IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH

90 DAY FOLLOW UP INSPECTION TO DENIAL

PROGRAM:	*Capstone Behavioral Healthcare, Inc.* 1123 1st Ave. E., Suite 200 Newton, Iowa 50208
LICENSED SERVICES:	This program provides Adult and Juvenile Level 1 Substance Use Disorder Treatment Services
DEPARTMENT SURVEYORS:	Lori Hancock-Muck and Amanda McCurley, Division of Behavioral Health
INITIAL NOTICE OF DENIAL FROM COMMITTEE:	November 9, 2023
CORRECTIVE ACTION APPROVAL:	December 21, 2023
90 DAY FOLLOW UP INSPECTION REPORT:	May 24, 2024

SUMMARY OF FOLLOW UP INSPECTION FINDINGS:
Corrective Action Plan Compliance Summary:

OVERALL COMPLIANCE –

- 2 ***of 5 licensure standards are now in compliance.***
- 3 ***of 5 licensure standards are now in partial compliance.***

Compliance:

1. ***641—155.21(11)a. Assessment and Admission***
2. ***641—155.21(11)b. Assessment and Admission***

Partial Compliance:

1. ***641—155.21(8)c. Personnel***
2. ***641—155.21(10)f. Patient Records***
3. ***641—155.21(11)d. Assessment and Admission***

SUMMARY OF DENIAL:
On October 12, 2023, the Iowa Department of Health and Human Services (Department) surveyors conducted a license renewal inspection of Capstone Behavioral Healthcare, Inc (Capstone). During the inspection, surveyors determined Capstone had repeatedly failed to comply with written corrective action plans issued in 2019, 2020, and 2022. The previous corrective action plans addressed five areas of non-compliance and these five areas continued to remain in non-compliance during the October 12, 2023 inspection.

On November 9, 2023, the Substance Abuse/Problem Gambling Program Licensure Committee (Committee) proposed to deny Capstone's application for a program license due to the program's repeated failure to comply with a corrective action plan pursuant to 641—155.10(1)"d"(16).

In accordance with IAC 641—155.11(2), Capstone submitted a written corrective action plan addressing the five continued areas of non-compliance. The corrective action plan was approved by the Department on December 21, 2023. Pursuant to IAC 641—155.11(2)a., Capstone had 90 days to show compliance with the plan. From December 21, 2023 to March 20, 2024, Capstone was to demonstrate compliance with the following rules:

- ***641—155.21(8)c. Personnel***

Personnel was in non-compliance because not all staff had annual performance evaluations. *(This was noted as an area of non-compliance during the 2019 and 2022 inspections)*

- ***641—155.21(10)f. Patient Records***

Patient records was in non-compliance because not all patient records were compliant with 42 CFR Part 2. *(This was noted as an area of non-compliance during the 2019, 2020, and 2022 inspections)*

- ***641—155.21(11)a. Assessment and Admission***

Assessment and admission was in non-compliance because the assessment was not documented in the patient record in an organized manner that supported development of a treatment plan. *(This was noted as an area of non-compliance during the 2020 inspection)*

- ***641—155.21(11)b. Assessment and Admission***

Assessment and admission was in non-compliance because the patient records did not contain documentation of a uniform assessment processes. *(This was noted as an area of non-compliance during the 2020 and 2022 inspections)*

- ***641—155.21(11)d. Assessment and Admission***

Assessment and admission was in non-compliance because the patient records did not contain documentation that the results of the assessment were explained to the patient. *(This was noted as an area of non-compliance during the 2022 inspection)*

RESULTS OF 90 DAY FOLLOW UP INSPECTION:
On April 12, 2024, the surveyor contacted Capstone's Executive Director, Julie Smith, to request documents be submitted to the Department to determine compliance with the corrective action plan. The following is a summary of the surveyors' findings of adherence for each of the five licensure standards that were found to be in non-compliance from prior inspections:

- ***641—155.21(8)c. Personnel***

Personnel was in non-compliance because not all staff had annual performance evaluations.
Capstone's 90-day corrective action plan noted:
Staff evaluations are mandatory and will be completed across all departments including staff who are "contracted." This has been an area of concern noting that these individuals in the past had not had evaluations completed. Evaluations for all staff for 2022 will be completed by 11/30/2023 and 2023 by 01/31/2024. Evaluations will be completed for all staff each year by January 31st of the following year by each department manager. The Executive Director will direct the board to start the evaluation process in December of each year to be completed by January 31st.

