



**Corrective Action Plan  
Wellfully Residential  
Treatment**

The Department of Social Services, Office of Licensing & Accreditation is requiring the implementation of a Corrective Action Plan (CAP). The CAP is established to ensure changes are made to achieve and maintain compliance with the identified Administrative Rule(s) of South Dakota (ARSD).

**Agency:**  
Wellfully Residential Treatment

**ARSD – Out of Compliance**

Wellfully was found to be out of compliance with the underlined portion of the following Administrative Rules of South Dakota:

**67:42:01:06. Ability to Provide Care.** An applicant shall demonstrate the ability to provide care to a client which meets the client's intellectual, physical, social, and emotional needs. The applicant's ability is determined by the capacity to provide the following:

1. An understanding of, and encouragement and emotional support to, the client;
2. Assistance to the client in coping with daily living experiences;
3. Supervision of the client;
4. If working with children, an understanding of child development and appropriate use of discipline; and
5. Ability to apply the reasonable and prudent parent standard for the participation in age or developmentally-appropriate activities.

The applicant must also be able to participate with the department or a responsible party in devising and executing a case plan for a client.

**67:42:07:04. Orientation and in-service training.** The facility must have written plans for orientation and in-service training. Each direct child care staff member shall participate in the in-service training. The written plan for in-service training must provide for training in the following areas for staff during the first year of employment:

- (1) Administrative procedures and overall program goals;
- (2) Understanding children's emotional needs and problems that affect and inhibit their growth;
- (3) Family relationships and the impact of separation;
- (4) Substance abuse, its recognition, prevention, and treatment;
- (5) Identification and reporting of child abuse and neglect;
- (6) Principles and practices of child care;
- (7) Behavior management techniques;
- (8) Use of seclusion and personal restraint, if used by the facility;
- (9) Emergency and safety procedures; and
- (10) Cultural sensitivity.

Staff must receive training to become certified in basic first aid and cardiopulmonary resuscitation and must maintain certification throughout employment.

For staff beyond the first year of employment, the plan must provide for competency-based training based on an annual evaluation of the staff member's competencies.

Each staff member must have 24 hours of training annually. The facility shall provide a minimum of 24 hours of planned in-service training annually. The training in behavior management techniques and personal restraint must be from a nationally recognized program.

Staff members shall complete an orientation course within one month after they are hired. The facility may consider the orientation course a part of the required 24 hours of in-service training. The orientation course must include the facility's functions, services, community resources, and specific job functions.

Supervision of staff members as they perform their routine tasks is not considered in-service training for purposes of this requirement. Participation in training must be documented and kept in the individual's personnel file.

**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 12 SDR 4, effective July 25, 1985; 34 SDR 200, effective January 30, 2008; 39 SDR 220, effective June 27, 2013.

**General Authority:** SDCL 26-6-16.

**Law Implemented:** SDCL 26-6-16.

**67:42:08:04. Orientation and in-service training.** Orientation and in-service training must be provided according to § 67:42:07:04, except each direct child care staff member in a residential treatment center shall participate in a minimum of 40 clock hours of planned in-service training annually.

**Source:** 7 SDR 66, 7 SDR 89, effective July 1, 1981; 12 SDR 4, effective July 25, 1985; 39 SDR 220, effective June 27, 2013.

**General Authority:** SDCL 26-6-16.

**Law Implemented:** SDCL 26-6-16.

**67:42:08:08. Emergency safety intervention -- Face-to-face assessment required.** The face-to-face assessment required under the provisions of 42 C.F.R. § 483.358(f), as amended to January 1, 2007, must be provided by a physician, a licensed practitioner, a registered nurse, or a licensed social work associate who has a bachelor's degree and certification as a trainer in a nationally-recognized program of behavior management and personal restraint.

**Source:** 33 SDR 227, effective July 1, 2007; 39 SDR 220, effective June 27, 2013.

**General Authority:** SDCL 26-6-16.

**Law Implemented:** SDCL 26-6-16.

**Non-Compliance Finding:**

Review of an unusual incident reported on January 19, 2023 revealed multiple items to address.

1. The policy on a youth being put on "watch" did not provide clear instructions on how to initiate this action.
2. On multiple occasions, Face to Face Assessments for youth were not being completed within one hour of initiation of the restraint. Only the CEO was completing the Face-to-Face Assessments and did not have a replacement when not available.
3. Staff are completing CPR training on Relias which does not provide a certification.

