

Mid-Hudson Psychiatric Center

A Review of Living Conditions



NYS Commission on



QUALITY
OF CARE

for the Mentally Disabled

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Irene L. Platt, Commissioner
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PATIENT LIVING CONDITIONS AT
MID-HUDSON PSYCHIATRIC CENTER

As observed by the New York State
Commission on Quality of Care
during an unannounced review in
August, 1985.

PREFACE

Mid-Hudson Psychiatric Center, located in New Hampton, New York, provides secure inpatient psychiatric care for patients charged with a crime who, due to mental illness, have been found unfit to stand trial. The oldest of New York's three existing forensic psychiatric facilities, Mid-Hudson Psychiatric Center was officially established in 1971 when very poor conditions at the State's original forensic institution, Matteawan State Hospital, spurred the Legislature to reconsider the State's needs for forensic psychiatric services.

First located in buildings which housed the Matteawan facility, the center moved to its current location in 1973. Taking over buildings built in the early 1900's and initially used as a New York City Reformatory, Mid-Hudson is not presently accredited by the Joint Commission on Accreditation of Hospitals. According to New York State OMH officials, an initial accreditation survey by the Joint Commission is scheduled for the coming fiscal year. (i.e., October, 1986)

The center currently serves approximately 330 inpatients from across the State and its fiscal year 1985-86 legislative appropriation totalled \$16,561,000.

This report summarized the findings of an unannounced review of living conditions at Mid-Hudson Psychiatric Center conducted by the NYS Commission on Quality of Care in August 1985. This review was conducted in compliance with Chapter 50 of the Laws of 1985

which required the Commission to inspect conditions at all 25 New York State psychiatric centers.

Over a three day period, visits to four randomly selected wards targeted conditions related to four general area: attention to patients' personal needs, environmental conditions, patient health and safety, and certain quality of life concerns (e.g., privacy, overcrowding, meals and dining, and protection of patient belongings). As reflected in this report, this assessment, while revealing some positive features in the living conditions for patients at Mid-Hudson, simultaneously highlighted many deficiencies which substantially compromised the quality of patient life at the center.

The positive features included the generally outstanding housekeeping services, which resulted in uniformly clean patient areas and also precluded any significant vermin control problem at the center. Also impressive were facility procedures to ensure the prompt availability of emergency medical equipment, and, with the exception of one ward, the administrative precautions to rid patient areas of suicide and other safety hazards. Mid-Hudson also scored well in other quality of life issues, including the protection of patient belongings, and the provision of nutritious and appetizing meals.

In contrast, however, many patients on all wards were primarily afforded only community clothing and had few clothing articles to call their own. Clothes were often found strewn on

closet floors, shelves, and drawers. In addition, since patients had no kits or containers in which to store their grooming articles, these articles were scattered in drawers or closets amid dirty and clean clothing, tobacco, abandoned coffee, etc. The number of sinks, showers, and toilets were generally insufficient, as were ward supplies of towels and washcloths, further restricting patients in meeting their hygiene needs. On one ward patients were afforded only a single towel each week and on several wards patients were without washcloths for days at a time.

Facility-wide inattention to the attractiveness and comfort of patient living areas was also apparent. On several wards wall, window and/or ceiling repair work was needed, but the more serious systemic problem was the obvious absence of any efforts to create therapeutic environments for patients. Wall decorations were either very few or absent altogether. Curtains were missing in some areas and hung in mis-matched sets in others.

Compounding these problems were the seriously overcrowded conditions noted throughout the facility. Dayrooms were cramped with chairs and tables, making patient movement difficult; and, many beds in dorm areas were only 12 to 18 inches apart. On three wards, overcrowding led to the use of dayrooms for temporary bedspace.

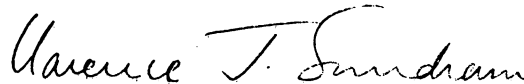
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Overcrowding also compromised patient privacy and contributed to the facility-wide problem of patient idleness. Patients were deprived of even minimal privacy at night while staff, confronted with a need for providing security for many patients, had slipped into an institutional disregard of patient privacy during showering, as illustrated by shower stalls without curtains or doors. Finally, although the center offered many off-ward recreational activities, these activities were enjoyed by only small numbers of patients at a time, leaving most patients spending much idle time in overcrowded dayrooms. Although leisure time supplies were available, the crowded, unattractive atmosphere in these rooms did not encourage informal activities among small groups of patients.


On November 27, 1985, the director of Mid-Hudson Psychiatric Center, Dr. Erdogan Tekben, responded to the Commission's findings and submitted a comprehensive plan of correction. Review of the facility response indicates concurrence with the Commission's findings, and proposed corrective actions to address most deficiencies amenable to management action. For example, each patient is now provided with two towels and two washcloths with a third available if needed, and plans are in process to install privacy doors and curtains in toilet and shower areas. Other problems related to the physical plant and overcrowding were also addressed, although on these issues the facility acknowledged that planned solutions would take more time to implement.

It should be noted that conditions in mental hygiene facilities fluctuate from time to time. The Commission's findings represent a snapshot of the conditions found at the time of our visits. As noted above, the facility director has responded with an extensive plan of correction to address the deficiencies noted. It is thus likely that conditions have changed since our visit.

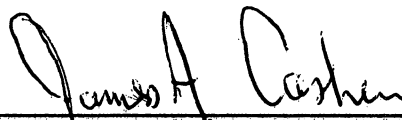
As is its usual practice, the Commission will be conducting follow-up visits to monitor the implementation of this plan of correction.



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Mid-Hudson Psychiatric Center

August 18, 19 and 20, 1985

Introduction

In compliance with the legislative mandate to review basic living conditions in State psychiatric centers, Commission staff visited MHPC on August 18, 19 and 20, 1985. During the visit, staff reviewed conditions on Wards 21/22, 31, 35 and 41 at various times during the day and evening. This review focused on four general areas: patient personal needs, environmental conditions, patient safety and quality of life. Additionally, CQC staff observed four randomly selected patients on each ward, assessing the adequacy of their clothing and personal hygiene supplies. If appropriate, these same four patients were interviewed to record their perceptions of how well their basic needs were being met.

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

PATIENT PERSONAL NEEDS

Clothing

Patients on the wards visited were dressed in clean, seasonally appropriate, well fitting clothing. Most wards visited also had an ample supply of clothing. The only clothing supply problem surfaced on Ward 31 which ran short of socks during our review. The more

serious clothing problems centered on the provision of personal clothing to patients and personal clothing management.

Patients wore both community and personal clothing on all wards visited. Unlabeled pants, shirts and underwear were routinely dispensed to patients when laundry was delivered weekly. These unlabeled clothes, when soiled, were collected and sent to a main laundry to be returned and redistributed to any patient in need the following week.

