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September 28, 2010

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By Overnight Delivery and Via E-Mail

RECEIVED

SEP 29 2010

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Mr. Michael Constantino
Supervisor, Project Review Section
Illinois Health Facilities and Services Review
Board
525 West Jefferson Street
2nd Floor
Springfield, IL 62761

Re: Requested Information: Projects No. 10-051 (Lincoln Prairie Behavioral Health Center), Project No. 10-052 (Riveredge Hospital), Project No. 10-053 (Streamwood Behavioral Health Hospital)

Dear Mr. Constantino:

This letter and attachments are submitted for the above project files as Requested Information pursuant to Section 1130.635(a) of the Review Board's Rules. In our technical assistance conference by telephone on Friday, September 24, 2010 you advised me that the Review Board's Staff requested additional information regarding: (1) the status of the litigation commenced by Riveredge Hospital relating to Project No. 09-015, Garfield Park Hospital; and, (2) the status of the Department of Children and Family Services ("DCFS") intake hold on Riveredge Hospital. I represent the applicant Psychiatric Solutions, Inc. ("PSI"), the parent company of Riveredge Hospital and the other two facilities to be acquired in the above change of ownership projects, and submit this additional information on PSI's behalf.

Status of the Litigation

On October 9, 2009, Riveredge Hospital and Aurora Chicago Lakeshore Hospital filed a complaint for administrative review in the Circuit Court of Cook County seeking judicial review of the Review Board's decision to issue a permit for the establishment of a new psychiatric hospital in Project No. 09-015 to Universal Health Services, Inc. ("UHS"), UHS of Delaware, Inc. and UHS of Hartgrove, Inc. The case was docketed in the Circuit Court as Case No. 09 CH 38452 and assigned to Judge Mary Anne Mason. The parties have

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filed briefs in connection with the complaint, however, as explained below, the parties have agreed to a continuance of the case and the case will be voluntarily dismissed with prejudice if the Review Board approves the change of ownership applications and the proposed transaction closes.

After the complaint was filed, UHS and PSI entered into their agreement by which UHS is to acquire PSI through a stock acquisition. The transaction is valued at over \$3 billion and involves 92 facilities owned by PSI in 32 states. PSI owns three acute mental illness hospitals in Illinois. Consequently, UHS and PSI became co-applicants on change of ownership permit applications filed with the Review Board for approval of the change of ownership of PSI's three Illinois hospitals: Lincoln Prairie Behavioral Health Center (Project No. 10-051); Riveredge Hospital (Project No. 10-052) and Streamwood Behavioral Health Hospital (Project No. 10-053). The applications were received by the Review Board on July 29, 2010.

After the permit applications were submitted, all of the parties involved in the Circuit Court proceeding agreed to a continuance of the case to a date after the Review Board's meeting on October 26, 2010 at which the applications are scheduled to be considered. At a court status hearing on August 12, 2010, counsel for the parties advised Judge Mason of the proposed acquisition of PSI by UHS and of the change of ownership applications filed with the Review Board. All parties were represented by counsel at the August 12, 2010 status hearing: PSI being represented by the firm K&L Gates LLP, the co-plaintiff Aurora Chicago Lakeshore Hospital by Polsinelli Shughart PC, the UHS entities by Sidley Austin LLP; and, the Review Board and IDPH by the Office of the Illinois Attorney General.

Counsel for the parties also advised Judge Mason at the August 12, 2010 status hearing that if the Review Board approves the applications for change of ownership of PSI's three Illinois facilities and the change of ownership transaction closes, UHS will cause Riveredge Hospital to voluntarily dismiss its claims against all defendants in the action with prejudice. Counsel for the parties presented a proposed Agreed Order to Judge Mason to continue the case to November 16, 2010 at which time the parties are to report on the status of the change of ownership applications and the status of the transaction between UHS and PSI. Assistant Attorney General Katherine Laurent agreed to the continuance and proposed Agreed Order on behalf of the Review Board and IDPH. Judge Mason entered the Agreed Order on August 12, 2010. A copy of the Agreed Order is included with this letter as Attachment A.

