AGENDA
SUBSTANCE ABUSE/PROBLEM GAMBLING PROGRAM LICENSURE COMMITTEE
DECEMBER 12, 2012 9:00 AM
DIRECTOR'S CONFERENCE ROOM, 6th FLOOR
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 November 14, 2012 Minutes

II. Substance Abuse/Problem Gambling Licensure – Jeff Gronstal, Cynthia Kelly and Bob Kerksieck
- A. Substance Abuse Licensure Recommendations
  1. One (1) and Two (2) Year License
     a. Resolutions Substance Abuse Services, Iowa City (1 yr.)
     b. Northwest Iowa Mental Health Center, dba Seasons Center for Behavioral Health, Spencer (2 yr.)
  2. Deemed Status License
     a. Unity HealthCare/New Horizons, Chemical Dependency Services, Muscatine

III. Proposed Changes/Edits to the Iowa Administrative Code – Bob Kerksieck

IV. Draft of the Complaint Process – Jeff Gronstal

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

November 8, 2012

RETURNED RECEIPT

Nelson Mellado, Executive Director
Resolutions Substance Abuse Services
220 Lafayette Street
Iowa City, Iowa 52240

Dear Mr. Mellado:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the re-licensure on-site evaluation of *Resolutions Substance Abuse Services*, 220 Lafayette Street, Iowa City, Iowa, on November 5, 2012. **A one (1) 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;
- 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 **December 12, 2012, 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 Cynthia.Kelly@idph.iowa.gov or at (515) 281-4640.

Sincerely,

Cynthia Kelly

Cynthia Kelly
Health Facilities Surveyor
Bureau of Substance Abuse

CK/rrh
encl.

cc: Substance Abuse/Problem Gambling Program Committee

insprptcvrltr 11-2012

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

PROGRAM NAME: Resolutions Substance Abuse Services, Iowa City, 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: February 22, 2011
RECENT INSPECTION DATE: November 5, 2012

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	17	17	17
Treatment Plan	17	18	17
Progress Notes	12	12	11
Urinalysis	4	4	4
Medical Services	3	2	3
Management of Care	7	5	7
Quality Improvement	11	8	0
TOTAL	71	66	59

Three (3) years 71 – 68 = 95%
Two (2) years: 67 – 64 = 90%
One (1) years: 63 – 50 = 70%
Denial: 49 or below

Total Points Available: 71
Total Points Received: 59
Percent: 83.10%

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body	25	25	25
Executive Director	1	1	1
Clinical Oversight	4	4	4
Staff Training	20	12	20
Procedure Manual	4	4	4
Fiscal	4	3	4
Personnel	26	23	23
Child Abuse/Criminal Records	4	5	4
TOTAL	88	77	85

Three (3) years: 88 – 84 = 95%
Two (2) years: 83 – 80 = 90%
One (1) year: 79 – 62 = 70%
Denial: 61 or below

Total Points Available: 88
Total Points Received: 85
Percent 96.59%

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Client/Patient Case Records	30	32	29
Emergency Medical Services	4	4	4
Medication Control	0	0	0
Building Construction and Safety	12	12	12
Outpatient Services	4	4	4
Therapeutic environment	14	14	14
TOTAL	64	66	63

Three (3) years	64 – 61 = 95%
Two (2) years:	60 – 58 = 90%
One (1) year:	57 – 45 = 70%
Denial:	44 or below

Total Points Available:	64
Total Points Received:	63
Percent:	98.44%

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

PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:

Resolutions Substance Abuse Services
220 Lafayette St.
Iowa City, Iowa 52240
Phone: (319) 351-9760 FAX: (319) 351-9760 E-Mail Address: nelresolutions@yahoo.com

APPLICATION RECEIVED: October 3, 2012 COUNTIES SERVED: Cedar, Henry, Johnson, Linn, Muscatine

DATE OF INSPECTION: November 5, 2012 TECHNICAL ASSISTANCE: NA

INSPECTORS:
Cynthia Kelly
Jeff Gronstal
Robert Kerksieck

SITE(S) VISITED:

220 Lafayette St.
Iowa City, Iowa 52240

STAFF:
Board Chairperson: Nelson Mellado
Executive Director: Nelson Mellado
Fiscal Director: Nelson Mellado

SUMMARY OF SERVICES PROVIDED: The program provides adult and juvenile levels I and II.1 substance abuse treatment services.

CURRENT LICENSURE STATUS:
The program is currently operating on a two year license effective February 4, 2011 to February 4, 2013.

