



Behavioral Health
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12/16/2021

California Department of Public Health (CDPH)
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Plan of Action

To Whom It May Concern,

Humboldt County Department of Health and Human Services (DHHS) Behavioral Health (BH) Sempervirens (SV) Psychiatric Inpatient Facility submits this Plan of Action in response to the Immediate Jeopardy finding on December 9, 2021 by CDPH. The Immediate Jeopardy finding established noncompliance with A 144 - The patient has the right to receive care in a safe setting - due to ligature risks. Please see below immediate steps taken as well as our Plan of Action (POA), outlining short-term and long-term objectives:

- A. Bathroom doors of the seclusion rooms were removed on 10/26/21.
- B. Workgroup Meetings have occurred between SV Leadership, the DHHS Facilities department, and the BH Quality Improvement department to identify action steps as it relates to mitigating ligature risks. These meetings occurred on 12/9/21, 12/10/21, 12/13/21, 12/14/21, and 12/16/21.
- C. The DHHS Facilities department completed multiple walk-throughs with SV Leadership to identify needed action steps to mitigate ligature risk and establish a timeline for completion. These walk-throughs occurred on 12/10/21 at 10:30 am and 12/13/21 at 10:30am.
- D. SV Leadership consulted with other county Psychiatric Health Facilities (PHF) and Acute Psychiatric Hospitals about safety precautions and best practices surrounding ligature risk. This consultation was initiated on 12/10/21 by the SV Hospital Administrator.
- E. Ongoing education surrounding ligature risk awareness was initiated with SV staff on 12/10/21. SV Hospital Administrator provided education to all SV staff identifying current ligature risk, which included a handout that pointed to the particular ligature risks that remain in place until facilities is able to complete the work needed. This training was completed on 12/13/21. In order to mitigate current ligature risk, 15-minute checks throughout the facility around the clock were initiated on 12/13/21 and will continue, per policy 0200.0113 Levels of Observation.
- F. DHHS Facilities removed all patient bathroom doors and created Velcro-attached privacy barriers (by use of yoga mats) on 12/10/21 at the patient bathroom door frames as temporary solution until ligature-free doors can be installed. Ligature-free doors have been

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- identified and are in the process of being ordered, this project is projected to be completed by 3/13/22.
- G. DHHS Facilities removed all patient-accessible curtains, which was completed on 12/10/21.
 - H. Until hallway shower room (221, 222, 230) doors are made ligature-free the Director of Nursing (DON) has implemented increased checks beginning on 12/10/21 when patients are in the shower to minimum verbal response every five minutes. The verbal response must be clearly verbalized: "I'm good"; "What do you want" and patients giving incomprehensible sounds or no sound are to be visually checked immediately. These checks are documented on a tracking form and filed in the patient's medical record. When not in use, hallway showers are locked. The work needed to make hallway shower rooms ligature-free has been identified and initiated as of 12/10/21 with a target completion rate of 3/13/22.
 - I. It was established by the Humboldt County Public Works Project Coordinator on 12/13/21 that removal of patient room entry doors would not meet Life and Safety codes. Project Coordinator is looking into obtaining continuous hinges and additionally 4 vendors have been identified as possible options for door pressure alarm systems. This work has a projected completion date of 3/13/22.
 - J. Director of Nursing (DON) revised the Suicide Self-Harm Policy to remove the three levels of suicide precautions to 15-minute checks for all PHF patients and a level of observation 1:1 monitoring for patients at risk of self-harm. Level 1 Observation monitoring must specify whether the increased level of observation is continuous (1:1 Line of Sight, 1:1 Arm's Length or 1:1 While awake). Patients placed on a Level 1 of observation will be issued a safety blanket and pillow without a pillowcase. In addition, staff will conduct a room safety check twice daily which includes an observation of the patient's room from floor to ceiling to ensure the room is free of clutter and items that can be used for self-harm. This policy was approved by the BH Policy and Procedures Committee on 12/15/21 and training/implementation of the new process was rolled out on 12/16/21 to SV staff. Ongoing training will continue to ensure that all SV staff are trained.
 - K. DON created a new policy surrounding Level of Observation to provide standards and procedures for the assignment of Level of Observation for patients admitted to the PHF, including identifying patients who require an increased Level of Observation due to a grave disability, an imminent danger to themselves and/or others, or if the patient's self-care and/or medical needs require continuous support/assistance. This policy was approved by the BH Policy and Procedures Committee on 12/15/21 and training/implementation of the new process was rolled out on 12/16/21 to SV staff. Ongoing training will continue to ensure that all SV staff are trained.
 - L. In order to mitigate ligature risks in the patient dining room (205), as of 12/13/21 the cabinet has been secured to the wall and the dining room is locked unless staff are present when clients are accessing the space. The work needed to make dining room ligature-free has been identified and initiated as of 12/10/21 with a target completion date of 3/13/22.
 - M. In order to make the patient phone ligature-free (200B), Patient's Rights Advocate (PRA) and Information Systems (IS) have been consulted. The PRA is not in support of portable phones at this time due to reduced free accessibility and projectile concerns. The DON initiated work with department IS to resolve ligature risk as of 12/14/21. Patient phone is expected to be ligature-free by 3/13/22.



- N. The hinges and handle on the TV Cabinet in Patient Room 215 and 216 were removed on 12/15/21
- O. The bench, towel rack, soap shelf, and shower handrails were removed from hallway shower room 221 on 12/15/21. The bench, towel rack, soap shelf, and shower handrails were removed from hallway shower room 222 on 12/16/21.
- P. The work needed to make the Corridor (200B), Seclusion & Restraint rooms (233, 234, 235), the patient rooms (211, 212, 213, 214, 215, 216, 232), the Patient Day Room (217) and the Patio (204) ligature-free has been identified and initiated as of 12/10/21 with a target completion rate of 3/13/22.

Sempervirens takes patient care and safety very seriously. We are committed to this plan of action and the community we serve.

Thanks, [Philippa Watkins signature]

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