
	Prevention Maintenance			
	Chapter:	Board Services and Program Administration	Policy #	2-12-5
	Section:	Safety and Therapeutic Environment	Revision #	2

- I. **PURPOSE:** To establish policy and procedures that promotes the maintenance of a safe and therapeutic environment.
- II. **APPLICATION:** All facilities owned or leased by the West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** Accrediting bodies.
- IV. **DEFINITIONS:** Not applicable.
- V. **POLICY:** It is the policy of the West Michigan Community Mental Health to properly maintain its building, furnishings, vehicles, and equipment to ensure a safe and therapeutic environment for consumers and its employees.
- VI. **PROCEDURES:** The procedures are implemented in accordance with the Safety and Therapeutic Environment Plan.
 1. A therapeutic environment checklist shall be completed for all CMH sites operated facilities on a bi-annual.
 2. Completed therapeutic environment checklists shall be maintained by the Facilities Specialist.
 3. Any problem areas noted on the therapeutic environment checklist shall be reported to the Facilities Specialist and will be addressed in a timely manner. Any safety issues will be addressed immediately.
 4. Procedures for requesting and scheduling repairs and maintenance:
 - 4.1 The staff person discovering the needed building or vehicular maintenance shall email facilities@wmcchs.org, which will go to the Facilities Specialist, who will fill out WMCMH Form Ec010.
 - 4.2 If there is an emergency need for maintenance, the staff person is empowered to arrange for repairs from the Approved Vendor List (See work instructions). The staff shall complete the maintenance work order, indicating the repair has been completed and forward it on to the Facilities Specialist or Team Lead.
 - 4.3 The Facilities Specialist or Team Lead shall contact the staff person making the routine request for maintenance, for clarification, when necessary (procedure #1).
 - 4.4 The Facilities Specialist or Team Lead shall make the necessary arrangements for repair within 24 hours of the receipt of the request, indicating on the form what arrangements have been made. The maintenance provider shall be from the approved provider list when possible.
 - 4.5 The Facilities Specialist will forward a copy of the maintenance request to Finance/Accounts Payable, indicating the referral source.

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4.6 The Facilities Specialist shall retain an electronic copy and record the completion date of the repair on a work order spreadsheet.

VII. **SUPPORTING DOCUMENTS:**

Please refer to:

- Surveillance Therapeutic Environment/Preventative Maintenance Checklist (WCMH Form #EC008)
- Maintenance Work Order (WCMH Form #EC010)

VIII. **POLICY/PROCEDURE REVIEW:**

REV#	APPROVED BY	Policy/Procedure	DATE
			10/2005
			02/2015
			01/2017
			04/2019
			05/2020
			05/2021
2	Corp. Comp. Comm.	Procedure	09/2021
Board Approval Date: 05/23/1996			

IX. **CHIEF EXECUTIVE OFFICER ENDORSEMENT:**

I have reviewed and approved of policy # 2-12-50 Revision # 2.

CEO: Lisa A. Williams Approval Signature: _____