RECOMMENDATION: It is recommended that the program be—
☐ Issued a license for a period of three years effective _____ to _____
☐ Issued a license for a period of two years effective _____ to _____
☒ Issued a license for a period of one year effective February 4, 2013 to February 4, 2014
☐ Issued a license for 270 days effective _____ to _____
☐ Denied a license

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 from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.

C Full Compliance – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.
NC Non-Compliance – The program does not meet the intent of the standard. Point(s) not given/awarded.
NA Does Not Apply – The standard does not apply to the program. Point(s) not given/awarded.

641—155.21 (1) Governing Body	
Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and liability insurance.	
A. Has the program designated a governing body responsible for overall program operations?	C
B. Do written by-laws define:	
1. The powers and duties of the governing body;	C
2. Committees;	C
3. Advisory groups; and,	C
4. The executive director?	C
C. Do written by-laws minimally specify;	
1. Type of membership;	C
2. The term of appointment;	C
3. Frequency of meetings;	C
4. Attendance requirements; and,	C
5. The quorum necessary to transact business?	C
D. Are minutes of all meetings by the governing body kept?	C
Do the minutes include:	
1. Date of the meeting;	C
2. Names of members attending;	C
3. Topics discussed;	C
4. Decisions reached and actions taken.	C
E. Do the duties of the governing body include:	
1. Appointment of a qualified executive director;	C
2. Establish controls to ensure quality services are delivered;	C
3. Review and approval of the annual budget; and,	C
4. Approve all contracts?	C
F. Has the governing authority developed and approved the policies?	C
G. Is the governing authority responsible for all funds, equipment and the physical facilities?	C
H. Has the governing body prepared an annual report which includes:	
1. Name, address, occupation and place of employment of each member;	C
2. Relationships a member of the governing authority may have with a program staff member; and,	C
3. The name and address of owners or controlling parties?	C
I. Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	C
155.21(2) Executive Director	
A. Has the governing body appointed an executive director whose qualifications and duties are delineated?	C
155.21(3) Clinical Oversight	
A. Does the program have appropriate clinical oversight provided in house or through consultation?	C
B. Does clinical oversight include:	
1. Assisting in development of clinical policies and procedures;	C
2. Assisting in the training of staff; and,	C
3. Assistance to clinical staff providing direct services.	C

155.21(4) Staff Development and Training	
A. Does the program have policies and procedures establishing a staff development and training program?	C
B. Is there documentation that staff are certified, licensed or have professional education?	C
C. Or oriented to include:	
1. Psychosocial;	C
2. Medical;	C
3. Pharmacological;	C
4. Confidentiality;	C
5. Tuberculosis and blood-borne pathogens;	C
6. HIV/AIDS;	C
7. Cultural specificity of diverse populations; and,	C
8. Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;	C
9. Counseling skill development; and,	C
10. Program and community resources?	C
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?	C
E. Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	C
F. Are in-service programs instituted when program operations or functions are changed?	C
G. Has the program conducted an annual training needs assessment?	C
H. Has the program developed an annual staff development training plan based on the needs assessment?	C
I. Are minutes of on-site training kept which include:	
1. Dates of the meeting;	C
2. Names of persons attending;	C
3. Topics discussed, including name and title of presenters.	C
155.21(6) Procedures Manual	
A. Has the program developed and maintained a policies and procedures manual?	C
B. Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	C
C. Does the manual have a working table of contents covering all policies and procedures?	C
D. Are revisions entered containing date, name and title of persons making the revisions?	C
155.21(7) Fiscal Management	
A. Does the program maintain an annual written budget which is reviewed and approved on an annual basis?	C
B. Has an independent fiscal audit been conducted on an annual basis?	C
C. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment?	C
D. Is the insurance program reviewed on an annual basis by the governing authority?	C

155.21(8) Personnel	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	C
2. Recruitment and selection of volunteers;	C
3. Wage and salary administration;	C
4. Promotions;	C
5. Employee benefits;	C
6. Working hours;	C
7. Vacation and sick leave;	C
8. Lines of authority;	C
9. Rules of conduct;	C
10. Disciplinary action and termination;	C
11. Methods for handling inappropriate client/patient care;	C
12. Work performance appraisal;	C
13. Employee accidents and safety;	C
14. Employee grievances; and,	C
15. Policy on staff persons suspected of using or abusing substances?	C
B. Does the program have an equal employment opportunity policy and affirmative action plan?	C
C. Does the program maintain written job descriptions describing the actual duties of the staff?	C
D. Are personnel performance evaluations performed on an annual basis?	NC
E. Is the employee able to respond to the evaluation?	NC
F. Are personnel records kept on each employee to include;	
1. Verification of training, experience and professional credentials;	C
2. Job performance evaluations;	NC
3. Incident reports;	NA
4. Disciplinary actions taken; and,	NA
5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?	NA
G. Does the program have written policies and procedures ensuring confidentiality of personnel records?	C
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?	C
I. Are there policies and procedures prohibiting sexual harassment?	C
J. Are there policies implementing the Americans with Disabilities Act?	C
K. Does the program maintain an accepted code of conduct for all staff?	C

