AGENDA

SUBSTANCE ABUSE/PROBLEM GAMBLING PROGRAM LICENSURE COMMITTEE JUNE 12, 2013 9:00 AM DIRECTOR'S CONFERENCE ROOM, 6th FLOOR TELECONFERENCE LUCAS STATE OFFICE BUILDING, 321 EAST 12TH STREET, DES MOINES, IA

The mission of the Iowa State Board of Health Substance Abuse/Problem Gambling Program Licensure Committee is to approve or deny applications for licensure received from substance abuse programs pursuant to Chapter 125 and gambling treatment programs pursuant to Chapter 135 and to perform any other function authorized by chapter 125 or 135 and delegated to the committee. The committee also adopts rules consistent with the law for the protection of the public health and the prevention of substance abuse.

CALL TO ORDER

ROLL CALL

- I. Minutes
 - A. Approval of May 8, 2013 Minutes
- II. Substance Abuse/Problem Gambling Licensure Jeff Gronstal, Bob Kerksieck
 - A. Substance Abuse Licensure Recommendations
 - 1. Three (3) Year License
 - a. Manning Family Recovery Center, Manning
 - 2. 270 Day License
 - a. New Sight, Inc., Des Moines
 - 3. Deemed Status
 - a. Sedlacek Treatment Center, Cedar Rapids
- III. Proposed Changes to the Iowa Administrative Code Jeff Gronstal, Kathy Stone
- IV. Substance Abuse/Problem Gambling Update Kathy Stone



Iowa Department of Public Health Promoting and Protecting the Health of Iowans

Mariannette Miller-Meeks, B.S.N., M.Ed., M.D. Director

Terry E. Branstad Governor

Kim Reynolds Lt. Governor

May 20, 2013

RETURNED RECEIPT

Shannon Mahannah, Director Manning Family Recovery Center 410 Main Street Manning, Iowa 51455

Dear Ms. Mahannah:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the re-licensure on-site evaluation of *Manning Family Recovery Center*, 410 Main Street, Manning, Iowa, on April 24, 2013. A three (3) year license will be recommended to the Substance Abuse/Problem Gambling Program Licensure Committee. We hope the enclosed report will be of assistance for continued and ongoing program improvement.

This report is composed of the following sections:

Licensure Inspection Weighting Report;

Youtah

- Licensure team's recommendations for licensure;
- Completed programmatic check list which identifies the degree of compliance with specific licensure standards; and,
- A summary of the inspectors' basis for areas found to be in non-compliance with the licensure standards.

Your application for re-licensure will be reviewed during the Committee's meeting on June 12, 2013, at 9:00 am at the Lucas State Office Building. Please see the receptionist on the 6th floor for the location of the meeting. Program representation is welcomed, but not required. If you have questions, please contact me at Jeffrey.Gronstal@idph.iowa.gov or at (515) 242-6162.

Sincerely,

Jeff Gronstal

Health Facilities Surveyor

Bureau of Substance Abuse

JG/rrh encl.

Randy Behrens, Board Chairperson

Substance Abuse/Problem Gambling Program Committee

insprptcvrltr 6-2013

IOWA DEPARTMENT OF PUBLIC HEALTH DIVISION OF BEHAVIORAL HEALTH LICENSURE INSPECTION WEIGHTING REPORT FOR SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAMS

PROGRAM NAME: Manning Family Recovery Center, Manning Iowa

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. For a two (2) year license, the program must receive at least a 90% rating in each of the three categories below. For a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION DATE: September 29, 2010
RECENT INSPECTION DATE: April 24, 2013

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A;

- 1. SUBSTANCE ABUSE TREATMENT PROGRAM X
- 2. PROBLEM GAMBLING TREATMENT PROGRAM
- 3. COMBINED SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAM___

CATEGORY				
CLINICAL STANDARDS	ITEMS VALUES	PREVIOUS REPORT	RECENT REPORT	
Placement Screening Treatment Plan Progress Notes Urinalysis Medical Services Management of Care Quality Improvement TOTAL	18 17 12 4 7 7 7 11	18 18 11 4 5 7 9	18 17 12 4 7 7 7 9	

Three (3) years 76-72=95% Total Points Available: 76 Two (2) years: 71-69=90% Total Points Received: 74 One (1) years: 68-53=70% Percent: 97.36% Denial: 52 or below

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body Executive Director Clinical Oversight Staff Training	23 1 4 20	23 1 4 10	23 1 4
Procedure Manual Fiscal	4 4	3 4	4 4
Personnel Child Abuse/Criminal Records TOTAL	30 8 94	23 4 72	30 8 91

Three (3) years: 94 - 90 = 95% Two (2) years: 89 - 85 = 90% One (1) year: 84 - 66 = 70% Denial: 65 or below Total Points Available: 94
Total Points Received: 91
Percent 96.80 %

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Client/Patient Case Records	35	31	35
Emergency Medical Services	4	4	4
Medication Control	11	11	11
Building Construction and Safety	11	11	11
Outpatient Services	4	4	4
Therapeutic environment	15	15	15
Inpatient, residential and halfway house			
services safety	8	8	8
Specific standards for inpatient, residential			
I and halfway house facilities	54	53	54
Specific standards for juvenile services	0	0	0
TOTAL	142	137	142
	<u>-</u>		'

Three (3) years 142 - 135 = 95% Two (2) years: 134 - 128 = 90% One (1) year: 127 - 100 = 70% Denial: 99 or below

