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

PROGRAM NAME:_____

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:_____
RECENT INSPECTION DATE:_____

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A;

1. SUBSTANCE ABUSE TREATMENT PROGRAM _____
2. PROBLEM GAMBLING TREATMENT PROGRAM _____
3. COMBINED SUBSTANCE ABUSE AND PROBLEM GAMBLING TREATMENT PROGRAM _____

CATEGORY			
CLINICAL STANDARDS	ITEMS VALUES	PREVIOUS REPORT	RECENT REPORT
Placement Screening	18		
Treatment Plan	18		
Progress Notes	11		
Urinalysis	4		
Medical Services	7		
Management of Care	7		
Quality Improvement	11		
TOTAL	76		

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

CATEGORY ADMINSTRATIVE STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Governing Body	25		
Executive Director	1		
Clinical Oversight	4		
Staff Training	20		
Procedure Manual	3		
Fiscal	4		
Personnel	28		
Child Abuse/Criminal Records	8		
TOTAL	93		

Three (3) years:	93 – 88 = 95%	Total Points Available:	93
Two (2) years:	87 – 84 = 90%	Total Points Received:	
One (1) year:	83 – 65 = 70%	Percent	%
Denial:	64 or below		

CATEGORY PROGRAMMING STANDARDS	ITEMS VALUES	PREVIOUS REPORT	CURRENT REPORT
Client/Patient Case Records	35		
Emergency Medical Services	4		
Medication Control	12		
Building Construction and Safety	18		
Outpatient Services	4		
Therapeutic environment	15		
Inpatient, residential and halfway house services safety	8		
Specific standards for inpatient, residential l and halfway house facilities	56		
Specific standards for juvenile services	32		
TOTAL	193		

Three (3) years	193 – 183 = 95%
Two (2) years:	182 – 173 = 90%
One (1) year:	172 – 135 = 70%
Denial:	134 or below

Total Points Available:	193
Total Points Received:	
Percent:	%

IOWA DEPARTMENT OF PUBLIC HEALTH
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LICENSURE INSPECTION REPORT

PROGRAM NAME, ADDRESS, TELEPHONE AND FAX: FAX: E-Mail Address:	
APPLICATION RECEIVED: DATE OF INSPECTION:	COUNTIES SERVED: TECHNICAL ASSISTANCE:
INSPECTORS:	
SITE(S) VISITED:	
STAFF: Board Chairperson: Executive Director: Program Director:	 Medical Director: Fiscal Director: Trainer:
SUMMARY OF SERVICES PROVIDED:	
CURRENT LICENSURE STATUS: The program is currently operating on	

RECOMMENDATION: It is recommended that the program be—

- ☐ Issued a license for a period of three years effective_____ to _____
- ☐ Issued a license for a period of two years effective_____ to _____
- ☐ Issued a license for a period of one year effective_____ to _____
- ☐ Issued a license for 270 days effective_____ to _____
- ☐ Denied a license

PURPOSE: Chapter 125 of the Code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.

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

641—155.21 (1) Governing Body	
Note: Persons in private practice as sole practitioners shall be exempt from this sub-rule except for requirements to have malpractice and liability insurance.	_____
A. Has the program designated a governing body responsible for overall program operations?	_____
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. 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?	_____
F. Has the governing authority developed and approved the policies?	_____
G. Is the governing authority responsible for all funds, equipment and the physical facilities?	_____
H. Has the governing body prepared an annual report which includes:	
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?	_____
I. 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?	_____
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,	_____
3. Assistance to clinical staff providing direct services.	_____

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

155.21(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?	_____
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?	_____
K. Does the program maintain an accepted code of conduct for all staff?	_____