155.21(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?	C
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?	C
2. Subject an employee to dismissal if found in violation to the program's policies?	C
C. For employees working within a juvenile service area, or with dependent adults, do personnel records contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	NA
2. A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;	NA
3. Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	NA
4. 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?	NA
D. Have each clinical staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	C
155.21(10) Client/Patient Case Record Maintenance	
A. 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, Iowa Code Chapter 228 and 42 CFR, Part 2, as applicable;	C
2. Content and format of client/patient records are kept uniform; and,	C
3. Entries in the client/patient case record are signed and dated.	C
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	C
C. Are records readily accessible to authorized staff?	C
D. Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	C
E. Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable	
1. Does the format for the disclosure of client/patient information contain:	
a. The name of the program which is to make the disclosure;	C
b. The name, title, or organization to which the disclosure is to be made;	C
c. The name of the client/patient;	C
d. The purpose or need for the disclosure;	C
e. The information to be released;	C
f. Revocation statement;	C
g. The date the consent form is signed;	C
h. Space for the client/patient's signature; and,	C
i. Expiration date or condition?	C
2. Is the release signed prior to releasing information?	C
3. Is the client/patient informed of the information and purpose of the release prior to signing?	C
4. Did the client/patient sign the release voluntarily?	C
5. In the event that the program releases information without the client/patient's consent, did they follow proper procedures?	NA
6. Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?	NA

F. 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.	NA
G 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—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..	NA
155.21(14) Client/Patient Case Record Contents	
A. Does the client/patient case record contain:	
1. Physical examination and lab tests; and,	C
2. Placement screening and admission forms;	C
3. Reports from referral sources;	C
4. Treatment plans;	C
5. Continued service and discharge reviews;	C
6. Medication records;	NA
7. Reports from outside resources;	NA
8. Multidisciplinary staffing notes;	C
9. Correspondence related to the client/patient (letters, phone calls, etc.);	C
10. Treatment consent forms, if applicable;	NA
11. Release forms;	C
12. Progress notes;	NC
13. Records of service provided;	C
14. Discharge summaries;	C
15. Management information system, and	C
16. Records of financial counseling services for problem gambling clients, including,	NA
17. A.A budget, and	NA
18. B. Discussing financial debt options, including restitution and bankruptcy.	NA
155.21(11) Placement Screening, Admission and Assessment Records Reviewed 8	
A. Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?	C
B. Does the placement screening process contain:	
1. Information gathered upon screening or admission;	C
2. Procedures to be followed when accepting referrals from outside resources;	C
3. Records kept on individuals applying for services; and,	C
4. Evaluates the ASAM 6 categories or other approved criteria for substance abuse?	C
5. Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?	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?	NA
C. Does the admission process contain:	
1. An overall assessment of the information gathered; and,	C
2. Conducted within the time frame for this substance abuse level of care?	C
3. Conducted within 30 days for problem gambling clients/patients?	NA
D. Is there sufficient information collected in order to develop a treatment plan?	C
E. Are the results of the admission process explained to the client/patient and family?	C

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

155.21(15) Drug Screening	
A. Does the program have written policies and procedures to conduct urine collection and drug testing?	C
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.?	C
C. Does the program comply with all CLIA regulations?	C
D. Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	C
155.21(16) Medical Services	
A. Does the program have written policies and procedures to address medical services?	C
B. Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission?	C
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)?	NA
2. Levels III.3 or III.5 (7 days of admission)?	NA
3. Level III.1 (21 days of admission)?	NA
D. Are physical, laboratory work and medical histories completed by referrals older than 90 days?	C
E. Have all halfway house, high risk outpatient and residential clients/patients received a TB test to be administered and read within five days of admission?	NA
155.21(17) Emergency Medical Services	
A. Does the program have written policies and procedures that address emergency services?	C
B. Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis?	C
C. Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis?	C
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?	C
155.21(18) Medication Control	
A. Does the program have written policies and procedures that address medication control?	NA
B. Does the program maintain a list of qualified personnel authorized to administer medications?	NA
C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	NA
D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	NA
E. Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	NA
F. Is the medication storage maintained as follows:	
1. In accordance with security requirements of federal, state, and local laws;	NA
2. Refrigerated, if required;	NA
3. Separated from food and other items;	NA
4. Stored in original containers; and,	NA
5. Are external substances stored separately from internal and injectable medications?	NA