Total Points Available: 142
Total Points Received: 142
Percent: 100.00 %

IOWA DEPARTMENT OF PUBLIC HEALTH DIVISION OF BEHAVIORAL HEALTH LICENSURE INSPECTION REPORT

Manr 410 N	GRAM NAME, ADDRES ning Family Recovery Ce Main Street	•	ND FAX:					
	ning, Iowa 51455 1 655-8108	FAX:(712) 655	-8241 E-I	Mail Addr	ess: <u>Shanno</u>	n.mhanna	ah@mrhcia.com	
APPL	LICATION RECEIVED:	February 1, 2013		CO	JNTIES SER	VED:	All	
DATE	E OF INSPECTION:	April 24, 2013		TEC	CHNICAL AS	SISTANC	CE: NA	
	ECTORS: Gronstal							
410 N	(S) VISITED: Main Street ning, Iowa 51455							
Board Direct	STAFF: Board Chairperson: Randy Behrens Medical Director: Dr. Phillip Myer Director: Shannon Mahannah Fiscal Director: Abby Stangel Clinical Coordinator: Jennifer Tornow Trainer: Jennifer Tornow							
	MARY OF SERVICES F tance Abuse Treatment		evels IV, IVI	D, III.7, III	.7D, III.5, III.3	3, II.5 I ar	nd Juvenile Level I	
	RENT LICENSURE STA program is currently ope		ar license e	ffective J	une 21, 2010	to June 2	21, 2013.	
	OMMENDATION: It is ro Issued a license for a pe Issued a license for a pe Issued a license for a pe Issued a license for 270	riod of three years riod of two years e riod of one year eff	effective ffective fective	Jun		to to to	June 21, 2016	
PURI or co progr obtai that a	Denied a license POSE: Chapter nduct any chemical substam, the primary purpose ned a written license for a person shall not maintain has obtained a license Full Compliance – The activities and document Non-Compliance – The Does Not Apply – The serious process of the pose substance of	stitutes or antagonice of which is the treathe program from the program from the program from the program substantial tation. Point(s) given program does not	sts program eatment and the departm mbling treat rom the dep ally meets the en/awarded meet the in	n, resident rehabilitatent. Chap ment pro- partment. ne intent content tent of the	tial program, ation of substation of substater 135.150 gram funded of the standard.	or non-re ance abu of the Co through t	sers without having first de, as amended, require he department unless the dicated by the program's ot given/awarded.	t es he

641—155.5(4) Application Update or Revision				
A.	Since the last licensure visit, has the program notified the department 30 days prior to any change(s) of address of offices, facilities, or program locations; or additions or deletions of the type(s) of services or programs provided and licensed?	NA		
641_	-155.21(1) Governing Body			
Note:				
A.	Has the program designated a governing body responsible for overall program operations?	<u>C</u>		
B.	Do written by-laws define: 1. The powers and duties of the governing body; 2. Committees; 3. Advisory groups; and, 4. The executive director?	<u> </u>		
C.	Do written by-laws minimally specify; 1. Type of membership; 2. The term of appointment; 3. Frequency of meetings; 4. Attendance requirements; and, 5. The quorum necessary to transact business?	0000		
D.	Are minutes of all meetings by the governing body kept? Do the minutes include: 1. Date of the meeting; 2. Names of members attending; 3. Topics discussed; 4. Decisions reached and actions taken.	C C C C C C C C C C C C C C C C C C C		
E.	Do the duties of the governing body include: 1. Appointment of a qualified executive director; 2. Establish controls to ensure quality services are delivered; 3. Review and approval of the annual budget; and, 4. Approve all contracts?	<u> </u>		
F.	Has the governing authority developed and approved the policies?	<u>C</u>		
G.	Is the governing authority responsible for all funds, equipment and the physical facilities?	<u>C</u>		
H.	 Has the governing body prepared an annual report which includes: Name, address, occupation and place of employment of each member; Relationships a member of the governing authority may have with a program staff member; and, The name and address of owners or controlling parties? 	C NA NA		
I.	Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	<u>C</u>		

A. Has the governing body appointed an executive director whose qualifications and duties are delineated? A. Does the program have appropriate clinical oversight provided in house or through consultation? B. Does clinical oversight include: 1. Assisting in development of clinical policies and procedures; 2. Assisting in the training of staff; and, 3. Assistance to clinical staff providing direct services. 155.21(4) Staff Development and Training A. Does the program have policies and procedures establishing a staff development and training program? B. Is there documentation that staff are certified, licensed or have professional education? C. Or oriented to include: 1. Psychosocial; 2. Medical; 3. Pharmacological; 4. Confidentiality; 5. Tuberculosis and blood-borne pathogens; 6. HIV/AIDS; 7. Cultural specificity of diverse populations; and, 8. Does the training program include at least two hours of training every five years relating to child and dependent adult abuse; 9. Counseling skill development; and, 10. Program and community resources? D. Has the program established an on-site training program or entered into an agreement with outside resources meeting the identified ongoing training needs of the staff? E. Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation; F. Are in-service programs instituted when program operations or functions are changed? C. Chase the program developed an annual staff development training plan based on the needs assessment? 1. Are minutes of on-site training kept which include: 1. Dates of the meeting; 2. Names of persons attending; 3. Topics discussed, including name and title of presenters. 155.21(5) Management Information System A. Does the program submit client/patient data to the Department in accordance with reporting system procedures? C. Does the manual have a working table of contents covering all policies and procedures? C. Does the manual have a working table of contents co	155.	21(2) Executive Director	
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	B.		<u>C</u>
D. Are revisions entered containing date, name and title of persons making the revisions?	C.	Does the manual have a working table of contents covering all policies and procedures?	<u>C</u>
	D.	Are revisions entered containing date, name and title of persons making the revisions?	<u>C</u>

155.2	21(7) Fiscal Management	
Α.	Does the program maintain an annual written budget which is reviewed and approved on an annual basis?	<u>C</u>
B.	Has an independent fiscal audit been conducted on an annual basis?	<u>C</u>
C.	Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment?	<u>C</u>
D.	Is the insurance program reviewed on an annual basis by the governing authority?	<u>C</u>
155.2	21(8) Personnel	
A.	Do personnel policies and procedures include the following: 1. Recruitment, selection and certification of staff members; 2. Recruitment and selection of volunteers; 3. Wage and salary administration; 4. Promotions; 5. Employee benefits; 6. Working hours; 7. Vacation and sick leave; 8. Lines of authority; 9. Rules of conduct; 10. Disciplinary action and termination; 11. Methods for handling inappropriate client/patient care; 12. Work performance appraisal; 13. Employee accidents and safety; 14. Employee grievances; and, 15. Policy on staff persons suspected of using or abusing substances?	
В.	Does the program have an equal employment opportunity policy and affirmative action plan?	<u>C</u>
C.	Does the program maintain written job descriptions describing the actual duties of the staff?	<u>C</u>
D.	Are personnel performance evaluations performed on an annual basis?	<u>C</u>
E.	Is the employee able to respond to the evaluation?	<u>C</u>
F.	 Are personnel records kept on each employee to include; Verification of training, experience and professional credentials; Job performance evaluations; Incident reports; Disciplinary actions taken; and, Documentation of review and adherence to confidentiality regulations prior to assumption of duties? 	<u>C</u>
G.	Does the program have written policies and procedures ensuring confidentiality of personnel records?	<u>C</u>
H.	Is there evidence that all personnel providing screenings, evaluations, assessments and treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements?	<u>C</u>
I.	Are there policies and procedures prohibiting sexual harassment?	<u>C</u>
J.	Are there policies implementing the Americans with Disabilities Act?	<u>C</u>
K.	Does the program maintain an accepted code of conduct for all staff?	<u>c</u>
L.	Has the program notified the department in writing within ten workings days when a certified or licensed staff member has been sanctioned or disciplined by a certifying or licensed body?	<u>C</u>

