

Center for Mental Health – Great Falls

October 22 – December 9,

2013

A report of a site review specific to complaint/grievance filed
with the Mental Disabilities Board of Visitors

Mental Disabilities
Board of Visitors

OFFICE OF THE GOVERNOR
MENTAL DISABILITIES BOARD OF VISITORS
STATE OF MONTANA



Steve Bullock
Governor

Brodie Moll, Chair
Alicia Pichette, Executive Director

PO Box 200804
Helena, Montana 59620-0804
Telephone – 406-444-3955
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October 22, 2013

Sydney Blair
Chief Executive Officer
Administrative Offices
P O Box 3089
Great Falls, Montana 59403

Dear Ms. Blair;

This letter will follow-up on our telephone conversation of earlier today regarding issues of continuing concern that have been forwarded to the Board of Visitors about group home management. We spoke last month about this and other concerns and discussed these issues:

- Staff changes and notices to clients about those changes
- Nursing staff to client ratios
- Posting contact information for the Mental Health Ombudsman and the Mental Disabilities Board of Visitors in each group home
- Inadequate/poor quality food for meal preparation
- Concerns about menu plans/nutritional needs – consultation with dietician
- Access for direct care staff to supervisor/management when clients are in crisis

I will appreciate a follow up correspondence that explains the steps your organization has taken to address these issues by November 1, 2013.

Craig Fitch and I will be in Great Falls Monday, October 28 and will attend resident meetings at Center West, Gateway, Lewis House and Passages group homes. Thank you for sending the schedule for these meetings. We may arrive slightly late for the meeting at Center West, depending on road conditions/weather that morning.

If you have questions please don't hesitate to call me at: 406-444-5278.

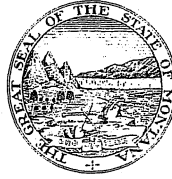
Sincerely,

A handwritten signature in cursive script, reading "Alicia Pichette".
Alicia Pichette
Executive Director

OFFICE OF THE GOVERNOR
MENTAL DISABILITIES BOARD OF VISITORS
STATE OF MONTANA

STEVE BULLOCK
GOVERNOR

Brodie Moll
Chair



JOHN WALSH
LT. GOVERNOR

Alicia Pichette
Executive Director

October 30, 2013

Sydney Blair, Chief Executive Officer
Center for Mental Health
P O Box 8089
Great Falls, Montana 59403

Dear Ms. Blair:

On Monday, October 28, 2013, Craig Fitch, Board of Visitors (BOV) Attorney and I attended residents' meetings and visited group homes in Great Falls at Center West, Gateway, Passages and Lewis House. We wish to extend our appreciation to you, Trent Lear, Center for Mental Health staff and group home residents who spoke with us during the visit. Moment-in-time or 'snapshot' visits can be intimidating for residents and staff. BOV is sensitive to the impact such visits may have and hope to present our visits in the least intrusive manner possible.

We discussed the purpose of the visit in phone conversations and the BOV letter dated October 22, 2013. Specifically, the BOV received information regarding inadequate/poor quality food for meal preparation in the four group homes paired with concerns about menu plans/nutritional needs of those same residents and other concerns. Debbie Moe and Paula Hutchinson-Ward coordinated the tour of the group homes and the 'pantry' (food distribution center) at Largent.

Based on resident interviews, information shared during the residents meetings, staff interviews, and tours of the group homes the BOV has these observations:

1. The quality of some of the food being used for meal preparation is not good.
 - a. Some of the bread products examined were 6 weeks or more old (even though frozen) and presented with freezer burn.
 - b. Staff in three residences reported opening packages of bread from the freezer on more than one occasion that was moldy, not usable and had to be discarded.
 - c. Some of the meat products examined (both fresh and preserved) showed freezer burn and were marked with 'use by dates older than 6 weeks.
2. It appeared that some menu items and recipes did not reflect the specific nutritional needs of some of the residents. When asked, staff could not identify if residents had:
 - a. food allergies,
 - b. specific dietary needs for metabolizing medications, or
 - c. blood sugar levels control needs.
3. Staff is conscientious about putting dates on refrigerated foods and foods examined in the refrigerator were fresh/current.
4. Foods in the freezer are not dated when put into the freezer – they carry the manufacturer 'use by date' and appeared old.
5. It appeared that the same meal is prepared in each group home each day.
6. It appears that some residents may be reluctant during resident meetings to express concerns about the issues being discussed, and may not express preference for specific meals, or even suggest a meal they could prepare for other residents - "I have a good recipe for something I'd like to cook for my house mates."
7. Some recipes reviewed seemed to be 'short' on portions – one recipe reviewed called for 1 pound of link sausage with rice and beans. The recipe served 8 residents. When asked about this specific recipe, staff said they had to supplement the recipe with additional meat to make 8 servings.
8. Staff interviewed expressed frustration that when food items were not 'good' (moldy, freezer burned) and must be discarded with no specific reporting process in place to inform the supervisor about the problem. Staff may have different cooking skill interest/levels of confidence and food preference. A fixed menu dictated for every group

