any action brought to interpret or enforce the terms of this Agreement or the Final Order entered pursuant hereto shall lie solely in the Circuit Court in Leon County, Florida.

33. Manatee Palms, for itself and for its related or resulting organizations, its successors or transferees, attorneys, heirs, and executors or administrators, does hereby discharge the Agency, and its agents, representatives, and attorneys of and from all claims, demands, actions, causes of action, suits, damages, losses, and expenses, of any and every nature whatsoever, arising out of or in any way related to this matter and the Agency's actions, including, but not limited to, any claims that were or may be asserted in any federal or state court or administrative forum, including any claims which may have accrued prior to the entry of this Agreement, by or on behalf of Manatee Palms or related facilities.

34. SEVERABILITY - To the extent that any provision of this Agreement is prohibited by law for any reason, such provision shall be effective to the extent not so prohibited, and such prohibition shall not affect the validity of any other provision of this Agreement.

35. Each party shall bear its own costs and attorney's fees.

36. This Agreement is binding upon all parties herein and those identified in the immediately foregoing Paragraph.

37. This Agreement constitutes the entire agreement between the parties and supersedes any prior discussions, agreements, or understandings between the parties. No modification or waiver is valid unless written and properly executed.

38. Any attempted assignment of this Agreement shall be void and the restrictions herein attach to the facility license.

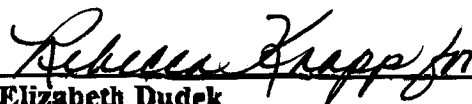
39. This Agreement shall become effective on the date upon which it is fully executed

by all the parties.

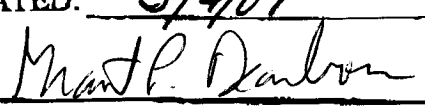
40. This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one and the same instrument.

41. Facsimile signatures are agreed to be as if made on the original.

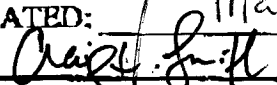
42. Each individual signing below hereby expressly represents that (s)he is duly authorized to enter into this Agreement on behalf of the entity on whose behalf (s)he is signing below.


Elizabeth Dudek
Deputy Secretary
Division of Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive, Bldg. 1, M.S. #9
Tallahassee, Florida 32308

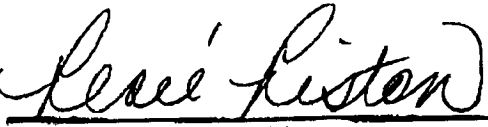
DATED: 5/4/07


Thomas J. Walsh II
Assistant General Counsel
Agency for Health Care Administration
Office of the General Counsel
525 Mirror Lake Drive North, Suite 330
St. Petersburg, Florida 33701

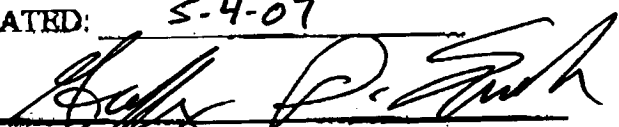
DATED: May 4, 2007


Craig H. Smith
General Counsel
Agency for Health Care Administration
Office of the General Counsel
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308

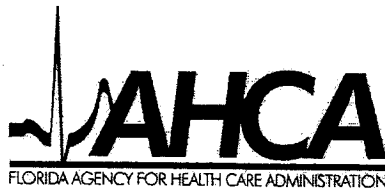
DATED: 5-4-07


Renee Ristow, MSSA
Chief Executive Officer
Premier Behavioral Solutions of Florida, Inc.,
d/b/a Manatee Palms Youth Services
4480 51st Street West
Bradenton, Florida 34210

DATED: 5-4-07


Geoffrey B. Smith
Smith & Associates
2873 Remington Green Circle
Tallahassee, Florida 32308

DATED: 5-4-07



CHARLIE CRIST
GOVERNOR

ANDREW C. AGWUNOBI, M.D.
SECRETARY

MEMORANDUM

To: Andrew C. Agwunobi, M.D., Secretary
From: Elizabeth Dudek, Deputy Secretary
Health Quality Assurance *ED*
Date: April 26, 2007
Subject: Delegation of Authority

I will be out of the office Monday, April 30 through Tuesday, May 15. Rebecca Knapp will serve as Deputy Secretary for the Division of Health Quality Assurance. If there are any issues or questions that come up, Becky or Kathy can be reached at 414-9796.