155.2	(9) Child Abuse/Dependent Adult Abuse/Criminal History Background Check	
A.	Does the program have written policies and procedures that specify procedures for child abuse and dependent adult abuse reporting that are in compliance with 42 CFR, Part 2?	<u>C</u>
B.	Does the program have policies that prohibit mistreatment, neglect or abuse of children and dependent adults by staff that include: 1. Reporting violations immediately to the director and Department of Human Services? 2. Subject an employee to dismissal if found in violation to the program's policies?	<u>C</u>
C.	 For employees working within a juvenile service area, or with dependent adults, do personnel records contain: Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants; A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse; Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and, For staff members with a substantiated criminal or child or dependent adult abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS? Have each clinical staff member completed two hours of training relating to the identification and 	C C C
Б.	reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	<u>C</u>
155.2	1(10) Client/Patient Case Record Maintenance	
Α.	 Does the program have written policies and procedures governing client/patient case records that ensures: 1. The program is responsible for protecting the client/patient record against loss, tampering or unauthorized disclosure of information, per HIPAA, lowa Code Chapter 228 and 42 CFR, Part 2, as applicable; 2. Content and format of client/patient records are kept uniform; and, 3. Entries in the client/patient case record are signed and dated. 	<u>C</u>
B.	Does the program ensure records are kept in a suitable locked room or file cabinet?	<u>C</u>
C.	Are records readily accessible to authorized staff?	<u>C</u>
D.	Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	<u>C</u>
Ε.	 Release of Information: 42CFR, Part 2, lowa Code Chapter 228 and HIPAA, as applicable Does the format for the disclosure of client/patient information contain: a. The name of the program which is to make the disclosure; b. The name, title, or organization to which the disclosure is to be made; c. The name of the client/patient; d. The purpose or need for the disclosure; e. The information to be released; f. Revocation statement; g. The date the consent form is signed; h. Space for the client/patient's signature; and, i. Expiration date or condition? Is the release signed prior to releasing information? Is the client/patient informed of the information and purpose of the release prior to signing? Did the client/patient sign the release voluntarily? In the event that the program releases information without the client/patient's consent, did they follow proper procedures? Following an unauthorized disclosure, did the program inform the client/patient of the disclosure? 	C C C C C C C C C C C

F. G	A licensee who provides services via electronic media shall inform the client/patient of the limitations and risks associated with such services and shall document in the client/patient case record that such notice has been provided. Upon receipt of a properly executed written release of information signed by the client/patient, the program shall release client/patient records in a timely manner, except as allowed 641—	<u>NA</u>
	subrule 157.3(1), "Notice Iowa Code 321J—Confidential Medical Record," reporting screening, evaluation, and treatment completion, if payment has not been received for such services.	<u>C</u>
155.2	21(14) Client/Patient Case Record Contents	
A.	Does the client/patient case record contain: 1. Physical examination and lab tests; and, 2. Placement screening and admission forms; 3. Reports from referral sources; 4. Treatment plans; 5. Continued service and discharge reviews; 6. Medication records; 7. Reports from outside resources; 8. Multidisciplinary staffing notes; 9. Correspondence related to the client/patient (letters, phone calls, etc.); 10. Treatment consent forms, if applicable; 11. Release forms; 12. Progress notes; 13. Records of service provided; 14. Discharge summaries; 15. Management information system, and 16. Records of financial counseling services for problem gambling clients, including, 17. A.A budget, and 18. B. Discussing financial debt options, including restitution and bankruptcy.	C C C C C C C C C C C C C C C C C C C
155.2 A.	Placement Screening, Admission and Assessment Records Reviewed 8 Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?	С
B.	 Does the placement screening process contain: Information gathered upon screening or admission; Procedures to be followed when accepting referrals from outside resources; Records kept on individuals applying for services; and, Evaluates the ASAM 6 categories or other approved criteria for substance abuse? Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV? 	C C C
	6. Is the program utilizing a recognized diagnostic tool to determine pathological gambling as defined by DSM-IV, or any DSM IV criteria to determine problem gambling?	<u>NA</u>
C.	Does the admission process contain: 1. An overall assessment of the information gathered; and, 2. Conducted within the time frame for this substance abuse level of care? 3. Conducted within 30 days for problem gambling clients/patients?	C C NA
D.	Is there sufficient information collected in order to develop a treatment plan?	<u>C</u>
E.	Are the results of the admission process explained to the client/patient and family?	<u>C</u>

F.	Does the client/patient orientation contain: 1. General nature and goals of the program; 2. Client /patient conduct; 3. Hours (non residential); 4. Cost; 5. Client /patient rights; 6. Confidentiality; 7. HIV/AIDS; and, 8. Safety and emergency procedures for residential type services?	
155.2	1(12) Treatment Plans	
A.	Does the program have written policies and procedures that address treatment planning and reviews?	<u>C</u>
B.	Is the treatment plan based on the assessment?	<u>C</u>
C.	Is the substance abuse treatment plan developed within the time frame for this level of care?	<u>C</u>
D	Is the problem gambling treatment plan developed within 30 days of admission, per 155.21(11)?	<u>NA</u>
E.	Does the treatment plan minimally contain the following: 1. a. Strength (here, or in the assessment)s; b. Needs (here, or in the assessment); 2. a. Short term goals; b. Long term goals; b. Type of therapeutic activities; b. Frequency of therapeutic activities; b. Frequency of therapeutic activities; 4. Staff person involved; 5. Is the plan culturally and environmentally specific; and, 6. Is the treatment plan developed in partnership with the client/patient and counselor?	
F.	Are the client/patient and counselor reviews conducted within the time frames for this level of care?	<u>C</u>
G.	Do the reviews contain: 1. Reassessment of the client/patient's current status; 2. Redefining of treatment goals; 3. Date of review; and, 4. Individuals involved?	<u>C</u>
H.	Is the client/patient provided a copy of the treatment plan upon request?	<u>C</u>
155.2	1(13) Progress Notes	
A.	Does the program have written policies and procedures to address progress notes?	<u>C</u>
В.	Do the progress notes contain the following: 1. Client's/patient's progress and current status in meeting treatment goals; 2. Documentation of individual sessions; 3. Documentation of group or group summaries; 4. Notes filed in chronological order; 5. Date of entry; 6. Signature or initials and title; 7. Entries with pen, type or computer (computer access code must be available); 8. Entries are legible; 9. Behavioral observations; 10. An avoidance of inappropriate jargon; and, 11. Are the notes uniform?	