**Action Needed:**

1. Revise the policy related to "watch". The policy must ensure immediate implementation and ensure all staff are aware the youth is on restrictions. Staff must be trained on the changes to ensure proper implementation.
2. Submit a plan to ensure eligible staff are available to complete face to face assessments.
3. Submit a plan to ensure all staff are certified in basic first aid and cardiopulmonary resuscitation.

**Submit plan by:**

April 12, 2023

**Corrective Action Plan (Attach documents if needed):**

1. On 3/1/2023 staff were trained/re-trained in our watch policy. See attachment A. On 3/2/2023 added "Communication of watch status is crucial. When a staff member decides that it is necessary to place a youth on a watch, they need to communicate this with all staff immediately". See attachment D.
2. On 2/2/2023 an ESI/LP on-call schedule was created. See attachment B. On 3/1/2023 all staff were trained/re-trained in our ESI procedure. See attachment A.
3. On 3/12/2023 and 3/19/2023, West Hills Village sent their CPR trainer to Wellfully to train all staff that were not certified with an in person instructor. See attachment C.

**Date Corrective Action Plan Implemented: 4/4/2023**

**Date of Expected Completion: 4/4/2023**

Your signature below certifies you have read and understand the non-compliance findings and submitted a plan to comply with the identified portions of ARSD to the Department of Social Services, Office of Licensing and Accreditation.



\_\_\_\_\_  
Signature of Agency Director



\_\_\_\_\_  
Date

**The Department of Social Services, Office of Licensing and Accreditation has reviewed and accepted the above plan.**



\_\_\_\_\_  
Signature of Licensing Staff



\_\_\_\_\_  
Date

## **Wellfully All Staff Training 3/1/2023**

### **Bob Burke – COO**

AED machine has been moved to the 2<sup>nd</sup> floor break room so it is closer to the units in case it is needed. Ambu-bags and face shields have been placed in each of the unit podiums. CPR return skills assessments will be done March 12<sup>th</sup> and March 19<sup>th</sup>. Ramey will have the YDS sign up sheets for these and I will have the rest of the employees sign up sheets. An in person return skills assessment is needed for everyone that completed the online portion of the CPR certification per the DOH. Those who have done a certified CPR class with an in person return skills assessment will not need to come on these dates. They will have to provide Jolene a copy of their certificate. They will have to provide Jolene a copy of their certificate.

### **Ramey Irwin - Unit Director –**

#### **Processes for Safety Watches, These Include:**

1. Run Watch
2. Self-Harm Watch
3. Suicide Watch

#### **Below are requirements for staff/information for staff regarding every watch for every unit:**

- Who can place a client on these watches? Anyone.
- When a client is placed on a watch the staff should inform the client's counselor or a counselor on duty then the nurse on duty. After hours staff will call the On-Call counselor to inform them and the On-Call nurse. The client(s) legal guardian must be notified of the incident directly following the incident. Staff should inform other staff members on shift of this decision and also communicate this during shift changes through the day. Staff will then complete an incident report and update the white unit board, log sheet in separate columns with that specific client's initials for identification and then the client's personal notes with this information.
- Communication of watch status is crucial. When a staff member decides that it is necessary to place a youth on a watch, they need to communicate this with all staff immediately.
- Who can take them off? Counselors only. They will assess clients and determine the current safety and mindset of the client and then either take the client off of the watch or keep them on it longer.
- There are many situations where the client will need to be placed on watches.
- Documentation (Incident report) regarding the reason for placement on watch must be done by the end of the shift.

**Run Watch** - When any staff becomes aware of a client who is engaging in behaviors that they suspect means they are going to run. That client can be placed on run watch. Only the client's counselor can take them off watch. Behavior would include layering clothes, talking about wanting to run, making comments about what staff would do if they ran, fixated around the exit doors, whispering with other clients excessively, and having a failed attempt to run. Only a counselor can take them off.

