#### **AGENDA**

# SUBSTANCE ABUSE/PROBLEM GAMBLING PROGRAM LICENSURE COMMITTEE MARCH 13, 2013 9:00 AM DIRECTOR'S CONFERENCE ROOM, 6<sup>th</sup> FLOOR LUCAS STATE OFFICE BUILDING, 321 EAST 12<sup>TH</sup> 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 <a href="Chapter 125">Chapter 125</a> and gambling treatment programs pursuant to <a href="Chapter 135">Chapter 135</a> 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 February 13, 2013 Minutes
- II. Substance Abuse/Problem Gambling Licensure Jeff Gronstal, Bob Kerksieck
  - A. Substance Abuse Licensure Recommendations
    - 1. 270 Day License
      - a. A Ray of Hope, Oskaloosa
    - 2. One (1) and Three (3) Year Licenses
      - a. Help Clinic, Des Moines
      - b. Pauline Hampton, MS, LMHC, IADC, Brooklyn
      - c. Open Arms Psychological Services, Sioux City
      - d. Bridges of Iowa, Inc., West Des Moines
    - 2. Deemed Status
      - a. Siouxland Treatment Center, LLC, Sioux City
- III. Proposed Changes to the Iowa Administrative Code Kathy Stone
- IV. Substance Abuse/Problem Gambling Update Kathy Stone



### **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

February 19, 2013

#### RETURNED RECEIPT

Janese Greenhalgh A Ray of Hope 216 North B Street Oskaloosa, Iowa 52577

Dear Ms. Greenhalgh:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the re-licensure on-site evaluation of *A Ray of Hope*, 216 North B Street, Oskaloosa, Iowa, on February 6, 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:

• Licensure Inspection Weighting Report;

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- 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 **February 13, 2013, at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> 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.

cc: Substance Abuse/Problem Gambling Program Committee

270dayinsprptcvrltr

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

PROGRAM NAME:	A Ray	of Hor	e

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	E: <u>NA</u>	
RECENT INSPECTION DATE:_	February 6, 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	CURRANT REPORT			
Placement Screening Treatment Plan Progress Notes Urinalysis Medical Services Management of Care Quality Improvement TOTAL	1 1 1 3 1 1 1 9	1 1 1 3 1 1 0		

Three (3) years 9-9=95% Total Points Available: 9 Two (2) years: 8-8=90% Total Points Received: 8 One (1) years: 7-7=70% Percent: 88.88 % Denial: 6 or below

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	CURRENT REPORT
Governing Body Executive Director Clinical Oversight Staff Training Procedure Manual Fiscal Personnel	0 1 1 5 4 2	0 1 1 5 4 2
Child Abuse/Criminal Records TOTAL	15	15

Three (3) years: 15 - 15 = 95% Total Points Available: 15 Two (2) years: 14 - 14 = 90% Total Points Received: 15 One (1) year: 13 - 11 = 70% Percent 100.00 % Denial: 10 or below

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	CURRENT REPORT
Client/Patient Case Records Emergency Medical Services Medication Control Building Construction and Safety Outpatient Services Therapeutic environment TOTAL	4 4 0 11 4 14 37	4 4 0 11 4 14 37

Three (3) years 37 - 36 = 95%Two (2) years: 35 - 34 = 90%One (1) year: 33 - 26 = 70%Denial: 25 or below

Total Points Available: 37
Total Points Received: 37
Percent: 100.00 %

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

A Ra 216 l	GRAM NAME, ADDRESS, TE y of Hope North B Street Iloosa, Iowa 52577	ELEPHONE AND FAX:			
	) 676-4545	FAX: (641)676-4546	E-Mail A	Address: arayofho	ope@outlook.com
APPI	LICATION RECEIVED:	January 14,2013	COUNTIES SER	RVED: Mahaska, Wapello	Keokuk, Marion,
DATI	E OF INSPECTION:	February 6, 2013	TECHNICAL AS	SSISTANCE: NA	
INSF	PECTORS:				
Jeff (	Gronstal				
2161	(S) VISITED: North B Street Iloosa, Iowa 52577				
STA	FF:				
Sole	Practitioner: Janese Greenha	algh			
SUM	MARY OF SERVICES PROVI	DED: The program provid	es adult and juvenile	e level I substanc	e abuse treatment
CUR	RENT LICENSURE STATUS:	Initial application			
	OMMENDATION: It is recomr			to	
	Issued a license for a period o	f two years effective		to	
	Issued a license for a period o Issued a license for 270 days	t one year effective effective	March 13, 2013	to Decemb	er 8, 2013
	Denied a license		<u> </u>		
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 NC NA	Full Compliance – The progra activities and documentation. Non-Compliance – The progr Does Not Apply – The standa	Point(s) given/awarded. ram does not meet the inter-	ent of the standard.	Point(s) not giver	n/awarded.

644	AFF 04 (4) Concerning Dodge				
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.	<u>NA</u>			
A.	Has the program designated a governing body responsible for overall program operations?	<u>NA</u>			
В.	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			
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?	NA NA NA NA NA			
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.	NA NA NA NA			
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?	NA NA NA NA			
F.	Has the governing authority developed and approved the policies?	<u>NA</u>			
G.	Is the governing authority responsible for all funds, equipment and the physical facilities?	<u>NA</u>			
H.	<ol> <li>Has the governing body prepared an annual report which includes:</li> <li>Name, address, occupation and place of employment of each member;</li> <li>Relationships a member of the governing authority may have with a program staff member; and,</li> <li>The name and address of owners or controlling parties?</li> </ol>	NA NA NA			
I.	Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	NA			
155.2	21(2) Executive Director				
A.	Has the governing body appointed an executive director whose qualifications and duties are delineated?	<u>C</u>			
155.2	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;  2. Assisting in the training of staff; and,  3. Assistance to clinical staff providing direct services.	NA NA NA			

155.	21(4) Staff Development and Training	
Α.	Does the program have policies and procedures establishing a staff development and training	
B.	program?  Is there documentation that staff are certified, licensed or have professional education?	<u>C</u>
C.	Or oriented to include:	
	<ol> <li>Psychosocial;</li> <li>Medical;</li> </ol>	NA NA
	3. Pharmacological;	NA
	<ul><li>4. Confidentiality;</li><li>5. Tuberculosis and blood-borne pathogens;</li></ul>	NA NA
	<ul><li>6. HIV/AIDS;</li><li>7. Cultural specificity of diverse populations; and,</li></ul>	NA NA
	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,	NA NA
	10. Program and community resources?	NA
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?	<u>C</u>
E.	Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	<u>C</u>
F.	Are in-service programs instituted when program operations or functions are changed?	<u>C</u>
G.	Has the program conducted an annual training needs assessment?	<u>NA</u>
H.	Has the program developed an annual staff development training plan based on the needs assessment?	<u>NA</u>
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.	<u>NA</u>
155.	21(6) Procedures Manual	
A.	Has the program developed and maintained a policies and procedures manual?	<u>C</u>
B.	Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	<u>C</u>
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.	21(7) Fiscal Management	
A.	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>NA</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?	NA

155.2	1(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?	NA N
B.	Does the program have an equal employment opportunity policy and affirmative action plan?	<u>NA</u>
C.	Does the program maintain written job descriptions describing the actual duties of the staff?	<u>NA</u>
D.	Are personnel performance evaluations performed on an annual basis?	<u>NA</u>
E.	Is the employee able to respond to the evaluation?	<u>NA</u>
F.	<ol> <li>Are personnel records kept on each employee to include;</li> <li>Verification of training, experience and professional credentials;</li> <li>Job performance evaluations;</li> <li>Incident reports;</li> <li>Disciplinary actions taken; and,</li> <li>Documentation of review and adherence to confidentiality regulations prior to assumption of duties?</li> </ol>	NA NA NA NA NA
G.	Does the program have written policies and procedures ensuring confidentiality of personnel records?	<u>NA</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?	NA
I.	Are there policies and procedures prohibiting sexual harassment?	<u>NA</u>
J.	Are there policies implementing the Americans with Disabilities Act?	<u>NA</u>
K.	Does the program maintain an accepted code of conduct for all staff?	<u>NA</u>

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.  G. Upon receipt of a property 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 lowa Code 321—Confidential Medical Record," reporting screening, evaluation, and treatment completion, if payment has not been received for such services.  A. Does the 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 financial counseling services for problem gambling clients, including, 14. Alloscharge 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.  155.21(11) Placement Screening, Admission and Assessment Records Reviewed 0  A. Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?  B. Does the placement screening process contain: 1. Information gathered upon screening referrals from outside resources; 3. Records kept on individuals applying for services; and, 4. Evaluates the ASAM 6 categories or other approved criteria for substance abuse or dependence as defined by DSM-IV?  6. Is the program utilizing a recognized diagnos			1
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A. Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?  B. Does the placement screening process contain:  1. Information gathered upon screening or admission; 2. Procedures to be followed when accepting referrals from outside resources; 3. Records kept on individuals applying for services; and, 4. Evaluates the ASAM 6 categories or other approved criteria for substance abuse? 5. Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?  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?  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?  D. Is there sufficient information collected in order to develop a treatment plan?  NA  NA  NA  NA  NA  NA  NA  NA  NA  N		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	NA N
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defined by DSM-IV, or any DSM IV criteria to determine problem gambling?  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?  D. Is there sufficient information collected in order to develop a treatment plan?  NA  NA  NA  NA  NA  NA  NA  NA  NA  N	B.	<ol> <li>Information gathered upon screening or admission;</li> <li>Procedures to be followed when accepting referrals from outside resources;</li> <li>Records kept on individuals applying for services; and,</li> <li>Evaluates the ASAM 6 categories or other approved criteria for substance abuse?</li> <li>Is the program utilizing a recognized diagnostic tool to determine substance abuse or</li> </ol>	NA NA NA
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· · · · · · · · · · · · · · · · · · ·	C.	<ol> <li>An overall assessment of the information gathered; and,</li> <li>Conducted within the time frame for this substance abuse level of care?</li> </ol>	NA
E. Are the results of the admission process explained to the client/patient and family?  NA	D.	Is there sufficient information collected in order to develop a treatment plan?	<u>NA</u>
	E.	Are the results of the admission process explained to the client/patient and family?	<u>NA</u>