155.2	1(15) Drug Screening	
A.	Does the program have written policies and procedures to conduct urine collection and drug testing?	<u>C</u>
B.	Are urine specimens collected under direct supervision, or the program shall have a policy in place to reduce the client/patient's ability to skew the test.?	<u>C</u>
C.	Does the program comply with all CLIA regulations?	<u>C</u>
D.	Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	<u>C</u>
155.2	1(16) Medical Services	
Α.	Does the program have written policies and procedures to address medical services?	<u>C</u>
B.	Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission?	<u>C</u>
C.	Are physical and laboratory examinations performed within the appropriate time frame for the	
	following: 1. Levels III.7 and V (24 hours of admission)? 2. Levels III.3 or III.5 (7 days of admission)? 3. Level III.1 (21 days of admission)?	NA C NA
D.	Are physical, laboratory work and medical histories completed by referrals older than 90 days?	<u>C</u>
E.	Have all halfway house, residential, and inpatient clients/patients received a TB test to be administered and read within 72 hours of admission?	<u>C</u>
F.	Does the program ensure all staff and volunteers have a TB signs and symptoms screen before working with clients, an annual TB Signs and symptoms screen, and have baseline TB testing?	<u>C</u>
G.	Does the program conduct an annual TB risk assessment and ensure additional appropriate medical follow-up has been taken with all clients/patients and staff if TB exposure occurs?	<u>C</u>
155.2	1(17) Emergency Medical Services	
A.	Does the program have written policies and procedures that address emergency services?	<u>C</u>
В.	Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis?	<u>C</u>
C.	Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis?	<u>C</u>
D.	Does the program ensure that all community service providers, medical facilities, law enforcement agencies and other appropriate personnel are informed that the 24-hour emergency services and treatment are available?	<u>C</u>
155.2	1(18) Medication Control	
A.	Does the program have written policies and procedures that address medication control?	<u>C</u>
В.	Does the program maintain a list of qualified personnel authorized to administer medications?	<u>C</u>
C.	Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	<u>NA</u>
D.	Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	<u>C</u>
E.	Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	<u>C</u>

F.	Is the medication storage maintained as follows: 1. In accordance with security requirements of federal, state, and local laws; 2. Refrigerated, if required; 3. Separated from food and other items; 4. Stored in original containers; and, 5. Are external substances stored separately from internal and injectable medications?	00000
G.	Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	<u>C</u>
Н.	Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?	<u>C</u>
155.2	1(19) Management of Care	
A.	Does the program have written policies and procedures to ensure proper utilization of the placement screening, continued service and discharge criteria?	<u>C</u>
B.	Is the program exercising proper utilization and effective use for levels of care in the following? 1. Placement screening; 2. Continued service reviews; and, 3. Discharge reviews.	<u>C</u>
C.	Is the discharge planning started at the time of admission?	<u>C</u>
D.	Does the discharge plan address: 1. Ongoing client/patient needs; and, 2. Post treatment needs?	<u>C</u>
155.2	1(20) Quality Improvement	
A.	Does the program have a written quality improvement plan?	<u>C</u>
B.	Does the written plan contain the following: 1. Objectives; 2. Organization; 3. Scope; and, 4. Mechanisms for oversight?	<u>C</u>
C.	Does the quality improvement plan address the following:1. Is all the information collected, screened by an individual or committee; and,2. Is the objective criteria utilized in development and application for ensuring client/patient care?	<u>C</u>
D.	Has the quality improvement program developed a corrective action plan when problems have been identified?	NC
E.	Has the corrective action plan been followed until the problem has been resolved?	<u>NC</u>
F.	Is the information used to detect trends, patterns of performance that affect more than one component?	<u>C</u>
G.	Is the quality improvement program evaluated at least annually?	<u>C</u>

155.21(21) Building Construction and Safety	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	<u>NA</u>
 B. During construction phases or alterations to buildings is: 1. The level of life safety not diminished; and, 2. Construction in compliance with all applicable federal, state, and local codes? 	NA NA
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	<u>NA</u>
 Does the program have written policies and procedures that provide for a safe environment for clients/patients, personnel and visitors that include: 1. Orientation and review of facility-wide safety policies and practices; 2. A hazard surveillance program; and, 3. The process to dispose of bio-hazardous waste within the clinical service area? 	<u>C</u>
 All program areas: Are stairways, halls, and aisles:	C C C C C C NA NA NA
155.21(22) Outpatient Facility	
 A. Is the facility safe, clean, well-ventilated, properly heated and in good repair? 1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality; 2. Is the furniture in good repair; and, 3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed? 	C C C

		1		
155.2	21(23) Therapeutic Environment			
A.	Does the program establish an environment that enhances the positive self-image of the clients/patient?	<u>C</u>		
B.	Do the grounds have adequate space for the program to carry out its stated goals?	<u>C</u>		
C.	When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?	<u>C</u>		
D.	Are services accessible to people with disabilities or does the program have written policies and procedures that describe how people with disabilities can gain access to necessary services?	<u>C</u>		
E.	Does the program comply with the Americans with Disabilities Act?	<u>C</u>		
F.	Is the reception/waiting room of adequate size with appropriate furniture and does it provide for confidentiality of clients/patients in session or receiving services?	<u>C</u>		
G.	Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	<u>C</u>		
H.	Does the program have written policies and procedures regarding chemical substances in the facility?	<u>C</u>		
l.	Does the program designate and identify specific smoking areas?	<u>c</u>		
J.	 Underage tobacco: The program/person does not sell, give or otherwise supply any tobacco, tobacco products, or cigarettes to any person under 18 years of age; and, A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes. 	<u>C</u>		
K.	Does the program has written policies and procedures that address: 1. Informing client/patients of their legal and human rights at the time of admission; 2. Client/patient communication, opinions, or grievances with a mechanism for redress; 3. Prohibition of sexual harassment; and, 4. Client/patient rights to privacy?	<u>C</u>		
641 -	- 155.22(125) Inpatient, Residential and Halfway House Safety			
155.2	22(1) Health and Fire Safety Inspections			
A.	Does the program document compliance with state fire marshal's rules?	<u>C</u>		
B.	Are all offices where services are provided inspected on an annual basis by the state fire marshal or their designee?	<u>C</u>		
C.	Are food service operations inspected on an annual basis by the Department of Inspection and Appeals or their designee?	<u>C</u>		
D.	If used, are door locks or closed sections approved by the: 1. Fire Marshal; 2. Professional staff; and, 3. Governing body?	<u>C</u> <u>C</u> <u>C</u>		
155.22(2) Emergency Preparedness				
A.	Does the program have a written emergency preparedness program?	<u>C</u>		
B.	Does the written plan provide for client/patient care to be continued during a crisis?	<u>C</u>		