Personal clothing storage was also problematic on all wards. Clothes were strewn on closet floors, shelves, and drawers throughout the Commission's three-day visit. Ward staff attributed the disarray to encouraging patients to care for their own belongings. Reportedly, selected patients are asked to assist other patients who cannot manage their own clothing and, if this peer support system does not work, direct care staff are responsible to ensure that patient clothing is stored appropriately. The state of personal clothing management on all wards clearly indicated, however, that this system was not working. Equally distressing was the totally disordered community clothing room on Ward 31. Although other visited community clothing rooms were neat, here clothes were simply shoved into metal cabinets.

Of somewhat lesser concern, but still an apparently centerwide issue was the poor care of on-ward washers and dryers. The dryer of Ward 21/22 was not vented and large amounts of lint, articles of clothing, and paper products were found behind the machine causing a

serious fire hazard. On three other wards (31, 35, and 41) some washers and/or dryers were caked with soap and badly needed cleaning. It was apparent that routine cleaning of the machines was not assured on most wards.

Personal Hygiene Supplies

Personal hygiene supplies such as toothbrushes, toothpaste, shampoo, deodorant, combs, brushes, soap and razors were accessible to patients. All patients on the wards visited had at least a toothbrush, deodorant, and a comb or brush, and some patients had other items (including shampoo, mouthwash, etc.). Replenishment of personal hygiene supplies also did not seem to be a problem, with staff responding promptly to patient requests. We also observed patients appropriately using their hygiene supplies and staff providing special assistance to selected patients who needed it.

In contrast to the adequate procedures ensuring the appropriate supply and use of personal hygiene articles, were the unhygienic system for storing these items. On all wards, patients lacked kits, bags, or boxes to store their hygiene supplies. As a result, on all wards we noted instances where toothbrushes and/or combs or brushes were stored in drawers or on shelves amid dirty clothing, tobacco, abandoned coffee, etc. The plastic drinking cups distributed to patients were also often dirty, and there did not appear to be a regular procedure to ensure that these cups were periodically washed. The unavailability of disposable cups on all wards added to the obvious problems of these typically unwashed cups.

Bathroom Supplies

Toilet paper, paper towels, and soap were present in all bathrooms visited over the three days. Community soap was also generally not used, although we did observe patients on Ward 21/22 sharing the same bar of soap for showering.

The wards were less compliant in providing a sufficient number of sinks, toilets, and showers for patients. Ward 21/22, had only two sinks, toilets, and showers for 20 female patients. Compounding this problem was the absence of any light in the shower room, despite the fact that patients routinely showered at 8:00 p.m. Two other wards (31 and 35) had only two toilets for 26 patients.

Bed and Bathing Linens

While all wards had a sufficient supply of bed linens, towels were in short supply on Ward 31 and washcloths were scarce on Wards 21/22, 31 and 41. On Ward 31, all patients were issued one towel when linens were delivered once a week. No extra towels were available on the ward. During our visit, ward staff honored patient requests for replacement towels by borrowing from a neighboring ward. The situation for washcloths was even more severe. One washcloth was also distributed to patients once a week. On Wards 31 and 41 there were no replacement washcloths on Sunday or Monday, while on Ward 21/22 staff honored patient requests for replacement washcloths by cutting up towels.

ENVIRONMENTAL CONDITIONS

Cleanliness/Vermin Control

With the exception of the disarray of personal clothing in sleeping areas noted above, all living areas were clean and odor-free. Furniture was also well kept. Housekeeping in the dining room was especially impressive. Here the floor was spotless, as were the tables which were conscientiously washed between patient seatings.

The only significant housekeeping problem centered on patient wardrobes. Wardrobes, aside from being in general disarray, often contained loose tobacco and leftover snack foods and many were in need of a thorough cleaning. This problem also contributed to a serious ant problem in the sleeping area of Ward 41.

Physical Plant and Plumbing Maintenance

Although physical plant and plumbing maintenance was generally adequate across the five wards, isolated problems were noted on the wards. Due to construction of a new ventilation system, some ceiling tiles had been removed from Wards 31 and 35. On both wards, due to the same construction, a section of the day room wall was also removed and covered with plywood. Two bathroom ceiling panels were also cracked on Ward 21/22. More serious longstanding problems included a leaking ceiling on Wards 21/22, which occasionally required a garbage can to catch dripping water, and two broken windows on Ward 31, which had remained unrepaired for more than two months (despite ward staff work request orders). Another cracked window was noted in the sleeping area of Ward 35.

Isolated plumbing problems were also noted on Wards 21/22 and Ward 41. Whereas the problem on Ward 41 was limited to one leaking hot water faucet, the problems on Ward 21/22 had a more significant adverse effect on patients. For two of the three days of the Commission's survey there was no hot water on this ward. An inoperable cold water faucet for the ward's only sink compounded the adverse effects of this problem.

Attractiveness/Comfort

Despite the generally clean and well-maintained wards, few patient living areas appeared attractive. Curtains or other appropriate window coverings were either missing, haphazardly hung, or hung in mismatched sets across all living and sleeping areas. The absence of curtains was a particular problem on Ward 21/22 which had no curtains whatsoever. The female patients on this ward were forced to dress in front of ground floor windows facing the facility's common court yard.

Day rooms and dormitories also lacked sufficient pictures, wall decorations, or other humanizing touches. Day rooms were decorated with only a few pictures, while walls in all sleeping areas were barren. In addition, while Commission staff were pleased that a new ventilation system was being constructed to combat uncomfortable temperatures and poor air flow in the day rooms on Wards 31 and 35, we question whether the new system, as designed, will provide any relief for the equally stuffy and uncomfortable conditions in these wards' sleeping areas.

Overall, the attractiveness of all patient living areas left much to be desired, and the wards themselves more resembled barren military barracks than a therapeutic hospital environment. While deficiencies partially reflected the old physical plant of the facility itself, they were clearly also attributable to minimal management and staff efforts to make the wards attractive, comfortable places for patients to be.

Patient Health and Safety

Commission staff were impressed with the facility's procedures for emergency medical care. On all five wards, all basic emergency medical equipment and supplies were available. Oxygen tanks had also been currently inspected and medications were always stored in locked cabinets. Most importantly, ward staff were very knowledgeable of emergency medical procedures.

Suicide and safety hazards were also minimal on all wards, except Ward 21/22. Radiators were shielded; toxic materials were securely stored; and, fire extinguishers were all currently inspected. Ward 21/22, however, was the exception to this general rule. Here we noted non-breakaway bars in both showers and exposed overhead pipes in all areas. Of equal concern were the unshielded radiators in the day rooms and dormitory. As noted above, the shower room of this ward was also without any light, which posed a serious safety hazard and compounded the suicide hazard of the non-breakaway bars in this area. Given the very seriously ill patients on this ward, these hazards are especially dangerous and require prompt correction.

QUALITY OF LIFE

Overcrowding

Overcrowding was a serious problem throughout the facility. Day rooms were cramped. Tables and chairs were set close together and clustered around the television, leaving little room for patient movement. Wards 31, 35 and 41 also had one or two beds in the day room to ease overcrowding and to supervise patients in need of close monitoring. This effort did not alleviate the problem, however, for many in these dorm areas as beds were still spaced only 12 to 18 inches apart.