F.	Does the client/patient orientation contain:  1. General nature and goals of the program;  2. Client /patient conduct;	NA NA
	3. Hours (non residential);	NA
	4. Cost;	NA NA
	<ul><li>5. Client /patient rights;</li><li>6. Confidentiality;</li></ul>	NA NA
	7. HIV/AIDS; and,	NA
	8. Safety and emergency procedures for residential type services?	<u>NA</u>
155.2	21(12) Treatment Plans	
A.	Does the program have written policies and procedures that address treatment planning and reviews?	C
В.	Is the treatment plan based on the assessment?	NA
C.	Is the substance abuse treatment plan developed within the time frame for this level of care?	NA
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);	NA NA
	2. a. Short term goals;	NA
	b. Long term goals;	NA
	<ul><li>3. a. Type of therapeutic activities;</li><li>b. Frequency of therapeutic activities;</li></ul>	NA NA
	4. Staff person involved;	NA NA
	5. Is the plan culturally and environmentally specific; and,	NA
	6. Is the treatment plan developed in partnership with the client/patient and counselor?	NA
F.	Are the client/patient and counselor reviews conducted within the time frames for this level of care?	<u>NA</u>
G.	Do the reviews contain:	
	Reassessment of the client/patient's current status;  Readefining of treatment goals:	NA NA
	<ul><li>2. Redefining of treatment goals;</li><li>3. Date of review; and,</li></ul>	NA NA
	4. Individuals involved?	NA NA
Н.	Is the client/patient provided a copy of the treatment plan upon request?	NA
155.2	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:	
	<ol> <li>Client's/patient's progress and current status in meeting treatment goals;</li> </ol>	NA
	2. Documentation of individual sessions;	NA
	Documentation of group or group summaries;	NA NA
	<ul><li>4. Notes filed in chronological order;</li><li>5. Date of entry;</li></ul>	NA NA
	6. Signature or initials and title;	NA NA
	7. Entries with pen, type or computer (computer access code must be available);	NA NA
	8. Entries are legible;	NA
	9. Behavioral observations;	NA
	10. An avoidance of inappropriate jargon; and,	NA NA
	11. Are the notes uniform?	<u>NA</u>

155 1	21(15) Drug Screening	
A.	Does the program have written policies and procedures to conduct urine collection and drug	
A.	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>NA</u>
155.2	21(16) Medical Services	
A.	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>NA</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)?	<u>NA</u>
	<ul><li>2. Levels III.3 or III.5 (7 days of admission)?</li><li>3. Level III.1 (21 days of admission)?</li></ul>	NA NA
D.	Are physical, laboratory work and medical histories completed by referrals older than 90 days?	NA
E.	Have all halfway house, high risk outpatient and residential clients/patients received a TB test to	<u>10/1                                   </u>
	be administered and read within five days of admission?	<u>NA</u>
155.2	1(17) Emergency Medical Services	
A.	Does the program have written policies and procedures that address emergency services?	<u>C</u>
B.	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	21(18) Medication Control	
A.	Does the program have written policies and procedures that address medication control?	<u>NA</u>
B.	Does the program maintain a list of qualified personnel authorized to administer medications?	<u>NA</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>NA</u>
E.	Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	<u>NA</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?	NA NA NA NA NA

G.	Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	<u>NA</u>
Н.	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?	<u>C</u>
B.	<ul> <li>Is the program exercising proper utilization and effective use for levels of care in the following?</li> <li>Placement screening;</li> <li>Continued service reviews; and,</li> <li>Discharge reviews.</li> </ul>	NA NA NA
C.	Is the discharge planning started at the time of admission?	<u>NA</u>
D.	Does the discharge plan address: 1. Ongoing client/patient needs; and, 2. Post treatment needs?	NA NA
155.	.21(20) Quality Improvement	
A.	Does the program have a written quality improvement plan?	<u>NC</u>
B.	Does the written plan contain the following:  1. Objectives; 2. Organization; 3. Scope; and, 4. Mechanisms for oversight?	NA NA NA NA
C.	<ul><li>Does the quality improvement plan address the following:</li><li>1. Is all the information collected, screened by an individual or committee; and,</li><li>2. Is the objective criteria utilized in development and application for ensuring client/patient care?</li></ul>	NA NA
D.	Has the quality improvement program developed a corrective action plan when problems have been identified?	<u>NA</u>
E.	Has the corrective action plan been followed until the problem has been resolved?	<u>NA</u>
F.	Is the information used to detect trends, patterns of performance that affect more than one component?	<u>NA</u>
G.	Is the quality improvement program evaluated at least annually?	<u>NA</u>
1		1

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

155.2	1(23) Therapeutic Environment	
A.	Does the program establish an environment that enhances the positive self-image of the	
Α.	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>NA</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>
I.	Does the program designate and identify specific smoking areas?	<u>C</u>
J.	<ol> <li>Underage tobacco:</li> <li>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,</li> <li>A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.</li> </ol>	<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?	C C C C
155.2	3(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?	
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?	
C.	Is the information available to adults during orientation?	
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?	
E.	Does the facility provide/arrange for when necessary and reasonable, transportation for religious activities?	

A Ray of Hope 215 North B Street Oskaloosa, Iowa 52577

Initial Inspection: February 6, 2013

#### JUSTIFICATION OF VARIANCE

#### 155.21(20) Quality Improvement

A. Quality improvement was in non-compliance because the program did not document a quality improvement process or plan.



### **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

February 19, 2013

#### RETURNED RECEIPT

Winnie J. Hall Help Clinic 2812 Cottage Grove Des Moines, Iowa 50311

Dear Ms. Hall:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the re-licensure on-site evaluation of *Help Clinic*, 2812 Cottage Grove, Des Moines, Iowa, on February 11, 2013. **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:

! Sontat

- 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 **February 13, 2013, at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> floor for the location of the meeting. *Program representation is welcomed, but not required.* If you have questions, please contact me at <u>Jeffrey.Gronstal@idph.iowa.gov</u> or at (515) 242-6162.

Sincerely,

Jeff Gronstal

Health Facilities Surveyor Bureau of Substance Abuse

JG/rrh encl.

cc: Substance Abuse/Problem Gambling Program Committee

insprptcvrltr 2-2013

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

PROGRAM NAME:	Help Clinic, 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. 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	: November 7, 2012	
RECENT INSPECTION DATE:_	February 7, 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 CURRENT RE		CURRENT REPORT	
Diagonant Carooning	4	0	4
Placement Screening	!	0	1
Treatment Plan	1	0	1
Progress Notes	1	0	1
Urinalysis	0	0	0
Medical Services	1	0	1
Management of Care	1	0	1
Quality Improvement	1	0	1
TOTAL	6	0	6

Three (3) years 6-6=95% Total Points Available: 6
Two (2) years: 5-5=90% Total Points Received: 6
One (1) years: 4-4=70% Percent: 100.00 %
Denial: 3 or below

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body Executive Director	0	0	0
Clinical Oversight Staff Training Procedure Manual	5 4	1 0 3	5
Fiscal Personnel	2	0	2
Child Abuse/Criminal Records TOTAL	1 17	0 5	17

Three (3) years: 17 - 16 = 95% Total Points Available: 17 Two (2) years: 15 - 15 = 90% Total Points Received: 17 One (1) year: 14 - 12 = 70% Percent 100.00 % Denial: 11 or below

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Client/Patient Case Records Emergency Medical Services Medication Control Building Construction and Safety Outpatient Services Therapeutic environment TOTAL	6	6	6
	4	4	4
	0	0	0
	10	8	10
	4	4	4
	11	8	11
	35	30	35

Three (3) years 35 - 33 = 95%Two (2) years: 32 - 32 = 90%One (1) year: 31 - 25 = 70%Denial: 24 or below Total Points Available: 35 Total Points Received: 35 Percent: 100.00 %

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

Help 2812 Des	GRAM NAME, ADDRESS Clinic Cottage Grove Moines, Iowa 50311 )422-7570	, TELEPHONE AND FAX: FAX: (515)422-7570	E-Mail Addre	ess: <u>winniejhall@aol.com</u>	
APP	LICATION RECEIVED:	October 12, 2012	COUNTIES SERVE	D: Polk	
DAT	E OF INSPECTION:	February 11, 2013	TECHNICAL ASSIS	STANCE: January 2, 9, 2013	
	PECTORS: Gronstal				
2812	(S) VISITED: Cottage Grove Moines, Iowa 50311				
STAI Sole	FF: Practitioner: Winnie J. Ha	ıll			
SUM	MARY OF SERVICES PR	OVIDED: The program provi	des adult level 1 substand	ce abuse treatment services	
to re susp corre	ection was conducted resunder the license. At its read the program's license ective action. Technical a	ulting in a recommendation to meeting on November 14, 2 , and proposed to refuse to r	o suspend the program's 2012 the SA/PG Program enew. On December 20 re-inspection based upor	nse. On November 7, 2012 a license, and to propose to rem Committee voted to summer, 2012 the program filed a planthe denial recommendation	fuse arily an of
	Issued a license for a perion Issued a license for a perion	od of one year effective	be— to to February 2, 2013 to	February 2, 2014	
PUR cond the pwritte	POSE: Chapter 125 of uct any chemical substitute orimary purpose of which it is not license for the program on shall not maintain or coobtained a license for the program of the properties of t	tes or antagonists program, is the treatment and rehabilit in from the department. Chanduct a gambling treatment program from the department	residential program, or no ation of substance abuse apter 135.150 of the Coo program funded through	hat a person may not maintai on-residential outpatient progrers without having first obtained, as amended, requires the the department unless the pe	ram, ed a lat a rson
NC NA	Non-Compliance - The p	rogram does not meet the int	ent of the standard. Poin		

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?	<u>NA</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?	NA NA NA NA
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?	NA NA NA NA NA
D.	Are minutes of all meetings by the governing body kept?  Do the minutes include:  Date of the meeting;  Names of members attending;  Topics discussed;  Decisions reached and actions taken.	NA NA NA NA NA NA
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?	NA NA NA NA
F.	Has the governing authority developed and approved the policies?	<u>NA</u>
G.	Is the governing authority responsible for all funds, equipment and the physical facilities?	NA
H.	<ol> <li>Has the governing body prepared an annual report which includes:</li> <li>Name, address, occupation and place of employment of each member;</li> <li>Relationships a member of the governing authority may have with a program staff member; and,</li> </ol>	NA NA
	3. The name and address of owners or controlling parties?	NA
I.	Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	NA
155.2	1(2) Executive Director	
A.	Has the governing body appointed an executive director whose qualifications and duties are delineated?	<u>C</u>
155.2	1(3) Clinical Oversight	
A.	Does the program have appropriate clinical oversight provided in house or through consultation?	<u>C</u>
B.	<ol> <li>Does clinical oversight include:</li> <li>Assisting in development of clinical policies and procedures;</li> <li>Assisting in the training of staff; and,</li> <li>Assistance to clinical staff providing direct services.</li> </ol>	<u>C</u>
		1