Thank you!

cc: Mark Thomas
Polly Weaver
~~Rebecca Knapp~~
Jeff Gregg
Tom Warring
Skip Gregory
Susan Acker
Molly McKinstry
Pamela Benfield

MANATEE PALMS YOUTH SERVICES

DEFICIENCY	ASSESSMENT OF FACTS	CORRECTIVE ACTION	MONITORING
<p>Upon arrival, the Respondent identified two patients who were placed under suicide precautions. Based upon further inquiry, the Respondent reviewed its records and discovered that 18 patients, not two patients, were actually placed under suicide precautions.</p>	<p>The Facility had, in fact, identified 18 patients on special precautions. It was explained to Surveyors that "Sp" means "special precautions" not "suicide precautions". Two patients were on suicide precautions, nine patients were on assault precautions, and seven on self-harm precautions. These other levels of special precautions do not require 1:1 staffing requirement or the level of close observation that a suicide precaution would.</p>	<p>The Respondent now ensures that all patients placed on suicide precautions are clearly identified, and that such information is communicated to all staff:</p> <ol style="list-style-type: none"> Patients assessed with risk of suicide will be placed on suicide precautions and heightened levels of observation. A physician order for the precautions will be obtained, documented in the patient's medical record. The RN may increase the level of observation and special precaution based on a patient's increased acuity, however, a physician order is required to reduce these levels. A precautions and observations log has been developed and implemented to allow for tracking and monitoring. Written patient assignments will include the level of observation and any special precautions, including suicide precautions. The patient census board in each nurse's station will now include level of observation and special precautions. Shift reports and clinical hand-offs will include the level of observation and special precautions to ensure that staff are fully aware of and informed about the needs of the patients. The morning Leadership Team will now include a review of the census and all levels of observation and special precautions, as well as staffing grids to assure staff are assigned each shift for 1:1's or any other special observations that require additional staffing levels. The Medical Director will review each reduction in level of observation or discharge of suicide precautions to ensure that action is clinically safe and warranted. Staff will be re-trained on all special observation procedures. <p>The respondent now prohibits all patients, regardless of level of risk for suicide or self-harm from possessing potentially dangerous items such as sharp items, belts, shoelaces, handbags or backpacks with straps, drawstrings, and similar items, in order to ensure that patients who may be at risk cannot access such items from patients who are not at risk.</p> <p>A thorough review of all products and supplies purchased for the residents will be completed by the Accounts Payable Clerk or the CFO on a daily basis. A strict policy for restricting staff from bringing in craft supplies or any other supplies will be implemented. The Recreational</p>	<ul style="list-style-type: none"> Medical Record audits Shift Report Review of Precautions and Observations Log Reconciliation review of assignments in comparison with medical record, log and census board. Leadership Team minutes Review of Medical Director Levels Of Observation Reduction Forms Observation of staff attending youth on special precautions to assure policy and protocol is being followed.
<p>The Respondent's suicide watch policy includes a three tiered system of observation, the most intense being level one which mandates one to one supervision of the patient by the Respondent's staff. Both level one and two watches further mandate that potentially dangerous items such as sharp items, belts, shoelaces, and similar paraphernalia which could be utilized to cause self harm, be denied access to</p>	<p>The Policy of the facility is to ensure that patients on suicide watch do not have access to any items that could be used to cause self harm. However, in the past, staff has not adequately enforced these policies.</p> <p>Manatee Palms is an intensive Residential Treatment Center designed to serve a sub-acute population. The dramatic rise in patient acuity has necessitated a higher level of restriction and risk mitigation including an</p>	<p>The respondent now prohibits all patients, regardless of level of risk for suicide or self-harm from possessing potentially dangerous items such as sharp items, belts, shoelaces, handbags or backpacks with straps, drawstrings, and similar items, in order to ensure that patients who may be at risk cannot access such items from patients who are not at risk.</p> <p>A thorough review of all products and supplies purchased for the residents will be completed by the Accounts Payable Clerk or the CFO on a daily basis. A strict policy for restricting staff from bringing in craft supplies or any other supplies will be implemented. The Recreational</p>	<ul style="list-style-type: none"> Safety rounds will be conducted each shift to include contraband searches and documented on the safety rounds checklist. Staff will be observed checking hygiene products and special privilege items in and out according to policy.