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9. In addition, it was reported to BOV that to address some of these concerns about the quality and adequacy of food for meal preparation some staff purchase food with their own money.

Contact information for the Board of Visitors and the Mental Health Ombudsman was not evident in every group home.

It appeared to BOV that group home staff/supervisors do not have a strong communication process that provides open discussion about staff concerns, whether to do with resident safety, health concerns, or other emergent issues day-to-day in the group homes.

Based on these observations the BOV has these suggestions/recommendations:

1. Consult with a nutritionist about dietary needs of residents to include recommendations for foods that balance with medications and blood sugar levels.
2. Using the guidelines recommended by the nutritionist create meals that are more flexible based on resident dietary needs.
3. Establish an additional line on the weekly 'supplies order' for each group home to report 'food loss' for those items that could not be served to the residents because they were spoiled/freezer burned/moldy, etc.
4. Continue the work on a group home manual to provide guidance for group home staff so they can address issues of concern about the daily operation of the group home timely and adequately and receive a timely and adequate response from the supervisor. Staff might be interested in assisting the supervisors to draft sections of the manual. Invite them.
 - a. Food handling in the manual might include a section about marking food with 'date delivered to the home' and 'date to be used by or discarded'.
 - b. Supplies inventory sheets to include explanation about unusable/discarded food should concerns arise about food inventory shortages.
 - c. Include a process to engage staff and residents in offering suggestions about meals they would like to have included in the menu planning that also meet the guidelines established through the consultation with the nutritionist. Then provide menu flexibility for staff to prepare those meals.
5. Explore supervisor/staff training options to improve communication.
 - a. Search for a way to develop better trust between staff and supervisors – the poor communication appears to be the result of lack of trust going both directions.
 - b. Provide additional avenues for residents to share information in addition to the resident meetings. One on one? Through a preferred staff person? In a 'suggestion' note?
 - c. Additional supervisor training, supervision and mentoring is needed. The supervisors are feeling ostracized by the staff, the staff is feeling ignored and punished by their direct supervisors.

The letter dated October 22, 2013 included two items that you have already provided a response for: Staff changes and Nursing staff to client ratios. You won't need to address those two issues again. The BOV will appreciate receiving a response to the observations/recommendations included in this letter by mid-November. The response should include a timeline for addressing the issues, some of the items that refer directly to the quality and adequacy of food could be resolved quickly. Confirmation of an appointment for a consultation with the nutritionist will suffice, the actual consultation can occur after mid-November. A schedule of training/mentoring/supervision for the supervisory staff will respond to that recommendation.

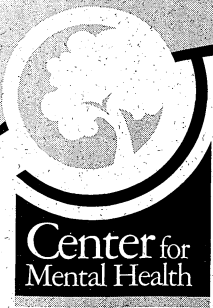
As a final note, BOV observed good, quality staff working very hard to serve the residents of the group homes - direct line staff and supervisors. The communication issues observed appear to be the result of people wanting to do their jobs well, but not being able to find the most effective way to achieve trust and open dialogue to accomplish this goal. Thank you for being open to the BOV suggestions/recommendations and for a timely response. If you have questions, please don't hesitate to contact me.

Sincerely,



Alicia Pichette
Executive Director

Cc: Trent Lear



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December 6, 2013

Alicia Pichette, Executive Director
Montana Mental Disabilities Board of Visitors
PO Box 200804
Helena, Montana 59620-0804

Dear Ms. Pichette,

I would like to thank you and Mr. Fitch for your time in coming and assisting in review of the group homes. This letter will contain our corrections to the issues found, many of which have already been implemented and others which are in process. This letter will provide details of our response to each recommendation provided.

1. Consult with a nutritionist about dietary needs of residents to include recommendations for foods that balance with medications and blood sugar levels.

Response: Efforts are ongoing to identify and contract with a nutritionist in the Great Falls community. One was identified who subsequently was not able to fulfill the obligation.