Mid-Hudson's one dining area, with a seating capacity of approximately 200, serviced all of MHPC's 350 patients. Patients ate in three continuous and overlapping shifts. While this system did allow for all patients to be served at appropriate mealtimes, there was no rotation of the ward serving schedule. Thus, the first ward and the last ward served remain constant. This caused us to question if second servings, when available, can be distributed to any patients other than those residing on the last ward served.

Patient Idleness

MHPC has a new activity center on campus which provides a wide range of equipment including a universal weight machine, pool room, gym, and swimming pool. Patients can use this center at scheduled times, and it is reported that all patients are required to attend at least six activities per week. Other activities include a patient

library, a sheltered workshop and an occupational therapy program. While these many activities are available to patients, the routine was that many patients remained idle for most of their waking hours.

Although most had ample leisure time supplies, many patients sat around watching television, pacing or simply staring. The routine movement of patients to and from activities and meals was for many patients the only time when staff succeeded in getting them outside. However, even during these after-meal breaks or scheduled activity periods, most patients either chose to pace, sit or simply lie on the ground, in spite of staff efforts to the contrary.

Privacy

Privacy for patients was also severely compromised. As noted above, all dormitory areas were overcrowded, and together with the lack of any partitions in most sleeping areas, these overcrowded conditions deprived patients of any privacy at night. Bathroom privacy was equally limited. On three wards (31, 35, and 41) shower stalls had no curtains or doors and on two wards (21/22 and 41) toilet stalls had no curtains or doors. On these wards, staff justified the absence of curtains or doors as a security precaution. While in general this argument seemed unreasonable, it was further weakened by the practices of other wards, serving patients with similar needs, to provide curtains or doors in toilet and/or shower stalls.

Meals and Dining

Notwithstanding the obvious problems of limited dining space, meals themselves appeared well balanced and they were served efficiently to ensure appropriate food temperature. Special diets were also accommodated and, for the most part, appropriate meal condiments were available. We were concerned, however, that pepper was not available for any meals and that paper cups were not regularly distributed at meals, forcing patients to use their empty milk containers if they wished to drink water from the pitchers placed on each table. We also noted that all patients were afforded only metal spoons for eating. We were pleased that facility staff were reevaluating this security measure and were considering offering patients a full complement of plastic utensils instead.

Amenities

MHPC provides most of the basic amenities for their patients. Calendars, water fountains, and clocks were found in day rooms on all surveyed wards. Nonsmoking areas were designated and enforced on all surveyed wards. Even within this system, however, the small size of the day rooms, coupled with a lack of ventilation, caused smoke to build and to eventually engulf the nonsmoking area. Telephones were accessible with staff assistance, and patients were permitted to make four to six personal calls a month and unlimited calls to their attorneys or to the Mental Hygiene Legal Services.

Summary

As this report indicates, Mid-Hudson is a clean and well-maintained facility. Commission on Quality of Care staff also noted that most patients had adequate clothing and personal hygiene supplies. Bathroom supplies and bed linens also appeared ample on all wards visited. Commission staff were also impressed with the availability of emergency medical equipment on the wards and the absence of serious suicide and safety hazards from all wards, except Ward 21/22. Most importantly, without exception, observed staff-patient interactions across the wards were caring and polite. Despite the secure nature of the facility, staff members were both warm and professional, even in some obviously difficult and stressful situations.

In contrast to these positive findings, patient living conditions in several areas were in need of substantial improvement. These areas included:

- improved storage procedures for patients' personal clothing and hygiene supplies;
- increased supplies of towels and washcloths for patients;
- greater efforts to establish attractive living and sleeping areas for patients;
- greater attention to patients' needs for privacy, especially when toileting and showering; and
- increased ward staff efforts to encourage patients to engage in appropriate on-ward structured and leisure time activities.

Of greatest concern to the Commission were the seriously overcrowded conditions on all wards. Overcrowding, aside from denying patients even minimal privacy, contributed to many other problems ranging from cramped, stuffy day rooms, to insufficient toilets, sinks and showers, to inadequate dining space. In addition, Ward 21/22 not only shared most of the deficiencies noted on other wards, but also evidenced serious safety hazards for patients. While Commission staff recognize that this ward is designed only as temporary quarters (two to three months), given the patient population, consideration must be given to at least mitigating the safety and suicide hazards observed. Immediate action should be taken to provide a light in the shower area and to install breakaway bars in the shower stalls. In addition, if the planned movement of patients is delayed into the heating season, radiators must be shielded.

Finally, Commission staff also noted that ward staff justified many of the deficiencies cited in this report based on security precautions. This justification was offered by staff for conditions ranging from missing shower curtains and toilet doors, to the unavailability of pepper at meal times, to the absence of any partitions in sleeping areas, to the practice of providing patients only metal spoons for eating. While we recognize the need for security at forensic facilities, other site visits to forensic hospitals (Central New York and Kirby Psychiatric Centers) did not

reveal comparable practices. These observations suggested that these practices may not be essential, and that Mid-Hudson's management team should carefully evaluate the benefits of certain presumed security precautions to ensure that they do not unduly compromise humane and therapeutic living conditions for patients.

Appendix I

LISTING OF SPECIFIC CONCERNS
IDENTIFIED BY COMMISSION REVIEWERS

Listing of Concerns

Facility: Mid-Hudson Psychiatric Center

Dates Visited: August 18, 19, 20, 1985

Reviewers: Mindy Becker

Jerry Montrym

Item #	Ward	Description
<u>1. Clothing</u>		
54. Most patients have sufficient supply of personal clothing (no routine use of community clothing).	All Wards	Community clothing was used indiscriminately on all wards to supplement personal clothing. Ward 31 also ran out of socks on one day of our visit.
120. Patients' personal clothing is labeled and stored appropriately.	All Wards	On all wards, personal clothing storage for many patients was poor. Clothing was strewn on closet floors or shelves and stuffed in drawers.
122. Ward community clothing is stored in an orderly fashion by size, type, etc.	21/22, 31	Ward 21/22 - Community clothing neatly stored in piles but not arranged by size. Ward 31 - Community clothing stored in disarray. Clothes shoved into metal closet shelves.
123, Ward's washer/dryer 124 clean and operational.	21/22, 31, 35, 41	Ward 21/22 - Electric dryer not vented. Large amount of lint, articles of clothing and paper products noted behind machine causing severe fire hazard. Ward 31 and 35 - both wards share 3 washing machines. One such machine found to be caked with soap. Ward 41 - One dryer and two washers found to be caked with soap.