155.2	21(4)	Staff Development and Training	
A.		s the program have policies and procedures establishing a staff development and training gram?	C
B.	Is th	ere documentation that staff are certified, licensed or have professional education?	С
C.	Or of 1. 2. 3. 4. 5. 6. 7. 8.	Priented to include: Psychosocial; Medical; Pharmacological; Confidentiality; Tuberculosis and blood-borne pathogens; HIV/AIDS; Cultural specificity of diverse populations; and, Does the training program include at least two hours of training every five years relating to child and dependent adult abuse; Counseling skill development; and, Program and community resources?	NA NA NA NA NA NA NA NA NA
D.		the program established an on-site training program or entered into an agreement with ide resources meeting the identified ongoing training needs of the staff?	<u>C</u>
E.		staff members kept informed of new developments in the field regarding assessment, uation, placement, treatment and rehabilitation?	<u>C</u>
F.	Are	in-service programs instituted when program operations or functions are changed?	<u>C</u>
G.	Has	the program conducted an annual training needs assessment?	NA
H.		the program developed an annual staff development training plan based on the needs essment?	NA
I.	Are 1. 2. 3.	minutes of on-site training kept which include: Dates of the meeting; Names of persons attending; Topics discussed, including name and title of presenters.	NA NA NA
155.2	21(6)	Procedures Manual	
A.	Has	the program developed and maintained a policies and procedures manual?	<u>C</u>
B.		s the manual contain all written policies and procedures required throughout the standards for substance abuse treatment and/or problem gambling treatment?	C
C.	Doe	s 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	
A.		s the program maintain an annual written budget which is reviewed and approved on an ual basis?	<u>C</u>
B.	Has	an independent fiscal audit been conducted on an annual basis?	NA
C.		s the program maintain insurance to provide protection for physical and financial resources of program, people, buildings, and equipment?	<u>C</u>
D.	Is th	e insurance program reviewed on an annual basis by the governing authority?	<u>NA</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?	NA N
B.	Does the program have an equal employment opportunity policy and affirmative action plans	? <u>NA</u>
C.	Does the program maintain written job descriptions describing the actual duties of the staff?	NA
D.	Are personnel performance evaluations performed on an annual basis?	<u>NA</u>
E.	Is the employee able to respond to the evaluation?	<u>NA</u>
F.	<ol> <li>Are personnel records kept on each employee to include;</li> <li>Verification of training, experience and professional credentials;</li> <li>Job performance evaluations;</li> <li>Incident reports;</li> <li>Disciplinary actions taken; and,</li> <li>Documentation of review and adherence to confidentiality regulations prior to assumpting duties?</li> </ol>	ion of NA NA NA NA NA NA NA NA
G.	Does the program have written policies and procedures ensuring confidentiality of personne records?	NA NA
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>NA</u>
I.	Are there policies and procedures prohibiting sexual harassment?	<u>NA</u>
J.	Are there policies implementing the Americans with Disabilities Act?	<u>NA</u>
K.	Does the program maintain an accepted code of conduct for all staff?	<u>NA</u>

155.2	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?		<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?		NA NA
C.		employees working within a juvenile service area, or with dependent adults, do personnel ords 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?	NA NA NA
D.	repo	e each clinical staff member completed two hours of training relating to the identification and orting of child abuse and dependent adult abuse within six months of initial employment; and hours of additional training every five years thereafter?	<u>NA</u>
155.2	1(10)	Client/Patient Case Record Maintenance	
Α.		s the program have written policies and procedures governing client/patient case records that ures:  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;  Content and format of client/patient records are kept uniform; and, Entries in the client/patient case record are signed and dated.	<u>C</u>
B.	Doe	s 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.		ere a written policy governing maintenance for 7 years and disposal of client/patient case ords?	<u>C</u>
Ε.	2. 3. 4. 5. 6.	passe of Information: 42CFR, Part 2, Iowa 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?	NA N

F.	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.		
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	<u>NA</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.	NA N	
155.2	21(11) Placement Screening, Admission and Assessment Records Reviewed 0		
A.	Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?	<u>C</u>	
B.	<ol> <li>Does the placement screening process contain:</li> <li>Information gathered upon screening or admission;</li> <li>Procedures to be followed when accepting referrals from outside resources;</li> <li>Records kept on individuals applying for services; and,</li> <li>Evaluates the ASAM 6 categories or other approved criteria for substance abuse?</li> <li>Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?</li> </ol>	NA NA NA NA NA	
	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?	NA NA NA	
D.	Is there sufficient information collected in order to develop a treatment plan?	<u>NA</u>	
E.	Are the results of the admission process explained to the client/patient and family?	<u>NA</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?	NA NA NA NA NA NA NA NA NA
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>NA</u>
C.	Is the substance abuse treatment plan developed within the time frame for this level of care?	<u>NA</u>
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; b. Needs (here, or in the assessment);  2. a. Short term goals; b. Long term goals; 5. Long term goals; b. Frequency of therapeutic activities; b. Frequency of therapeutic activities; 5. Is the plan culturally and environmentally specific; and, 6. Is the treatment plan developed in partnership with the client/patient and counselor?	NA NA NA NA NA NA NA NA NA NA
F.	Are the client/patient and counselor reviews conducted within the time frames for this level of care?	<u>NA</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?	NA NA NA NA
H.	Is the client/patient provided a copy of the treatment plan upon request?	<u>NA</u>
155.2	1(13) Progress Notes	
A.	Does the program have written policies and procedures to address progress notes?	С
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?	NA NA NA NA NA NA NA NA NA NA NA NA

155.2	1(15) Drug Screening	
A.	Does the program have written policies and procedures to conduct urine collection and drug testing?	<u>NA</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>NA</u>
C.	Does the program comply with all CLIA regulations?	NA
D.	Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	<u>NA</u>
155.2	1(16) Medical Services	
A.	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>NA</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)?	NA
	2. Levels III.3 or III.5 (7 days of admission)?	NA
D	3. Level III.1 (21 days of admission)?  Are physical laboratory work and modical historica completed by referrals older than 00 days?	NA NA
D. E.	Are physical, laboratory work and medical histories completed by referrals older than 90 days?  Have all halfway house, high risk outpatient and residential clients/patients received a TB test to	INA
<u> </u>	be administered and read within five days of admission?	NA
155.2	1(17) Emergency Medical Services	
A.	Does the program have written policies and procedures that address emergency services?	<u>C</u>
B.	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?	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?	<u>NA</u>
D.	Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	<u>NA</u>
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;  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?	NA NA NA NA NA

G.	Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?			
H.	H. Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?			
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.	NA NA NA		
C.	Is the discharge planning started at the time of admission?	<u>NA</u>		
D.	Does the discharge plan address:  1. Ongoing client/patient needs; and,  2. Post treatment needs?	NA NA		
155.2	21(20) Quality Improvement			
A.	Does the program have a written quality improvement plan?	<u>NC</u>		
B.	Does the written plan contain the following:  1. Objectives; 2. Organization; 3. Scope; and, 4. Mechanisms for oversight?	NC NC NC NC		
C.	<ul><li>Does the quality improvement plan address the following:</li><li>1. Is all the information collected, screened by an individual or committee; and,</li><li>2. Is the objective criteria utilized in development and application for ensuring client/patient care?</li></ul>	<u>NA</u> <u>NA</u>		
D.	Has the quality improvement program developed a corrective action plan when problems have been identified?	<u>NA</u>		
E.	Has the corrective action plan been followed until the problem has been resolved?	<u>NA</u>		
F.	Is the information used to detect trends, patterns of performance that affect more than one component?	<u>NA</u>		
G.	Is the quality improvement program evaluated at least annually?	<u>NA</u>		

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

155.2	5.21(23) Therapeutic Environment	
A.	Does the program establish an environment that enhances the positive self-image clients/patient?	ge of the
B.	Do the grounds have adequate space for the program to carry out its stated goa	ls? <u>C</u>
C.	When program goals involve outdoor activities are these activities appropriate to clinical needs of the clients/patients?	the ages and NA
D.	Are services accessible to people with disabilities or does the program have writ procedures that describe how people with disabilities can gain access to necess	
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 documents of clients/patients in session or receiving services?	es it provide for C
G.	Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?	f <u>C</u>
H.	Does the program have written policies and procedures regarding chemical subfacility?	stances in the C
I.	Does the program designate and identify specific smoking areas?	<u>NA</u>
J.	<ol> <li>Underage tobacco:</li> <li>The program/person does not sell, give or otherwise supply any tobacco, tol or cigarettes to any person under 18 years of age; and,</li> <li>A person under 18 years of age shall not smoke, use, purchase, or attempt tobacco, tobacco products, or cigarettes.</li> </ol>	NA
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 admiss 2. Client/patient communication, opinions, or grievances with a mechanism for 3. Prohibition of sexual harassment; and, 4. Client/patient rights to privacy?	

Help Clinic 2812 Cottage Grove Des Moines, Iowa 50311

Re-inspection date: February 11, 2013

#### Special Note

Although the program scores would indicate a recommendation of a three year license, a one year license is recommended. During the course of the corrective action plan the program remained on summary suspension and no new clients were admitted. Because no new clients were admitted no records were available for review during the denial reinspection. Therefore, it is recommended the program receive a one year license with the stipulation that a clinical inspection be conducted within 3 months of the date the suspension is lifted and a license granted. In order to continue to operate under the one year license the program will reach at least 70% compliance with clinical standards during the 3 month clinical inspection.