#### **If a Client is on Run Watch:**

- The only exception for PRTF to leave the unit is to go down for meals, which the client will need to be near a staff member at all times. If the PRTF wants to go anywhere as a whole unit this will not be permitted when one client is on run watch unless someone can sit with that client on the unit. Other units can leave the unit as normal except for going outside for any reason including the courtyard area. Any unit can eat on the unit if the staff do not feel it is not safe to be downstairs at that time. This should be re-evaluated throughout the shift/day.
- Clients may not go to school, no off-ground visits, no unit outings, no recreation outside including the courtyard, no mentee time off the unit, no walks and they cannot go on school runs or transports for other clients. They can go to appointments with the nursing staff if necessary. Clients may have counseling sessions off the unit.
- They can have on-ground visits, but they must be monitored and should be done on the unit or if off the unit, monitored.
- They cannot have their shoes at any time for any reason.
- Some clothes can be taken away and placed in their personal storage bins in the personal belongings closet on the first floor of the building so they cannot layer. Layering can look like multiple pairs of pants, multiple pairs of socks, multiple shirts and/or sweatshirts, stashing snacks in pockets etc.
- Documentation (Incident report) regarding the reason for placement on watch must be done by the end of the shift.
- Staff will place on the log sheet which client is on watch.
- Staff will write on the unit white board that the client is on the watch.
- Staff will communicate this information with other staff members, a counselor or the on-call counselor, a nurse or the on-call nurse.
- The client(s) legal guardian must be notified of the incident directly following the incident.

**Self-Harm Watch** - When any staff becomes aware of a client who is engaging in self harming behaviors or is concerned about a client feeling like self-harming, verbally threatens or behaviorally indicates self-harming behaviors, that client will be placed on self-harm watch. Only a counselor can take them off.

**If a Client is on Self-Harm Watch:**

- The PHQ-9 and GAD-7 forms both need to be filled out when a client is placed on a watch and every 24 hours following this for the remainder of the time that a client is on the watch. If a client does not want to complete this form please list their name, the date and the shift and file it with someone on the clinical team (a counselor) still. Counselors will use this form to re-assess clients every 24 hours following the initial placement of the client on the watch. They will then communicate the decision made via email and to the staff on shift.
- The only exception for PRTF to leave the unit is to go down for meals, which the client will need to be near a staff member at all times. If the PRTF wants to go anywhere as a whole unit this will not be permitted when one client is on self-harm watch unless someone can sit with that client on the unit. Other units can leave the unit as normal. Any unit can eat on the unit if the staff do not feel it is not safe to be downstairs at that time. This should be re-evaluated throughout the shift/day.
- Clients may not go to school, no off-ground visits, no unit outings, no mentee time off the unit, no walks and they cannot go on school runs or transports for other clients. They can go to appointments with the nursing staff if necessary. Clients may have counseling sessions off the unit.
- Contact the nurse and counselor and report the situation and that the client will be placed on watch.

- Client must be within arms length of a staff member at all times.
- Client cannot go into their room.
- Client will be required to sleep in the Group Area of the unit near a staff member or the Seclusion Room is acceptable if the unit is the PRTF.
- client may go outside (WellFully property - the courtyard) during recreation but still must remain near a staff member at all times within arms length.
- If the behavior on the unit is negative and staff feel it is not safe to be downstairs at that time, it may be decided that recreation be done on the unit. This should be re-evaluated throughout the shift/day.
- After re-entering the unit from somewhere off the unit, clients must complete body checks. On BHCU and ARU this should occur if the client was ever off grounds or if clients are returning from the courtyard. On the PRTF these should always occur with all clients even if there are no clients on any watches. On the PRTF this should also occur every time any of the clients use the restroom even if the client is not on any watches.
- For body checks, clients must run their fingers along their waistband of their pants, empty and turn out their pockets, remove their socks, pull their bra band forward to, if their hair is up in a bun or braid they must take it out or the staff need to feel through their hair to ensure nothing is hidden in it. Clients should then be wanded.
- They are not allowed strings, any form of sharps (nothing from the sharps box), cannot have pencils/markers (crayons only), not allowed belts/cords and cannot have shoes unless they are going outside for recreation.
- Documentation (Incident report) regarding the reason for placement on watch must be done by the end of the shift.
- Staff will place on the log sheet which client is on watch.
- Staff will write on the unit white board that the client is on the watch.
- Staff will communicate this information with other staff members, a counselor or the on-call counselor, a nurse or the on-call nurse.
- The client(s) legal guardian must be notified of the incident directly following the incident.