Item #	Ward	Description
<u>2. Personal Hygiene Supplies</u>		
56. Patient's personal hygiene kits are complete (toothbrush, toothpaste, hairbrush, or comb) and individually labeled.	21/22, 31, 35, 41	All wards - Patients found to have necessary personal hygiene materials. None of these materials were, however, maintained in kits but were left to patients to care for on their own. Thus, the location and condition of these materials were dependent on patient competence. While the majority of patients on all surveyed wards demonstrated the ability to properly care for these items, no method was observed to be in place to assist those patients who did not have this skill. On each of the noted wards, a number of patients fell in this latter category and their hygiene supplies were stored haphazardly in a very unhygienic manner.
<u>3. Bed and Bathing Linens</u>		
87. Ward has sufficient towels for showering.	31	On Ward 31 all patients were issued one towel at time of weekly linen delivery. No extra towels were available to the ward. Patients who requested a replacement towel did receive such after ward staff successfully borrowed from a neighboring ward.
88. Ward has sufficient washcloths for washing.	21/22, 31, 41	All patients are issued one washcloth at time of weekly linen delivery. Female ward honors patient requests for additional washcloths by cutting towels. Wards 31 and 41 had no extra washcloths available for patients on Sunday or Monday.

Item #	Ward	Description
<u>4. Bathroom Supplies</u>		
66. Ward has a sufficient number of toilets and sinks. (One toilet/sink for every six patients.)	21/22, 31, 35	Ward 21/22 has two toilets and one sink to meet the needs of 20 patients. Wards 31 and 35 have two toilets, one urinal and four sinks to meet the needs of 26 and 27 patients, respectively.
67. Ward has a sufficient number of showers. (One shower for every six patients.)	21/22	On Ward 21/22 there were only two showers to meet the needs of 20 women. Compounding this serious problem is that the shower area has no lights and patients routinely shower in the evening usually around 8:00 p.m.
79. Bathrooms are free of community soap.	21/22	On Ward 21/22 community soap was present in shower stalls. Patients observed to be sharing the same bar of soap during showering period.
<u>6. Vermin and Sanitation</u>		
128. Ward free of insects.	41	On Ward 41 ants were observed in sleeping area, apparently drawn by patients' stash of cookies and snack foods.
<u>7. Walls, Windows, Ceilings</u>		
8. Day room walls/ceilings painted and maintained.	31, 35	Wards 31 and 35 - Some ceiling tiles removed for ongoing construction of new ventilation system on Ward 31. For both wards a section of day room walls was removed and covered with plywood due to same construction.

Item #	Ward	Description
7. <u>Walls, Windows, Ceilings</u> (cont.)		
48. Sleeping areas' walls/ceilings painted and maintained.	21/22	Ward 21/22 - Staff report a leaky pipe is the cause of a water stained wall which requires the occasional use of a garbage can to collect run-off. During course of survey, escorts investigated the accuracy of this statement and concluded that cause of leakage was the mopping of an upper floor.
65. Bathroom walls/ceilings painted and maintained.	21/22	On Ward 21/22 two ceiling panels are cracked in bathroom area.
135. All windows are in good repair.	31, 35	On Ward 31, one broken and one cracked window in sleeping area. Concern for this safety hazard is heightened due to staff reports that this damage occurred two to three months ago and that SHTA staff immediately telephoned in and completed a work request order. On Ward 35, one window in sleeping area is cracked.
8. <u>Plumbing</u>		
70. All faucets work.	21/22	On Ward 21/22, for two of three days of survey the ward's only sink had an inoperable cold water tap.
71. Hot water hot.	21/22	On Ward 21/22, no hot water in sinks or showers during two of three days of survey.
73. Plumbing is free of plumbing leaks.	41	On Ward 41, one of the four hot water faucets leaked over three day survey.

Item #	Ward	Description
<u>9. Attractiveness/Comfort</u>		
3, 4. Day room is well ventilated and is a comfortable temperature.	31, 35	Both wards are in the process of having new ventilation system installed in day room to combat poor ventilation and uncomfortable temperatures. This new installation, according to staff is proceeding very slowly. Concern of CQC staff is if this new system, will assist in moving air and regulating temperature in sleeping areas which are separated from the day room by a wall which runs the width of the ward, and has one door to allow for patient movement.
6. Day room has appropriate humanizing touches.	21/22, 31, 35, 41	Ward 21/22 had one poster and two completed jigsaw puzzles hung on walls. Wards 31, 35, and 41 had, respectively, 4 pictures, 5 pictures and 2 pictures on their walls.
7. Day room has window shades/curtains.	21/22, 31, 35, 41	Ward 21/22 - All windows in ward's combined day room and sleeping areas had no shades or curtains. This is considered a serious deficiency in that this ward is home for 20 women and all it's windows are on groundlevel with many facing the facility's common court yard. Wards 31, 35 and 41 - All wards had no shades. While no curtains were found on some day room windows during our visits, other windows were found to have incomplete sets.

Item #	Ward	Description
44. Sleeping areas are well ventilated.	31, 35	Same as for Item #3.
45. Sleeping areas are a comfortable temperature.	31, 35	Same as for Item #3.
46. Sleeping areas have appropriate humanizing touches.	21/22, 31, 35, 41	All wards had no decorations on walls of sleeping areas. Only a few patients in residence on Ward 21/22 had decorated their wardrobes with personal paintings.
47. Sleeping areas have window shades/curtains.	21/22, 31, 35, 41	Ward 21/22, See Item #7. Wards 31, 35, and 41 - No shades or curtains in sleeping areas.
101. Dining room has appropriate humanizing touches.	All Wards	All wards dine in the facility's one main dining area which resembles a large cafeteria with a reported seating capacity of approximately 200. Room is well lit and of comfortable temperature. Humanizing touches are seven pictures on the walls. Curtains presently removed for painting of window frames. Ceiling tile runners recently painted and new ceiling tiles are expected to be installed soon.
102. Dining room has window shades/curtains.	All Wards	See Item #101, above.
10. <u>Suicide Hazards</u>		
86. Ward has breakaway bars in shower/toilet stalls.	21/22	On Ward 21/22, showers do not have breakaway bars. Of serious concern is that this same shower area has no lights and patients routinely shower at 8:00 p.m. The physical layout of this shower area also prohibits staff from making discrete observations of patients during showering periods.

Item #	Ward	Description
<u>10. Suicide Hazards (cont.)</u>		
139. Ward is free of obvious suicide hazards (e.g., exposed overhead pipes, non-breakaway shower bars, etc.).	21/22	Ward 21/22 has several exposed overhead pipes not only in the shower area but throughout the ceilings of the entire ward.
<u>11. Fire and Other Safety Hazards</u>		
134. All wastebaskets are metal.	35	On Ward 35, in day room, immediately outside bathroom entrance, one plastic receptacle for trash was observed to be used.
136. All radiators are shielded.	21/22	On Ward 21/22, all radiators were not shielded.
<u>13. Overcrowding</u>		
14. Day room has sufficient seats/space for patients.	21/22, 31, 35, 41	All wards - While all surveyed wards had a sufficient number of seats for their patients space between each was cramped. Chairs were usually placed closely together allowing little if any space between for patient movement.
49. Sleeping areas have sufficient space around beds (at least two feet).	31, 35, 41	All beds were spaced anywhere from 12 to 18 inches apart. Also, one or two beds were placed in the day room area for the dual purpose of easing overcrowding and supervising patients in need of close monitoring.