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?	_____
C. For employees working within a juvenile service area, or with dependent adults, do personnel records contain:	
1. Documentation of a criminal records check with the Iowa Division of Criminal Investigation for all new applicants;	_____
2. A written statement by new applicants disclosing any substantiated reports of child or dependent adult abuse, neglect, or sexual abuse;	_____
3. Documentation of a check with the Iowa Central Abuse Registry of any substantiated reports of abuse prior to permanent employment; and,	_____
4. For staff members with a substantiated criminal or child or dependent adult abuse report, that form 470-2310 Record Check Evaluation has been submitted to DHS?	_____
D. Have each clinical staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every five years thereafter?	_____
155.21(10) Client/Patient Case Record Maintenance	
A. Does the program have written policies and procedures governing client/patient case records that ensures:	
1. The program is responsible for protecting the client/patient record against loss, tampering or unauthorized disclosure of information, per HIPAA, Iowa Code Chapter 228 and 42 CFR, Part 2, as applicable;	_____
2. Content and format of client/patient records are kept uniform; and,	_____
3. Entries in the client/patient case record are signed and dated.	_____
B. Does the program ensure records are kept in a suitable locked room or file cabinet?	_____
C. Are records readily accessible to authorized staff?	_____
D. Is there a written policy governing maintenance for 7 years and disposal of client/patient case records?	_____
E. Release of Information: 42CFR, Part 2, Iowa Code Chapter 228 and HIPAA, as applicable	
1. Does the format for the disclosure of client/patient information contain:	
a. The name of the program which is to make the disclosure;	_____
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?	_____
2. Is the release signed prior to releasing information?	_____
3. Is the client/patient informed of the information and purpose of the release prior to signing?	_____
4. Did the client/patient sign the release voluntarily?	_____
5. In the event that the program releases information without the client/patient's consent, did they follow proper procedures?	_____
6. Following an unauthorized disclosure, did the program inform the client/patient of the disclosure?	_____

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..	_____
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.	_____
155.21(11) Placement Screening, Admission and Assessment Records Reviewed_____	
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?	_____
E. Are the results of the admission process explained to the client/patient and family?	_____

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?	 _____ _____ _____ _____ _____ _____ _____ _____
155.21(12) Treatment Plans	
A. Does the program have written policies and procedures that address treatment planning and reviews?	_____
B. Is the treatment plan based on the assessment?	_____
C. Is the substance abuse treatment plan developed within the time frame for this level of care?	_____
D Is the problem gambling treatment plan developed within 30 days of admission, per 155.21(11)?	_____
D. 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?	 _____ _____ _____ _____ _____ _____ _____ _____ _____
E. Are the client/patient and counselor reviews conducted within the time frames for this level of care?	_____
F. 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?	 _____ _____ _____ _____
G. Is the client/patient provided a copy of the treatment plan upon request?	_____
155.21(13) Progress Notes	
A. Does the program have written policies and procedures to address progress notes?	_____
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?	 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

155.21(15) Drug Screening	
A. Does the program have written policies and procedures to conduct urine collection and drug testing?	_____
B. Are urine specimens collected under direct supervision, or the program shall have a policy in place to reduce the client/patient's ability to skew the test.?	_____
C. Does the program comply with all CLIA regulations?	_____
D. Does the client/patient record reflect the manner in which the urine test results are utilized in treatment?	_____
155.21(16) Medical Services	
A. Does the program have written policies and procedures to address medical services?	_____
B. Have all the clients/patient entering treatment been evaluated to determine their medical needs upon admission?	_____
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)?	_____
D. Are physical, laboratory work and medical histories completed by referrals older than 90 days?	_____
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?	_____
155.21(17) Emergency Medical Services	
A. Does the program have written policies and procedures that address emergency services?	_____
B. Does the program ensure that emergency medical services, with a general hospital, are available on a 24-hour basis?	_____
C. Does the program maintain emergency service coverage on a 24-hour, seven day-a-week basis?	_____
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?	_____
155.21(18) Medication Control	
A. Does the program have written policies and procedures that address medication control?	_____
B. Does the program maintain a list of qualified personnel authorized to administer medications?	_____
C. Have staff who are designated to observe self-administration received an orientation to the policies and procedures on self-administration?	_____
D. Are prescription drugs which are administered or self-administered, accompanied with an order from a physician?	_____
E. Does the program maintain a dispensing log or document in the client/patient record all medications dispensed?	_____
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?	_____