G.	Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	NA
H.	Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?	NA
155.21(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?	C
B.	Is the program exercising proper utilization and effective use for levels of care in the following?	
	1. Placement screening;	C
	2. Continued service reviews; and,	C
	3. Discharge reviews.	C
C.	Is the discharge planning started at the time of admission?	C
D.	Does the discharge plan address:	
	1. Ongoing client/patient needs; and,	C
	2. Post treatment needs?	C
155.21(20)	**Quality Improvement**	
A.	Does the program have a written quality improvement plan?	NC
B.	Does the written plan contain the following:	
	1. Objectives;	NC
	2. Organization;	NC
	3. Scope; and,	NC
	4. Mechanisms for oversight?	NC
C.	Does the quality improvement plan address the following:	
	1. Is all the information collected, screened by an individual or committee; and,	NC
	2. Is the objective criteria utilized in development and application for ensuring client/patient care?	NC
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?	NC
F.	Is the information used to detect trends, patterns of performance that affect more than one component?	NC
G.	Is the quality improvement program evaluated at least annually?	NC

155.21(21) Building Construction and Safety	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	C
B. During construction phases or alterations to buildings is:	
1. The level of life safety not diminished; and,	NA
2. Construction in compliance with all applicable federal, state, and local codes?	NA
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	NA
D. 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;	C
2. A hazard surveillance program; and,	C
3. The process to dispose of bio-hazardous waste within the clinical service area?	C
E. All program areas:	
1. Are stairways, halls, and aisles:	
a. Of substantial non-slippery material;	C
b. Adequately lighted;	C
c. Free from obstruction; and,	C
d. Equipped with handrails on stairways?	C
2. Do radiators, registers, steam/hot water pipes, electrical outlets, and switches have protective covering, insulation and/or wall plates?	C
3. For juvenile facilities, are fuse boxes under lock and key or six feet above the floor?	C
4. Do facilities have written procedures for handling and storage of hazardous materials?	C
5. Do facilities have policies and procedures for weapons removal?	C
6. Do swimming pools:	
a. Conform to state and local health and safety regulations; and,	NA
b. Ensure that adult supervision is provided when children use the pool?	NA
7. Do facilities have policies regarding fishing ponds, lakes, or any bodies of water located on or near the program and accessible to the client/patient?	NA
155.21(22) Outpatient Facility	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	C
1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;	C
2. Is the furniture in good repair; and,	C
3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?	C

155.21(23) Therapeutic Environment	
A. Does the program establish an environment that enhances the positive self-image of the clients/patient?	C
B. Do the grounds have adequate space for the program to carry out its stated goals?	C
C. When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?	NA
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?	C
E. Does the program comply with the Americans with Disabilities Act?	C
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?	C
G. Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	C
H. Does the program have written policies and procedures regarding chemical substances in the facility?	C
I. Does the program designate and identify specific smoking areas?	C
J. Underage tobacco:	
1. 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,	C
2. A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.	C
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;	C
2. Client/patient communication, opinions, or grievances with a mechanism for redress;	C
3. Prohibition of sexual harassment; and,	C
4. Client/patient rights to privacy?	C

Resolutions Substance Abuse Services
220 Lafayette St.
Iowa City, Iowa 52240

Inspection date: November 5, 2012

JUSTIFICATION OF VARIANCE

155.21(8) Personnel

D. Personnel was in non-compliance because the program did not document annual performance evaluations.

E. Personnel was in non-compliance because the program did not document employee's ability to respond to annual performance evaluations.

F.2. Personnel was in non-compliance because the program did not document job performance evaluations in the personnel records.

155.21(14) Client/Patient Case Record Contents

A.12. Client/Patient Case Record Contents because they did not contain the required number of individual progress notes in client files 01, 03, 04, 05, 06, and 08.

155.21(13) Progress Notes

A.2. Progress Notes were in non-compliance because they did not contain the required number of individual progress notes in client files 01, 03, 04, 05, 06, and 08.

155.21(20) Quality Improvement

A.-G. Quality Improvement was in con-compliance because they didn't have a defined plan and did not conduct quality improvement activities during the licensed period.