#### **Self-Harm Watch and Restroom Use:**

- Before clients enter a restroom for anything at all, clients must complete body checks.
- For body checks, clients must run their fingers along their waistband of their pants, empty and turn out their pockets, remove their socks, pull their bra band forward to, if their hair is up in a bun or braid they must take it out or the staff need to feel through their hair to ensure nothing is hidden in it.
- Clients should not have anything with them in the restroom other than approved hygiene products.
- A staff needs to have their foot in the door to observe/listen for any suspicious/concerning behavior.
- Best practice is that the client must clap and whistle until done.

#### **Suicide Watch -**

When any staff becomes aware of a client who is engaging in suicidal behaviors, verbally threatens or behaviorally indicates suicidal intent, that client will be placed on suicide watch. Only a counselor can take them off.

- All of the same procedures apply to suicide watch as they do to self-harm watch (see above) other than certain articles of clothing may be removed from client belongings for

safety measures such as hoodies, pants, jackets etc. These could be potential hang risks.

- Documentation (Incident report) regarding the reason for placement on watch must be done by the end of the shift.
- Staff will place on the log sheet which client is on watch.
- Staff will write on the unit white board that the client is on the watch.
- Staff will communicate this information with other staff members, a counselor or the on-call counselor, a nurse or the on-call nurse.
- The client(s) legal guardian must be notified of the incident directly following the incident.

#### **Suicide Watch and Restroom Use:**

- All of the same procedures apply to suicide watch as they do to self-harm watch (see above).

#### **Other Safety Watches To Note:**

**Intake Watch** - At times a client will be placed on intake watch. For the PRTF or BHCU this is dependent on the counselor/clinical coordinator/unit coordinator/unit director/guardian/worker. The ARU intake watch is automatic and lasts for the first thirty-six hours of their admission. Only the clinical coordinator/primary counselor can take them off watch.

#### **When on Intake Watch:**

- Intake watches must remain on the unit and must do group/recreation on the unit. The only time they can leave the unit is during meal times. Clients on intake watch should follow the same off unit protocols as Run-Watch (see above) in regard to being off the unit. Clients on intake watch should follow the same restroom protocols as self-harm watch (see above) in regard to restroom use.

**Wellness Watch** – This occurs when a client refuses to eat meals/snacks for lengthy periods of time. A client could also be placed on this for excessive eating, eating only very small portions, or hoarding food. This behavior must be documented in notes and on a Wellness Watch Form. It will be determined by the nurse if a client should be placed on this watch. Only a nurse is permitted to take a client off wellness watch.

#### **When On Wellness Watch:**

- Staff will record what they eat for every means. And that client cannot use the restroom without staff near the door.

#### **Processes for PRTF Nightly Skin Checks:**

Every night the staff will perform skin checks to ensure that no clients have self-harmed.

#### **The Official Procedure is as Follows:**

- Must ideally be done in the restroom and staff must be at the door with another staff present on the unit to act as a witness. Staff must at all times be within camera view.
- Look at the client's arms from shoulders to hands.
- Clients must wear shorts for the checks. You can ask them to pull up the bottom of the shorts 1-2 inches unless they are basketball shorts, then they need to pull up higher. Do not ask them to expose themselves more than the thigh if shorts are very short.

- Do not check legs if they are wearing pants. Do not ask them to pull down their pants. Clients must change into shorts before checks can be done.
- Do not ask them to pull down the top of their shirt and expose themselves. Do ask to see the chest area, this area must be checked.
- You can ask them to pull up their shirt but only to the belly button, this area must be checked.
- Clients must wear short sleeves or tank tops for searches.
- Clients must turn around so staff can check the back of their body.
- Clients must take off socks for searches.
- If a client ever refuses to complete these checks they will be placed on Self-Harm watch automatically and an incident report will be completed by the staff member on shift.
- Follow the procedures for placing a client on self-harm watch (see above).

**Processes for Body Checks:**

- Before clients enter a restroom (PRTF only, unless a watch) for anything at all or they do anything after re-entering the unit from somewhere off the unit (all units), clients must complete body checks.
- For body checks, clients must run their fingers along their waistband of their pants, empty and turn out their pockets, remove their socks, pull their bra band forward to, if their hair is up in a bun or braid they must take it out or the staff need to feel through their hair to ensure nothing is hidden in it. Clients should then be wanded only if re-entering the unit. This is not required for restroom use.
- Clients should not have anything with them in the restroom other than approved hygiene products.