641 -	- 155.23(125) Inpatient, Residential and Halfway House Service	
155.	23(1) Hours of Operation	
A.	Does the program operate seven days a week, 24 hours a day?	<u>C</u>
155.	23(2) Meals	
A.	Does the program provide a minimum of three meals per day?	<u>C</u>
B.	Does the program make provisions to make available necessary meals to clients/patients who are not present at meal time?	<u>C</u>
C.	Are menus prepared in consultation with a dietitian?	<u>C</u>
D.	If client/patients are allowed to prepare meals, does the program document conformity with commonly accepted procedures of hygiene for food preparation?	<u>C</u>
155.	23(3) Consultation With Counsel	
A.	Does the inpatient, residential, and halfway house program have policies and procedures that ensure clients/patients have an opportunity and access to consultation with legal counsel at any reasonable time?	<u>C</u>
155.	23(4) Visitation With Family and Friends	
A.	Do inpatient, residential, and halfway house programs have policies and procedures which ensure opportunities for continuing contact with family and friends?	C
В.	 If visiting opportunities are clinically contra-indicated are: They approved on an individual basis by the treatment supervisor; They subject to review by the executive director; The justification for restrictions documented in the client/patient record; and, The restrictions evaluated for continuing therapeutic effectiveness every seven days by the treatment supervisor and primary counselor? 	NA NA NA NA
C.	Are visiting hours conspicuously displayed at the facility?	<u>C</u>

155.23(5) Telephone Use	
A. Does the inpatient, residential and halfway house program have policies and procedures which allow clients/patients to conduct private telephone conversations with family and friends?	<u>C</u>
 B. If telephone use is clinically contra-indicated are: 1. They approved on an individual basis by the treatment supervisor; 2. They subject to review by the executive director; 3. The justification for restrictions documented in the client/patient record; and, 4. The restrictions evaluated for continuing therapeutic effectiveness every seven days by the treatment supervisor and primary counselor? 	NA NA NA
C. Is access to the telephone made available during reasonable hours as defined in policies and procedures?	<u>C</u>
D. Are emergency calls received at the time of the call or made when necessary?	<u>C</u>
155.23(6) Written Communication	
A. Does the inpatient, residential, halfway house program have policies and procedures that ensur that neither mail nor other communications to or from a client/patient may be intercepted, read, censored?	
155.23(7) Facility	
A. Is the facility safe, clean, well-ventilated, properly heated, in good repair, and free from vermin and rodents?	<u>C</u>
 B. Do client/patient bedrooms include: A sturdily constructed bed; A clean mattress protected with a clean mattress pad; A designated space for personal possessions and for hanging clothing in proximity to the sleeping area; and, Bedroom windows with curtains or window blinds? 	<u>C</u>
 C. Do sleeping areas include: Doors for privacy; Partitioning or placement of furniture to provide privacy for all clients/patients; The number of clients/patients in a room is appropriate to goals of the facility and to the age developmental levels, and clinical needs of the clients/patients; Are clients/patients allowed to keep and display personal belongings and add personal touches to the decoration of the room in accordance with program policy; and, Do staff knock on the door of a client/patient's room before entering? 	C C C C C
D. Are clean linen, towels, and washcloths available minimally on a weekly basis and more often a needed?	S <u>C</u>

E.	Do bathrooms provide residents with facilities necessary for personal hygiene and personal privacy, including: 1. A safe supply of hot and cold running water which is potable;	<u>C</u>
	 Clean towels, electric hand dryers or paper towel dispensers, and an available supply of toilet paper and soap; Natural or mechanical ventilation capable or removing odors; Tubs or showers shall have slip-proof surfaces; 	<u>C</u>
	 5. Partitions or doors which provide privacy if a bathroom has multiple toilet stools; 6. Toilets, wash basins, and other plumbing or sanitary facilities maintained in good operating condition; 	C C
	 7. A ratio of bathroom facilities to residents of one tub or shower per 12 residents, one wash basin per 12 residents, and one toilet per eight residents; and, 8. If the facility is coeducational, does the program designate and so identify separate bathrooms for male and female clients/patients? 	<u> </u>
F.	Is there a written plan outlining procedures to be followed in the event of fire or tornado? 1. Are these plans conspicuously displayed on each floor or dormitory area that clients/patients,	<u>C</u>
	residents, or visitors occupy at the facility; 2. Are these plans explained to all inpatient, residential, and halfway house clients/patients as part of their orientation;	CC
	3. Fire drills are conducted at least monthly; and,4. Tornado drills are conducted during the tornado season from April through October?	<u>C</u>
G.	Are written reports of annual inspections by state or local fire safety officials maintained with records of corrective action taken?	<u>C</u>
H.	Is smoking prohibited in bedrooms?	<u>C</u>
l.	Does the facility have an adequate water supply from an approved source or a private water source that is tested annually?	<u>C</u>
J.	Does the facility allow for the following: 1. Areas in which a client/patient may be alone when appropriate; and, 2. Areas for private conversations with others?	<u>C</u>
K.	Are articles of grooming and personal hygiene appropriate to the client/patient's age, developmental level, and clinical state readily available in a space reserved near the client/patient's sleeping area?	<u>NA</u>
	 If access to potentially dangerous grooming aids or other personal articles is contra-indicated does a member of the professional staff explain to the client/patient the conditions under which the articles may be used? Is the clinical rationale for these conditions documented in the client/patient's case record? 	NA NA
L.	If clients/patients take responsibility for maintaining their own living quarters and for day-to-day house-keeping of the program, are these responsibilities: 1. Clearly defined in writing; 2. Part of the client/patient's orientation program; and,	<u>C</u>
	3. Is staff assistance and equipment provided as needed?	<u>C</u>
M.	Clothing: 1. Are clients/patients allowed to wear their own clothing in accordance with program rules; 2. If clothing is provided by program, is it suited to the climate and appropriate; and, 3. Is a laundry room accessible so clients/patients may wash their clothing?	<u>C</u>
N.	Does the program ensure that the use and location of noise-producing equipment and appliances, such as television sets, radios, and record players does not interfere with clinical and therapeutic activities?	C
Ο.	Does the program provide recreation and outdoor activities, unless contra-indicated for therapeutic reasons?	<u>C</u>