For the 90 day follow up, the surveyor reviewed six personnel records that had been previously reviewed during the license renewal inspection. The surveyor found that all six records now contained completed performance evaluations, however, the program did not complete the corrective measure within the timeframe stated. Capstone reported the evaluations would be conducted by January 31, 2024. Four of the six performance evaluations were not completed until February 5, 2024 and February 6, 2024. The Department finds the program to be in partial-compliance with the corrective action plan as all personnel records now contain current performance evaluations, however four of the performance reviews were completed five days following the corrective action plan deadline.
COMPLIANCE: Partial Compliance

- ***641—155.21(10)f. Patient Records***

Patient records was in non-compliance because not all patient records were compliant with 42 CFR Part 2.
Capstone's 90-day corrective action plan noted the following:
Various issues have been identified over the 2019, 2020 audit and corrected. The specific compliance issues identified in the 2022 audit surround the process of criminal releases and the release of information purpose not filled out or inadequately. The SA counselor will have the individual sign the releases and the front desk be responsible for checking to ensure the release is completed in its entirety including whom the release is for, purpose of the release, and what information is to be released. The release and the information to be released will be sent to the medical records department to follow through with the appropriate release of medical records. All correspondence between clinicians and other entities will be noted in the Collaborative Notes section of the client's medical record. Monitoring of all patient record contents will be ongoing for the next 90 days (about 3 months) and periodically thereafter.

For the 90 day follow up, the surveyor reviewed ten patient records to determine program adherence with 42 CFR Part 2. The surveyor found that the majority of releases of information did not contain a section to identify the purpose for the disclosure. One patient record contained, what appeared to be, an updated release form and this form did include a section for the purpose of the release. It was also determined that many of the releases of information were not limited in the amount and kind of information to be disclosed. Most releases of information had "Other" marked on the form, but there was no additional description for what other information was to be disclosed. One record contained a patient signed release that did not have any items marked to be released. The Department finds the program to be in partial-compliance with the corrective action plan as there was a release of

information form that contained all the necessary elements for the consent to be 42 CFR Part 2 compliant, however this form was not fully implemented in all reviewed patient records.
COMPLIANCE: Partial Compliance

- ***641—155.21(11)a. Assessment and Admission***

Assessment and admission was in non-compliance because the assessment was not documented in the patient record in an organized manner that supported development of a treatment plan.
Capstone's 90-day corrective action plan noted the following:
More information is necessary in gathering information at the intake/assessment for each of the 6 ASAM dimensions. The addendum has historically been utilized to gather more detailed information regarding history and pattern of use once the individual is admitted into treatment. This information will be required in narrative format at intake/assessment – all areas of the ASAM will be completed. Monitoring of all patient record contents will be ongoing for the next 90 days (about 3 months) and periodically thereafter.

For the 90 day follow up, the surveyor reviewed ten patient records. All records contained a thorough substance use disorder assessment. The assessments contained detailed drug use histories to include a review of all substances and patterns of use for each substance. All records contained a thorough review of the 6 ASAM dimensions. The Department finds the program to be compliant with the corrective action plan as all records contained a thorough substance use disorder assessment and a detailed review of the 6 ASAM dimensions.
COMPLIANCE: Compliant

- ***641—155.21(11)b. Assessment and Admission***

Assessment and admission was in non-compliance because the program did not implement a uniform assessment process.
Capstone's 90-day corrective action plan noted the following:
Procedures for referral to Capstone include contacting the referring agency once a release is secured to obtain more information. Referrals from Capstone to other agencies will also be noted in the collaborative note section and appropriate releases signed and uploaded into the document section of the medical record. All correspondence between clinicians and other entities will be noted in the Collaborative Notes section of the client's medical record. Capstone clinician will ensure that all dimensions of the ASAM are being addressed. A thorough assessment will be completed by the clinician at the time of assessment. The assessment time has been increased from 60-90 minutes (about 1 and a half hours) to ensure that all ASAM dimensions are being reviewed. Monitoring of all patient record contents will be ongoing for the next 90 days (about 3 months) and periodically thereafter.