**Processes for Restroom/Leaving/Re-Entering Unit Use:**

- Body checks must be completed if a client is on a watch or on the PRTF. All of the same procedures apply to restroom body checks as they do to self-harm watch (see above).
- When a client enters the restroom this must be documented on the log sheet, this is the same for when they come out of the restroom.
- When a client leaves the unit, this must be documented immediately on the log sheet, this is the same for when they return.
- A staff needs to have their foot in the door to observe/listen for any suspicious/concerning behavior.
- Clients may not use the restroom within 15 minutes of consuming a meal or a medication.
- Staff must knock every 5 minutes and the client must respond or staff may need to enter the restroom. This goes for any client, even those not on a watch.
- Clients cannot be in the restroom for longer than 15 minutes at any time for any reason. After this maximum amount of time staff must physically see the client and document this on the log sheet. After this timeframe staff may need to enter the restroom.

**ESI-** A physical hold, carry and/or escort within the SCM guidelines.

**Processes for ESI Paperwork:**

- All Incident Reports must be completed before the end of shift in which the incident occurred.



- All incident reports should be sent individually to [nicole.benso@wellfully.org](mailto:nicole.benso@wellfully.org) as well as other recipients to ensure that Nicole as our compliance specialist can file any serious occurrences within the next business day or within a 24 hour timeframe.
- Documentation in incident reports must be observable.
- Incident reports should include information of behavior, events, general information or activity leading up to an ESI and any follow up actions, behaviors, events, general information or activity following the use of an ESI.
- Incident reports will be void of personal opinion.
- Unresponsive does not mean unable or unwilling to verbalize.
- Unresponsive medically generally means unconscious or dying/dead, if a client is not unconscious, dying or dead do not use the verbiage "unresponsive". An alternative example "Client did not verbalize, but they could be observed breathing and making small movements with their left hand."
- If an ESI is necessary, the on call LP must be notified within 5 minutes of the initiation of the ESI. If possible to contact the LP prior to an ESI, this is the best practice.
- On-call LP schedules will be placed on all unit clipboards monthly.
- Written Orders will be conducted by the On-Call or other available LP as will the client debriefing form. LP's will also fill out the Post ESI Face to Face Assessment in Simple Practice. This must and will occur within 1 hour following the initial ESI.
- An ESI monitoring form will be filled out by a staff monitoring the ESI as it occurred.
- Staff involved in the ESI will be debriefed within 24 hours of the incident.
- All forms completed will be filed with the Compliance Specialist, Nicole Benso.
- Staff will notify the client's counselor or a counselor on duty then the nurse on duty of any ESI or the On-Call Counselor and On-Call Nurse if after hours.
- Staff should call the Unit Director and/or Unit Coordinator when an ESI occurs or of any major critical incidents of which may need their assistance.
- Binders with all the ESI procedures will be distributed to each unit.
- The client(s) legal guardian must be notified of the incident directly following the incident.



# Wellfully Staff Training/Meeting Sign in Sheet

<b>Training/Meeting/Seminar Title:</b> Multi-Department Meeting/Training - CPR, LP ESI Schedule, Skin Checks, Body Checks, Bathroom Procedures, ACCC Procedures, AED, PPE, Ambu-Bags, Watch Statuses, Processes and Communication.	<b>Date:</b> 03-01-2023
<b>Presenter(s):</b> Bob Burke -COO, Ramey Sue Irwin -Unit Director.	<b>Time Started: 08:30am</b> <b>Time Ended: 11:00am</b> <b>Duration: 3 hours 30 minutes</b>