### **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

February 21, 2013

#### RETURNED RECEIPT

Pauline Hampton Pauline Hampton, MS, LMHC, IACD 1297 Holiday Lane Brooklyn, Iowa 52211

Dear Ms. Hampton:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the re-licensure on-site evaluation of *Pauline Hampton, MS, LMHC, IACD,* 1297 Holiday Lane, Brooklyn, Iowa, on January 22, 2013. 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 **March 13, 2013, at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> 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 2-2013

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

PROGRAM NAME:	Pauline M. Hampton,	MS. LMHC. IADC	. Brooklyn

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:	May 14, 2012	
RECENT INSPECTION DATE:	January 22, 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	CATEGORY		
CLINICAL STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT	
Placement Screening Treatment Plan Progress Notes Drug Screening Medical Services Management of Care Quality Improvement	18 1 11 1 2 5 5	1 1 1 1 1 1 5	16 1 11 1 2 5 5	
TOTAL	43	11	41	

Three (3) years: 43 - 41 = 95% Total Points Available: 43 Two (2) years: 40 - 39 = 90% Total Points Received: 41 One (1) years: 38 - 31 = 70% Percent: 95.35% Denial: 30 or below

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body Executive Director Clinical Oversight Staff Training Procedure Manual Fiscal Personnel	0 1 3 2 4 1	0 1 0 2 4 1	0 1 3 2 4 1
Child Abuse/Criminal Records	4	6	4
TOTAL	15	14	15

Three (3) years: 15.00 - 14.25 = 95% Total Points Available: 15 Two (2) years: 14.24 - 13.50 = 90% Total Points Received: 15 One (1) year: 13.49 - 10.50 = 70% Percent: 100.00% Denial: 10.49 or below

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CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Client/Patient Case Records Emergency Medical Services Medication Control Building Construction and Safety Outpatient Services Therapeutic environment TOTAL	26	6	25
	4	4	4
	1	0	1
	12	9	12
	4	4	4
	15	15	15

Three (3) years 62 - 59 = 95%Two (2) years: 58 - 56 = 90%One (1) year: 55 - 44 = 70%Denial: 43 or below

Total Points Available: 62 Total Points Received: 61 Percent: 98.39 %

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

Pauli 1297 Brook	GRAM NAME, ADDRESS ne M. Hampton, MS, LMH Holiday Lane klyn, Iowa 52211 Phone # (641) 990-1599				
	522-4440	FAX (641) 522-3125	E-Mail Address: pmham	ail Address: pmhampton@hotmail.com	
APPI	LICATION RECEIVED:	December 21, 2012	COUNTIES SERVED:	Benton, Iowa, Jasper, Marshall, Poweshiek	
DATI	E OF INSPECTION:	January 22, 2013	TECHNICAL ASSISTANCE: NA		
	ECTOR: Kerksieck				
1297	(S) VISITED: Holiday Lane klyn, Iowa 52211				
STAF Sole		ampton, MS, LMHC, IADC			
SUMMARY OF SERVICES PROVIDED: The program provides adult and juvenile level I substance abuse treatment services.					
CURRENT LICENSURE STATUS: The program is currently operating on a 270 day license effective June 13, 2012 to March 9, 2013.					
	Issued a license for a perion Issued a license for a perion	ommended that the program be od of three years effective od of two years effective od of one year effective ays effective	to to	March 9, 2014	
*SEE	SPECIAL NOTE				
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 NC NA	activities and documental Non-Compliance – The p	ogram substantially meets the inition. Point(s) given/awarded.  Trogram does not meet the international troops and apply to the properties.	nt of the standard. 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.	<u>NA</u>	
A.	Has the program designated a governing body responsible for overall program operations?	<u>NA</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?	NA NA NA NA	
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?	NA NA NA NA NA	
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.	NA NA NA NA NA	
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?	NA NA NA NA	
F.	Has the governing authority developed and approved the policies?	NA	
G.	Is the governing authority responsible for all funds, equipment and the physical facilities?	<u>NA</u>	
H.	<ul> <li>Has the governing body prepared an annual report which includes:</li> <li>Name, address, occupation and place of employment of each member;</li> <li>Relationships a member of the governing authority may have with a program staff member; and,</li> </ul>	NA NA	
	3. The name and address of owners or controlling parties?	NA	
I.	Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	<u>NA</u>	
155.2	1(2) Executive Director		
A.	Has the governing body appointed an executive director whose qualifications and duties are delineated?	<u>C</u>	
155.21(3) Clinical Oversight			
A.	Does the program have appropriate clinical oversight provided in house or through consultation?	<u>C</u>	
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.	C NA C	
		1	

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155.2	1(4) Staff Development and Training	
A.	Does the program have policies and procedures establishing a staff development and train program?	ning <u>C</u>
B.	Is there documentation that staff are certified, licensed or have professional education?	<u>C</u>
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 child and dependent adult abuse;  9. Counseling skill development; and,  0. Program and community resources?	NA N
D.	Has the program established an on-site training program or entered into an agreement wit outside resources meeting the identified ongoing training needs of the staff?	h <u>NA</u>
E.	Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	<u>NA</u>
F.	Are in-service programs instituted when program operations or functions are changed?	<u>NA</u>
G.	Has the program conducted an annual training needs assessment?	<u>NA</u>
H.	Has the program developed an annual staff development training plan based on the needs assessment?	NA NA
I.	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.	NA NA NA
155.2	1(6) Procedures Manual	
A.	Has the program developed and maintained a policies and procedures manual?	<u>C</u>
B.	Does the manual contain all written policies and procedures required throughout the stand both substance abuse treatment and/or problem gambling treatment?	ards for <u>C</u>
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	1(7) Fiscal Management	
A.	Does the program maintain an annual written budget which is reviewed and approved on a annual basis?	n NA NA
B.	Has an independent fiscal audit been conducted on an annual basis?	<u>NA</u>
C.	Does the program maintain insurance to provide protection for physical and financial resouthe program, people, buildings, and equipment?	urces of <u>C</u>
D.	Is the insurance program reviewed on an annual basis by the governing authority?	NA

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?  B. Does the program have an equal employment opportunity policy and affirmative action plan?  C. Does the program maintain written job descriptions describing the actual duties of the staff?  D. Are personnel performance evaluations performed on an annual basis?  E. Is the employee able to respond to the evaluation?  F. Are personnel records kept on each employee to include;  1. Verification of training, experience and professional credentials;  2. Job performance evaluations;  3. Incident reports;  4. Disciplinary actions taken; and,  5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?  G. Does the program have written policies and procedures ensuring confidentiality of personnel records?  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?  I. Are there policies and procedures prohibiting sexual harassment?  J. Are there policies implementing the Americans with Disabilities Act?  NA.	155.2	1(8) Personnel	
B. Does the program have an equal employment opportunity policy and affirmative action plan?  C. Does the program maintain written job descriptions describing the actual duties of the staff?  D. Are personnel performance evaluations performed on an annual basis?  E. Is the employee able to respond to the evaluation?  F. Are personnel records kept on each employee to include; 1. Verification of training, experience and professional credentials; 2. Job performance evaluations; 3. Incident reports; 4. Disciplinary actions taken; and, 5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?  G. Does the program have written policies and procedures ensuring confidentiality of personnel records?  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?  I. Are there policies and procedures prohibiting sexual harassment?  J. Are there policies implementing the Americans with Disabilities Act?		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,	NA N
D. Are personnel performance evaluations performed on an annual basis?  E. Is the employee able to respond to the evaluation?  F. Are personnel records kept on each employee to include;  1. Verification of training, experience and professional credentials;  2. Job performance evaluations;  3. Incident reports;  4. Disciplinary actions taken; and,  5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?  G. Does the program have written policies and procedures ensuring confidentiality of personnel records?  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?  I. Are there policies and procedures prohibiting sexual harassment?  NA  NA  NA  NA  NA  NA  NA  NA  NA  N	B.		
E. Is the employee able to respond to the evaluation?  F. Are personnel records kept on each employee to include;  1. Verification of training, experience and professional credentials;  2. Job performance evaluations;  3. Incident reports;  4. Disciplinary actions taken; and,  5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?  G. Does the program have written policies and procedures ensuring confidentiality of personnel records?  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?  I. Are there policies and procedures prohibiting sexual harassment?  J. Are there policies implementing the Americans with Disabilities Act?	C.	Does the program maintain written job descriptions describing the actual duties of the staff?	NA
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1. Verification of training, experience and professional credentials; 2. Job performance evaluations; 3. Incident reports; 4. Disciplinary actions taken; and, 5. Documentation of review and adherence to confidentiality regulations prior to assumption of duties?  G. Does the program have written policies and procedures ensuring confidentiality of personnel records?  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?  I. Are there policies and procedures prohibiting sexual harassment?  J. Are there policies implementing the Americans with Disabilities Act?	E.	Is the employee able to respond to the evaluation?	<u>NA</u>
records?  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?  I. Are there policies and procedures prohibiting sexual harassment?  J. Are there policies implementing the Americans with Disabilities Act?	F.	<ol> <li>Verification of training, experience and professional credentials;</li> <li>Job performance evaluations;</li> <li>Incident reports;</li> <li>Disciplinary actions taken; and,</li> <li>Documentation of review and adherence to confidentiality regulations prior to assumption of</li> </ol>	NA NA NA
treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements?  I. Are there policies and procedures prohibiting sexual harassment?  J. Are there policies implementing the Americans with Disabilities Act?  NA  NA	G.		<u>NA</u>
J. Are there policies implementing the Americans with Disabilities Act?  NA  NA	H.		<u>NA</u>
	I.	Are there policies and procedures prohibiting sexual harassment?	<u>NA</u>
K. Does the program maintain an accepted code of conduct for all staff?  NA	J.	Are there policies implementing the Americans with Disabilities Act?	<u>NA</u>
l l	K.	Does the program maintain an accepted code of conduct for all staff?	<u>NA</u>

6

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?		
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.	<ol> <li>For employees working within a juvenile service area, or with dependent adults, do personnel records contain:</li> <li>Documentation of a criminal records check with the Iowa Division of Criminal Investigatio for all new applicants;</li> <li>A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;</li> <li>Documentation of a check with the Iowa Central Abuse Registry of any substantiated report abuse prior to permanent employment; and,</li> <li>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?</li> </ol>	orts NA NA	
D.	Have each clinical staff member completed two hours of training relating to the identification at reporting of child abuse and dependent adult abuse within six months of initial employment; are two hours of additional training every five years thereafter?		
155.2	21(10) Client/Patient Case Record Maintenance		
A.	<ul> <li>Does the program have written policies and procedures governing client/patient case records to ensures:</li> <li>The program is responsible for protecting the client/patient record against loss, tampering unauthorized disclosure of information, per HIPAA, lowa Code Chapter 228 and 42 CFR, Part 2, as applicable;</li> <li>Content and format of client/patient records are kept uniform; and,</li> <li>Entries in the client/patient case record are signed and dated.</li> </ul>	g or	
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>	
E.	<ol> <li>Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable</li> <li>Does the format for the disclosure of client/patient information contain:         <ul> <li>a. The name of the program which is to make the disclosure;</li> <li>b. The name, title, or organization to which the disclosure is to be made;</li> <li>c. The name of the client/patient;</li> <li>d. The purpose or need for the disclosure;</li> <li>e. The information to be released;</li> <li>f. Revocation statement;</li> <li>g. The date the consent form is signed;</li> <li>h. Space for the client/patient's signature; and,</li> <li>i. Expiration date or condition?</li> </ul> </li> <li>Is the release signed prior to releasing information?</li> <li>Is the client/patient informed of the information and purpose of the release prior to signing.</li> <li>Did the client/patient sign the release voluntarily?</li> <li>In the event that the program releases information without the client/patient's consent, did they follow proper procedures?</li> <li>Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?</li> </ol>	<u>C</u>	