No activity has occurred in the case since the August 12, 2010 status hearing and no activity is anticipated to occur prior to the November 16, 2010 status hearing. If the transaction closes by November 16, it is anticipated that the case will be voluntarily dismissed at or before the November 16th status hearing. If the closing has not occurred by

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that time, PSI and UHS will seek a further continuance of the case to a date after the anticipated closing date.

Status of the DCFS Intake Hold

In July of 2008, DCFS placed a hold on new referrals of juvenile State wards to Riveredge Hospital (the "intake hold"). The intake hold was implemented as a discretionary action on the part of the Director and there are no formal proceedings pending before DCFS in connection with this action. At DCFS's request, the Mental Health Policy Program in the Department of Psychiatry at the University of Illinois at Chicago prepared and submitted to DCFS a report dated March 30, 2009 entitled Review of Riveredge Hospital (the "Report"). The Report recommended that the intake hold remain in effect.

On May 6, 2009, Riveredge Hospital submitted its Response of Riveredge Hospital to DCFS (the "Response") that responded to the intake hold and to the Report. A copy of the Response and the May 6, 2009 cover letter from the hospital's CEO Carey Carlock to Director Erwin McEwen of DCFS are included with this letter as Attachment B.

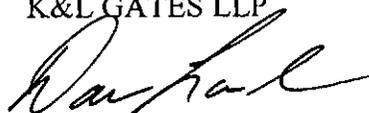
As addressed more fully in Riveredge Hospital's Response, the hospital began to institute reforms before the intake hold was put into effect. The reforms included significant changes to Riveredge Hospital's administrative team, clinical staff, programs, physical plant, and reporting practices. The hospital's Response also addressed specific points raised in the Report and included additional proposals to assure DCFS of the hospital's continued commitment to patient care and safety.

Following the submission of Riveredge Hospital's Response, DCFS advised the hospital that it would be contacted when the Director makes a final decision. The intake hold remains in effect. Riveredge Hospital has implemented the reforms set forth in its Response to DCFS and those reforms have been effective in significantly improving patient care and safety.

Thank you for providing technical assistance in connection with the change of ownership applications. Please contact me if any additional information is requested in connection with these matters.

Very truly yours,

K&L GATES LLP



Daniel J. Lawler

K&L|GATES

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DJL:dp

Attachments

cc: Ms. Honey Jacobs Skinner, Sidley Austin, LLP
Mr. Jack Axel, Axel & Associates

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, CHANCERY DIVISION**

RIVEREDGE HOSPITAL, INC., and)	
AURORA CHICAGO LAKESHORE)	
HOSPITAL, LLC,)	
)	
Plaintiffs,)	No. 09 CH 38452
)	
v.)	Hon. Mary Anne Mason
)	
ILLINOIS HEALTH FACILITIES AND)	Administrative Review
SERVICES REVIEW BOARD, ILLINOIS)	
DEPARTMENT OF PUBLIC HEALTH,)	
UNIVERSAL HEALTH SERVICES, INC.,)	
UHS OF DELAWARE, INC., and UHS OF)	
HARTGROVE, INC. d/b/a Garfield Park)	
Hospital,)	
)	
Defendants.)	

AGREED ORDER

This matter coming to be heard for status on the Complaint for Administrative Review of Plaintiffs Riveredge Hospital, Inc. and Aurora Chicago Lakeshore Hospital, LLC seeking judicial review of a decision of the Illinois Health Facilities and Services Review Board ("State Board") to approve an application for a permit to establish a new acute mental illness facility in Chicago, Illinois, issued to Defendants Universal Health Services, Inc. ("UHS"), UHS of Delaware, Inc., and UHS of Hartgrove, Inc. d/b/a Garfield Park Hospital; Counsel for all parties being present:

THE FOLLOWING REPRESENTATIONS HAVING BEEN MADE TO THE COURT:

1. Defendant UHS has entered into an Agreement and Plan of Merger with Psychiatric Solutions, Inc. ("PSI") by which UHS will acquire PSI through a stock acquisition. PSI owns three acute mental illness hospitals in Illinois including the Plaintiff Riveredge Hospital, Inc.
2. UHS and PSI are co-applicants on recently filed applications pending before the State Board for approval for the change of ownership of PSI's three Illinois hospitals. Those applications are tentatively scheduled to be acted on by the State Board at its meeting scheduled for October 26 and 27, 2010.
3. UHS represents that if the State Board approves the applications for change of ownership of PSI's three hospitals in Illinois and the transaction described in the Agreement and Plan of Merger closes, UHS will cause Riveredge Hospital, Inc. to voluntarily dismiss its claims against all Defendants in this action with prejudice.