Item #	Ward	Description
<u>14. Patient Idleness</u>		
16. Ward has leisure time supplies/equipment available and operational.	35	On Ward 35, one checker board, one chess set and a supply of magazines were the only observed leisure time supplies available.
153. Patient activity summary.	All wards	Patient idleness was commonly observed. While wards varied on the amount and type of leisure time supplies available no patient was seen using these materials. Staff were observed to be engaged in conversation with patients but did not seem to encourage any kind of activity during unscheduled periods.
<u>15. Privacy</u>		
25. Separate visiting room area available.	All wards	Mid-Hudson allows visits to take place in the facility's main service building. This area, while attractively decorated and easily accessible to vending machines and the Commissary, is an open room which does not allow for any privacy during family visits. The rationale given was security and to guard against patients receiving contraband.
76. Bathrooms have doors/curtains on toilet stalls for privacy.	21/22, 41	On Wards 21/22 and 41 no privacy doors or curtains on any toilet stalls.
91. Ward showers have curtains/doors for privacy.	31, 35, 41	On Wards 31, 35 and 41 no privacy curtains or doors on any ward shower stalls.

Item #	Ward	Description
15. <u>Privacy</u> (cont.)		
PA K. Patient's sleeping area is clean and provides for some privacy.	21/22, 31, 35, 41	<p>The degree of cleanliness of patient individual sleeping areas varied according to patient ability to tend to the proper care of their clothing, wardrobes, personal hygiene materials and bed linens. As mentioned in Item #56, CQC staff did not observe a method to be in place to assist those patients who were in need of developing those skills.</p> <p>In respect to patient privacy, all three wards servicing male patients arranged patient beds in a manner similar to a military barracks with all beds directly in line facing a center aisle. No privacy partitions were used due to a need for security.</p>
17. <u>Amenities</u>		
11. Day room has non-smoking areas available to patients.	21/22, 31, 35, 41	<p>While an enforced non-smoking area is available on Mid-Hudson's surveyed wards the small day rooms, coupled with a lack of ventilation, causes cigarette smoke to build up in the smoking section and to eventually engulf the non-smoking area.</p>

Item #	Ward	Description
<u>17. Amenities (cont.)</u>		
24. Ward has patient rights, MHIS phone number posted.	21/22, 31, 35, 41	Ward 21/22 has no MHIS notification posted. Wards 31, 35 and 41 had an MHIS notification posted but no Spanish version was found on any surveyed wards.
59. Sleeping areas have clocks with correct time accessible to patients in dorm areas.	31, 35, 41	No clock available to patients in sleeping areas.
110. Ward has menu posted in area accessible to patients.	21/22	No menu posted.
<u>18. Meals and Dining</u>		
107. Ward has appropriate eating utensils available. (If no, indicate if inoperable dishwasher is cause of problem.)	21/22, 31, 35, 41	All wards dine in the same dining area and receive only one metal spoon for all servings which, for security reasons, must be accounted for at the end of each meal. Mid-Hudson plans to soon experiment with issuing a plastic knife, fork and spoon to each patient. Styrofoam cups were available but not dispensed to patients during meal periods. Such required patients to use their milk container if they wished to drink the water placed in pitchers on each table.
108. Ward has appropriate meal condiments available.	21/22, 31, 35, 41	No pepper was available to patients at any meal.

Appendix II

FACILITY RESPONSE AND
PROPOSED PLAN OF CORRECTION



STEVEN E. KATZ, M.D., Commissioner

MID-HUDSON PSYCHIATRIC CENTER

ERDOGAN TEK BEN, M.D., Executive Director
KUPPUSAMY RAMACHANDRAN, M.D., Director, Clinical Services
RICHARD BENNETT, Director, Administrative Services
MICHAEL AMO, Director, Quality Assurance

November 27, 1985

Jerry Montrym
State of New York
Commission on Quality of Care
for Mentally Disabled
99 Washington Avenue
Albany, New York 12210

Dear Jerry,


Thank you very much for your comprehensive review of our facility on August 18, 19 and 20, 1985 as well as your constructive report which followed.

Attached is Mid-Hudson Psychiatric Center's Corrective Action Plan for all deficiencies cited. Many of your helpful suggestions have caused us to implement strategies which we believe will have lasting affect on avoiding future deficiencies.

Again, thank you very much for your assistance. If you have any question about our plan please do not hesitate to contact me.

Very truly yours,

Erdogan Tekben, M.D.
Director



Michael F. Amo
Director for Quality Assurance

MFA:sm
Attach.

cc: Hal Margosian
Senior Deputy Commissioner for Operation Division

Joel Dvoskin
Director, Bureau of Forensic Services

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
<u>1. Clothing</u>				
#54. Community clothing was used indiscriminately on all wards to supplement personal clothing. (All Wards)	Patients are encouraged to use personal clothing. Activity Therapy services have been instructed to explore more ADL programing (8/22/85)	Office of General Services has taken over the Regional Laundry (Rockland P.C.) which is used by MHPC. Should be able to handle pt. personal clothing, as well as allow for more accountability of laundry.	9/85 - 4/86	Monthly Environment/Personal Care Surveys. Results presented to Cabinet and Corrective Action Plans required.
#120. On all wards, personal clothing storage for many patients was poor (All Wards)	Laundry rooms were reorganized and staff instructed to maintain order (8/22/85)	Staff will be instructed to encourage patients to improve their clothing management skills (without imposing rigidity of our idiosyncronicity), will be emphasized in existing ADL programs - Facility wide.	12/85	Monthly Environment/Personal Care Surveys. Results presented to Cabinet and Corrective Action Plans required.
#122. Community clothing neatly stored in piles but not arranged by size. (Wards 21/22 and 31)	Ward staff have been reminded of the importance of insuring that all patients wear properly fitted clothes.	Although community clothing was not sorted by sizes, it had no major impact on patient dressing habit--as indicated by Commission on Quality of Care Reviewers. No major system action taken unless "problem" is manifested in patient's general appearance.	N/A	Monthly Environment/Personal Care Surveys. Results presented to Cabinet and Corrective Action Plans required.
#123. Electric dryer not vented. Large amount of lint, articles of clothing and paper products noted behind machine causing severe fire hazard. (Wards 21/22)	Dryers vented while Commission on Quality of Care was at MHPC (8/20/85).	Any deficiencies identified in future work control will be advised to place emergency priority status on all repairs.	11/15/85	All Dryers will be checked by Safety Services Department during monthly surveys.
#124. Machines found to be caked with soap.	Washing machines have been cleaned (8/22/85).	Routine cleaning of all washing machines has been implemented by Housekeeping and individual users.	11/4/85	Monthly Environment/Personal Care Surveys. Results presented to Cabinet and Corrective Action Plans required.