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

November 20, 2012

RETURNED RECEIPT

Kim Scorza, Executive Director
Seasons Center for Behavioral Health
201 E. 11th Street
Spencer, Iowa 51301

Dear Ms. Scorza:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the re-licensure on-site evaluation of *Seasons Center for Behavioral Health*, 201 E. 11th Street, Spencer, Iowa, on November 19, 2012. **A two (2) 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;
- 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 **December 12, 2012, 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

insprptcvrltr 11-2012

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

PROGRAM NAME: NW Iowa Mental Health Center, dba Seasons Center for Behavioral Health, Spencer

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: April 9, 2012
RECENT INSPECTION DATE: November 19, 2012

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A;
1. SUBSTANCE ABUSE TREATMENT PROGRAM _____
2. PROBLEM GAMBLING TREATMENT PROGRAM _____
3. COMBINED SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAM X

CATEGORY:			
CLINICAL STANDARDS	ITEMS VALUES	PREVIOUS REPORT	RECENT REPORT
Placement Screening	17	3	17
Treatment Plan	18	1	18
Progress Notes	12	1	12
Drug Screening	4	1	4
Medical Services	4	1	4
Management of Care	7	1	7
Quality Improvement	5	5	0
TOTAL	67	13	62

Three (3) years 67 – 64 = 95%
Two (2) years: 63 – 61 = 90%
One (1) years: 60 – 47 = 70%
Denial: 46 or below

Total Points Available: 67
Total Points Received: 62
Percent: 92.54%

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body	25	23	25
Executive Director	1	1	1
Clinical Oversight	4	1	4
Staff Training	17	1	17
Procedure Manual	4	3	4
Fiscal	4	4	4
Personnel	27	21	27
Child Abuse/Criminal Records	8	3	8
TOTAL	90	57	90

Three (3) years: 90 – 86 = 95%
Two (2) years: 85 – 81 = 90%
One (1) year: 80 – 63 = 70%
Denial: 62 or below

Total Points Available: 90
Total Points Received: 90
Percent 100%

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Client/Patient Case Records	33	6	33
Emergency Medical Services	4	2	4
Medication Control	1	1	1
Building Construction and Safety	11	9	11
Outpatient Services	4	4	4
Therapeutic environment	15	15	15
TOTAL	68	37	68

Three (3) years	68 – 65 = 95%
Two (2) years:	64 – 62 = 90%
One (1) year:	61 – 48 = 70%
Denial:	47 or below

Total Points Available:	68
Total Points Received:	68
Percent:	100%

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

PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:
Seasons Center for Behavioral Health (NW Iowa Mental Health Center)
201 E. 11th Street
Spencer, Iowa 51301
800-242-5101 FAX: 712-262-3826 e-mail Address: kscorza@seasonscenter.org or info@seasonscenter.org

APPLICATION RECEIVED: October 4, 2012 COUNTIES SERVED: Buena Vista, Clay, Dickinson, Emmet, Lyon, O'Brien, Osceola, Palo Alto, Sioux

DATE OF INSPECTION: November 19, 2012 TECHNICAL ASSISTANCE: September 24, 2012

INSPECTOR: Bob Kerksieck and Jeff Gronstal

SITE VISITED:
201 E. 11th Street
Spencer, Iowa 51301

STAFF:

Board Chairperson:	Phil Bootsma	Medical Director: M.	Christine Segreto
Executive Director:	Kim Scorza	Director of Finance:	Dan Ries
Director of Operations:	Aaron McHone	Clinical Supervisor:	Brenna Koedam

SUMMARY OF SERVICES PROVIDED: The program provides Adult and Juvenile levels l, ll.1 and II.5 substance abuse treatment services; and problem gambling treatment services.

CURRENT LICENSURE STATUS:
The program is currently operating on a 270 day license effective May 9, 2012 to February 2, 2013

RECOMMENDATION: It is recommended that the program be—

- ☐ Issued a license for a period of three years effective_____ to _____
- ☒ Issued a license for a period of two years effective February 2, 2013 to February 2, 2015
- ☐ Issued a license for a period of one year effective_____ to _____
- ☐ Issued a license for 270 days effective_____ to _____
- ☐ Denied a license

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 from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.

C Full Compliance – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.
NC Non-Compliance – The program does not meet the intent of the standard. Point(s) not given/awarded.
NA Does Not Apply – The standard does not apply to the program. Point(s) not given/awarded.