4. Ellen Robbins, counsel for UHS personally spoke by telephone with Assistant Attorney General Katherine Laurent, counsel for Defendants State Board and Illinois Department of Public Health ("IDPH") on August 10, 2010, regarding the above matters and proposed that the status hearing on Plaintiffs' Complaint for Administrative Review be continued to a date after the State Board meeting on October 26-27, 2010. Ms. Laurent advised Ms. Robbins that the State Board and IDPH would agree to such a continuance.

5. Daniel Lawler, counsel for Plaintiff for Riveredge Hospital, Inc., and Ms. Robbins personally spoke by telephone with Fredric Entin, counsel for Plaintiff Aurora Chicago Lakeshore Hospital, LLC on August 10, 2010 regarding the above matters and proposed that the status hearing on Plaintiffs' Complaint for Administrative Review be continued to a date after the State Board meeting on October 26-27, 2010. Mr. Entin advised Mr. Lawler and Ms. Robbins that Plaintiff Aurora Chicago Lakeshore Hospital, LLC, would agree to such continuance.

6. In consideration of the foregoing, Plaintiffs Riveredge Hospital, Inc. and Aurora Chicago Lakeshore Hospital, LLC, and Defendants UHS, UHS of Delaware, Inc., UHS of Hargrove, Inc., the State Board and the Illinois Department of Public Health by their respective attorneys respectfully request that the Court continue the status hearing on the Complaint for Administrative Review to a date after the State Board's meeting on October 26-27, 2010 at which continued status hearing the parties will report to the Court the status of the applications for change of ownership before the State Board and the status of the transaction between UHS and PSI.

IT IS HEREBY ORDERED:

Based upon the above representations by counsel for the parties, the status hearing on the Complaint for Administrative Review is continued to November 16, 2010 at 10:00 a.m. at which time the parties are to report on the status of the change of ownership applications before the State Board and the status of the transaction between UHS and PSI.

ENTERED
ENTERED JUDGE MARY ANNE MASCO-1810
AUG 12 2010
Dated: _____
DOROTHY BROWN
CLERK OF THE CIRCUIT COURT
OF COOK COUNTY, IL
DEPUTY CLERK
Judge _____ Judge's No. _____

Prepared by:

Attorney for Plaintiff Riveredge Hospital, Inc.:

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Fax: (312) 853-7036

Riveredge Hospital

8311 West Roosevelt Road
Forest Park, Illinois 60130-2500
Phone (708) 771-7000

SENT VIA COURIER SERVICE

May 6, 2009

Erwin McEwen, Director
Illinois Department of Children & Family Services
100 West Randolph Street
Suite 6-200
Chicago, IL 60602

Dear Director McEwen:

I would like to thank you for taking the time out of your demanding schedule to meet with me and Jeff Bergren in Springfield on Thursday, April 23, 2009. We appreciate the continued opportunity to dialogue directly as it relates to Riveredge Hospital. We remain committed to our mission of providing safe and compassionate care for our patients. I believe the tremendous efforts made by our treatment team does position Riveredge Hospital to provide the kind of care you should expect for your children. As a follow-up to our discussions, please find enclosed requested information in response to the UIC Report. We look forward to working with you and the Department.

If you have any questions pertaining to the enclosed material, please do not hesitate to contact me directly by dialing 708-209-4182.

Sincerely,



Carey E. Carlock
Chief Executive Officer

cc: Dixie Lee Peterson, Esq.

Enclosure(s)

CEC:kl

ATTACHMENT B

Response of Riveredge Hospital to DCFS

Riveredge Hospital respectfully offers this response to the March 30, 2009 "Review of Riveredge Hospital" ("the Report") that was prepared for the Department of Children and Family Services ("DCFS") by the Mental Health Policy Program in the Department of Psychiatry at the University of Illinois at Chicago. In Part 1 of this response, we will describe fundamental changes that have been made in the operations of the Hospital within the past year in five key areas: administrative personnel, clinical staff, programs, physical plant and reporting practices.