<ul> <li>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.</li> <li>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 lowa Code 321J—Confidential Medical Record," reporting screening, evaluation, and treatment completion, if payment has not been received for such services</li> </ul>						
155.2	1(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.						
155.2	1(11) Placement Screening, Admission and Assessment Records Reviewed 2					
A.	Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?	C				
B.	<ol> <li>Does the placement screening process contain:</li> <li>Information gathered upon screening or admission;</li> <li>Procedures to be followed when accepting referrals from outside resources;</li> <li>Records kept on individuals applying for services; and,</li> <li>Evaluates the ASAM 6 categories or other approved criteria for substance abuse?</li> <li>Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?</li> </ol>	<u>C</u>				
	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?	<u>C</u>				
D.	D. Is there sufficient information collected in order to develop a treatment plan?					
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?	C C C NC NC NC NA
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>NA</u>
C.	Is the substance abuse treatment plan developed within the time frame for this level of care?	<u>NA</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; 3. a. Type 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?	NA NA NA NA NA NA NA NA NA
F.	Are the client/patient and counselor reviews conducted within the time frames for this level of care?	<u>NA</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?	NA NA NA NA
H.	Is the client/patient provided a copy of the treatment plan upon request?	<u>NA</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?	CONCOCOCO

455 (	MAC) Down Consoring	
	21(15) Drug Screening	
Α.	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>NA</u>
C.	Does the program comply with all CLIA regulations?	<u>NA</u>
D.	Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	<u>NA</u>
155.2	21(16) Medical Services	
A.	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 NA NA
D.	Are physical, laboratory work and medical histories completed by referrals older than 90 days?	<u>NA</u>
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?	<u>NA</u>
155.2	21(17) Emergency Medical Services	
A.	Does the program have written policies and procedures that address emergency services?	<u>C</u>
B.	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	21(18) Medication Control	
Α.	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>NA</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>NA</u>
E.	Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	<u>NA</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?	NA NA NA NA NA NA

G.	Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?		
H.	Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?	<u>NA</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.	C NA NA	
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.	<ul><li>Does the quality improvement plan address the following:</li><li>1. Is all the information collected, screened by an individual or committee; and,</li><li>2. Is the objective criteria utilized in development and application for ensuring client/patient care?</li></ul>	NA NA	
D.	Has the quality improvement program developed a corrective action plan when problems have been identified?	<u>NA</u>	
E.	Has the corrective action plan been followed until the problem has been resolved?	<u>NA</u>	
F.	Is the information used to detect trends, patterns of performance that affect more than one component?	<u>NA</u>	
G.	Is the quality improvement program evaluated at least annually?	<u>NA</u>	

155.2	1(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?	<u>NA</u> <u>NA</u>
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>
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;  2. A hazard surveillance program; and,  3. The process to dispose of bio-hazardous waste within the clinical service area?	<u>C</u>
E.	<ol> <li>All program areas:         <ol> <li>Are stairways, halls, and aisles:</li></ol></li></ol>	C C C C C C C C C C C C C C C C C C C
155.2	1(22) Outpatient Facility	
Α.	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?	<u>C</u>

155.2°	1(23)	Therapeutic Environment	
A.		the program establish an environment that enhances the positive self-image of the s/patient?	<u>C</u>
B.	Do the	e grounds have adequate space for the program to carry out its stated goals?	<u>C</u>
C.		program goals involve outdoor activities are these activities appropriate to the ages and I needs of the clients/patients?	<u>C</u>
D.		ervices accessible to people with disabilities or does the program have written policies and dures 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.		reception/waiting room of adequate size with appropriate furniture and does it provide for entiality of clients/patients in session or receiving services?	<u>C</u>
G.		ogram staff available in the reception/waiting area to address the needs of s/patients/visitors?	<u>C</u>
H.	Does t	the program have written policies and procedures regarding chemical substances in the ??	<u>C</u>
I.	Does	the program designate and identify specific smoking areas?	<u>C</u>
J.	<ol> <li>The or</li> <li>A</li> </ol>	age tobacco: ne program/person does not sell, give or otherwise supply any tobacco, tobacco products, cigarettes to any person under 18 years of age; and, person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any bacco, tobacco products, or cigarettes.	<u>C</u>
K.	<ol> <li>In</li> <li>Cl</li> <li>Pr</li> </ol>	the program has written policies and procedures that address: forming client/patients of their legal and human rights at the time of admission; ient/patient communication, opinions, or grievances with a mechanism for redress; ohibition of sexual harassment; and, ient/patient rights to privacy?	C C C

Date of Inspection: January 22, 2013

#### **JUSTIFICATION OF VARIANCE**

#### 155.21(10) Client/Patient Case Record Maintenance

E.1.e. Client/Patient Case Record Maintenance was in non-compliance because the program did not specify what information was to be released in a to-and-from release in client files 100485 and 122282.

#### 155.21(11) Placement Screening, Admission and Assessment

- F.5. Client/Patient orientation was in non-compliance because the program did not include appropriate client/patient rights in the client/patient orientation.
- F.7. Client/Patient orientation was in non-compliance because the program did not include HIV/AIDS orientation in the client/patient orientation.

#### 155.21(12) Treatment Plans

There were no treatment plans or treatment plan reviews to review as neither of the Client/Patient Case Records had been admitted long enough to require a treatment plan or treatment plan review.

#### 155.21(19) Management of Care

- B.2. There were no continued service reviews as neither of the Client/Patient Case Records had been admitted long enough to require continued service reviews.
- B.3 There were no discharge reviews as neither of the Client/Patient Case Records had been admitted long enough to require discharge reviews.

Pauline Hampton, MS, LMHC, IACD 1297 Holiday Lane Brooklyn, Iowa 52211

Inspection date: January 22, 2013

#### **SPECIAL NOTE**

As the program did not have adequate clinical records to review (including no treatment plans, treatment plan reviews, continued stay reviews, etc.), the licensure team recommends a 1-year license with a follow-up re-inspection clinical review in 3 months.



## **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

February 27, 2013

#### RETURNED RECEIPT

Dr. Suzanne Keizer *Open Arms Psychological Services* 4242 Gordon Drive, Suite 101 Sioux City, Iowa 51106

Dear Dr. Keizer:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the on-site inspection of *Open Arms Psychological Services*, 4242 Gordon Drive, Suite 101, Sioux City, Iowa on February 26, 2013. A one 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;

Youtak

- 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 re-application for licensure will be reviewed during the Committee's meeting on **March 13, 9:00** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> 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.

cc: Substance Abuse/Problem Gambling Program Committee

insprptcvrltr 2-2013

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

PROGRAM NAME:	Open Arms Ps	sychological Services,	Sioux Cit	у

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	E: June 27, 2012	
RECENT INSPECTION DATE:_	February 26, 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	CURRENT REPORT		
Placement Screening Treatment Plan Progress Notes Urinalysis Medical Services Management of Care Quality Improvement TOTAL	1 1 1 0 1 1 5	1 1 1 0 1 1 5	1 1 1 0 1 1 5		

Three (3) years 10.00 - 9.50 = 95% Total Points Available: 10 Two (2) years: 9.49 - 9.00 = 90% Total Points Received: 10 One (1) years: 8.99 - 7.00 = 70% Percent: 100.00 % Denial: 6.99 or below

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body	0	0	0
Executive Director	1	1	1
Clinical Oversight	4	4	4
Staff Training	2	2	2
Procedure Manual	4	4	4
Fiscal	2	2	2
Personnel	0	0	0
Child Abuse/Criminal Records	4	4	4
TOTAL	17	17	17

Three (3) years: 17.00 - 16.15 = 95% Total Points Available: 17 Two (2) years: 16.14 - 15.30 = 90% Total Points Received: 17 One (1) year: 15.29 - 11.90 = 70% Percent 100.00% Denial: 11.89 or below

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Client/Patient Case Records Emergency Medical Services Medication Control Building Construction and Safety Outpatient Services Therapeutic environment TOTAL	6	6	6
	4	4	4
	0	0	0
	11	11	11
	4	4	4
	14	14	14
	39	39	39

Three (3) years 39 - 38 = 95%Two (2) years: 37 - 36 = 90%One (1) year: 35 - 28 = 70%Denial: 27 or below

Total Points Available: 39
Total Points Received: 39
Percent: 100.00 %

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

Oper 4242 Sioux	GRAM NAME, A Arms Psycholog Gordon Drive, S City, Iowa 5110 276-3296	gical Services uite 101	LEPHONE AND FAX 76-3304	: E-Mail Address: <u>drke</u>	eizer@open	armspsychologica	al.com
APPI	LICATION RECE	IVED:	February 7, 2013	COUNTIES	SERVED:	Woodbury	
DATI	E OF INSPECTION	ON:	February 26, 2013	TECHNICAL	. ASSISTAN	ICE: NA	
	ECTORS: Gronstal						
4242	(S) VISITED: Gordon Drive, S c City, Iowa 5110						
STAF Sole	F: Practitioner: Dr.	. Suzanne Kei	zer				
SUM	MARY OF SERV	ICES PROVII	DED: Level I Substar	ce abuse treatment s	services		
	RENT LICENSU ay 4, 2013.	RE STATUS:	The program is curre	ntly operating on a 27	70 day licen	se effective Augu	st 8, 2012
	Issued a license i	for a period of for a period of for a period of	nended that the progress three years effective two years effective one year effectiveffective		to to to	May 4, 2014*	
*SE	E SPECIAL NOT	E					
or co progr obtai that a	nduct any chemic ram, the primary prim	cal substitutes purpose of wh nse for the pro t maintain or c	or antagonists progrich is the treatment apgram from the depa	led, requires in Section ram, residential program and rehabilitation of surtment. Chapter 135. eatment program fund department.	am, or non- ubstance at 150 of the C	residential outpati ousers without hav Code, as amended	ient ving first d, requires
C NC NA	activities and do Non-Compliance	cumentation. e – The progra	Point(s) given/award am does not meet the	s the intent of the standed. s intent of the standar he program. Point(s)	d. Point(s)	not given/awarde	_