155.2	23(8) Religion-Culture	
A.	Does the inpatient, residential and halfway house program have a written description of its religious orientation, particular religious practices that are observed, and any religious restrictions?	<u>C</u>
B.	Are there written descriptions provided to the parent(s) or guardian, and the placing agency at the time of admission in compliance with 42CFR and HIPAA?	<u>C</u>
C.	Is the information available to adults during orientation?	<u>C</u>
D.	Do client/patients have the opportunity to participate in religious activities and services in accordance with the client/patients own faith or that of a minor client/patients parent (s) or guardian?	<u>C</u>
E.	Does the facility provide/arrange for when necessary and reasonable, transportation for religious activities?	<u>C</u>

Manning Family Recovery Center 410 Main Street Manning, Iowa 51455

Inspection date: April 24, 2013

JUSTIFICATION OF VARIANCE

155.21(4) Staff Development and Training

- C. Orientation was in non-compliance because the program did not document staff orientation to:
 - 2. Medical;
 - 3. Pharmacological, and;
 - 10. Program and community resources.

155.21(20) Quality Improvement

- D. Quality improvement was in non-compliance because the program did not document a corrective action plan when problems have been identified
- E. Quality improvement was in non-compliance because the program did not document following a corrective action plan until problems have been resolved.



lowa Department of Public Health Promoting and Protecting the Health of Iowans

Mariannette Miller-Meeks, B.S.N., M.Ed., M.D. Director

Terry E. Branstad Governor Kim Reynolds Lt. Governor

May 21, 2013

RETURNED RECEIPT

Edward Thompson, CEO *New Sight, Inc.* 2340 Euclid Avenue Des Moines, Iowa 50310

Dear Mr. Thompson:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the initial on-site inspection of *New Sight, Inc.*, 2340 Euclid, Des Moines, Iowa on May 17, 2013. A 270-day license will be recommended to the Substance Abuse/Problem Gambling Program Licensure Committee. We hope the enclosed report will be of assistance for continued and ongoing program improvement.

This report is composed of the following sections:

Maksil

- Licensure Inspection Weighting Report;
- Licensure team's recommendations for licensure;
- Completed programmatic check list which identifies the degree of compliance with specific licensure standards; and,
- A summary of the inspectors' basis for areas found to be in non-compliance with the licensure standards.

Your application for licensure will be reviewed during the Committee's meeting on **June 12, 2013 at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6th floor for the location of the meeting. **Program representation is welcomed, but not required.** If you have questions, please contact me at Robert.Kerksieck@idph.iowa.gov or at (515) 281-3347.

Sincerely,

Bob Kerksieck

Health Facilities Surveyor Bureau of Substance Abuse

BK/rrh encl.

cc: Substance Abuse/Problem Gambling Program Committee

270 insprptcvrltr 6-2013

IOWA DEPARTMENT OF PUBLIC HEALTH DIVISION OF BEHAVIORAL HEALTH LICENSURE INSPECTION WEIGHTING REPORT

for Specific Standards for Assessment and Evaluation Programs

PROGRAM NAME:	New Sight. Inc., Des Moines	

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. To receive a two (2) year license, the program must receive at least a 90% rating in each of the three categories below, for a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Receipt of less than 70% in any one of the three categories shall result in a recommendation of denial or refusal to renew the license. An initial license may be issued for 270 days; however, a license issued for 270 days shall not be renewed or extended.

CATEGORY	PREVIOUS INSPECTION DATE NA			
	RECENT INSPECTION DATE May 17, 2013			
CLINICAL STANDARDS	ITEM VALUES	CURRENT REPORT		
Placement Screening Management of Care Clinical Oversight TOTAL	4 1 1 6	4 1 1 6		

Three (3) years 6.00 - 5.70 = 95% Total Points Available: 6 Two (2) years: 5.69 - 5.40 = 90% Total Points Received: 6 One (1) years: 5.39 - 4.20 = 70% Percent: 100.00 % Denial: 4.19 or below

CATEGORY	PREVIOUS INSPECTION DATE NA			
	RECENT INSPECTION DATE May 17, 2013			
ADMINISTRATIVE STANDARDS	ITEM VALUES	CURRENT REPORT		
Governing Body	3	3		
Executive Director	2	2		
Procedure Manual	2	2		
Fiscal	1	1		
Personnel	17	17		
Staff Training	1	1		
Professional Qualifications	1	1		
TOTAL	27	27		

Three (3) years: 27-26=95% Total Points Available: 27 Two (2) years: 25-25=90% Total Points Received: 27 One (1) year: 24-19=70% Percent 100.00%

Denial: 18 or below

CATEGORY	PREVIOUS INSPECTION DATE NA	
	RECENT INSPECTION DATE May 17, 2013	
PROGRAMMING STANDARDS	ITEM VALUES	CURRENT REPORT
Outpatient Facility Child Abuse/Criminal Records Client Rights Emergency Medical Services Client Case Records Building construction and Safety TOTAL	7 2 7 1 2 3	7 2 7 1 2 3

Three (3) years: Two (2) years: One (1) year: Denial: 15 or below 22 - 21 = 95% 20 - 20 = 90% 19 - 16 = 70%

Total Points Available: 22 Total Points Received: 22 100.00 % Percent

IOWA DEPARTMENT OF PUBLIC HEALTH DIVISION OF BEHAVIORAL HEALTH LICENSURE INSPECTION WEIGHTING REPORT for Assessment and Evaluation Programs

New 2340 Des	GRAM'S NAME, ADDRES Sight Inc. Euclid Avenue Moines, Iowa 50310 ne: 515-263-0019 Fax: 5				on: <u>Eker</u>	mtekem@newsightinc.com
COU	LICATION RECEIVED: INTIES SERVED: E OF INSPECTION	February 15, 20 Polk May 17, 2013	013 with update	es March, 2013; Apri	il 2, 2013	3 and April 8, 2013.
INSF	PECTOR: Bob Kerksieck					
2340	(S) VISITED: Euclid Avenue Moines, Iowa 50310					
	FF: f Executive Officer: ity Assurance Coordinator:	Edward Thom Cathy Perkins				
	MARY OF SERVICES PR ssment and Evaluation for		lescents.			
	RENT LICENSURE STAT I Application.	US:				
REC	OMMENDATION: It is rec Issued a license for a per Issued a license for a per Issued a license for a per Issued a license for a per Denied a license	iod of three year iod of two years iod of one year o	rs effective effective effective		to to to	March 8, 2014
PURPOSE: Chapter 125 of the code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program form the department						
C NC NA	Full Compliance – The proactivities and documentate Non-Compliance – The proposes Not Apply – The sta	ion. Point(s) giv	ven/awarded. t meet the inten	t of the standard. Po	oint(s) no	ot given/awarded.