641—155.21 (1) Governing Body	
Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and liability insurance.	
A. Has the program designated a governing body responsible for overall program operations?	C
B. Do written by-laws define:	
1. The powers and duties of the governing body;	C
2. Committees;	C
3. Advisory groups; and,	C
4. The executive director?	C
C. Do written by-laws minimally specify;	
1. Type of membership;	C
2. The term of appointment;	C
3. Frequency of meetings;	C
4. Attendance requirements; and,	C
5. The quorum necessary to transact business?	C
D. Are minutes of all meetings by the governing body kept?	C
Do the minutes include:	
1. Date of the meeting;	C
2. Names of members attending;	C
3. Topics discussed;	C
4. Decisions reached and actions taken.	C
E. Do the duties of the governing body include:	
1. Appointment of a qualified executive director;	C
2. Establish controls to ensure quality services are delivered;	C
3. Review and approval of the annual budget; and,	C
4. Approve all contracts?	C
F. Has the governing authority developed and approved the policies?	C
G. Is the governing authority responsible for all funds, equipment and the physical facilities?	C
H. Has the governing body prepared an annual report which includes:	
1. Name, address, occupation and place of employment of each member;	C
2. Relationships a member of the governing authority may have with a program staff member; and,	C
3. The name and address of owners or controlling parties?	C
I. Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	C
155.21(2) Executive Director	
A. Has the governing body appointed an executive director whose qualifications and duties are delineated?	C
155.21(3) Clinical Oversight	
A. Does the program have appropriate clinical oversight provided in house or through consultation?	C
B. Does clinical oversight include:	
1. Assisting in development of clinical policies and procedures;	C
2. Assisting in the training of staff; and,	C
3. Assistance to clinical staff providing direct services.	C

155.21(4) Staff Development and Training	
A. Does the program have policies and procedures establishing a staff development and training program?	C
B. Is there documentation that staff are certified, licensed or have professional education?	C
C. Or oriented to include:	
1. Psychosocial;	C
2. Medical;	C
3. Pharmacological;	C
4. Confidentiality;	C
5. Tuberculosis and blood-borne pathogens;	C
6. HIV/AIDS;	C
7. Cultural specificity of diverse populations; and,	C
8. Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;	C
9. Counseling skill development; and,	C
10. Program and community resources?	C
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?	C
E. Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	C
F. Are in-service programs instituted when program operations or functions are changed?	C
G. Has the program conducted an annual training needs assessment?	C
H. Has the program developed an annual staff development training plan based on the needs assessment?	C
I. Are minutes of on-site training kept which include:	
1. Dates of the meeting;	NA
2. Names of persons attending;	NA
3. Topics discussed, including name and title of presenters.	NA
155.21(6) Procedures Manual	
A. Has the program developed and maintained a policies and procedures manual?	C
B. Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	C
C. Does the manual have a working table of contents covering all policies and procedures?	C
D. Are revisions entered containing date, name and title of persons making the revisions?	C
155.21(7) Fiscal Management	
A. Does the program maintain an annual written budget which is reviewed and approved on an annual basis?	C
B. Has an independent fiscal audit been conducted on an annual basis?	C
C. Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment?	C
D. Is the insurance program reviewed on an annual basis by the governing authority?	C

155.21(8) Personnel	
A. Do personnel policies and procedures include the following:	
1. Recruitment, selection and certification of staff members;	C
2. Recruitment and selection of volunteers;	C
3. Wage and salary administration;	C
4. Promotions;	C
5. Employee benefits;	C
6. Working hours;	C
7. Vacation and sick leave;	C
8. Lines of authority;	C
9. Rules of conduct;	C
10. Disciplinary action and termination;	C
11. Methods for handling inappropriate client/patient care;	C
12. Work performance appraisal;	C
13. Employee accidents and safety;	C
14. Employee grievances; and,	C
15. Policy on staff persons suspected of using or abusing substances?	C
B. Does the program have an equal employment opportunity policy and affirmative action plan?	C
C. Does the program maintain written job descriptions describing the actual duties of the staff?	C
D. Are personnel performance evaluations performed on an annual basis?	NA
E. Is the employee able to respond to the evaluation?	C
F. Are personnel records kept on each employee to include;	
1. Verification of training, experience and professional credentials;	C
2. Job performance evaluations;	C
3. Incident reports;	NA
4. Disciplinary actions taken; and,	C
5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?	C
G. Does the program have written policies and procedures ensuring confidentiality of personnel records?	C
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?	C
I. Are there policies and procedures prohibiting sexual harassment?	C
J. Are there policies implementing the Americans with Disabilities Act?	C
K. Does the program maintain an accepted code of conduct for all staff?	C