**Staff Participating Name (Print):**

Sarah Bradley  
 Joel Brand  
 Camarae Brink  
 Amber Eggert  
 Kaycee Woodford  
 Sabra Petersen  
 W. Bruce Eilers  
 Rebecca Murray  
 Steven Rm  
 Charlie Harpance  
 Sunrise Zuniga  
 Aliza Weichter  
 USAKROT  
 Brenda Demery  
 MURKA TILLY  
 Taylee Dupree  
 Jenn Finkbeiner  
 Alisa Still  
 Moriah Thompson  
 Taylor Good  
 Karl DeMaranville  
 Loren Groenewald  
 Kendra Spear  
 Maggie Houston  
 Kim Smiley  
 Elizabeth Jercorek  
 Scott Beach  
 Sarah Elser  
 Sitlwa Flaney  
 Riean Jels  
 BRIAN THREMENT  
 Todd Pfaff  
 Marciyla Olson  
 Lydia Bunle

**Staff Participating Signature:**

Sarah Bradley (D)  
 Joel Brand  
 Camarae Brink  
 Amber Eggert  
 Kaycee Woodford  
 Sabra Petersen  
 W. Bruce Eilers  
 Rebecca Murray  
 Steven Rm  
 Charlie Harpance  
 Sunrise Zuniga  
 Aliza Weichter  
 USAKROT  
 Brenda Demery  
 MURKA TILLY  
 Taylee Dupree  
 Jenn Finkbeiner  
 Alisa Still  
 Moriah Thompson  
 Taylor Good  
 Karl DeMaranville  
 Loren Groenewald  
 Kendra Spear  
 Maggie Houston  
 Kim Smiley  
 Elizabeth Jercorek  
 Scott Beach  
 Sarah Elser  
 Sitlwa Flaney  
 Riean Jels  
 BRIAN THREMENT  
 Todd Pfaff  
 Marciyla Olson  
 Lydia Bunle



# Wellfully Staff Training/Meeting Sign in Sheet

Shanna Vick  
 Fishley Mayhew  
 Kym Schmitt  
 Kym Palaski  
 or Kym [Signature]

Staff Presenting/Training Name:

Ramey Sue Jovin  
 Bob Burke  
 Michel Jai  
 Wytomichaud  
 Hunter Hodge  
 Sara S

~~Shanna Vick~~  
 Fishley Mayhew  
 Kym Schmitt  
 Kym Palaski  
 or Kym [Signature]

Staff Presenting/Training Signature:

[Signature]  
 [Signature]  
 [Signature]  
 Ize McHadden

Excused Staff:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Training/Meeting/Seminar Topic/s:

Vonnie Ackerman  
 Yvonne Espinoza  
 Candace Wright  
 Ann O'Connell  
 Marcia Tascor  
 Sara So Sarah

Yvonne Espinoza  
 Candace Will  
 Ann O'Connell

### Levels of Safety Watches

There are many situations where the youth will need to be placed on watches.

- Documentation (Incident report) regarding the reason for placement on watch must be done by the end of the shift.
- Staff will place on the log sheet which youth is on watch.
- Communication of watch status is crucial. When a staff member decides that it is necessary to place a youth on a watch, they need to communicate this with all staff immediately.

**Intake Watch** - At times a youth will be placed in intake watch. For the PRTF or BHCU this is dependent on the counselor/director/worker. The ARU intake watch is automatic and lasts for the first thirty-six hours of their admission. Only the director/primary counselor can take them off watch. Intake watch must remain on the unit and must do group/recreation on the unit. The only time they can leave the unit is during meals.

**Wellness Watch** – This occurs when a youth refuses to eat for periods for a long time. This behavior must be documented in notes and will be determined by the nurse if they should be placed. When on wellness watch. Staff will record what they eat for every meal. And that youth cannot use the bathroom without staff near the door.

**Run Watch** - When any staff becomes aware of a youth who is engaging in behaviors that they suspect means they are going to run. That youth can be placed on run watch. Only the youth counselor can take them off watch. Behavior would include layering clothes, talking about wanting to run, making comments about what staff would do if they ran, fixated around the exit doors, had a failed attempt to run.

#### **If a youth is on a Run Watch:**

- They must stay on the unit.
  - The only exception is to go down for meals, which they need to be near a staff member. They can eat on the unit if staff feel it is not safe to be down there.
- But they cannot go outside, do recreation downstairs, they need to stay on the unit.
- No school, no appointments, no off-ground visits.
- They can have on-grounds visits, but they must be monitored.
- They cannot have their shoes.
- Some clothes can be taken away and placed in their counselor's office (or storage) so they cannot layer.
- Documentation (Incident report) regarding the reason for placement on watch must be done by the end of the shift.
- Staff will place on the log sheet which youth is on watch.

