

STATE OF IOWA DEPARTMENT OF  
**Health** AND **Human**  
SERVICES

Kim Reynolds  
GOVERNOR

Adam Gregg  
LT. GOVERNOR

Kelly Garcia  
DIRECTOR

**RETURN RECEIPT**

**E-MAIL TRANSMISSION TO:** [MichelleD@CFRHelps.org](mailto:MichelleD@CFRHelps.org)

December 8, 2023

Michelle De La Riva, Executive Director  
Community and Family Resources, Inc.  
211 Avenue M West  
Fort Dodge, Iowa 50501

RE: Complaint Investigation BH-1234-102622

Dear Ms. De La Riva;

Enclosed please find a copy of the Complaint Investigation Report that was the result of investigation by the Division. This report and its findings will be presented during the Substance Abuse and Program Gambling Treatment Program Committee meeting on Thursday, December 14, 2023 at 9:00 a.m. The meeting will be held via teleconference. Program representation is welcomed but not required.

The call-in information for the electronic meeting is:

**December 14, 2023, 9:00 am call in:**

Phone number: 1 669 254 5252

Meeting ID: 160 962 8797

Passcode: 849217

Should you have any questions, please feel free to contact me at [Lori.Hancock-Muck@idph.iowa.gov](mailto:Lori.Hancock-Muck@idph.iowa.gov) or at (515) 204-9766.

Sincerely,



Lori Hancock-Muck  
Health Facilities Officer  
Division of Behavioral Health

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH

COMPLAINT INVESTIGATION REPORT

PROGRAM: Community and Family Resources, Inc. (CFR)  
211 Avenue M West  
Fort Dodge, Iowa 50501

LICENSED SERVICES: Adult Levels 1, 2.1, 2.5, 3.1, 3.3, 3.5, 3.7 and  
Juvenile Levels 1, 2.1, 2.5, and 3.5 Substance Use  
Disorder and Problem Gambling Treatment  
Services

COMPLAINT #: **BH – 1234-102622**

INVESTIGATOR: Lori Hancock-Muck, Division of Behavioral Health

DATE OF COMPLAINT: October 26, 2022

INVESTIGATION TIMELINE: October 26, 2022 to November 1, 2023

DATE OF REPORT: November 28, 2023

**SUMMARY FINDINGS:**

*Allegation #1:* **UNDETERMINED**  
Residential treatment accommodations were not made for patient, who was deaf.

**Additional finding as a result of the investigation:**

*Finding #1:* **SUBSTANTIATED**  
Failure to document care coordination efforts.

**NATURE OF COMPLAINT:**

On October 26, 2022, the Iowa Department of Health and Human Services (Department) received a complaint via a phone call from the daughter and son (complainants) of a deaf patient who was allegedly denied admission to Community and Family Resources, Inc. (CFR) residential treatment program, due to the program not being able to accommodate the patient’s hearing impairment. The complainants reported the patient, their father, who has since died of medical complications from chronic substance use, was denied admission to CFR’s residential facility and was provided with no additional resources or referrals for the patient to receive substance use disorder treatment services. The complainants reported that their father had been a chronic alcoholic and wanted treatment and had received services at CFR in the past. The complainants reported the patient had received medically managed intensive inpatient treatment services (Level 4) at a local hospital and was then transferred to a less intensive withdrawal management level of care to CFR. The

complainants reported the patient was admitted to CFR's medically monitored intensive inpatient treatment services (Level 3.7) for a few days and then, once he was medically stable from alcohol withdrawal, was to be admitted to CFR's clinically managed high-intensity residential treatment services (Level 3.5). The complainants reported their father was able to read lips and speak verbally, and although would likely need an interpreter for residential treatment, he was able to understand and communicate with staff during his Level 3.7 services at CFR. The complainants reported that CFR staff informed them that the patient would be admitted to Level 3.5 once a bed became available. It was reported that the patient returned home to wait for the admission but the complainant was later notified by CFR staff that they were unable to admit the patient to Level 3.5 services due to not being able to provide accommodations because he was deaf. The complainants reported no other services or referrals were provided other than the patient may be able to attend their outpatient program if a family member was able to also attend the services to interpret for the patient. The complainants attempted to find the patient residential services at other licensed substance use disorder treatment facilities in the state, however the complainants were informed by other programs that they were unable to admit the patient due to COVID restrictions. The complainants reported their father returned to drinking alcohol and has since died from medical complications related to chronic alcohol use. The complainants stated they have been grieving their father, which has prevented them from immediately filing a complaint. They reported they are wanting to file a formal complaint in hopes of preventing another individual in the deaf community from being able to access substance use disorder treatment services in the future.