patients under level one or two suicide watch.	expanded contraband list. Programming has been in a process of change to meet the higher acuity level.	<p>Therapist will have all supplies and materials reviewed and approved prior to purchase.</p> <p>Safe substitute items have been ordered and/or implemented to preserve dignity and facilitate activities of daily living.</p> <p>A list of items not allowed is now posted visibly throughout the facility and is included in family and patient orientation materials.</p> <p>A security system has been implemented in which youth must check out hygiene products and any other items earned in the level system typically not allowed on the unit and check them back in within the time frame allotted by policy. Failure to return all itemized items will result in an immediate room search.</p> <p>All staff members and physicians have been educated on this change in policy and practice.</p>	<p>• Attendance Logs</p> <p>• Post-Test Data</p> <p>• Safety Rounds Log</p> <p>• Documented Observations of staff adherence to policy.</p>
The Respondent's staff failed to ensure that such items were inaccessible to the patients under ordered suicide prevention procedures. The staff indicated an unawareness of the requirement that such items be removed from patient areas where a patient present was under suicide precautions		<p>Staff members have been educated on the list of items and types of items not allowed on units and how to ensure that such items are inaccessible to patients regardless of level of risk.</p> <p>Level of awareness has been increased through educational sessions, posters offering reminders of disallowed items, and strict adherence to staffing ratios and assignments, levels of observation and special precautions.</p> <p>Safety rounds will be conducted by the charge nurse and supervisor twice per shift at random times and will include thorough observation, focused search efforts, patient and staff interviews and immediate response to findings, in order to ensure that no dangerous objects or conditions exist.</p>	
The Agency observed as readily available to these patients items such as shoe strings, belts, drawstrings from clothing and personal hygiene items.		<p>All patient belongings, including clothing and personal hygiene items will be thoroughly and routinely searched after every outdoor activity, visitation, outing or other potential opportunity for acquiring "contraband" or dangerous objects.</p> <p>Safety rounds, conducted daily, now include special audits for suicide safety, documented by the safety officer and/or designee.</p> <p>Continuous observation, frequent safety rounds, heightened awareness and continuing education of staff, families, visitors and patients all help to prevent accessibility.</p> <p>Executive Leadership Team will make rounds of all units regularly to</p>	<p>• Safety Rounds</p> <p>• Expanded search protocols</p>

<p>The Respondent's staffing patterns were insufficient to meet the required supervision of the 18 patients under suicide precautions. While the Respondent's staffing patterns reflected minimum levels to accommodate its census, no additional staff was scheduled to ensure adequate staff for increased one-to-one supervision of patients under level one suicide precautions or the maintenance of visual contact at all times as required for those patients under level two suicide precautions</p>		<p>observe for adherence to policies and procedures and for safety.</p>	<ul style="list-style-type: none"> Variance report Review in daily Ops meeting. Report to be presented by DON on daily basis.
<p>The physical plant is in significant disrepair, far from the therapeutic environment. Inclusive were areas of missing and damaged ceiling tiles, damaged fire control systems, including an absence of cover plates on fire sprinkler heads for approximately 80percent% of the Facility, cracked Formica and plexi-glass panels, and serious housekeeping deficiencies with noted dirty and unkempt patient rooms and clothes scattered throughout patient areas.</p>		<p>This is inaccurate. There is a misinterpretation of "SP" earlier mentioned. Additionally, the Director of Nursing did not document the assignment of 1:1s on the staffing patterns reviewed.</p> <p>The staffing pattern now includes both core staffing, based on a ratio and skill mix of staff to number of patients in each program, as well as acuity staffing in order to serve the individual needs of patients:</p> <ol style="list-style-type: none"> The facility will assure adequate staff to provide required one to one supervision of patients under level one suicide precautions. The acuity of each patient and of the unit will be assessed a minimum of every 24 hours. The acuity assessment will consider the volume of patients on heightened levels of observations and special precautions. Additional staff will be scheduled in order to serve the acuity needs, levels of observation and precautions. Extra staff will be routinely scheduled in order to ensure adequate staffing in the event of a change in acuity or unanticipated event. A trained pool of staff /skill mix is being developed to facilitate immediate reduction, and goal of elimination of agency use. 1:1s for suicide precautions are now noted on both the individual patient observation record and on the daily staffing plan. <p>The therapeutic environment will be completely renovated, to include but not limited to the following: flooring, wall repair and hardening, ceiling repair and upgrade, FRP wall coverings, complete bath and toilet renovation, complete new furnishings.</p> <p>Ceiling tiles are replaced as soon as damaged or removed.</p> <p>Purchase of safety tiles is being reviewed.</p> <p>The fire alarm system was never compromised. An alarm override switch was in process of installation during initial review. The system is not activated and will not be activated until Fire Marshall approval is granted.</p> <p>Cover plate for the sprinkler heads will be ordered immediately. Removal of extra furniture from the resident rooms will make it more difficult for residents to reach the ceiling and tamper with smoke detectors or sprinkler heads.</p> <p>Cracked FRP board and damaged Lexan plastic is in process of immediate removal. New product will be more secure and installed in a way to deter damage.</p> <p>The respondent is contracting with Service Master to complete a deep cleaning of the facility beginning as soon as possible.</p>	<ul style="list-style-type: none"> Daily Safety and EOC Rounds