2. Using the guidelines recommended by the nutritionist create meals that is more flexible based on resident dietary needs.

Response: While awaiting the contract with a nutritionist changes have been made in the menu and food available in the homes with clients who have diabetes. These changes include the provision of sugar free options as well as low carbohydrate food options. Once the recommendations are available from the nutritionist they will be reviewed and implemented as appropriate and possible.

3. Establish an additional line on the weekly 'supplies order' for each group home to report 'food losses for those items that could not be served to the residents because they were spoiled/freezer burned/moldy, etc.

Response: A reporting form has been created (attached) which indicates what food has been disposed of, a reason for the disposal, and the date it occurred.

4. Continue the work on a group home manual to provide guidance for group home staff so they can address issues of concern about the daily operation of the group home timely and adequately and receive a timely and adequate response from the supervisor. Staff might be interested in assisting the supervisors to draft sections of the manual. Invite them.
 - a. Food handling in the manual might include a section about marking food with 'date delivered to the home' and 'date to be used by or discarded'.
 - b. Supplies inventory sheets to include explanation about unusable/discarded food should concerns arise about food inventory shortages.
 - c. Include a process to engage staff and residents in offering suggestions about meals they would like to have included in the menu planning that also meet the guidelines established through the consultation with the nutritionist. Then provide menu flexibility for staff to prepare those meals.

Response: Work on the group home manual is ongoing. There will be opportunities afforded to staff to provide input to the manual. There are currently weekly meetings which are held with both the residents in the homes on one day. The staff meets with supervisors on another day. There are inventory sheets (attached) in each home which staff is required to complete weekly to ensure that expired food is not left in the home. Client input is solicited on a regular basis for changes/modifications to the menu which occurs during the weekly meetings and also in the visitation which occurs throughout the week.

5. Explore supervisor/staff training options to improve communication.
 - a. Search for a way to develop better trust between staff and supervisors – the poor communication appears to be the result of lack of trust going both directions.
 - b. Provide additional avenues for residents to share information

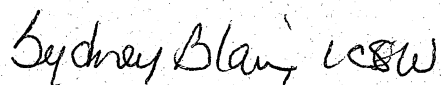
in addition to the resident meetings. One on one? Through a preferred staff person? In a 'suggestion' note?

- c. Additional supervisor training, supervision and mentoring is needed. The supervisors are feeling ostracized by the staff, the staff is feeling ignored and punished by their direct supervisors.

Response: There have been performance evaluations for all staff which have been completed in October 2013. These were used as a format to improve communication between staff and there have been certain staff who have shown noticeable improvement in their communication. There are forms available in the homes for clients to write out their concern or issue which can be signed but do not need to be to solicit their feedback. The clients are regularly encouraged to do complete these if they have concerns. The clients are also sought out for one on one conversation by staff. We have increased the number of visits to the homes by supervisory staff to provide more opportunity for interaction. The supervisors of the program receive weekly supervision by a licensed Director in general with the option for more dependent on circumstances. Opportunities for additional supervisor training will be looked for and, dependent upon financial capability, provided. The procedure for client grievances will be reviewed quarterly within each group home by program supervisors. Supervisors will review the employee grievance procedure and discuss occasions appropriate for jumping the chain of command or moving to the next step.

Again, I would like to express my appreciation of the assistance and opportunity provided by the Board of Visitors to improve the provision of care to the clients we serve. If there are any further questions or comments please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Sydney Blair" followed by the initials "CSW".

Sydney Blair
CEO
Center for Mental Health

WHAT DO YOU NEED??

Name. _____ Date _____

EGGS	
MILK	
BUTTER	
BREAD	
POTATOES	
ONIONS	
CREAMER	
SUGAR	
SUGAR SUBSTITUTE	
CEREAL	
SNACKS	
CANNED LUNCH	
DRINK MIX	
POWDER MILK	
VINIGAR	
FLOUR	
RICE	
SPAGETTI	
NOODLES	
GARLIC	
SALT	
PEPPER	
CORN STARTCH	
OIL	
COFFEE	
TEA	
JELLO	
KETCHUP	
MUSTARD	
MAYO	
GRAVY PACKET	
LUNCH MEAT	
BROWN SUGAR	
SYRP	
BAKING POWDER	
WORCESTERSHIRE SAUCE	
SOY	
OTHER	

[illegible]

Monthly Inventory. House _____ Date _____

Please at this time check all dates and look for damaged items.

[illegible]