LIMITED-SCOPE AUDIT PROPOSAL

Reviewing Osawatomie State Hospital's Implementation of Past Audit Recommendations

SOURCE

This audit proposal was requested by Senator Caryn Tyson.

BACKGROUND

In December 2024, LPA released an audit evaluating staff safety at Osawatomie State Hospital (OSH). OSH is a state psychiatric facility that provides inpatient psychiatric and mental health services to adults 18 years and older. The audit found that OSH did not adequately ensure the safety and security of its staff. The hospital did not have adequate processes to ensure physical security, including inadequate security patrols, personal safety alarm checks, and key tracking practices. It also relied on contract nursing staff and overtime to meet minimum staffing requirements due to high turnover and vacancy rates. Finally, the audit found that OSH had poor workplace culture. Management failed to set clear safety and security expectations and address issues when they were made aware of them.

To address the audit findings, LPA made five recommendations to OSH management. The recommendations included improvements to policies, data systems, and communication processes. Per LPAC Rule 3-4, LPA staff followed up with OSH management several months after the audit was complete and asked them to self-report their progress on each recommendation. As of November 2025, OSH management self-reported they had taken actions to fully implement three of the five recommendations and were still in the process of implementing the other two.

This follow-up audit would aim to confirm the hospital's self-reported actions to address the audit recommendations.

AUDIT OBJECTIVES AND TENTATIVE METHODOLOGY

The audit objective listed below is the question we would answer through our audit work. The steps listed for the objective convey the type of work we would do. These may change as we learn more about the audit issues.

Objective 1: To what extent has Osawatomie State Hospital implemented the recommendations from LPA's December 2024 performance audit? Our tentative methodology would include the following:

- Review materials provided by agency officials as part of the follow-up process to determine the reported status of each recommendation.

- Interview agency officials, review agency documents, and conduct other work as needed to verify the actual status of each recommendation.

- For any recommendations that do not appear to have been implemented as reported, follow up with agency officials to determine why not.

ESTIMATED RESOURCES

We estimate this audit would require **100 staff hours** to complete.