		Additional housekeeping and maintenance staff are being recruited to ensure upkeep and a higher standard of cleanliness and repair going forward.	
		<p>g. Safe and sturdy clothing hampers have been purchased and installed in each room so that each child will have his/own.</p> <p>h. Each resident room will be equipped with new furniture that is manufactured for behavioral health</p> <p>i. Staff have been re-educated about their role and responsibility in assisting the patients with laundry and other housekeeping details.</p> <p>j. Reward system for keeping room neat and personal belongings put away has been implemented in order to foster a sense of accomplishment and pride among the patients.</p>	<ul style="list-style-type: none"> • Daily Safety and EOC Rounds • EOC Maintenance and Improvement • Activity Report
<p>These physical plant deficiencies exacerbate the ability to protect patients from self harm. Reported are incidents of patients utilizing shards of plexi-glass and Formica as tools for self injury. Metal plates from electrical outlets have been removed by patients as tools for self injury or otherwise to cause harm to self or others. Loose wires and cords hanging from televisions in common areas of the Facility provide further risks to patients.</p>		<p>a. All acrylic mirrors have been removed and are being replaced with stainless steel mirrors.</p> <p>b. All outlet covers will be retro fitted with tamper proof screws and inspected on a weekly basis.</p> <p>c. All televisions, VCR units, etc. will be mounted in a secure manner – either at the ceiling level to reduce access or in safety cabinets. Wires and cables will be inspected daily and be immediately removed if found deficient.</p>	<ul style="list-style-type: none"> • Safety Rounds • Review of QA Logs and Minutes • QA, QRC and Governing Board Meetings
<p>The Respondent has not implemented any systems to address the above identified risks or to evaluate reported incidents to ensure patient safety. The following reflects the scope of these failures:</p> <ol style="list-style-type: none"> 1. The Respondent's Safety Committee has not documented minutes for the third (3rd) and fourth (4th) quarter of calendar year 2006 despite multiple incident reports including incidents of patients breaching nursing stations and obtaining scissors, keys, or other contraband; 2. The Respondent's safety officer does not make routine rounds for the visual 	<p>This is inaccurate. Extensive plan implemented per Bill Land, Vice President of Environmental Safety and Compliance and given to the surveyors, including to the Safety/Risk Surveyor. Incident reports are reviewed daily in the Ops meeting and actions for follow up assigned at that meeting and followed up the next day.</p> <p>All state surveyors were presented both sets of work plans developed by Facility. A set with completed dates and projected completion dates was presented to and discussed with surveyors Nyla and Kay, and both offered they were pleased.</p>	<p>All deficiencies identified as a result of the rounds are immediately addressed, then brought to the Safety Committee for monitoring and inclusion in the Performance Improvement plan.</p> <p>The Safety Officer now makes routine rounds and utilizes an audit tool specifically designed to add focused observation and search for suicide and other critical safety risks and to document the findings.</p> <p>Safety Committee meetings will be re-implemented beginning in the week of April 29, 2007. Safety Committee meetings will convene weekly thereafter. All plans for improvement, inspections, renovations, and general safety will be reviewed, documented and assigned a resolution goal.</p> <p>The system for Incident Reporting and Risk Management has been comprehensively revised:</p> <ol style="list-style-type: none"> a. Incident report log tracks incident, assigned level of severity based 	