### **INVESTIGATION AND FINDINGS:**

On September 27, 2022, the investigator notified Michelle De La Riva, Executive Director at CFR, that a formal complaint had been filed against their program. The investigator requested CFR submit the patient record for Department review along with submission of any policies related to American with Disabilities Act (ADA) and admission procedures.

### **Review of Patient Record:**

The investigator reviewed the patient's record for services received in Level 3.7. Although it was documented in the record that the patient was "*deaf, reads lips, and does communicate on a limited basis...is a poor historian and due to his limited communication, it was hard to get usage history,*" the investigator found the assessment to be thorough with a detailed review of the 6 ASAM dimensions. The patient remained in Level 3.7 for 3 days and was then discharged with a recommendation to complete Level 3.5 residential. Instead of CFR admitting the patient to Level 3.5, it was documented, "*due to no bed available at this time, client is going to do outpatient treatment in Clarion with (counselor).*" It was noted that the patient had a scheduled appointment to begin outpatient services 7 days later. An outpatient progress note, dated 9 days later, was included in the record, which documented that the patient had attended one individual counseling session that day and would be moving to another city and that coordination of care would be conducted with the other agency. It was also noted that, "*Due to client being deaf appointment took ASSESSMENT.*" It should be noted that the investigator did not understand the context of this note and reached out to CFR for clarification. CFR responded that they were unable to provide any further clarification on this statement in the progress notes, as the clinician,

who wrote the note, was no longer employed at CFR. It should also be noted that the investigator found a release of information to the substance use disorder treatment facility located in the city the patient was moving to however the investigator did not find any care coordination documented with that other agency.

CFR also submitted the patient's record for a previous Level 3.7 admission that had occurred approximately three months prior. A review of that treatment episode showed the patient also received services in Level 3.7 for 3 days and was discharged to outpatient, but no additional notes were included for the outpatient services. There was documentation during the patient's Level 3.7 admission, which noted "*nursing staff is working to find ways to eliminate barriers (voice interpreters or ESL Sign language) to his treatment so we can try to get him in some form of outpatient care.*" The investigator reached out to CFR for further clarification on the outcome of this particular treatment episode. CFR responded that following the patient's discharge from Level 3.7, he was scheduled for an outpatient appointment with a CFR counselor in Clarion but that the appointment was later cancelled by the counselor. CFR reported that he was not rescheduled and CFR was also unable to find a follow up note explaining why the counselor cancelled the appointment.

### **Review of Policies:**

Investigators received and reviewed the following policies relating to CFR's ADA compliance and referral processes:

- **Therapeutic Environment:** The policy noted "staff take language barriers, cultural differences, and cognitive abilities into consideration and makes provisions to facilitate meaningful individual participation." The investigator did not find any specific procedures for when language barriers may exist; therefore, the investigator reached out to CFR to inquire about specific procedures for this policy. CFR responded that "*When a language barrier exists or is observed, the staff make appropriate accommodations to ensure that the client can be served. In this case, we purchased see through masks, to ensure that the client was able to read lips, as this was during COVID. Additionally, we have available to staff, when needed, our STRATUS interpretation device, that does have American Sign Language (ASL) available. In this case, the client was able to read lips and was able to communicate through written form. We have now implemented a tablet with an app specifically deigned for deaf individuals and it will translate in real time to text messaging. This allows our residential clients the opportunity to engage in treatment. This however was not implemented at the time this client was in services.*"
- **Referral Process:** The policy noted CFR would "provide direction to the client care management involved in accepting and making referrals for the client we serve to assist the individual or family in need of care and to continue meeting the expectations of our referral process." Procedures for substance abuse referrals noted, "A progress note by the referring clinical staff will be completed on all referrals and will include the follow up needed for care coordination and all pertinent information necessary to document the referral." It was further noted that "notifications will be made to referral sources (with proper releases of information) orally, in writing, or both and all notifications will be documented." The investigator was unable to find documentation that notification to referral sources

or care coordination efforts were made for the patient to receive services at another agency. Initially the investigator was unable to find a release of information to any agency in the patient record aside from a release of information to the Department, but CFR later provided evidence of the written consent to an outpatient substance use disorder treatment program.

## **CONCLUSIONS:**

### ***Allegation #1:***

**UNDETERMINED**

Residential treatment accommodations were not made for a patient, who was deaf.