In Part 2, we will address specific criticisms of Riveredge that are set forth in the Report. In Part 3, we will make specific proposals designed to assure DCFS that the Department can, in the words of the Report, have confidence that the Hospital is offering, and will consistently continue to offer, "adequate and effective care in a therapeutic environment that keeps children safe from harm."

We would like to begin, however, by addressing two preliminary points. First, while we take the Report very seriously and will be guided by its content as we move forward, we should note that the changes described below are not a response to the Report. Nor are they a response to various adverse newspaper articles that have appeared on the Hospital. Rather, even before DCFS placed a hold on new referrals to the Hospital in July of 2008, we began to institute the reforms that are described in this report and that are now in place.

Second, Riveredge's parent corporation, Psychiatric Solutions, Inc. ("PSI"), wishes to assure DCFS that it has a long-term commitment to Riveredge Hospital. PSI will provide the resources needed to make Riveredge an exemplary facility. The administrative team at Riveredge has the support and resources it needs to ensure that, regardless of fluctuations in census, wards of DCFS, and indeed all patients at Riveredge, receive quality care in a safe therapeutic environment.

Based on the considerations set forth in this response, we submit that the hold on referrals of DCFS wards should be lifted and that the Department should again send patients to Riveredge.

I. Changes At Riveredge Hospital

A. Administrative Team

The quality of a psychiatric hospital depends in large part on the quality of its personnel in key administrative positions. Recognizing this fact, PSI began in the spring of 2008 to bring in first rate personnel to administer the Hospital. Moreover, in a further effort to upgrade the quality of the Hospital, it created a number of new positions that had not previously existed at Riveredge. The specific individuals who have been recruited to

Riveredge since last spring (and the month of their hiring and their positions) are listed below:

Employees

March 2008	Tonya Lemons, RN	Adolescent Nurse Manager Boys
May 2008	Lisa Ledonne, RN	Child Nurse Manager
May 2008	Carey Carlock, LCPC	Chief Executive Officer
June 2008	Carrie Overbey, LCPC	Director of Social Services
June 2008	Carol Carlson, RN	Director of PI
June 2008	Marta Banegas, MD	Assoc. Medical Director
June 2008	Ozzie Dubauskas, MD	Girls Unit, Clinical Director
June 2008	Leann Hawkins, APN	Director of Staff Development
November 2008	Rhoda Auld, RN	Nurse Manager Adult Services
November 2008	Kim Morton, MSN	Chief Nursing Officer
January 2009	Joseph Baw, MBA	Director of Human Resources
January 2009	Dawn Price, RN	Adolescent Girls Nurse Manager
January 2009	Raul Almazar, RN, MA	RN/Trauma/Milieu Consultant

Consultants

March 2008	Brent Longin, APN	Nurse Consultant
August 2008	Kathleen Delany, PhD	Nursing, Milieu Consultant

- the positions in bold were new to the hospital

Many of these individuals, including CEO Carey Carlock, came from the Streamwood system. All were selected based on their demonstrated expertise in the management of psychiatric hospitals, their clinical skills, and their commitment to safe and therapeutic care. Many of them – such as Raul Almazar, Brent Longin, and Kathleen Delancy – are generally regarded as leaders in their fields.

Working with Chief Operating Officer, Mike Gara, Psy.D., who was recruited from Streamwood in July of 2006, each of these individuals has as his or her basic goal to improve quality and safety for patients. Under the leadership of Carey Carlock, the management team in place at Riveredge is dedicated to having direct patient contact; continuous monitoring of patients and front line staff; careful trending of clinical indicators; thorough training, modeling and mentoring; developing enhanced programs, treatment models, and safety plans; providing individual treatment and staffing; and maintaining an overall commitment to caring for all patients.