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
<p>2. <u>Personal Hygiene Supplies</u></p> <p>#56. Hygiene supplies stored haphazardly in a very unhygienic manner. (Wards 21/22, 31, 35, and 41).</p>	<p>Personal Hygiene Storage Bags have been issued for patients to store personal hygiene supplies (11/25/85).</p>	<p>Personal Hygiene Storage Bags will be stored on wards and distributed to newly admitted patients and as needed thereafter. ADL programs will be encouraged to concentrate on these skills</p>	<p>11/25/85</p>	<p>Monthly Environment/Personal Care Surveys. Results presented to Cabinet and Corrective Action Plans required.</p>
<p>3. <u>Bed and Bathing Linens</u></p> <p>#87. Only one towel is issued at time of weekly linen delivery. No extra towels were available to the ward. (Ward 31).</p>	<p>Patients are now provided at least two towels and third is available (11/25/85).</p>	<p>With census decline apparent, available linens per patients will increase. Additional linen supplies will be made available to patients if additional needs arise. Need for additional inventory will be reflected in Future Budgets.</p>	<p>11/25/85</p>	<p>Monthly Environment/Personal Care Surveys. Results presented to Cabinet and Corrective Action Plans required.</p>
<p>#88. All patients are issued one washcloth at time of weekly linen delivery. (Wards 21/22, 31, and 41).</p>	<p>All patients are now provided with at least two washcloths and a third is available (11/15/85).</p>	<p>General availability of all linens will improve as census continues to decline. In the interim, additional linen supplies have been made available to each unit for special needs of patients.</p>	<p>11/25/85</p>	<p>Monthly Environment/Personal Care Surveys. Results presented to Cabinet and Corrective Action Plans required.</p>
<p>4. <u>Bathroom Supplies</u></p> <p>#66. Ward 21/22 has two toilets and one sink to meet the needs of 20 patients.</p> <p>Wards 31 and 35 have two toilets, one urinal and four sinks to meet the needs of 26 and 27 patients, respectively. (Wards 21/22, 31, and 35).</p>		<p>Need for additional linen inventory will be reviewed during Budget preparations.</p>	<p>5/86</p>	
		<p>As census declines, the ratio of patients to toilets, sinks and showers will improve (all wards).</p>	<p>12/15/85</p>	<p>Cabinet monitors census reduction plans.</p>
		<p>Ward 21/22's Temporary housing has caused problems. When renovatins of Bldg. #2 are completed, patients will be moved to space which complies with patients/shower, sink, toilet regulations.</p>	<p>1/86</p>	<p>Cabinet monitors census reduction plans.</p>
		<p>Proposed - Additional wing for Bldg. #3 (31,35) will totally ameliorate problem.</p>	<p>4/86</p>	<p>Governing Body reviews Budget preparations.</p>

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
4. <u>Bathroom Supplies</u> (con't)				
#67. On Ward 21/22 there were only two showers to meet the needs of 20 women. The shower area has no lights and patients routinely shower in the evening usually around 8:00 pm. (Wards 21/22).	Lighting fixtures were installed in shower areas of wards 21/22 (8/20/85).	Renovation of Building #2 will resolve the problem of ratio of patients to shower heads. Work Control Center has been instructed to place high priority on lighting in such areas.	1/86 11/4/86	Cabinet monitors all Capital Construction Projects. Building staff monitors Environment Daily.
#79 Community soap was present in shower stalls. (Wards 21/22).	Community soap removed from bathrooms (8/20/85).	Staff will be informed of the problem. They will be reminded through orientation and inservice programs to discourage patients from sharing personal soap with other patients. When Building #2 is renovated, all showers will have ample supplies of liquid soap dispensers.	11/25/85 1/86	Infection Control Committee Monitors through regular Infection Control Inspection Reports. Cabinet monitors all Capital Construction Projects.
5. <u>Vermin and Sanitation</u>				
#128. Ants were observed in sleeping area, apparently drawn by patients' stash of cookies and snack foods.	Ward 41 thoroughly cleaned and area exterminated and ventilated (8/22/85).	Patients are not allowed to bring food goods back to ward which are not consumable in one day.	10/21/85	Monitored by Infection Control Committee through Infection Control Surveys. Monthly Environment/Personal Care Surveys. Results presented to Cabinet and Corrective Action Plans required.

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
6. <u>Walls, Windows, Ceilings</u>				
#8. Some ceiling tiles removed for ongoing construction of new ventilation system. A section of dayroom walls was removed and covered with plywood due to same construction. (Wards 31, 35)	Problem caused by construction/renovation in progress. It has been completed. (11/15/85)	Support Services has established "project teams" which meet monthly in each unit to review all identified environmental and physical problems and develop corrective action plans. Future renovation projects will be monitored by these project teams.	11/85	Monthly Environmen/Personal Care surveys will monitor these issues. Reports submitted to Environment Committee.
#48. Water stained wall which requires the occasional use of a garbage can to collect run-off. The cause of leakage was the mopping of an upper floor. (Wards 21, 22)		Housekeeping staff will instruct all staff using mop buckets of the appropriate methods for mopping so as to avoid the potential of water leakage. All plumbing fixtures receive routine inspection and maintenance if necessary by maintenance staff. Renovation of Bldg. 2 and movement of patients to new area will assure an improved environment.	11/85 11/85 1/86	Monthly Enviroment Personal Care Surveys. See above. Cabinet monitors all Capital Construction Projects.
#65. Two ceiling panels are cracked in bathroom area. (Wards 21/22)		Ward 21/22 is temporary; housing has caused problems. Renovation of Bldg. 2 and relocation of patients to new area will eliminate deficiency.	1/86	Cabinet monitors all Capital Construction Projects.
#135. One broken and one cracked window in sleeping area (Ward 31). One window in sleeping area is cracked (Ward 35).	Windows replaced when CQC Review Team was on grounds. (8/20/85)	Cabinet has examined the current work order practices. Staff have been advised of their responsibility for following up on all work orders submitted.	11/85	Support Service Project Teams will regularly review each building work orders. Environment/Personal Care Surveys will monitor. Reports submitted to Cabinet and corrective action required.
7. <u>Plumbing</u>				
#70. For two of three days of survey the ward's only sink had an inoperable cold water tap. (Wards 21/22)	Water taps repaired. (8/22/85)	Support Services has established a mechanism to routinely inspect all plumbing fixtures.	11/85	Support Services Project Teams will regularly review problems with plumbing fixtures.

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
7. <u>Plumbing</u> (con't)		Bldg. 2 renovations will provide patient space with all new plumbing fixtures and hopefully free of defect!	1/86	Cabinet monitors all Capital Construction Projects.
#71. No hot water in sinks or showers during two of three days of survey. (Wards 21/22)	Hot water availability corrected immediately. (8/22/85)	See above (#70)	See above (#70)	See above (#70)
#73. One of the four hot water faucets leaked over three-day survey. (Ward 41)	Water faucet repaired immediately. (8/23/85)	Support Services has established a mechanism to routinely inspect all plumbing fixtures.	11/85	Support Services Project Teams meet regularly with unit staff to review physical plant and environmental problems. Environment/Personal Care surveys monitor and report to Cabinet.
35 8. <u>Attractiveness/Comfort</u>				
#3,4. Wards are in the process of having new ventilation system installed in dayroom to combat poor ventilation and uncomfortable temperatures. This new installation, according to staff is proceeding very slowly. Concern of CQC staff is if this new system will assist in moving air and regulating temperature in sleeping areas which are separated from the dayroom by a wall which runs the width of the ward, and has one door to allow for patient movement.	New ventilation system designed by architects and engineers is presently being installed in dayrooms. Plant Superintendent will work to speed up installation. (8/22/85)	The design of the ventilation system was undertaken by experts with a full understanding of problem. If system fails to function as anticipated, special rehabilitation requests to upgrade the system will be submitted.	?	Cabinet will evaluate effect of Capital Construction Projects through reports from Unit Chiefs and Plant Superintendent.
		Proposed additions to Bldg. 3 will increase available space and improve space utilization thereby reducing the potential ventilation problems.	4/86	Governing Body will monitor budget process.