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?	_____
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?	_____
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. Is the discharge planning started at the time of admission?	_____
D. Does the discharge plan address:	
1. Ongoing client/patient needs; and,	_____
2. Post treatment needs?	_____
155.21(20) Quality Improvement	
A. Does the program have a written quality improvement plan?	_____
B. Does the written plan contain the following:	
1. Objectives;	_____
2. Organization;	_____
3. Scope; and,	_____
4. Mechanisms for oversight?	_____
C. Does the quality improvement plan address the following:	
1. Is all the information collected, screened by an individual or committee; and,	_____
2. Is the objective criteria utilized in development and application for ensuring client/patient care?	_____
D. Has the quality improvement program developed a corrective action plan when problems have been identified?	_____
E. Has the corrective action plan been followed until the problem has been resolved?	_____
F. Is the information used to detect trends, patterns of performance that affect more than one component?	_____
G. Is the quality improvement program evaluated at least annually?	_____

155.21(21) Building Construction and Safety	
A. Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	_____
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?	_____
C. During new construction the program complies with local, state (104A), and federal codes for safe and convenient use by disabled individuals?	_____
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?	_____
E. All program areas:	
1. Are stairways, halls, and aisles:	
a. Of substantial non-slippery material;	_____
b. Adequately lighted;	_____
c. Free from obstruction; and,	_____
d. Equipped with handrails on stairways?	_____
2. Do radiators, registers, steam/hot water pipes, electrical outlets, and switches have protective covering, insulation and/or wall plates?	_____
3. For juvenile facilities, are fuse boxes under lock and key or six feet above the floor?	_____
4. Do facilities have written procedures for handling and storage of hazardous materials?	_____
5. Do facilities have policies and procedures for weapons removal?	_____
6. Do swimming pools:	
a. Conform to state and local health and safety regulations; and,	_____
b. Ensure that adult supervision is provided when children use the pool?	_____
7. Do facilities have policies regarding fishing ponds, lakes, or any bodies of water located on or near the program and accessible to the client/patient?	_____
155.21(22) Outpatient Facility	
A. Is the facility safe, clean, well-ventilated, properly heated and in good repair?	_____
1. Is the facility appropriate for the services it provides, as well as protecting client /patient confidentiality;	_____
2. Is the furniture in good repair; and,	_____
3. Is there a written plan outlining procedures in the event of fire or tornado that is conspicuously displayed?	_____

155.21(23) Therapeutic Environment	
A. Does the program establish an environment that enhances the positive self-image of the clients/patient?	_____
B. 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. Underage tobacco:	
1. The program/person does not sell, give or otherwise supply any tobacco, tobacco products, or cigarettes to any person under 18 years of age; and,	_____
2. A person under 18 years of age shall not smoke, use, purchase, or attempt to purchase, any tobacco, tobacco products, or cigarettes.	_____
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?	_____
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?	_____
B. Are all offices where services are provided inspected on an annual basis by the state fire marshal or their designee?	_____
C. Are food service operations inspected on an annual basis by the Department of Inspection and Appeals or their designee?	_____
D. If used, are door locks or closed sections approved by the:	
1. Fire Marshal;	_____
2. Professional staff; and,	_____
3. Governing body?	_____
155.22(2) Emergency Preparedness	
A. Does the program have a written emergency preparedness program?	_____
B. Does the written plan provide for client/patient care to be continued during a crisis?	_____

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

155.23(5) Telephone Use

A. Does the inpatient, residential and halfway house program have policies and procedures which allow clients/patients to conduct private telephone conversations with family and friends? _____

B. If telephone use is clinically contra-indicated are:
1. They approved on an individual basis by the treatment supervisor; _____
2. They subject to review by the executive director; _____
3. The justification for restrictions documented in the client/patient record; and, _____
4. The restrictions evaluated for continuing therapeutic effectiveness every seven days by the treatment supervisor and primary counselor? _____

C. Is access to the telephone made available during reasonable hours as defined in policies and procedures? _____

D. Are emergency calls received at the time of the call or made when necessary? _____

155.23(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/patient may be intercepted, read, or censored? _____

155.23(7) Facility

A. Is the facility safe, clean, well-ventilated, properly heated, in good repair, and free from vermin and rodents? _____