641-	-155.5(4) Application Update or Revision	
A.	Since the last licensure visit, has the program notified the department 30 days prior to any changes(s) of address of offices, facilities, or program locations; or additions or deletions of the type(s) of services or programs provided and licensed?	<u>NA</u>
641-	155.25(2) Governing Body	
A.	Does the procedures manual contain definitions of the legal authority and organization of the governing body?	<u>NA</u>
B.	Is the governing body representative of the community begin served?	NA
C.	Is the governing body ultimately responsible for overall program operations?	<u>NA</u>
D.	Do written by-laws define: 1. The powers and duties of the governing body; 2. Committees; 3. Advisory groups; and, 4. The executive director?	NA NA NA NA
E.	Do written by-laws minimally specify; 1. Type of membership; 2. The term of appointment; 3. Frequency of meetings; 4. Attendance requirements; and, 5. The quorum necessary to transact business?	NA NA NA NA NA
F.	Are minutes of all meetings by the governing body kept? Do the minutes include: 1. Date of the meeting; 2. Names of members attending; 3. Topics discussed; and, 4. Decisions reached and actions taken?	NA NA NA NA
G.	Do the duties of the governing body include: 1. Appointment of a qualified executive director; 2. Establish controls to ensure quality services are delivered; 3. Review and approval of the annual budget; and, 4. Approve all contracts?	NA NA NA NA
H.	Has the governing authority developed and approved the policies?	NA
I.	Is the governing authority responsible for all funds, equipment and the physical facilities?	NA
J.	 Has the governing body prepared an annual report which includes: Name, address, occupation and place of employment of each member; Relationships a member of the governing authority may have with a program staff member; and, The name and address of owners or controlling parties? 	NA NA NA
K.	Does the governing body assume responsibility in seeing that the program has: 1. Malpractice insurance; 2. Liability insurance; and, 3. A fidelity bond?	<u>C</u>
155.2	25(3) Executive Director	
A.	Has the governing body appointed an executive director who has primary responsibility for the overall programs operation?	<u>C</u>
B.	Are the duties of the executive director clearly defined?	<u>C</u>

155.	25(4)	Clinical Oversight	
A.	Does the	e program have appropriate clinical oversight?	<u>C</u>
155.	25(5)	Staff Development and Training	
A.	Does the	e program have policies and procedures establishing staff development?	С
B.	Is there	documentation that staff are certified, licensed, or have professional education?	NA
C.	 Psy Med Pha Cor Tub HIV Cul Cor 	ted to include: vchosocial; dical; armacological; nfidentiality; perculosis; //AIDS; tural specificity of diverse populations; mmunity resources; eening; and, aluation	NA N
D.		members informed of new developments in the field of substance abuse screening, on and placement?	NA
E.	Has the	program documented on-going job-related education?	NA
155.	25(6)	Management Information System	
A.		e program submit client/patient data to the Department in accordance with reporting procedures?	<u>NA</u>
155.	25(7)	Procedures Manual	
A.		program developed and maintained a policies and procedures manual which reflects the 's activities?	С
B.	Do revisi	ions to procedures contain date, name and title of persons making the revisions?	<u>C</u>
155.	25(8)	Fiscal Management	
A.	Is the fis	cal management system maintained in accordance with generally accepted accounting s?	NA
В.	Is the O\	VI evaluation schedule made public?	NA
C.	Is the cli	ent informed of the fee schedule at the time of scheduling the evaluation?	NA
D.	Does the	e program maintain insurance to provide protection for physical and financial resources of ram, people, buildings and equipment?	C
		surance program reviewed on an annual basis by the governing authority?	NA

155.2	5(9) Personnel	
A.	Do personnel policies and procedures include the following: 1. Recruitment, selection, and certification of staff members; 2. Wage and salary administration; 3. Promotions; 4. Employee benefits; 5. Working hours; 6. Vacation and sick leave; 7. Lines of authority; 8. Rules of conduct; 9. Disciplinary actions and termination of employees; 10. Methods for handling inappropriate client care; 11. work performance appraisal; 12. Employee accidents and safety; 13. Employee grievances; and, 14. Policy on staff persons suspected of using or abusing substances?	
В.	Does the program have an equal employment opportunity policy and affirmative action plan?	<u>C</u>
C.	Do job descriptions accurately reflect the actual duties performed by the staff member?	<u>C</u>
D.	Are personnel performance evaluations conducted on an annual basis?	<u>NA</u>
E.	Is there evidence the evaluation is reviewed with the employee?	<u>NA</u>
F.	Is the employee given an opportunity to respond to the evaluation?	NA
G.	 Are personnel records kept on each staff member which contain: Verification of training, experience and professional credentials relevant to the position; Job performance evaluations; Incident reports; Disciplinary actions taken; and, Documentation of review and adherence to confidentiality regulation prior to the assumption of duties? 	NA NA NA NA NA
H.	Are there policies and procedures ensuring confidentiality of personnel records and delineation of person authorized to access the records?	<u>C</u>
I.	Does the program ensure all staff and volunteers have a TB signs and symptoms screen before working with clients, and annual TB signs and symptoms screen, and have baseline TB testing?	NA
155.2	5(10) Professional Qualifications	
A.	Is there evidence that personnel conducting screenings, placements, and assessments are certified by IBSAC or other approved boards or have appropriate education, training, or experience in the substance abuse field?	<u>NA</u>
B.	Is there evidence of subscription to a code of conduct for the sole practitioner?	<u>C</u>