641—	-155.21 (1) Governing Body		
Note:		<u>NA</u>	
A.	Has the program designated a governing body responsible for overall program operations?	<u>NA</u>	
В.	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	
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?	NA NA NA NA NA	
D.	Are minutes of all meetings by the governing body kept?  Do the minutes include:  Date of the meeting;  Names of members attending;  Topics discussed;  Decisions reached and actions taken.	NA NA NA NA NA	
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?	NA NA NA NA	
F.	Has the governing authority developed and approved the policies?	<u>NA</u>	
G.	Is the governing authority responsible for all funds, equipment and the physical facilities?	<u>NA</u>	
H.	<ul> <li>Has the governing body prepared an annual report which includes:</li> <li>Name, address, occupation and place of employment of each member;</li> <li>Relationships a member of the governing authority may have with a program staff member; and,</li> <li>The name and address of owners or controlling parties?</li> </ul>	NA NA NA	
I.	Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?	<u>NA</u>	
155.2	1(2) Executive Director		
A.	Has the governing body appointed an executive director whose qualifications and duties are delineated?	<u>C</u>	
155.21(3) Clinical Oversight			
A.	Does the program have appropriate clinical oversight provided in house or through consultation?	<u>C</u>	
В.	<ol> <li>Does clinical oversight include:</li> <li>Assisting in development of clinical policies and procedures;</li> <li>Assisting in the training of staff; and,</li> <li>Assistance to clinical staff providing direct services.</li> </ol>	<u>C</u>	

155.	21(4) Staff Development and Training	
A.	Does the program have policies and procedures establishing a staff development and training	
B.	program?  Is there documentation that staff are certified, licensed or have professional education?	<u>C</u>
Б. С.	Or oriented to include:	<u> </u>
0.	<ol> <li>Psychosocial;</li> <li>Medical;</li> <li>Pharmacological;</li> <li>Confidentiality;</li> <li>Tuberculosis and blood-borne pathogens;</li> <li>HIV/AIDS;</li> <li>Cultural specificity of diverse populations; and,</li> <li>Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;</li> <li>Counseling skill development; and,</li> <li>Program and community resources?</li> </ol>	NA NA NA NA NA NA NA NA NA
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?	<u>NA</u>
E.	Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	NA
F.	Are in-service programs instituted when program operations or functions are changed?	NA
G.	Has the program conducted an annual training needs assessment?	<u>NA</u>
H.	Has the program developed an annual staff development training plan based on the needs assessment?	<u>NA</u>
I.	<ul> <li>Are minutes of on-site training kept which include:</li> <li>1. Dates of the meeting;</li> <li>2. Names of persons attending;</li> <li>3. Topics discussed, including name and title of presenters.</li> </ul>	NA NA NA
155.	21(6) Procedures Manual	
A.	Has the program developed and maintained a policies and procedures manual?	<u>C</u>
B.	Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	<u>C</u>
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.	21(7) Fiscal Management	
A.	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>NA</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>NA</u>

155.2	1(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?	NA N
B.	Does the program have an equal employment opportunity policy and affirmative action plan?	<u>NA</u>
C.	Does the program maintain written job descriptions describing the actual duties of the staff?	<u>NA</u>
D.	Are personnel performance evaluations performed on an annual basis?	<u>NA</u>
E.	Is the employee able to respond to the evaluation?	<u>NA</u>
F.	<ol> <li>Are personnel records kept on each employee to include;</li> <li>Verification of training, experience and professional credentials;</li> <li>Job performance evaluations;</li> <li>Incident reports;</li> <li>Disciplinary actions taken; and,</li> <li>Documentation of review and adherence to confidentiality regulations prior to assumption of duties?</li> </ol>	NA NA NA NA NA
G.	Does the program have written policies and procedures ensuring confidentiality of personnel records?	<u>NA</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?	NA
I.	Are there policies and procedures prohibiting sexual harassment?	<u>NA</u>
J.	Are there policies implementing the Americans with Disabilities Act?	<u>NA</u>
K.	Does the program maintain an accepted code of conduct for all staff?	<u>NA</u>

155.2	1(9)	Child Abuse/Dependent Adult Abuse/Criminal History Background Check	
A.		s the program have written policies and procedures that specify procedures for child abuse dependent adult abuse reporting that are in compliance with 42 CFR, Part 2?	<u>C</u>
B.		s the program have policies that prohibit mistreatment, neglect or abuse of children and endent adults by staff that include:  Reporting violations immediately to the director and Department of Human Services?  Subject an employee to dismissal if found in violation to the program's policies?	<u>C</u>
C.	1. 2. 3. 4.	employees working within a juvenile service area, or with dependent adults, do personnel ords 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?	NA NA NA NA
D.	repo	e each clinical staff member completed two hours of training relating to the identification and orting of child abuse and dependent adult abuse within six months of initial employment; and hours of additional training every five years thereafter?	<u>C</u>
155.2	1(10)	Client/Patient Case Record Maintenance	
Α.		s the program have written policies and procedures governing client/patient case records that ures:  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;  Content and format of client/patient records are kept uniform; and, Entries in the client/patient case record are signed and dated.	<u>C</u>
B.	Doe	s 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.		ere a written policy governing maintenance for 7 years and disposal of client/patient case ords?	<u>C</u>
E.	2. 3. 4. 5.	passe of Information: 42CFR, Part 2, Iowa 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?	NA

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—subrule 157.3(1), "Notice lowa Code 321J—Confidential Medical Record," reporting screening, evaluation, and treatment completion, if payment has not been received for such services	NA NA
155.	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.	NA N
155.	21(11) Placement Screening, Admission and Assessment Records Reviewed 0	
A.	Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?	<u>C</u>
В.	<ol> <li>Does the placement screening process contain:</li> <li>Information gathered upon screening or admission;</li> <li>Procedures to be followed when accepting referrals from outside resources;</li> <li>Records kept on individuals applying for services; and,</li> <li>Evaluates the ASAM 6 categories or other approved criteria for substance abuse?</li> <li>Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?</li> </ol>	NA NA NA NA NA
	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,  2. Conducted within the time frame for this substance abuse level of care?  3. Conducted within 30 days for problem gambling clients/patients?	NA NA NA
D.	Is there sufficient information collected in order to develop a treatment plan?	NA
E.	Are the results of the admission process explained to the client/patient and family?	NA

		I
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?	NA NA NA NA NA NA NA NA NA
155.2	21(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>NA</u>
C.	Is the substance abuse treatment plan developed within the time frame for this level of care?	<u>NA</u>
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; b. Needs (here, or in the assessment);  2. a. Short term goals; b. Long term goals; 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?  Are the client/patient and counselor reviews conducted within the time frames for this level of care?	NA NA NA NA NA NA NA NA NA
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?	NA NA NA NA
H.	Is the client/patient provided a copy of the treatment plan upon request?	<u>NA</u>
155.2	21(13) Progress Notes	
A.	Does the program have written policies and procedures to address progress notes?	<u>C</u>
B.	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?	NA NA NA NA NA NA NA NA NA NA NA NA

155.	21(15) Drug Screening	
A.	Does the program have written policies and procedures to conduct urine collection and drug testing?	<u>NA</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>NA</u>
C.	Does the program comply with all CLIA regulations?	<u>NA</u>
D.	Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	<u>NA</u>
155.	21(16) Medical Services	
A.	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>NA</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 NA NA
D.	Are physical, laboratory work and medical histories completed by referrals older than 90 days?	NA
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	
Α.	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?	<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.	21(18) Medication Control	
A.	Does the program have written policies and procedures that address medication control?	<u>NA</u>
B.	Does the program maintain a list of qualified personnel authorized to administer medications?	<u>NA</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>NA</u>
E.	Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	<u>NA</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?	NA NA NA NA NA

G.	Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	<u>NA</u>
H.	Does the program document the processing of drugs left by the client/patient, or damaged while being stored in the facility?	<u>NA</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>
В.	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.	NA NA NA
C.	Is the discharge planning started at the time of admission?	<u>NA</u>
D.	Does the discharge plan address:  1. Ongoing client/patient needs; and,  2. Post treatment needs?	NA NA
155.2	21(20) Quality Improvement	
A.	Does the program have a written quality improvement plan?	<u>C</u>
В.	Does the written plan contain the following:  1. Objectives; 2. Organization; 3. Scope; and, 4. Mechanisms for oversight?	C C C
C.	<ul><li>Does the quality improvement plan address the following:</li><li>1. Is all the information collected, screened by an individual or committee; and,</li><li>2. Is the objective criteria utilized in development and application for ensuring client/patient care?</li></ul>	<u>NA</u> <u>NA</u>
D.	Has the quality improvement program developed a corrective action plan when problems have been identified?	<u>NA</u>
E.	Has the corrective action plan been followed until the problem has been resolved?	<u>NA</u>
F.	Is the information used to detect trends, patterns of performance that affect more than one component?	<u>NA</u>
G.	Is the quality improvement program evaluated at least annually?	<u>NA</u>

155.21(21) Building Construction and Safety	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	С
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>
<ul> <li>Does the program have written policies and procedures that provide for a safe environment for clients/patients, personnel and visitors that include:</li> <li>1. Orientation and review of facility-wide safety policies and practices;</li> <li>2. A hazard surveillance program; and,</li> <li>3. The process to dispose of bio-hazardous waste within the clinical service area?</li> </ul>	<u>C</u>
<ol> <li>All program areas:         <ol> <li>Are stairways, halls, and aisles:</li></ol></li></ol>	C C C C NA C C C NA NA
155.21(22) Outpatient Facility	
<ul> <li>A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?</li> <li>1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;</li> <li>2. Is the furniture in good repair; and,</li> <li>3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?</li> </ul>	C C C

155.2	1(23) Therapeutic Environment
A.	Does the program establish an environment that enhances the positive self-image of the clients/patient?
В.	Do the grounds have adequate space for the program to carry out its stated goals?
C.	When program goals involve outdoor activities are these activities appropriate to the ages and clinical needs of the clients/patients?
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?
E.	Does the program comply with the Americans with Disabilities Act?
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?
G.	Are program staff available in the reception/waiting area to address the needs of clients/patients/visitors?
H.	Does the program have written policies and procedures regarding chemical substances in the facility?
I.	Does the program designate and identify specific smoking areas?
J.	<ol> <li>Underage tobacco:</li> <li>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,</li> <li>A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.</li> </ol>
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?

Open Arms Psychological Services 4242 Gordon Drive, Suite 101 Sioux City, Iowa 51106

Inspection date: February 26, 2013

#### SPECIAL NOTE

The program is currently operating on an initial 270 day license. Since the initial license was granted the program has not admitted any treatment clients, therefore no clinical records were available for review. Although the licensure weighting report would indicate a 3 year license a one year license is being recommended. In addition, it is recommended that three months from the date the license is granted a clinical review be conducted to verify compliance with clinical standards.