B. Clinical Staff

Riveredge has made major changes in the clinical staff in order to provide effective treatment for patients at Riveredge. Among these changes are the following:

- Four new Board Certified Child and Adolescent Psychiatrists have been added to the medical staff to provide psychiatric care to patients 14 years and younger. This addition, of course, speaks directly to the desire of Riveredge Hospital to care for DCFS wards.
- The ratio of therapists to patients is 1 to 10. This ratio has reduced the patient caseload for each therapist and thereby permits provision of clinical services such as family therapy and case management. Riveredge is committed to maintaining this ratio regardless of any increase in census that may occur.
- All eleven of our full and part-time therapists are fully licensed mental health professionals. Together, they provide social work and programming coverage at the Hospital seven days per week.
- Five fully licensed Expressive Therapists provide services that include art therapy, drama, and dance movement therapy six days per week.
- 3.5 new FTE Administrative Milieu Coordinators have been added to the staff. These positions provide unit coverage 20 hours per day. They provide additional resources for milieu management and crisis intervention.
- Administrative leadership is present in the facility seven days per week. They are on call 24-hours per day to address any situation that might arise.
- Eleven CPI certified trainers staff members now work at the facility and provide continuous real time coaching and mentoring to staff.

As detailed in Appendix A attached hereto, approximately 4000 hours of staff training was completed in the second half of 2008. This was followed by an additional 1300 hours of training thus far in 2009. As this work is ultimately a human endeavor, a tremendous amount of effort has gone into hiring a qualified, well trained staff to provide safe, effective treatment to our patients. We believe this goal has been achieved and will continue as our fundamental objective.

C. Programs

Enhancements to the unit programs and functioning have gone hand in hand with the evolution of our staff. In summary:

- Each patient is assessed upon admission and in real-time by licensed nurses and nursing supervisors in terms of the acuity and the therapeutic needs of that patient. This process is designed to lead to appropriate staffing levels in each area of the facility and an appropriate treatment plan for each patient.

- Patients deemed as high risk during intake or at any point in their treatment are assigned to single occupancy rooms. This includes but is not limited to patients on sexual acting out precaution, patients with an Autism Spectrum Diagnosis, and patients evaluated to be cognitively delayed.
- A new behavior motivation program has been implemented on each of the child and adolescent units. The main goal of this program is to increase the interaction between patients and their unit staff.
- Unit Schedules are now posted and followed closely with audits and spot checks to ensure adherence.
- Ten minute monitoring is in place to supplement the active and ongoing engagement of patients by the staff. Thus, patients are continuously supervised.
- The treatment planning process has been completely reformatted. Treatment planning is individualized, coordinated, and well managed. The hospital team reviews treatment plans to ensure the plan is meaningful and relevant to the patient's identified needs.
- Patient staffings average 15 minutes in duration and involve a multidisciplinary team of clinicians. This process is continuing to be improved and expanded with the addition of more staff to ensure that all disciplines are represented.
- Therapeutic groups are monitored to ensure they begin on time, are relevant to the population, and are well prepared. Priority has been given to eliminating disruptions and patient movement in and out of group.
- Initial and ongoing monitoring of group quality and content is being completed by clinical leadership. All group leaders have had groups monitored and retraining has occurred when needed. Additional therapeutic materials are available for use in group activities, including cognitive and age-appropriate resource materials.
- Ongoing monthly trainings continue related to areas including specific diagnoses, therapeutic interventions, trauma-informed care and overall milieu management strategies. These in-services are provided by our medical staff, clinical leadership and recognized experts, Kathy Delaney, Ph.D. & Raul Almazar, RN, MA.
- Use of seclusion and mechanical restraint at Riveredge Hospital has been substantially reduced through increased training, program enhancements and intervention strategies.
- With respect to discharge planning, a multidisciplinary aftercare plan has been designed and implemented. The aftercare plan is shared with the next provider of care to improve continuity of services.

A timeline indicating when certain of our safety and quality initiatives were implemented is set forth on Appendix B attached hereto.