155.2	25(11) Child Abuse/Criminal Records Check	
A.	Does the program have written policies and procedures that prohibit mistreatment, neglect or abuse of children and specify reporting and enforcement procedures?	<u>C</u>
B.	Does the program have policies which require reporting violation immediately to the director and Department of Human Services?	<u>C</u>
C.	Does the program have policies which subject an employee found in violation to the program's policies on dismissal?	NA
D.	 For employees working with juveniles, does personnel record contain: Documentation of a criminal records check with the lowa Division of Criminal Investigation for all new applicants; A written statement by new applicants disclosing any substantiated reports of child abuse, neglect, or sexual abuse; Documentation of a check with the lowa Central Child Abuse Registry of any substantiated reports of abuse prior to permanent employment; and, For staff members with a substantiated criminal or child abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS? 	NA NA NA
E.	Does each treatment staff member complete two hours of training related to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment?	NA
F.	Does each treatment staff complete at least two hours of additional training every five years thereafter?	<u>NA</u>
155.2	25(12) Client Case Records maintenance and 155.25(14) Client Case Records Contents	
	the program have written policies and procedures governing the compilation, maintenance, ge and dissemination of individual client case records?	<u>C</u>
Mai n A.	tenance Does the program ensure records are kept in a suitably locked room or file cabinet?	NA
B.	Are contents of the client case records kept uniform?	NA
C.	Are entries in the client case record signed and dated?	NA
D.	Are records readily accessible to authorized staff?	NA
Rele A.	ase of Information; 42 CFR, Part 2 Does the program have written policies and procedures to address confidentiality of client records?	<u>C</u>
В.	Does the format for the disclosure of client information contain? 1. The name of the program which is to make the disclosure; 2. The name, title, or organization to which the disclosure is to be make; 3. The name of the client; 4. The purpose or need for the disclosure; 5. The information to be released; 6. Revocation statement; 7. The date the consent form is signed; and, 8. Space for the client signature?	NA NA NA NA NA NA NA NA
C.	Is the release signed prior to releasing information?	NA
D.	Is the client informed of the information and purpose of the release prior to signing?	NA
E.	Did the client sign the release voluntarily?	NA
F.	In the event that the program releases information without the client's consent, did the program follow proper procedures?	NA
G.	Following an unauthorized disclosure, did the program inform the client of the disclosure?	NA

Cont	ents	
A.	Does the client case record contain: 1. Examinations, test; and,	NA
	2. Placement screening and admission forms?	NA
B.	Reports from referral source?	NA
C.	Reports from outside resources?	<u>NA</u>
D.	Multidisciplinary case conferences (staffing)?	NA
E.	Correspondence related to the client (letters, phone calls, etc.)?	NA
F.	Release forms?	<u>NA</u>
G.	Record of service provided?	NA
H.	Appropriate data forms (SARS)?	<u>NA</u>
155.2	25(13) Placement Screening, Admission and Assessment Records Reviewed	
A.	Does the program have written policies and procedures to address the placement, evaluation and assessment process?	<u>C</u>
B.	Does the placement screening process contain:	0
	 Procedures to be followed when accepting referrals from outside resources. Types of records kept on individuals applying for services. 	C
	3. Does the screening include evaluation of the ASAM-PPC2 criteria in all six categories?	С
C.	Does the client orientation contain: 1. Evaluation costs to be borne by the client;	NA
	 Evaluation costs to be borne by the client; Client rights; and responsibilities; and, 	NA
	3. Confidentiality?	NA
D.	Is there sufficient information collected in the screening and evaluation process so that a recommendation can be made for placement into a level of care?	<u>NA</u>
E.	Are the results of the screening and evaluation process explained to the client and family?	NA
F.	Are programs which are conducting screenings and evaluations on persons convicted of operating a motor vehicle while intoxicated (OWI), Iowa Code sections 321J.2, and persons whose driver's license or nonresident operating privileges are revoked under chapter 321J, doing so in accordance with and adherence to 641 IAC Chapter 157?	NA
455	·	
	25(15) Emergency Medical Services	
Α.	Does the program ensure that emergency medical services are available by an affiliation agreement or contract or written policies and procedures?	<u>C</u>
155.2	25(16) Management of Care	
A.	Does the program ensure appropriate level of care utilization by implementing the written placement screening?	<u>C</u>
155.2	25(17) Building construction and Safety	
A.	Does the program have written policies/procedures to provide a safe environment that includes: 1. Maintenance; 2. Supervision; and, 3. Safe use?	<u>C</u>
B.	Does the orientation of new employees include general facility-wide safety practices?	NA

155.	25(18) Outpatient Facility	
A.	Is the facility safe, clean, well-ventilated, properly heated and in good repair?	<u>C</u>
B.	Is the facility appropriate for the services it provides, as well as protecting client confidentiality?	<u>C</u>
C.	Is the furniture clean and in good repair?	<u>C</u>
D.	Are there annual inspection by state of local fire safety official?	<u>NA</u>
E.	Is there a written plan outlining procedures in the event of fire and tornado that is conspicuously displayed?	<u>C</u>
F.	Are services accessible to people with disabilities or does the program have written policies and procedures that describes how people with disabilities can gain access to necessary services?	<u>C</u>
G.	Does the program ensure confidentiality of clients receiving services?	<u>C</u>
Н.	Does the program prohibit smoking except in designated areas?	<u>C</u>
	Does the program prohibit smoking except in designated areas? 25(19) Client Rights	<u>C</u>
		<u>C</u>
155.	25(19) Client Rights Does the program maintain written policies and procedures that ensure that the legal and human	<u>C</u>
155. :	25(19) Client Rights Does the program maintain written policies and procedures that ensure that the legal and human rights of clients are observed and protected?	C C C C C C C C C C C C C C C C C C C



lowa Department of Public Health Promoting and Protecting the Health of Iowans

Mariannette Miller-Meeks, B.S.N., M.Ed., M.D. Director

Terry E. Branstad Governor Kim Reynolds Lt. Governor

May 29, 2013

Shawn Stepp, Director Sedlacek Treatment Center Mercy Medical Center 5975 Rockwell Drive, N.E. Cedar Rapids, Iowa 52402

Dear Mr. Stepp:

This office has received the final required documentation relating to the programs recent Joint Commission accreditation. Receipt of these documents completes the programs application for relicensure. A recommendation will be made to the Substance Abuse/Problem Gambling Program Licensure Committee that the program be granted a license through deemed status. The licensed period shall run April 23, 2013 to January 11, 2016.

The recommendation will be presented to the Substance Abuse/Problem Gambling Program Licensure Committee at its meeting on Wednesday, June 12, 2013 at 9:00 am at the Lucas State Office Building. Please see the receptionist on the sixth floor for location of the meeting. *Program participation is welcome but not required.*

Thank you for completing the application and congratulations on your accreditation. Should you have any questions please contact me at Jeffrey.gronstal@idph.iowa.gov or (515) 242-6162.

Sincerely,

Jeff Gronstal Health Facilities Surveyor

Division of Behavioral Health

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JG/rrh

cc: Substance Abuse/Problem Gambling Program Licensure Committee

Deemed Status 2013