155.21(9) Child Abuse/Dependent Adult Abuse/Criminal ~~Records~~ 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?	C
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?	C
2. Subject an employee to dismissal if found in violation to the program's policies?	C
C. For employees working within a juvenile service area, or with dependent adults, do personnel records contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	C
2. A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;	C
3. Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	C
4. 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?	C
D. Have each clinical staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	C
155.21(10) Client/Patient Case Record Maintenance	
A. 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, Iowa Code Chapter 228 and 42 CFR, Part 2, as applicable;	C
2. Content and format of client/patient records are kept uniform; and,	C
3. Entries in the client/patient case record are signed and dated.	C
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	C
C. Are records readily accessible to authorized staff?	C
D. Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	C
E. Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable	
1. Does the format for the disclosure of client/patient information contain:	
a. The name of the program which is to make the disclosure;	C
b. The name, title, or organization to which the disclosure is to be made;	C
c. The name of the client/patient;	C
d. The purpose or need for the disclosure;	C
e. The information to be released;	C
f. Revocation statement;	C
g. The date the consent form is signed;	C
h. Space for the client/patient's signature; and,	C
i. Expiration date or condition?	C
2. Is the release signed prior to releasing information?	C
3. Is the client/patient informed of the information and purpose of the release prior to signing?	C
4. Did the client/patient sign the release voluntarily?	C
5. In the event that the program releases information without the client/patient's consent, did they follow proper procedures?	NA

6. Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?	NA
F. 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.	NA
G 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—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.	NA
155.21(14) Client/Patient Case Record Contents	
A. Does the client/patient case record contain:	
1. Physical examination and lab tests; and,	C
2. Placement screening and admission forms;	C
3. Reports from referral sources;	C
4. Treatment plans;	C
5. Continued service and discharge reviews;	C
6. Medication records;	C
7. Reports from outside resources;	C
8. Multidisciplinary staffing notes;	C
9. Correspondence related to the client/patient (letters, phone calls, etc.);	C
10. Treatment consent forms, if applicable;	C
11. Release forms;	C
12. Progress notes;	C
13. Records of service provided;	C
14. Discharge summaries;	C
15. Management information system, and	C
16. Records of financial counseling services for problem gambling clients, including,	NA
17. A.A budget, and	NA
18. B. Discussing financial debt options, including restitution and bankruptcy.	NA
155.21(11) Placement Screening, Admission and Assessment Records Reviewed 8	
A. Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?	C
B. Does the placement screening process contain:	
1. Information gathered upon screening or admission;	C
2. Procedures to be followed when accepting referrals from outside resources;	C
3. Records kept on individuals applying for services; and,	C
4. Evaluates the ASAM 6 categories or other approved criteria for substance abuse?	C
5. Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?	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?	NA
C. Does the admission process contain:	
1. An overall assessment of the information gathered; and,	C
2. Conducted within the time frame for this substance abuse level of care?	C
3. Conducted within 30 days for problem gambling clients/patients?	NA
D. Is there sufficient information collected in order to develop a treatment plan?	C

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

155.21(15) Drug Screening	
A. Does the program have written policies and procedures to conduct urine collection and drug testing?	C
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.?	C
C. Does the program comply with all CLIA regulations?	C
D. Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	C
155.21(16) Medical Services	
A. Does the program have written policies and procedures to address medical services?	C
B. Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission?	C
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)?	NA
2. Levels III.3 or III.5 (7 days of admission)?	NA
3. Level III.1 (21 days of admission)?	NA
D. Are physical, laboratory work and medical histories completed by referrals older than 90 days?	C
E. Have all halfway house, high risk outpatient and residential clients/patients received a TB test to be administered and read within five days of admission?	C
155.21(17) Emergency Medical Services	
A. Does the program have written policies and procedures that address emergency services?	C
B. Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis?	C
C. Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis?	C
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?	C
155.21(18) Medication Control	
A. Does the program have written policies and procedures that address medication control?	C
B. Does the program maintain a list of qualified personnel authorized to administer medications?	NA
C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	NA
D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	NA
E. Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	NA

F. Is the medication storage maintained as follows:	
1. In accordance with security requirements of federal, state, and local laws;	NA
2. Refrigerated, if required;	NA
3. Separated from food and other items;	NA
4. Stored in original containers; and,	NA
5. Are external substances stored separately from internal and injectable medications?	NA
G. Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	NA
H. Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?	NA
155.21(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?	C
B. Is the program exercising proper utilization and effective use for levels of care in the following?	
1. Placement screening;	C
2. Continued service reviews; and,	C
3. Discharge reviews.	C
C. Is the discharge planning started at the time of admission?	C
D. Does the discharge plan address:	
1. Ongoing client/patient needs; and,	C
2. Post treatment needs?	C
155.21(20) Quality Improvement	
A. Does the program have a written quality improvement plan?	NC
B. Does the written plan contain the following:	
1. Objectives;	NC
2. Organization;	NC
3. Scope; and,	NC
4. Mechanisms for oversight?	NC
C. Does the quality improvement plan address the following:	
1. Is all the information collected, screened by an individual or committee; and,	NA
2. Is the objective criteria utilized in development and application for ensuring client/patient care?	NA
D. Has the quality improvement program developed a corrective action plan when problems have been identified?	NA
E. Has the corrective action plan been followed until the problem has been resolved?	NA
F. Is the information used to detect trends, patterns of performance that affect more than one component?	NA
G. Is the quality improvement program evaluated at least annually?	NA