D. Physical Plant Changes

Capital improvements to the facility in 2008 and 2009 will total approximately \$3,400,000. PSI has devoted these resources to Riveredge in order to improve the safety, comfort, and surroundings for patients in the facility. The majority of the money has been spent on patient care areas. They include:

- Night Watchman System – A bar scanning system utilized at night to ensure patient rounds are completed and documented.
- Video Surveillance cameras – Cameras are located in all common areas of the patient care units. Additional cameras are being added throughout the facility to improve surveillance.
- Nursing Stations—Nursing stations have been modified to include adding full-length doors and increasing the width and height of station desks to prevent unauthorized access.
- ITU North Renovations—All patient rooms are single occupancy. Unit restrooms were completely renovated and new furniture added this renovation has been completed
- 2 West Renovations—All patient rooms and unit restrooms are being completely renovated. These improvements include improving safety inside the bathrooms. This renovation is due to be completed this month.
- Girls Unit Renovations—The dayroom was renovated, and a wall was removed, to permit continuing observation of patients by staff. An additional medication room was added to reduce cross-over between patient populations.
- The Girls Adolescent Unit was split into two distinct units to reduce the patient population programmed on each unit.
- Child Unit Renovations—The entire unit was renovated to include adding developmentally appropriate and child-centered themes and colors. Each of the patient rooms was also renovated and new furniture was provided.
- Bathroom Renovations—Bathrooms are being renovated to improve safety. Progress to date has been swift -- with 60% of bathrooms complete and the remainder due by mid summer.

E. Reporting Practices

Riveredge Hospital has reviewed and revised its policies to provide clear direction in relation to reporting requirements and organizational transparency. All clinical staff have successfully completed mandated reporter training. Incident report training is provided continuously to ensure compliance. Actions to improve patient care and safety are reported and monitored through the medical staff, Medical Executive Committee, and the Board of Directors.

At Riveredge, no member of the staff gets in trouble for reporting an incident or suspected incident. On the contrary, every member of the staff is expected to bring any incident to the attention of administration. Any sentinel event is reported timely to all appropriate parties, and a root cause analysis is performed.

At the corporate level, PSI requires the leadership of the Hospital to bring any significant incident to its attention immediately. We regard this policy as an essential element of our continuous quality improvement program.

II. Specific Response to Points Made in the Report

We hope that the foregoing discussion has demonstrated that the specific criticisms of Riveredge Hospital in the Report do not reflect the current state of care and safety at the facility. But to address these criticisms head on, we would note as follows:

1. Treatment plans are adequate to address patient needs. As noted above, treatment planning is individualized, coordinated, and properly managed. Moreover, plans are reviewed to ensure that they are meaningful and relevant to patients' identified needs.
2. We are expanding our inter-disciplinary team staffing to ensure participation of physicians, nurses, social workers and expressive therapists.
3. Clinical staff is continually trained to ensure that all psychiatric notes are individualized and specific to patient needs.
4. Nurses are instructed to monitor medication compliance and to bring any non-compliance to the attention of the clinical staff.
5. Changes in the clinical staff, including the hiring of four Board-certified child and adolescent psychiatrists, have resulted in more effective treatment. Consultants have been engaged to help realize this objective, and a full-time Director of Performance Improvement has been hired.
6. 3.5 FTE Administrative Milieu Coordinator positions have been added to ensure that the milieu is structured and therapeutic.

7. Intensive training of unit staff has been instituted and is on-going.
8. A commitment has been made to effective monitoring for safety – in the form of ten-minute checks, increased sensitization of staff to the paramount importance of this issue, changes in staffing ratios, and modifications to the physical plant.
9. Transfers are made for one of only two reasons: to improve the quality of care for the patient, or to reduce the risk of an incident where it appears that the safety of a patient might be at risk.
10. Considerable efforts have been made to make sure that patients are not discharged in an unstable condition and that aftercare planning is adequate for patient needs. Indeed, we take very seriously our responsibility to assure that patients are discharged when appropriate and in a clinically appropriate manner.

This said, we recognize that there is always room for improvement. And we are taking very seriously the observations and comments in the Report. It is our objective constantly to build upon the progress that we have made.

III. Specific Proposed Additional Undertakings

We believe that the changes discussed in Part 1 and the points made in Part 2 should give DCFS confidence that it can again entrust its wards to Riveredge. However, to demonstrate our commitment to safe and quality care for DCFS wards, PSI and Riveredge are prepared to make the following additional commitments:

1. For a period of ninety days from the date of admission of the first DCFS ward, we will engage, at our sole expense, a qualified, mutually-acceptable Compliance Monitor to conduct on-going quality assurance reviews and to make recommendations for further improvement. If DCFS deems it desirable at the conclusion of the initial ninety-day period, we will extend the Compliance Monitor for an additional ninety days. We would be agreeable to a team led by Dr. Carl Bell serving as the Compliance Monitor.
2. Consistent with our policy of assigning high risk patients to single occupancy rooms, we will place all DCFS wards in single occupancy rooms.
3. Subject to applicable privacy protections, we will, upon request, submit all treatment plans for DCFS wards for review so that DCFS can satisfy itself that those plans are meaningful and relevant to the identified needs of the patient.
4. Subject to applicable privacy protections, we will, upon request, submit all discharge/aftercare planning documents for DCFS wards for review so that DCFS can satisfy itself that discharge and aftercare planning is appropriate.

