



RETURN RECEIPT

E-MAIL TRANSMISSION TO: mike.fidgeon@hillcrest-fs.org

June 27, 2024

Mike Fidgeon, President/CEO
Hillcrest Community Mental Health
2005 Asbury Road
Dubuque, Iowa 52001

Dear Mr. Fidgeon:

This office has received your final The Joint Commission accreditation materials and your deemed status application is now complete. Hillcrest Community Mental Health will be placed on the agenda for the July 11, 2024 meeting of the Iowa Board of Health Substance Abuse and Problem Gambling Treatment Program Committee. The effective dates for your license will be August 26, 2023 to August 26, 2026.

We have enclosed a justification of variance due to areas of non-compliance. A corrective action plan is not required until 30 days following the Committee's decision to take action.

Hillcrest Community Mental Health will be licensed to provide Adult and Juvenile Level 1 and 2.1 Substance Use Disorder Treatment Services.

Your current license, which expired August 26, 2023, remains valid until final action is taken by the Iowa Board of Health Substance Abuse and Problem Gambling Treatment Program Committee. on this application, per Iowa Code Chapter 17A.18.

Your application for licensure will be reviewed during the Committee's teleconference meeting.

The call-in information for the electronic meeting is:

July 11, 2024, 9:00 am call in:

Phone number: 1 669 254 5252

Meeting ID: 160 962 8797

Passcode: 849217

Program representation is welcomed but not required.

If you have questions, please contact me at Amanda.McCurley@hhs.iowa.gov or (515) 218-0630.

Sincerely,

Amanda McCurley
Division of Behavioral Health
Health Facilities Surveyor

Virtual Record Inspection date: June 10, 2024

JUSTIFICATION OF VARIANCE

The following items were rated "0" (Non-Compliance) and points were subtracted from the Licensure Weighting Report.

155.21(5) Staff Development and Training*

- C. Staff development and training was in non-compliance because there was no documentation staff completed orientation with the required elements.

155.21(8) Personnel

- C. Personnel was in non-compliance because not all staff had annual performance evaluations.

155.21(9) Child Abuse, Dependent Adult Abuse and Criminal History Background Checks*

- D. Child abuse, dependent adult abuse and criminal history background check was in non-compliance as there was no documentation for the completion of the dependent adult abuse mandatory reporting training.

* The following were specific areas that were found to be in noncompliance during the desk audit inspection of personnel records:

- Licensee was informed staff orientation is to include an overview of the program and licensed program services, confidentiality, tuberculosis and blood-borne pathogens, including HIV/AIDS, and culturally and environmentally specific information, and the specific responsibilities of each staff person and community resources specific to the staff person's responsibilities. There was no orientation documentation in the personnel records for community resources training. Three of the staff were also missing culturally and environmentally specific information.
- Licensee was informed personnel records must contain annual performance evaluations. Program confirmed the program paused performance evaluations from 2019-2022. Program was informed staff performance evaluations must be completed annually.
- Licensee was informed personnel records must contain evidence of child abuse/dependent adult abuse mandatory training completed within six months of initial employment and two hours of additional training every three years (or 5 years if the training was completed before July 1, 2019) thereafter. One of the five personnel records did not contain evidence of the required mandatory training completed within

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the six months of hire, and one of two personnel records did not contain evidence of the required additional mandatory training was completed three years after.