For the 90 day follow up, the surveyor reviewed ten patient records. All records contained a uniform assessment with a thorough review of the 6 ASAM dimensions. All records contained collaborative notes documenting care coordination activities. The Department finds the program to be compliant with the corrective action plan, as the surveyor found assessments to be uniform in the information being gathered for the assessment along with documented care coordination activities.
COMPLIANCE: Compliant

- ***641—155.21(11)d. Assessment and Admission***

Assessment and admission was in non-compliance because the patient record did not contain documentation the assessment results were explained to the patient.
Capstone's corrective action plan noted the following:
During the assessment phase, results of the assessment are explained to the patient, and it is noted on the assessment that this information was shared with the patient. Monitoring of all patient record contents will be ongoing for the next 90 days (about 3 months) and periodically thereafter.

For the 90 day follow up, the surveyor reviewed ten patient records. The surveyor found 8 of the 10 records contained evidence that the results of the assessment were explained to the patient. There was overall documentation showing that options were discussed with patients and overall patient agreement with recommendations, however it was not clearly documented in two records that the results of the assessment were explained to those patients. The Department finds the program is in partial compliance with the corrective action plan as 8 of the 10 records had evidence documented in patient records that the results of the assessment were explained to the patient.
COMPLIANCE: Partial Compliance

OVERALL COMPLIANCE:
The Department determined, of the 5 areas of noncompliance, the program demonstrated the following compliance at the 90 day follow up inspection:

- ***2 of 5 licensure standards are now in compliance.***
- ***3 of 5 licensure standards are now in partial compliance.***

Attached to this report is Capstone's program response to the 90 day follow up report findings.

RECOMMENDATIONS:
As the Department finds Capstone to be in compliance/partial compliance with all 5 of the corrective action plan measures, the Department recommends the Committee not proceed with the denial and recommends a one-year license be issued with effective dates from October 26, 2023 to October 26, 2024, contingent upon the program's adherence with the following:

- Submission of a Department approved 42 CFR Part 2 compliant release of information form. It is the Department's expectation that a 42 CFR Part 2 compliant release of information form be implemented for all substance use disorder patient records within 30 days of the Committee's approval of the recommendations.
- Submission of an oversight plan for continued internal monitoring of the 5 licensure standards that have been repeatedly found to be in non-compliance. The oversight plan shall contain specific measures for monitoring compliance along with an assigned staff person who will be responsible for the oversight.
- Upon receipt of the next re-application materials, the Department shall inspect the program to verify application information and determine compliance with all law, rules, and regulations.

Failure to adhere with any of the above recommendations will be grounds for denial of a license pursuant to rule 641–155.10(1)(d)(16) and will result in the Committee reconvening to determine to deny, suspend, or revoke the program's license pursuant to rule 641–155.11(3). If the Committee determines, at that time, to deny, suspend, or revoke the program's license, the program shall be given written notice by restricted certified mail and may request a contested

case hearing on the determination.

CAPSTONE
BEHAVIORAL HEALTHCARE

NEWTON LOCATION: 306 N 3rd Ave E
Newton, IA 50208
641.792.4012

GRINNELL LOCATION: 200 4th Ave W
Grinnell, Iowa 50112
641-528-6065

May 24, 2024

Re: CAP review

- 641----155.21(8)c. Personnel
  - Capstone will ensure that all employee evaluations are completed by January 31st of each year for the prior year's evaluation period.
- 641---155.21(10)f. Patient Records
  - Enclosed is the new release of information that Capstone will be utilizing for all Substance Abuse clients beginning on May 28th, 2024.
- 641---155.21(11)a. Assessment and Admission
  - Capstone was found in compliance during the re-review. Capstone will continue to document all needed areas for assessment and admission. This will be reviewed with our SA counselor, Jim. Diane Mindham and Jim will meet at least 2 times per month to staff cases and discuss all documentation.
- 641---155.21(11)b. Assessment and Admission
  - Capstone was found in compliance during the re-review. Capstone will continue to document collaborative notes and care coordination as appropriate. Jim and Diane will meet at least 2 times per month to staff cases and discuss all documentation.
- 641---155.21(11)d. Assessment and Admission
  - Capstone was in partial compliance with this. Jim will be sure to document in the patients records the results of the assessment. Diane and Jim will continue to discuss this during all communication.

Jim will meet with Diane Mindham at least 2 times per month to staff cases and discuss documentation. Diane will track meetings and complete narratives of discussion/action with Jim about clients, notes, or any other coordination of care and upload it to the document section in the clients chart.

Sincerely,

Julie Smith
Center Director