B. Do client/patient bedrooms include:
1. A sturdily constructed bed; _____
2. A clean mattress protected with a clean mattress pad; _____
3. A designated space for personal possessions and for hanging clothing in proximity to the sleeping area; and, _____
4. Bedroom windows with curtains or window blinds? _____

C. Do sleeping areas include:
1. Doors for privacy; _____
2. Partitioning or placement of furniture to provide privacy for all clients/patients; _____
3. The number of clients/patients in a room is appropriate to goals of the facility and to the ages, developmental levels, and clinical needs of the clients/patients; _____
4. Are clients/patients allowed to keep and display personal belongings and add personal touches to the decoration of the room in accordance with program policy ; and, _____
5. Do staff knock on the door of a client/patient's room before entering? _____

D. Are clean linen, towels, and washcloths available minimally on a weekly basis and more often as needed? _____

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

155.23(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?	_____
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?	_____
641 – 155.24(125) Specific Standards for Inpatient, Residential, and Halfway House Substance Abuse Services Admitting Juveniles.	
155.24(1) Personal Possessions	
A. Does the program allow a child to bring personal belongings?	_____
B. Does the program limit or supervise the use of these items, if necessary?	_____
C. Does the program ensure that each child has adequate, clean, well-fitting, attractive, and seasonable clothing as required for health, comfort, and physical well-being?	_____
D. Are the clothes appropriate to age, sex and individual needs?	_____
155.24(2) Family Involvement	
A. Are there written policies and procedures for family involvement that encourages continued involvement of the family?	_____
155.24(3) Children's Money	
A. Does the program have a written policy on the child's use of funds?	_____
B. Is money earned or received as a gift/allowance by a child in care deemed to be that child's personal property?	_____
C. Does the program maintain a separate accounting system for children's money?	_____
155.24(4) Discipline	
A. Does the inpatient, residential, and halfway house program have written policies and procedures regarding methods used for control and discipline of children?	_____
B. Are the policies and procedures available to all staff and the child's family?	_____
C. Are agency staff in control of and responsible for discipline at all times?	_____
D. Is the withholding of basic necessities such as food, clothing, or sleep prohibited?	_____
E. Does the policy:	
1. Clearly prohibits staff or the children from utilizing corporal punishment as a method of disciplining or correcting children; and,	_____
2. Is communicated, in writing, to all staff of the facility?	_____
F. Are behavior expectations made available in writing to the child and the child's parents or guardians that includes:	
1. General expectations including the program's rules and practices; and,	_____
2. The range of reasonable consequences used to deal with inappropriate behavior?	_____

155.24(5) Number of Staff	
A. Does the inpatient, residential, halfway house program, as a community residential facility have an on-call system operational 24-hours a day to provide supervisory consultation that:	
1. Is a written plan documenting this system; and,	_____
2. Provides at least one-to-eight staff to client/patient ratio during prime programming time?	_____
B. Does a comprehensive residential facility have at least a one-to-five staff to client/patient ratio during prime programming time?	_____
C. Is a staff person in each living unit at all times when children are in residence?	_____
D. Are there a minimum of three nighttime checks between the hours of 12 midnight and 6 a.m. and are:	
1. The checks logged; and,	_____
2. The policies/procedures for nighttime checks in writing?	_____
155.24(6) Illness, Accident, Death, or Absence from the Inpatient, Residential, and Halfway House Program.	
A. Does the program maintain written policies and procedures to notify the child's parent(s), guardian, and responsible agency in compliance with 42CFR and HIPAA of:	
1. Any serious illness;	_____
2. Incidents involving serious bodily injury; and,	_____
3. Circumstances causing removal of the child from the facility?	_____
B. In the event of the death of a child, does the facility notify immediately the:	
1. Physician;	_____
2. Child's parent(s) or guardian;	_____
3. Placing agency; and,	_____
4. Appropriate state authority?	_____
155.24(7) Educational Services	
A. Is an educational program available for each child in accordance with abilities and needs?	_____
B. Are the educational and teaching standards established by the state Department of Education met?	_____
155.24(8) Needs of the Juvenile	
A. Are program services and rules designed to meet individual needs of the juvenile?	_____