In addition, we would be pleased to discuss any additional ideas that DCFS might wish to propose.

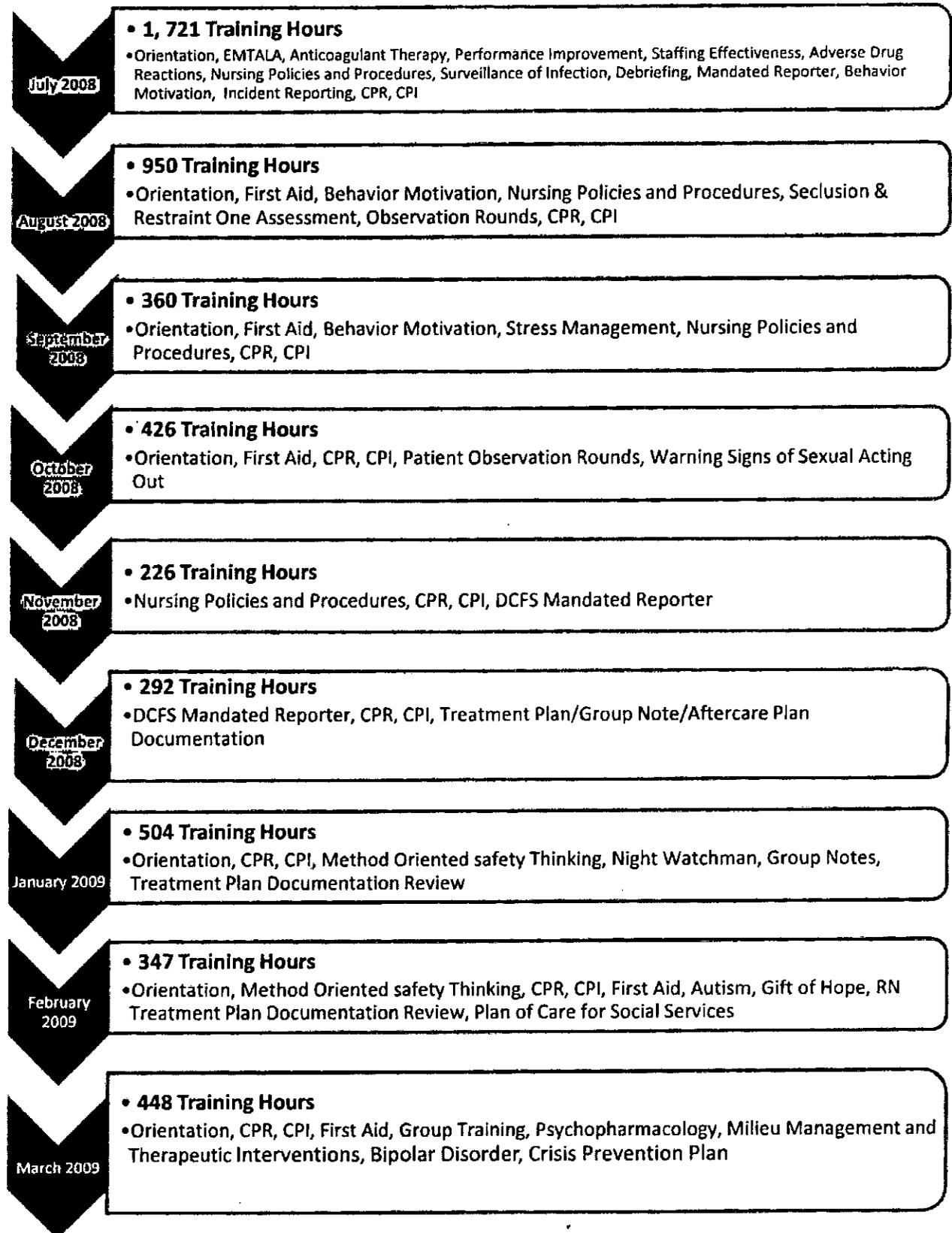
IV. Conclusion

In closing, Riveredge Hospital looks forward to re-establishing a collaborative relationship with DCFS and providing care to a very vulnerable population. Further, we restate our commitment that Riveredge Hospital will work with DCFS to resolve problems and agreed upon issues arising from the findings in the Report. We are committed to a well trained, skilled workforce and a safe and therapeutically sound environment in which our staff can apply their care and skills. We are also committed to remaining a partner with other community agencies, working together to provide much needed services to underserved populations.

**Riveredge Hospital
Training Timeline 9/2007 – 3/2009**

9/07	Group Therapy/Adolescent Programming
11/07	Night Shift Safety Training
12/07	Transformational Change – Coercion Free Environment, Seclusion/Restraint Reduction & Forms Review
2/08	Seclusion/Restraint, Falls, Incident Reporting, Incident Call Tree
2/08	Nursing, Psychosocial & Education Assessments
3/08	Patient Safety Responsibilities Night Shift
4/08	Incident Call Tree (Nursing)
4/08	Development of Facility Mission, Vision and Values
6/08	Annual Employee Competency Fair
6/08	Restraint and Seclusion One Hour Assessment
7/08	Mandatory Nurse Training – Communication, Assessment, Treatment Planning, Medical & Behavioral Management, Medication Management
7/08	“Team Talent” on-site milieu management
7/08	Behavior Motivation Program
7/08	Restraint and Seclusion One Hour Assessment
7/08	Mandated Reporter Training
8/08	Behavior Motivation Program
8/08	Mandatory Nurse Training – Communication, Assessment, Treatment Planning, Medical & Behavioral Management, Medication Management
8/08	Restraint and Seclusion One Hour Assessment
9/08	Behavior Motivation Program
10/08	Patient rounds and signs/symptoms of sexual reactive and acting out behavior