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
8. <u>Attractiveness/Comfort</u> (con't)				
#6. Few humanization touches in dayroom. (Wards 21/22, 31, 35, 41)	Unit Chiefs were asked to assess the problem and recommend supplies needed to improve humanization. (10/16/85)	A Central Therapeutic Environment Committee has been charged with the responsibility of assessing entire facility environment and develop a plan for improving humanization and the environment. Recommendations submitted to Cabinet.	1/86	Environment/Personal Care Survey monitor for humanization report findings to Environment Committee for analysis and recommended action.
96 #7. All windows in ward's combined dayroom and sleeping areas had no shades or curtains. This is considered a serious deficiency in that this ward is home for 20 women and all its windows are on ground level with many facing the facility's common court yard. (Ward 21/22) Wards had no shades. While no curtains were found on some dayroom windows during our visits, other windows were found to have incomplete sets. (Wards 31, 35 & 41)	Curtains have been installed in all areas cited.	Wards 21/22 will move to newly renovated space in Bldg. 2 which raises to patients off ground level and provides them with a more humanizing environment.	12/85	Cabinet monitors all Capital Construction Projects.
		Central Environment Committee has been charged with developing a plan for improving all aspects of MHPC Therapeutic Environment.	1/86	Cabinet will review Environment Plan and develop strategy to implement it. Environmental/Personal Care surveys will monitor. Report results to Cabinet and Corective Action Plans will be required.
#44. Concern of CQC is if new system will assist in moving air and regulating temperature. (Wards 31, 35)	New ventilation system is presently being installed in wards which should improve the air quality of the entire ward. (8/22/85)	The design of the ventilation system was undertaken by experts. If the system fails to meet full expectations, a special rehabilitation request to upgrade to the system will be submitted. Proposed additions to Bldg. 3 will increase available space and improve space utilization thereby reducing the potential ventilation problems. Census reduction will serve to reduce the problem as well.	?	Cabinet will evaluate effect of Capital Construction Projects through reports from Unit Chiefs and Plant Superintendent.
			4/86	Governing Body monitors budget process.
			12/85	Census management monitored by Cabinet.

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
#45. Same as #44. (Wards 31, 35)		Installation of newly designed ventilation system will improve air quality and circulation thereby assuring consistent, comfortable temperature in all sleeping areas.		Environmental and Personal Care survey will monitor monthly. Reports submitted to Cabinet; corrective action plans required.
#46. Wards had no decorations on walls of sleeping areas. Only a few patients in residence on Ward 21/22 had decorated their wardrobes with personal paintings. (All Wards)	Unit Chiefs were instructed to explore ways of improving ward environments. (10/15/85)	Environment Committee has been formed to develop a plan for an improved therapeutic environment. Plan to be distributed to Cabinet. Support Service Project Teams have been established to meet with unit staff monthly to work on environment projects.	12/85 9/85	Environment Committee through results of monthly Environment and Personal Care surveys monitor progress toward improving environment.
#47. No shades or curtains in sleeping areas. (All Wards)	Window shades installed in all areas. (11/4/85)	Renovations of Bldg. 2 (Ward 21/22) and movement of patients to new area will result in a residential environment which is more humanizing. Support Service Project Teams will work with unit staff in maintaining environment. Environment Committee to develop a plan for improving and maintaining a therapeutic environment.	12/85 9/85 12/85	Cabinet monitors all Capital Construction Projects. Environment Committee will monitor progress toward improving environment.
#101. Humanizing touches are seven pictures on the walls. Curtains presently removed for painting of window frames. Ceiling tile runners recently painted and new ceiling tiles are expected to be installed soon. (All Wards)	Ceiling painted and new ceiling tiles purchased. (9/85)	New furnishings and decorations have been purchased for dining room. Area to be re-modeled.	1/86	Rehab projects monitored by Cabinet. Environment Committee to monitor quality of dining
#102. Curtains removed for painting of window frames. (All Wards)		Same as above.	1/86	Same as above.

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
<p>9. <u>Suicide Hazards</u></p> <p>#86. Showers do not have break away bars. Of serious concern is that this same shower area has no lights and patients routinely shower at 8:00 p.m. The physical layout of this shower area also prohibits staff from making discrete observations of patients during showering periods. (Ward 21/22)</p> <p>#139. Several exposed overhead pipes not only in the shower area but throughout the ceilings of the entire ward. (Ward 21/22)</p>	<p>Heighten staff supervision of high hazard areas during the temporary use of this area. (8/20/85)</p> <p>Lights have been installed in shower areas. (8/85)</p> <p>Same as above (#86)</p>	<p>Renovation of Bldg. 2 and subsequent use by patients will result in a hazard-free environment.</p> <p>Same as above (#86)</p>	<p>1/86</p> <p>1/86</p>	<p>Cabinet monitors all Capital Construction Projects. Environment/Personal Care surveys monthly monitor and report to Cabinet. Safety Committee monitors environment monthly for safety concerns.</p> <p>Same as above (#86)</p>
<p>10. <u>Fire & Other Safety Hazards</u></p> <p>#134. In dayroom, immediately outside bathroom entrance, one plastic receptacle for trash was observed to be used. (Ward 21/22)</p> <p>#136. All radiators were not shielded. (Ward 21/22)</p>	<p>Plastic wastebaskets replaced with metal ones. (11/25/85)</p> <p>Staff advised of hazard and instructed to supervise patient <u>whenever</u> in close proximity to unshielded radiators. <u>Temporary until Bldg. 2 renovated.</u> (8/20/85)</p>	<p>Support Service has been instructed to remove all plastic receptacles from facility and replace with metal.</p> <p>Renovation of Bldg. 2 will provide radiator shields and be in full compliance.</p>	<p>11/85</p> <p>1/86</p>	<p>Safety Department will monitor all areas monthly for compliance. Report significant deficiencies to Safety Committee.</p> <p>Safety Department will monitor monthly and report deficiencies to Safety Committee.</p>