<p>check of safety risks and when conducted, the same is not documented;</p> <p>3. Incident reports were not consistently completed evidenced by the failure to report two (2) identified significant incident. One patient seized a handful of medications and ran. The medications were never located and a determination of the disposition of the medication was not made. A second incident involved a patient jumping the counter of the nurses' station, acquiring keys, and breaching security by entering an adjacent locked unit;</p> <p>4. The Respondent's risk manager has not performed assigned functions. Incident reports are entered in a data base; however no analysis or corrective action is taken. The Respondent's January 2007 report reflects handwritten corrective actions, however no evidence of the implementation of these actions could be located. When a substantially similar report was generated two months later, no evidence existed to reflect that the risk manager evaluated the results to implement corrective action, or further, any recognition that the similar results despite any planned or implemented intervention.</p> <p>5. The Respondent's Quality Assurance program is non-functional and not serving to ensure the health and safety of patients. Minutes of the Respondent's Medical Executive Committee and the Respondent's Board of Directors reflect that for the calendar year 2006, though Quality Assurance was calendared as an agenda item, each reflected that a</p>	<p>Staff need re-training on importance of filling out incident report and clarification of what to report.</p>	<p>on a standardized industry scale, reporting, investigation and corrective actions to ensure follow-up.</p> <p>b. All incidents are reviewed, and the log is monitored in the morning Leadership Team meeting to assure accountability and follow-up.</p> <p>c. A report of all incidents with high severity scale ratings is sent within 24 hours to the Corporate Risk Management Department for review and investigation.</p> <p>d. The log is copied weekly in it's entirety to the Executive Vice President of Quality and Compliance.</p> <p>The Corporate Risk Management Department has conducted comprehensive training on the Incident Reporting system, including required corrective actions.</p> <p>In order to ensure that the Quality Assurance Program is functional and serving to ensure the health and safety of the patients, a comprehensive training in Focus PDCA methodology was conducted.</p> <p>PDCA (Plan, Do, Check, Act) is a nationally recognized method of approaching performance improvement. Recognized by JCAHO and utilized as an industry standard in healthcare PI Processes.</p> <p>The process of risk and problem identification, collection, tracking, trending, analysis, corrective actions and monitoring/outcomes measurement have all been reviewed. A new format for documentation has been implemented. Documented results are reported in the weekly Quality Assurance Meeting and monthly at Medical Executive Committee. Quarterly results are reported to and monitored by the Board of Directors.</p> <p>The Quality Improvement plan requires the facility to utilize and track dimensions of performance including all areas of clinical care and administrative functions as well as the safety of the individual and others to whom care is provided. The process improvement strategy is designed to facilitate the improvement of organizational systems and performance. Periodic measurement and assessment of results as well as ongoing training and education of staff will be conducted to assure that variances or problems are eliminated or satisfactorily reduced. The Quality Counsel will meet and review findings and direct actions on at least a monthly basis.</p>
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<p>report was pending. Thus, no quality assurance action was exercised by the Respondent for the calendar year.</p>					
<p>Many of the Respondent's staff lack the qualifications to perform their duties and responsibilities. Four employee files reflect that the employee's criminal background check contained information which disqualified the employee from employment in the Facility. The file of a now terminated employee reflected that though the criminal history received by the Facility indicated that the employee was not qualified for future employment, the Facility retained the employee for in excess of one month thereafter. Several reviewed personnel files failed to contain required criminal background screenings.</p>	<p>This information on background screening is not completely accurate; however we recognize their have been instances of lack of proper documentation on background screening.</p> <p>Most of the problems with staff qualifications resulted from use of Agency staffing services, and a high patient census with higher acuity levels.</p>	<p>The Director of HR, together with the CEO and Corporate HR staff, have conducted a comprehensive audit of all staff personnel records to ensure that the files reflect completed and up-to-date required elements.</p> <p>Those staff without the appropriate qualifications will be suspended (until qualifying information may be verified) or terminated.</p> <p>A Qualifications Log has been initiated to assist in the audit and to ensure that all current and future employees and agency staff possess appropriate qualifications, and these are present and reflected in their files. Agency Management must provide copies of all licensure verification, completed background checks and orientation to facility for a staff member to be placed on the "approved list" and eligible for working at Manatee Palms.</p>	<p>Monthly validation audits of the HR Department and spot check of the files.</p>		
<p>Staff members are not qualified for their responsibilities, often hired with no related experience or education. Many personnel records reflect no evaluation of job performance of newly hired staff post orientation. One employee with documented episodes of sleeping while on duty and falsifying Facility records remains employed.</p>		<p>Corporate HR has provided comprehensive training on personnel issues including the minimum qualifications for each job category, competency assessment, investigation of allegations of misconduct or poor performance, appraisal and disciplinary action.</p> <p>Corporate HR will provide close oversight and monitoring of the practices at Manatee Palms and will assist in the ongoing recruitment and training of the local HR Director.</p>	<ul style="list-style-type: none"> Corporate HR documentation of supervision and oversight Frequent Audits 		
<p>The inability of staff to meet the needs of the patients is illustrated by one patient record. The patient was ordered under level one (1) suicide precautions on April 10, 2007. As above described, the Respondent was to ensure that the patient was under one to one supervision at all times and that the patient have no access to potentially harmful objects. Despite this, on April 16, 2007, the patient ingested foreign objects including toiletries in an attempt at self harm. On April 17, 2007, the patient ingested a screw in an attempt at self harm, necessitating hospitalization. The patient</p>		<p>Training/re-training on the appropriate provision of 1:1 and Line of Sight has been provided to staff, and competencies are being testing through observation and debriefing.</p> <p>Patients evidencing such high levels of acuity will be reassessed for level of care needs, and if indicated for their safety and treatment, will be transferred to a higher level of care for stabilization.</p> <p>Policy initiated that a special and immediate staffing must be held on any significant suicide gesture or attempt as per Behavioral Staffing guidelines.</p>	<ul style="list-style-type: none"> Monitored in daily ops meeting via incident reporting and acuity staffing reports. 		