## **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

February 27, 2013

#### RETURNED RECEIPT

Tom Jackowski, Executive Director Bridges of Iowa, Inc. 1211 Vine Street, #1110 West Des Moines, Iowa 50265

Dear Mr. Jackowski:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the re-licensure on-site evaluation of *Bridges of Iowa, Inc.* 1985 NE 51<sup>st</sup> Place, Des Moines, Iowa, on February 13, 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;
- 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 **March 13, 2013, at 9:00 am** at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> 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: Larry James, Sr., Board Chairperson

Substance Abuse/Problem Gambling Program Committee

insprptcvrltr 2-2013

# IOWA DEPARTMENT OF PUBLIC HEALTH Division of Health Promotion, Prevention, and Addictive Behaviors LICENSURE INSPECTION WEIGHTING REPORT

PROGRAM NAME:	Bridges of Iowa, Inc., Des Moines	

In order for a program to receive a three (3) year license, the program must at least receive a 95% rating in each of the three categories below. For a two (2) year license, the program must at least receive a 90% rating in each of the three categories below. For a one (1) year license, the program must at least receive 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.

	/IOUS INSPECTION DATE: ENT INSPECTION DATE:	March 10-11, 2010 February 13, 2013		
THIS	PROGRAM HAS APPLIED FOR A	A LICENSE AS A;		
1.	SUBSTANCE ABUSE TREATME	NT PROGRAM	X	
2.	PROBLEM GAMBLING TREATM	ENT PROGRAM		
3.	COMBINED SUBSTANCE ABUS	E AND PROBLEM (	GAMBLING TREATMENT PROGRAM	

CATEGORY					
CLINICAL STANDARDS	ITEMS VALUES	PREVIOUS REPORT	RECENT REPORT		
Placement Screening Treatment Plan Progress Notes Urinalysis	18 18 12 4	18 17 11 3	18 18 11 4		
Medical Services Management of Care	5 7	5 7	5 7		
Quality Improvement	11	_	11		
TOTAL	75	72	74		

Three (3) years 75-71=95% Total Points Available: 75 Two (2) years: 70-68=90% Total Points Received: 74 One (1) years: 67-53=70% Percent: 98.67% Denial: 52 or below

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body Executive Director Clinical Oversight Staff Training Procedure Manual Fiscal Personnel Child Abuse/Criminal Records TOTAL	23	23	23
	1	1	1
	4	4	4
	20	20	20
	4	3	4
	4	4	4
	29	28	29
	5	1	5

Three (3) years: 90-86=95% Total Points Available: 90 Two (2) years: 85-81=90% Total Points Received: 90 One (1) year: 80-63=70% Percent 100% Denial: 62 or below

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Client Case Records	32	31	31
Emergency Medical Services	4	4	4
Medication Control	12	10	12
Building Construction and Safety	11	11	11
Outpatient Services	0	0	0
Therapeutic environment	13	13	13
Inpatient, residential and halfway house			
services safety	8	8	8
Specific standards for inpatient, residential and			
halfway house facilities	52	52	52
TOTAL	132	129	131

Three (3) years 132 - 125 = 95%Two (2) years: 124 - 119 = 90%One (1) year: 118 - 92 = 70%Denial: 93 or below

Total Points Available: 132 Total Points Received: 131 Percent: 99.24%

# IOWA DEPARTMENT OF PUBLIC HEALTH Division of Health Promotion, Prevention, and Addictive Behaviors LICENSURE INSPECTION REPORT

Bridg 1211	GRAM NAME, AD es of Iowa, Inc. Vine St #1110 Des Moines, IA 5		S, TELEPHONE AND F	AX:		
(515)	287-8255	FAX: (	515) 287-8818	E-Mail Address: tjacko	owski@bridge	esofiowa.org
APPL	LICATION RECEI	VED:	January 31, 2013	COUNTIES SER\	/ED:	Entire State
DATE	OF INSPECTIO	N:	February 13, 2013	TECHNICAL ASS	ISTANCE:	NA
Bob k	ECTORS: Kerksieck Gronstal					
1985 Des N	VISITED: Northeast 51st P Moines, IA 50313 222-0910	ace				
Exec	FF: d Chairperson: utive Director: d Operating Office	Tom	/ James, Sr. Jackowski ck Coughlin	Medical Director: Fiscal Director: Trainer:	Visiting Nu Tom Jacko Patrick Co	
	MARY OF SERVI program provides			abuse treatment services	S.	
	RENT LICENSUF program is current			nse, effective May 17, 201	0 to May 17,	2013.
	ssued a license for ssued a license for ssued a license for	or a peri or a peri or a peri or 270 d	commended that the proof of three years effect od of two years effective od of one year effective ays effective	rive <u>May 17, 2013</u> re	to to	May 17, 2016
condi the p	uct any chemical : rimary purpose of	substitut which is	es or antagonists progi	equires in Section 125.13 ram, residential program, abilitation of substance al	or non-reside	ential outpatient program,
C NC NA	activities and doo Non-Compliance	umenta – The p	tion. Point(s) given/aw rogram does not meet	eets the intent of the standard arded. the intent of the standard to the program. Point(s) i	. Point(s) no	t given/awarded.

Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and flability insurance.  A. Has the program designated a governing body responsible for overall program operations?  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?  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?  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.  E. Do the duties of the governing body include:  1. Approve all contracts?  F. Has the governing authority developed and approved the policies?  C. Lestablish controls to ensure quality services are delivered;  3. Review and approval of the annual budget; and,  4. Approve all contracts?  F. Has the governing authority developed and approved the policies?  C. Lestationships an emmber of the governing authority may have with a program staff member; and,  3. The name and address of owners or controlling parties?  1. Name, address, occupation and place of employment of each member;  2. Relationships a member of the governing authority may have with a program staff member; and,  3. The name and address of owners or controlling parties?  1. Has the governing body ensured the program maintains malpractice and liability insurance and a fidelity bond?  155.21(2) Executive Director  A. Has the governing body appointed an executive director whose qualifications and duties are delineated?  C. C. Assisting in developement of clinical policies and procedures:  2. Assisting in the training of staff; and,  3. Assistance to clinical staff providing direct services.	641—	155.21 (1) Governing Body	
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? 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? C. Date of the mencessary to transact business? 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. 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? C. C	Note:		<u>NA</u>
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fidelity bond?  155.21(2) Executive Director  A. Has the governing body appointed an executive director whose qualifications and duties are delineated?  155.21(3) Clinical Oversight  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,	H.	<ol> <li>Name, address, occupation and place of employment of each member;</li> <li>Relationships a member of the governing authority may have with a program staff member; and,</li> </ol>	NA
A. Has the governing body appointed an executive director whose qualifications and duties are delineated?  155.21(3) Clinical Oversight  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,	I.		<u>C</u>
delineated?  155.21(3) Clinical Oversight  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,	155.2	1(2) Executive Director	
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,	A.		<u>C</u>
B. Does clinical oversight include: 1. Assisting in development of clinical policies and procedures; 2. Assisting in the training of staff; and,  C	155.2	1(3) Clinical Oversight	
<ol> <li>Assisting in development of clinical policies and procedures;</li> <li>Assisting in the training of staff; and,</li> </ol>	A.	Does the program have appropriate clinical oversight provided in house or through consultation?	<u>C</u>
	B.	<ol> <li>Assisting in development of clinical policies and procedures;</li> <li>Assisting in the training of staff; and,</li> </ol>	<u>C</u>

155.	21(4) Staff Development and Training	
A.	Does the program have policies and procedures establishing a staff development and training	_
B.	program?  Is there documentation that staff are certified, licensed or have professional education?	<u>C</u>
В. С.	Or oriented to include:	<u> </u>
0.	<ol> <li>Psychosocial;</li> <li>Medical;</li> <li>Pharmacological;</li> <li>Confidentiality;</li> <li>Tuberculosis and blood-borne pathogens;</li> <li>HIV/AIDS;</li> <li>Cultural specificity of diverse populations; and,</li> <li>Does the training program include at least two hours of training every five years relating to child and dependent adult abuse;</li> <li>Counseling skill development; and,</li> <li>Program and community resources?</li> </ol>	
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?	<u>C</u>
E.	Are staff members kept informed of new developments in the field regarding assessment, evaluation, placement, treatment and rehabilitation?	<u>C</u>
F.	Are in-service programs instituted when program operations or functions are changed?	<u>C</u>
G.	Has the program conducted an annual training needs assessment?	<u>C</u>
H.	Has the program developed an annual staff development training plan based on the needs assessment?	<u>C</u>
I.	<ul> <li>Are minutes of on-site training kept which include:</li> <li>1. Dates of the meeting;</li> <li>2. Names of persons attending;</li> <li>3. Topics discussed, including name and title of presenters.</li> </ul>	<u>C</u>
155.	21(6) Procedures Manual	
A.	Has the program developed and maintained a policies and procedures manual?	<u>C</u>
B.	Does the manual contain all written policies and procedures required throughout the standards for both substance abuse treatment and/or problem gambling treatment?	<u>C</u>
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.	21(7) Fiscal Management	
A.	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.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Dersonnel policies and procedures include the following: Recruitment, selection and certification of staff members; Recruitment and selection of volunteers; Wage and salary administration; Promotions; Employee benefits; Working hours; Vacation and sick leave; Lines of authority; Rules of conduct; Disciplinary action and termination; Methods for handling inappropriate client/patient care; Work performance appraisal; Employee accidents and safety; Employee grievances; and, Policy on staff persons suspected of using or abusing substances?	
B.	Doe	s the program have an equal employment opportunity policy and affirmative action plan?	<u>C</u>
C.	Doe	s 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 th	e employee able to respond to the evaluation?	<u>C</u>
F.	Are 1. 2. 3. 4. 5.	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?	C C C C C C C C C C C C C C C C C C C
G.		s the program have written policies and procedures ensuring confidentiality of personnel ords?	<u>C</u>
H.		ere evidence that all personnel providing screenings, evaluations, assessments and tment 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.	Doe	s the program maintain an accepted code of conduct for all staff?	<u>C</u>