**Self-Harm Watch** - When any staff becomes aware of a youth who is engaging in self-harming behaviors or is concerned about a youth feeling suicidal, verbally threatens or behaviorally indicates self-harming behaviors or suicidal intent, that youth will be placed on self-harm watch. Only the youth's counselor can take them off. If a kid is on run watch they need to stay on the unit. The only exception is to go down for meals, which they need to be near a staff member. They can eat on the unit if staff feel it is not safe to be down there.



## ON CALL LP SCHEDULE February

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3 Sarah Bradley, RN	4 Sarah Bradley, RN
5 Sarah Bradley, RN	6 Sarah Bradley, RN	7 Sarah Bradley, RN	8 Sarah Bradley, RN	9 Sarah Bradley, RN	10 Sarah Bradley, RN	11 Sarah Bradley, RN
12 Caitlin Nissen LPC-MH	13 Caitlin Nissen LPC-MH (Burke Returns)	14 Burke Eilers, LPC-MH	15 Burke Eilers, LPC-MH	16 Burke Eilers, LPC-MH	17 Burke Eilers, LPC-MH	18 Burke Eilers, LPC-MH
19 Burke Eilers, LPC-MH	20 Caitlin Nissen LPC-MH	21 Caitlin Nissen LPC-MH	22 Sarah Bradley, RN	23 Sarah Bradley, RN	24 Burke Eilers, LPC-MH	25 Burke Eilers, LPC-MH
26 Caitlin Nissen LPC-MH	27 Burke Eilers LPC-MH	28 Burke Eilers LPC-MH	29	30	31	

See Numbers On Reverse Side/ Please Ensure that clients are not privy to these numbers



## ON CALL LP SCHEDULE

### March

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 Burke Eilers LPC-MH	2 Burke Eilers LPC-MH	3 Burke Eilers LPC-MH	4 Burke Eilers LPC-MH
5 Burke Eilers LPC-MH	6 Sarah Bradley, RN	7 Sarah Bradley, RN	8 Sarah Bradley, RN	9 Sarah Bradley, RN	10 Sarah Bradley, RN	11 Sarah Bradley, RN
12 Sarah Bradley, RN	13 Burke Eilers LPC-MH	14 Burke Eilers, LPC-MH	15 Burke Eilers, LPC-MH	16 Burke Eilers, LPC-MH	17 Burke Eilers, LPC-MH	18 Burke Eilers, LPC-MH
19 Burke Eilers, LPC-MH	20 Sarah Bradley, RN	21 Sarah Bradley, RN	22 Sarah Bradley, RN	23 Sarah Bradley, RN	24 Sarah Bradley, RN	25 Sarah Bradley, RN
26 Sarah Bradley, RN	27 Burke Eilers LPC-MH	28 Burke Eilers LPC-MH	29 Burke Eilers LPC-MH	30 Burke Eilers LPC-MH	31 Burke Eilers LPC-MH	

See Numbers On Reverse Side/ Please Ensure that clients are not privy to these numbers



# ON CALL LP SCHEDULE

## April

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 Burke Eilers LPC-MH
2 Burke Eilers LPC-MH	3 Sarah Bradley, RN	4 Sarah Bradley, RN	5 Sarah Bradley, RN	6 Sarah Bradley, RN	7 Sarah Bradley, RN	8 Sarah Bradley, RN
9 Sarah Bradley, RN	10 Burke Eilers LPC-MH	11 Burke Eilers, LPC-MH	12 Burke Eilers, LPC-MH	13 Burke Eilers, LPC-MH	14 Burke Eilers, LPC-MH	15 Burke Eilers, LPC-MH
16 Burke Eilers, LPC-MH	17 Sarah Bradley, RN	18 Sarah Bradley, RN	19 Sarah Bradley, RN	20 Sarah Bradley, RN	21 Sarah Bradley, RN	22 Sarah Bradley, RN
23 Sarah Bradley, RN	24 Burke Eilers LPC-MH	25 Burke Eilers LPC-MH	26 Burke Eilers LPC-MH	27 Burke Eilers LPC-MH	28 Burke Eilers LPC-MH	29 Burke Eilers LPC-MH
30 Burke Eilers LPC-MH						