<p>was returned to the Respondent facility from the hospital and, on April 18, 2007, ingested a metal washer again attempting self injury. The patient was again hospitalized. Thus, while under the most intense level of suicide precautions, this patient was able to effectuate three (3) self injuring behaviors, two requiring hospitalization, in a period of eight days.</p>			
<p>The Respondent's 3 – 11 shift reflects the occurrence of multiple incidents of patients acting out, setting off fire alarms to facilitate elopement, and the imposition of significant property damages. Despite these continuing occurrences, the Respondent failed to supplement its staffing pattern until responding to Agency expressed concerns.</p>		<p>A revised staffing pattern that includes both core and acuity staffing has been implemented in order to provide adequate numbers and skill mix to ensure safety and security.</p> <p>The charge nurses have been empowered to increase staffing based on acuity and volatility of the milieu, and to accommodate heightened levels of observation and special precautions.</p> <p>A variance report has been developed and will be reviewed in the morning Leadership Meeting to ensure proper staffing.</p> <p>Training has been developed and initiated to enhance core competencies of staff providing special precautions to ensure patient safety.</p>	<ul style="list-style-type: none">• Review of Variance Reports• Review of Staffing Plans

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MANATEE PALMS YOUTH SERV
AHCA GENERAL COUNSEL
MANATEE PALMS ADMIN

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Paul Kaufman, AHCA
Fax # (727) 552-1162

April 25, 2007

Dear Pat Kaufman:

The Manatee Palms Youth Services recognizes that it is out of compliance with State statutory and regulatory licensure requirements. As such, this facility has imposed a voluntary moratorium on new admissions effective retroactive to April 16, 2007.

This moratorium shall continue until such time as Manatee Palms Youth Services meets minimum statutory and regulatory requirements. Manatee Palms Youth Services shall cooperate with AHCA to reduce this voluntary moratorium to an Order of AHCA.

Sincerely,

Renee Ristow, MSSA
Chief Executive Officer

Cc: file

EXHIBIT

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