155.2	1(9)	Child Abuse/Dependent Adult Abuse/Criminal Records History Background Check	
A.		s the program have written policies and procedures that specify procedures for child abuse dependent adult abuse reporting that are in compliance with 42 CFR, Part 2?	<u>C</u>
B.		s the program have policies that prohibit mistreatment, neglect or abuse of children and endent adults by staff that include:  Reporting violations immediately to the director and Department of Human Services?  Subject an employee to dismissal if found in violation to the program's policies?	<u>C</u> <u>C</u>
C.	1. 2. 3. 4.	employees working within a juvenile service area, or with dependent adults, do personnel ords 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?	C NA NA NA
D.	repo	e each clinical staff member completed two hours of training relating to the identification and orting of child abuse and dependent adult abuse within six months of initial employment; and hours of additional training every five years thereafter?	<u>C</u>
155.2	1(10)	Client/Patient Case Record Maintenance	
A.		s the program have written policies and procedures governing client/patient case records that ures:  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;  Content and format of client/patient records are kept uniform; and, Entries in the client/patient case record are signed and dated.	<u>C</u>
B.	Doe	s 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.		ere a written policy governing maintenance for 7 years and disposal of client/patient case ords?	<u>C</u>
E.	2. 3. 4. 5.	passe of Information: 42CFR, Part 2, Iowa 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 C C C NA NA 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.  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 lowa Code 321J—Confidential Medical Record," reporting screening, evaluation, and treatment completion, if payment has not been received for such services	<u>NA</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 NA NA NA NA NA
155.2	21(11) Placement Screening, Admission and Assessment Records Reviewed 9	
A.	Does the program have written policies and procedures to address the placement, admission, assessment and evaluation process?	<u>C</u>
B.	<ol> <li>Does the placement screening process contain:</li> <li>Information gathered upon screening or admission;</li> <li>Procedures to be followed when accepting referrals from outside resources;</li> <li>Records kept on individuals applying for services; and,</li> <li>Evaluates the ASAM 6 categories or other approved criteria for substance abuse?</li> <li>Is the program utilizing a recognized diagnostic tool to determine substance abuse or dependence as defined by DSM-IV?</li> </ol>	<u>C</u>
	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; 5. Long term goals; b. Frequency of therapeutic activities; b. Frequency of therapeutic activities; 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?	C NC C C C C C C C C C C C C C C C C C

155.2	21(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	21(16) Medical Services	
A.	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 NA C
D.	Are physical, laboratory work and medical histories completed by referrals older than 90 days?	<u>C</u>
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?	<u>C</u>
155.21(17) Emergency Medical Services		
A.	Does the program have written policies and procedures that address emergency services?	<u>C</u>
B.	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	21(18) Medication Control	
A.	Does the program have written policies and procedures that address medication control?	<u>C</u>
B.	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>C</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?	C C C C C C

G.	Does the staff person in charge of medications conduct and document a monthly inspection of all storage units?	<u>C</u>
H.	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	11(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.	<ol> <li>Is the program exercising proper utilization and effective use for levels of care in the following?</li> <li>Placement screening;</li> <li>Continued service reviews; and,</li> <li>Discharge reviews.</li> </ol>	<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?	C C C
C.	<ul><li>Does the quality improvement plan address the following:</li><li>1. Is all the information collected, screened by an individual or committee; and,</li><li>2. Is the objective criteria utilized in development and application for ensuring client/patient care?</li></ul>	<u>C</u>
D.	Has the quality improvement program developed a corrective action plan when problems have been identified?	<u>C</u>
E.	Has the corrective action plan been followed until the problem has been resolved?	<u>C</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>

155.2	1(21) Building Construction and Safety	
A.	Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	<u>C</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?	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;  2. A hazard surveillance program; and,  3. The process to dispose of bio-hazardous waste within the clinical service area?	<u>C</u>
E.	<ol> <li>All program areas:         <ol> <li>Are stairways, halls, and aisles:</li></ol></li></ol>	C C C C NA C C C NA NA
155.2	1(22) Outpatient Facility	
Α.	<ol> <li>Is the facility safe, clean, well-ventilated, properly heated and in good repair?</li> <li>Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;</li> <li>Is the furniture in good repair; and,</li> <li>Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?</li> </ol>	NA NA NA

155.2	1(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?	<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>
I.	Does the program designate and identify specific smoking areas?	<u>C</u>
J.	<ol> <li>Underage tobacco:</li> <li>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,</li> <li>A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.</li> </ol>	NA NA
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?	C C C

641 -	- 155.22(125) Inpatient, Residential and Halfway House Safety	
155.	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>
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>

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641 -	- 155.23(125) Inpatient, Residential and Halfway House Service	
155.2	23(1) Hours of Operation	
A.	Does the program operate seven days a week, 24 hours a day?	<u>C</u>
155.2	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 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>NA</u>
155.2	23(3) Consultation With Counsel	
A.	Does the inpatient, residential, and halfway house program have policies and procedures that ensure clients have an opportunity and access to consultation with legal counsel at any reasonable time?	<u>C</u>
155.2	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?	<u>C</u>
В.	<ol> <li>If visiting opportunities are clinically contra-indicated are:</li> <li>They approved on an individual basis by the treatment supervisor;</li> <li>They subject to review by the executive director;</li> <li>The justification for restrictions documented in the client record; and,</li> <li>The restrictions evaluated for continuing therapeutic effectiveness every seven days by the treatment supervisor and primary counselor?</li> </ol>	NA NA NA NA
C.	Are visiting hours conspicuously displayed at the facility?	<u>C</u>

155.2	3(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.	<ol> <li>If telephone use is clinically contra-indicated are:</li> <li>They approved on an individual basis by the treatment supervisor;</li> <li>They subject to review by the executive director;</li> <li>The justification for restrictions documented in the client record; and,</li> <li>The restrictions evaluated for continuing therapeutic effectiveness every seven days by the treatment supervisor and primary counselor?</li> </ol>	NA 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>
155.2	3(6) Written Communication	
A.	Does the inpatient, residential, halfway house program have policies and procedures that ensure that neither mail nor other communications to or from a client may be intercepted, read, or censored?	<u>C</u>
155.2	3(7) Facility	
A.	Is the facility safe, clean, well-ventilated, properly heated, in good repair, and free from vermin and rodents?	<u>C</u>
В.	<ol> <li>Do client bedrooms include:</li> <li>A sturdily constructed bed;</li> <li>A clean mattress protected with a clean mattress pad;</li> <li>A designated space for personal possessions and for hanging clothing in proximity to the sleeping area; and,</li> <li>Bedroom windows with curtains or window blinds?</li> </ol>	<u> </u>
C.	<ol> <li>Do sleeping areas include:</li> <li>Doors for privacy;</li> <li>Partitioning or placement of furniture to provide privacy for all clients;</li> <li>The number of clients in a room is appropriate to goals of the facility and to the ages, developmental levels, and clinical needs of the clients;</li> <li>Are clients allowed to keep and display personal belongings and add personal touches to the decoration of the room in accordance with program policy; and,</li> <li>Do staff knock on the door of a client/patient's room before entering?</li> </ol>	C C C C C C C C C C C C C C C C C C C
D.	Are clean linen, towels, and washcloths available minimally on a weekly basis and more often as needed?	<u>C</u>

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E.	Do bathrooms provide residents with facilities necessary for personal hygiene and personal privacy, including:	
	<ol> <li>A safe supply of hot and cold running water which is potable;</li> <li>Clean towels, electric hand dryers or paper towel dispensers, and an available supply of toilet paper and soap;</li> </ol>	<u>C</u>
	<ol> <li>Natural or mechanical ventilation capable or removing odors;</li> <li>Tubs or showers shall have slip-proof surfaces;</li> </ol>	000
	<ul><li>5. Partitions or doors which provide privacy if a bathroom has multiple toilet stools;</li><li>6. Toilets, wash basins, and other plumbing or sanitary facilities maintained in good operating</li></ul>	
	condition; 7. A ratio of bathroom facilities to residents of one tub or shower per 12 residents, one wash	<u>C</u>
	<ul><li>basin per 12 residents, and one toilet per eight residents; and,</li><li>8. If the facility is coeducational, does the program designate and so identify separate bathrooms for male and female clients?</li></ul>	<u>C</u> <u>NA</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,	<u>C</u>
	residents, or visitors occupy at the facility; 2. Are these plans explained to all inpatient, residential, and halfway house clients as part of	<u>C</u>
	their orientation; 3. Fire drills are conducted at least monthly; and,  Towards drills are conducted during the towards are a sea from April through October 2	<u>C</u>
G.	<ol> <li>Tornado drills are conducted during the tornado season from April through October?</li> <li>Are written reports of annual inspections by state or local fire safety officials maintained with</li> </ol>	<u>C</u>
<u> </u>	records of corrective action taken?	С
H.	Is smoking prohibited in bedrooms?	<u>c</u>
I.	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's age, developmental level, and clinical state readily available in a space reserved near the client's sleeping area?  1. If access to potentially dangerous grooming aids or other personal articles is contra-indicated	<u>C</u>
	does a member of the professional staff explain to the client the conditions under which the articles may be used?	NA NA
L.	<ol> <li>Is the clinical rationale for these conditions documented in the client's case record?</li> <li>If clients take responsibility for maintaining their own living quarters and for day-to-day house-</li> </ol>	INA
	keeping of the program, are these responsibilities:  1. Clearly defined in writing;	
	<ol> <li>Clearly defined in writing;</li> <li>Part of the client's orientation program; and,</li> <li>Is staff assistance and equipment provided as needed?</li> </ol>	
M.	Clothing:	
IVI.	<ol> <li>Are clients/patients allowed to wear their own clothing in accordance with program rules;</li> <li>If clothing is provided by program, is it suited to the climate and appropriate; and,</li> <li>Is a laundry room accessible so clients may wash their clothing?</li> </ol>	<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
О.	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?	<u>NA</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>

Bridges of Iowa, Inc. 1211 Vine St #1110 West Des Moines, IA 50265

Inspection date: February 13, 2013

#### JUSTIFICATION OF VARIANCE

#### **155.21(13)** Progress Notes

B.2 Progress Notes was in non-compliance because the program did not adequately document individual progress notes in the client records reviewed.

#### 155.21(14) Client/Patient Case Record Contents

A. Client/Patient Case Record Contents was in non-compliance because the program did not adequately document individual progress notes in the client records reviewed.



### **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

January 31, 2013

Jim Weiss, Director Siouxland Treatment Center, LLC 2520 Glenn Avenue Sioux City, Iowa 51106

Dear Mr. Weiss:

The office is in receipt of the CARF accreditation letter and report for Siouxland Treatment Center, LLC. Submission of these materials completes the application for re-licensure through deemed status. The program will receive a recommendation for a three year license effective January 31, 2013 to January 1, 2016 in accordance with the dates of accreditation.

The programs' application for re-licensure will be presented to the Iowa Board of Health, Substance Abuse/Problem Gambling Licensure Committee on March 13, 2013, at 9:00 am, at the Lucas State Office Building. Please see the receptionist on the 6<sup>th</sup> floor for the location of the meeting. **Program representation is welcomed, but not required.** If you have questions, please contact me at <u>Jeffrey.Gronstal@idph.iowa.gov</u> or at (515) 242-6162.

Thank you for completing the application. Should you have any questions or concerns please feel free to contact me at Jeffrey.Gronstal@idph.iowa.gov or at (515) 242-6162.

Sincerely,

Jeff Gronstal

Health Facility Surveyor Division of Behavioral Health

Genetal

JG/rrh

Deemed Status Letter