11/08	DCFS Mandated Reporter Training
12/08	DCFS Mandated Reporter Training
12/08	DCFS Mandated Reporter Online Training
12/08	Treatment Planning/Group Note Documentation & Aftercare Plan
1/09	Method Oriented Safety Thinking
1/09	Night Watchman
1/09	RN Treatment Plan Documentation Review
2/09	Method Oriented Safety Thinking
2/09	Treatment Staffing
3/09	Group Training Session
3/09	Psychopharmacology
3/09	Milieu Management and Therapeutic Interventions
3/09	Crisis Prevention Plan

RIVEREDGE HOSPITAL
July 2008 – March 2009 Training Overview



Riveredge Hospital Safety/Quality Timeline

2007
2009

3/07

- Implemented Q 10 minute rounding

4/07

- Installed surveillance system throughout facility

5/07

- Transformation change with coercion free training

3/08

- Initiated review/revision of facility-wide policies and procedures

5/08

- Implemented new staffing matrix
- Enhanced admission assessment – medical/acuity screening, handoff process

7/08

- Began designing early response process for behavioral interventions (AMC)
- Initiated nursing station modifications

8/08

- Random reviews of video surveillance system

Riveredge Hospital Safety/Quality Timeline

2007
2009

9/08

- Implemented AMC Pilot
- Revised Room Assignment Policy & Procedure
- Revised Policy & Procedure for Precautions and Observation
- Nursing Supervisor audits patient rounds

10/08

- Revised Policy & Procedure for Sexual Contact Between Patients

11/08

- Bar scanner (Night Watchman) for monitoring patient rounds at night
- Implemented weekend hand-off communication process
- Nursing Supervisor audits 2x per shift expanded to include bathroom checks
- Developed new patient acuity grid

12/08

- Implemented enhanced psychaitric evaluation, treatment plan, group note format and multidisciplinary aftercare plan.

1/09

- Implemented bar scanner (Night Watchman)

2/09

- Implemented post discharge wellness checks

3/09

- Increase in CPI Instructors from 4 to 11 individuals