155.21(21) Building Construction and Safety	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	NA
B. During construction phases or alterations to buildings is:	
1. The level of life safety not diminished; and,	NA
2. Construction in compliance with all applicable federal, state, and local codes?	NA
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	NA
D. 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;	C
2. A hazard surveillance program; and,	C
3. The process to dispose of bio-hazardous waste within the clinical service area?	C
E. All program areas:	
1. Are stairways, halls, and aisles:	
a. Of substantial non-slippery material;	C
b. Adequately lighted;	C
c. Free from obstruction; and,	C
d. Equipped with handrails on stairways?	C
2. Do radiators, registers, steam/hot water pipes, electrical outlets, and switches have protective covering, insulation and/or wall plates?	C
3. For juvenile facilities, are fuse boxes under lock and key or six feet above the floor?	C
4. Do facilities have written procedures for handling and storage of hazardous materials?	C
5. Do facilities have policies and procedures for weapons removal?	C
6. Do swimming pools:	
a. Conform to state and local health and safety regulations; and,	NA
b. Ensure that adult supervision is provided when children use the pool?	NA
7. Do facilities have policies regarding fishing ponds, lakes, or any bodies of water located on or near the program and accessible to the client/patient?	NA
155.21(22) Outpatient Facility	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	C
1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;	C
2. Is the furniture in good repair; and,	C
3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?	C

155.21(23) Therapeutic Environment	
A. Does the program establish an environment that enhances the positive self-image of the clients/patient?	C
B. Do the grounds have adequate space for the program to carry out its stated goals?	C
C. When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?	C
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?	C
E. Does the program comply with the Americans with Disabilities Act?	C
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?	C
G. Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	C
H. Does the program have written policies and procedures regarding chemical substances in the facility?	C
I. Does the program designate and identify specific smoking areas?	C
J. Underage tobacco:	
1. 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,	C
2. A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.	C
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;	C
2. Client/patient communication, opinions, or grievances with a mechanism for redress;	C
3. Prohibition of sexual harassment; and,	C
4. Client/patient rights to privacy?	C

NW Iowa Mental Health Center
dba Seasons Center for Behavioral Health
201 E. 11th Street
Spencer, Iowa 51301

Inspection date: November 19, 2012

JUSTIFICATION OF VARIANCE

155.21(20) Quality Improvement

A. Quality Improvement was in non-compliance because the program did not have a Quality Improvement policy specific to substance abuse patient quality improvement.

B.1. Quality Improvement was in non-compliance because the program did not have a Quality Improvement policy which included objectives specific to substance abuse patient quality improvement.

B.2. Quality Improvement was in non-compliance because the program did not have a Quality Improvement policy which included organization specific to substance abuse patient quality improvement.

B.3. Quality Improvement was in non-compliance because the program did not have a Quality Improvement policy which included scope specific to substance abuse patient quality improvement.

B.4. Quality Improvement was in non-compliance because the program did not have a Quality Improvement policy which included mechanisms for oversight specific to substance abuse patient quality improvement.

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

November 15, 2012

Paula LeVasseur, Program Director
Unity HealthCare/New Horizons
Chemical Dependency Services
1605 Cedar Street, Suite B
Muscatine, Iowa 52761

Dear Ms. LeVasseur:

The Joint Commission report and recommendations were received in our office by email on November 14, 2012.

The recommendation for licensure for New Horizons Chemical Dependency Services will be presented at the next Board of Health Substance Abuse/Problem Gambling Programs Licensure Committee meeting on December 12, 2012. Program representation is welcomed but not required at the meeting.

The license will be effective from October 21, 2012 to October 21, 2015.

If you have any questions, you may contact me by email at Cynthia.kelly@idph.iowa.gov or by phone at 515-281-4640.

Sincerely,

Cynthia Kelly

Cynthia Kelly
Health Facility Surveyor
Bureau of Substance Abuse

CK/rrh

Lucas State Office Building, 321 E. 12th Street, Des Moines, IA 50319-0075 ■ 515-281-7689 ■ www.idph.state.ia.us
DEAF RELAY (Hearing or Speech Impaired) 711 or 1-800-735-2942