***641 IAC 155.11(125, 135) Denial, suspension or revocation of a license. The committee may suspend or revoke a license for any of the grounds for discipline pursuant to paragraph 155.10(1)"d".***

***155.10(1)d. Violation of any of the following grounds for discipline:***

***(2) Violation by a program or staff of any state or rule pertaining to programs, including violation of any provision of these rules, or failure to adhere to program policies and procedures adopted pursuant to these rules.***

***(10) Violation of a patient's confidentiality or willful, substantial, or repeated violation of a patient's rights.***

***641 IAC 155.21(11) Assessment and admission. The program's policies and procedures shall address screening, assessment, referral and admission and documentation of such activities in the patient record.***

***b. The program shall implement a uniform assessment process that describes:***

***(3) Procedures for referring a patient to another program, agency or organization.***

***641 IAC 155.21(22) Therapeutic Environment. The program's policies and procedures shall provide for the establishment of an environment that preserves human dignity. Program facilities shall have adequate space for the program to provide licensed program services.***

***a. The program's policies and procedures shall include a description of how all licensed program services are accessible to people with disabilities or how the program provides accommodations for people with disabilities. All programs shall comply with the Americans with Disabilities Act.***

***d. The program's policies and procedures shall include:***

***4) Informing patients of their legal and human rights at the time of admission.***

The allegation that the program did not provide residential treatment accommodations for a patient, who was deaf, was found to be undetermined. The investigator did not find evidence to substantiate the allegation that accommodations were not made for the patient to receive residential services. Although the patient record included a recommendation for residential services, the patient record also noted this level of care was unavailable due to a bed not being available, and therefore outpatient services were arranged as an alternative level of care. However, the investigator also found a patient record entry that noted staff were "working to find ways to eliminate barriers" (voice interpreters or ESL

*Sign language) to his treatment so we can try to get him in some form of outpatient care.”* The investigator found no additional documentation to support that attempts were made to obtain these accommodations. The investigator’s review of CFR’s policies and procedures, specific to ADA accommodations, showed there were policies without specific written procedures. Although the program’s policies did not include the specific procedures, CFR did provide the investigator with a written response describing more specific procedures for ADA accommodations that were implemented after this patient’s treatment episode.

***Additional Finding #1:***

**SUBSTANTIATED**

Failed to document care coordination efforts.

***641 IAC 155.21(14) Patient record contents. The program’s policies and procedures shall require that a record be maintained for each patient and shall specify the contents of the patient record.***

***a. The patient record shall include:***

***(6) Notes from any case conference, consultation, care coordination or case management.***

***641 IAC 155.21(19) Management of care and discharge planning. The program’s policies and procedures shall use the ASAM criteria for assessment, admission, continued service and discharge decisions and shall describe management-of-care processes.***

***a. The program shall conduct care coordination to meet each patient’s needs and promote effective outcomes.***

During the course of the investigation, the investigator determined that care coordination efforts were not documented in the patient record. Furthermore, the investigator did not find documentation regarding the program’s attempts to coordinate the patient’s initial recommendation for residential services. There was no documentation in the patient record to indicate whether the patient was placed on a residential waitlist or whether attempts were made to refer the patient to another substance use disorder treatment facility that would have had residential capacity. The patient record only noted that the patient would be following up for outpatient services. The patient attended one outpatient service and was discharged due to transferring to a different treatment provider. The investigator found no documented attempts to coordinate the transfer of services to the other agency, although a consent to this agency was on file.

**PROGRAM RESPONSE:**

CFR did not submit a program response.

**RECOMMENDATIONS:**

Although there was not enough evidence to substantiate the allegation that the program did not provide accommodations for a person, who was deaf, the Division did determine that the program failed to document care coordination efforts. As a result the Division

recommends that the Iowa Council on Health and Human Services Substance Abuse and Problem Gambling Treatment Program Committee require Community and Family Resources, Inc. to submit to the Division, within 20 business days following receipt of this report, a written plan of corrective action in accordance with Iowa Administrative Code 641 – 155.16(4)c. that includes the following:

1. Review and update program policies specific to the processes and procedures for ADA accommodations.
2. Review and update program policies specific to the processes and procedures for when a recommended level of care is not available for a patient.
3. Review and update program policies and procedures specific for when care coordination efforts need to be made for a patient.
4. Create a quality improvement plan for implementation and adherence to the above policies and procedures.
5. Provide staff training around policies and procedures for ADA accommodations, care coordination, and patient record documentation of both.