FINDING &/OR RECOMMENDATION (Citation)	IMMEDIATE CORRECTIVE ACTION (Ward #)	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
<p>11. <u>Overcrowding</u></p> <p>#14. While all surveyed wards had a sufficient number of seats for their patients space between each was cramped. Chairs were usually placed closely together allowing little if any space between for patient movement. (All Wards).</p> <p>#49. All beds were spaced anywhere from 12 to 18 inches apart. Also, one or two beds were placed in the day room area for the dual purpose of easing overcrowding and supervising patients in need of close monitoring. (Wards 31, 35, and 41)</p>		<p>For Wards 21/22, Renovation of Building #2 will eliminate problem.</p>	1/86	Cabinet monitors all Capital Construction Projects.
	Census has been declining since Commission on Quality of Care visit (8/20/85).	Due to system changes, Forensic Bed Capacity has increased resulting in reduced census at MHPC. This should allow MHPC's census to reach a level which is in full compliance with all related standards.	12/85	<p>Cabinet monitors census statistics weekly.</p> <p>Bureau of Forensic Services monitors census weekly.</p>
<p>12. <u>Patient Idleness</u></p> <p>#16. One checker board, one chess set and a supply of magazines were the only observed leisure time supplies available. (Ward 35)</p>	Leisure and recreation supplies have been increased (8/20/85).	Activity Therapy staff have been advised to implement additional on-ward activity programs.	11/85	Environment/Personal Care Surveys undertaken monthly monitor on-ward activities.
<p>#153. Patient idleness was commonly observed. While wards varied on the amount & type of leisure time supplies available no patient was seen using these materials. Staff were observed to be engaged in conversation with patients but did not seem to encourage any kind of activity during unscheduled periods. (All Wards)</p>	See above.	See above.	11/85	See above.

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
13. <u>Privacy</u>				
#25. Visits allowed to take place in the facility's main service building. This area, is an open room which does not allow for any privacy during family visits. The rationale given was security and to guard against patients receiving contraband. (All wards).	Additional privacy dividers have been installed and new furniture purchased (9/12/85).	Security concern in the Visit Area are for clear view but not to eavesdrop on pt/family conversation. A plan to divide the physical space using plants and floral arrangements is being considered by Cabinet. Design of a new Visiting area have been completed. New Visiting Area will be constructed with an improved environment.	N/A 11/85 9/86	Environment Committee will monitor for privacy in Visiting Area monthly.
#76. No privacy doors or curtains on any toilet stalls (Wards 21/22, and 41)	Problem assessed by Cabinet (10/85).	Renovation of Building #2 will eliminate problem for wards 21/22. Plans have been made, depending on available materials and resources, to install doors/curtains on toilet stalls on Ward 41. Proposed wings for Bldg #4 and renovation of sleeping areas will resolve entire problem.	12/86 12/86 4/86	Cabinet monitors all Capital Construction Projects. Environment Committee monthly monitors privacy issues. Governing Body monitors Budget processes.
#91. No privacy curtains or doors on any ward shower stalls. (Wards 31, 35, and 41).	Problem assessed by Cabinet (10/85)	Plans have been made, depending on available materials and resources, to install privacy curtains/doors on showers. Proposed wings and renovation of Buildings #3 & 4 will resolve problem completely.	12/86 4/86	Environment Committee Monthly monitors patient areas for privacy issues. Governing Body monitors Budget processes.

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
<p>#13.' <u>Privacy</u> (con't)</p> <p>(PAK). The degree of cleanliness of patient individual sleeping areas varied according to patient ability to tend to the proper care of their clothing, wardrobes, personal hygiene materials, and bed linens. Commission of Quality of Care staff did not observe a method in place to assist those patients who were in need of developing those skills. (All Wards).</p> <p>In respect to patient privacy, all three wards servicing male patients arranged patient beds in a manner similar to a military barracks with all beds directly in line facing a center aisle. No privacy partitions were used due to a need for security. (Wards 31, 35, and 41).</p>	<p>Laundry storage closets have been reorganized to promote cleanliness (8/22/85).</p> <p>Unit Chiefs have been asked to recommend model dormitory arrangements which improve privacy (10/85).</p> <p>Census has been declining since Commission on Quality of Care visit. (8/20/85)</p>	<p>Staff will be instructed to encourage patients to improve their clothing management skills, and better clothing management will be stressed in ADL programs.</p> <p>Environment committee will develop a comprehensive Therapeutic Environment Plan.</p> <p>System changes have increased Forensic Bed Capacity (statewide) allowing for additional census reduction to a point where privacy standard will be met.</p>	<p>12/85</p> <p>1/86</p> <p>12/85</p>	<p>Monthly Environment and Personal Care survey results will be submitted to Cabinet and Corrective Action required.</p> <p>Environment Committee will monitor monthly issue of privacy and humanization.</p> <p>Cabinet monitors census statistics weekly.</p>

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
14. <u>Amenities</u>				
#11. While an enforced non-smoking area is available on the wards, the small day rooms, coupled with a lack of ventilation, causes cigarette smoke to build up in the smoking section and to eventually engulf the non-smoking area. (All Wards).	New ventilation system designed by architects and engineers is being installed (8/22/85) for wards 31 and 35.	When renovations of Building #2 are completed day room area will be larger and better ventilation system in place. Ventilation project proposed for Bldg #4 (Project #1818, Bid Awarded)	1/86 3/86	Cabinet monitors all Capital Construction Projects.
#24. No MHIS notification posted (Wards 21/22). No Spanish version of MHIS notification was found on any surveyed wards. (Wards 32, 35, and 41).	MHIS notification posted in English on Wards 21/22. (8/22/85)	Spanish version of MHIS Information ordered for all wards.	10/85	Monthly Environment Personal Care surveys report results to Cabinet.
#59. No clock available to patients in sleeping areas. (Wards 31, 35, and 41).	Unit Chiefs asked to identify supplies needed to improve humanization. (9/15/85)	Central Therapeutic Environment Committee charged with the responsibility of assessing entire facility environment and developing a plan for improving humanization. Recommendations to be submitted to Cabinet.	1/86	Monthly Environment Personal Care Surveys monitor for humanization, report results to Cabinet.
#110. No menu posted. (Wards 21/22).	Menus posted on Wards 21/22 immediately. (8/22/85)	See above		See above.

FINDING &/OR RECOMMENDATION (Citation) (Ward #)	IMMEDIATE CORRECTIVE ACTION	SYSTEMIC CORRECTIVE ACTION	TARGET DATE	ON-GOING REVIEW PLAN
<p>#15. <u>Meals and Dining</u></p> <p>#107. All wards dine in the same dining area and receive only one metal spoon for all servings which, for security reasons, must be accounted for at the end of each meal. Mid-Hudson plans to soon experiment with issuing a plastic knife, fork, and spoon to each patient. (All Wards).</p> <p>Styrofoam cups were available but not dispensed to patients during meal periods. Such required patients to use their milk container if they wished to drink the water placed in pitchers on each table. (All Wards).</p> <p>#108. No pepper was available to patients at any meal. (All Wards).</p>	<p>Use of plastic knives, forks, and spoons was implemented (11/11/85).</p> <p>Pitchers of water and disposable cups routinely placed on all dining room tables (11/11/85)</p> <p>Containers of pepper routinely placed on all dining room tables (10/28/85).</p>			<p>Monthly Environment Personal Care Surveys monitor.</p> <p>Same as above.</p> <p>Monthly Environment Personal Care Surveys monitor.</p>