

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:** [scott.hesseltine@summitbhc.com](mailto:scott.hesseltine@summitbhc.com) and [stephanie.redwine@summitbhc.com](mailto:stephanie.redwine@summitbhc.com)

November 22, 2022

Scott Hesseltine, Interim Executive Director  
St. Gregory Recovery Center  
601 2<sup>nd</sup> Street  
Bayard, Iowa 50029

RE: Complaint Investigation BH-1229-091522

Dear Mr. Hesseltine:

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 Iowa Board of Health Substance Abuse/Program Gambling Program Licensure Committee meeting on Wednesday, **December 14, 2022 at 9:00 a.m.** The meeting will be held via teleconference. Please let me know if you would like to participate in this meeting and a phone number will be provided to you. ***Program representation is welcomed but not required.***

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

cc: Heather Adams, Assistant Attorney General  
Substance Abuse/Problem Gambling Program Licensure Committee

IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH AND DISABILITY SERVICES

COMPLAINT INVESTIGATION REPORT

PROGRAM: St. Gregory Recovery Center (St. Gregory)  
601 2<sup>nd</sup> Street  
Bayard, Iowa 50029

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

COMPLAINT #: **BH-1229-091522**

INVESTIGATOR: Lori Hancock-Muck and Michele Tilotta, Division  
of Behavioral Health

DATE OF COMPLAINT: September 15, 2022

INVESTIGATION TIMELINE: September 15, 2022 to November 7, 2022

DATE OF REPORT: November 14, 2022

ATTACHED DOCUMENTS: \*Attestation  
\*St. Gregory Corrective Action Plan  
\*Amended Attestation  
Previous complaints from past five years (BH-1173,  
1180, 1185, 1190, and 1222). It should be noted  
there is a current complaint that is still actively  
being investigated.

**SUMMARY FINDINGS:**

***Allegation #1:*** **SUBSTANTIATED**  
Program failed to provide adequate care to an intoxicated patient.

***Allegation #2:*** **SUBSTANTIATED**  
Scope of practice issues.

***Allegation #3:*** **SUBSTANTIATED**  
Staff not following policies and procedures.

**NATURE OF COMPLAINT:**

On September 15, 2022, the Iowa Department of Public Health (Department) received a complaint via a phone call from the mother (complainant) of a patient who recently was admitted and discharged from St. Gregory's residential treatment program. The complainant reported the patient had made pre-admission arrangements with Jimmy Garcia

(Admission Coordinator) from St. Gregory. She reported that Mr. Garcia explained the program to her son, and he was instructed to complete online paperwork to be admitted. She reported her son had been drinking to intoxication each day, and Mr. Garcia informed them they would have a bed available in two days. The complainant reported her son continued to drink to intoxication for those additional two days until he could be admitted to St. Gregory for withdrawal management. The investigator asked if he was provided with the option of going to the hospital, to which the complainant said that was not provided as an option by Mr. Garcia. The complainant proceeded to provide the investigator with her son's withdrawal history, which included several past hospitalizations for alcohol withdrawal. She reported his last hospital withdrawal was a few weeks prior where he experienced delirium tremens and alcohol encephalopathy. She reports that on the day of her son's admission to St. Gregory, she drove two hours to the facility with her son laying in the backseat of her car intoxicated. She reports when they arrived to St. Gregory, she called Mr. Garcia who told her he was at the lake on vacation, and that he would call the facility to have someone come out to assist them. She said a few minutes later two nurses came out, and she immediately told them her son would need a wheelchair. The complainant said when the nurses came to the car with the wheelchair, one of the nurses turned to her and said, "Is he inebriated?" as if she was shocked to see him intoxicated. The complainant said when she told the nurse he was, the complainant said the nurse rolled her eyes. The complainant said they took him inside the facility to the nurse's station, and she told the nurses he has had severe withdrawal in the past and that he had high blood pressure. The complainant said, "The two nurses just kept looking at each other as if they didn't know what to do." The complainant said they did not have a room available on his arrival so "they wheeled him into a common area with all the other patients...he was throwing up...no privacy or dignity for my son." The complainant became emotionally upset at this point in the interview as she began to cry on the phone with the investigator and said, "he was humiliated, and everyone was just looking at him." The complainant also reported that when he was being assessed by the nurses, they asked her "Who's going to pay for this?" The complainant reportedly told her it was to be taken care of by a third-party payer. The complainant said she was assured he would be taken care of so that she could leave the facility to drive two hours back home, as she needed to return to work. She continued to have contact with her son throughout the day as he had his cell phone with him. She reported that he texted her that he was "afraid, alone, and scared." She also reported that he had not been reassessed or checked on for 4-5 hours. The complainant reported at that point she contacted the patient's counselor to request that he be transported to the hospital. She reported the counselor contacted St. Gregory and arrangements were made for him to be transported to the local hospital, but that they were having problems with the ambulance transport. The complainant reported that she drove another two hours to the hospital where he was supposed to be transported to, but he was not there. She was told by that hospital that they had no availability, so the patient was routed to another hospital. The complainant said she then drove to the other hospital in another county and he arrived about 30 minutes after her arrival. The complainant reported the patient's withdrawal symptoms worsened as he was having active auditory and visual hallucinations and was so dehydrated that he was unable to provide a urine specimen. The complainant reported he was to be transported to an intensive care unit at another hospital but then began making improvements and was able to discharge the following afternoon. The complainant

reports since the patient's discharge home, Mr. Garcia has attempted to contact the patient via phone calls and text messages, however her son is not responding as he does not want to talk to Mr. Garcia. The complainant reported the patient is scheduled to start a different residential substance use disorder treatment program in a bordering state. The investigator provided the complainant with requested contact information for the Iowa Board of Nursing as she felt one nurse was particular inappropriate with her behaviors (i.e., rolling eyes) and felt she may have been treated this way "when she saw the color of my skin." Upon request, the investigator also provided the complainant with information on how to file a complaint directly with the Commission on Accreditation of Rehabilitation Facilities as St. Gregory has national accreditation through this organization.

Based on the severity of the allegations the department determined that an immediate attestation would be requested of St. Gregory suspending any further admissions for withdrawal management to include medically monitored inpatient residential services. The investigator contacted Rick Pliszka, Executive Director at St. Gregory, to inform him of the attestation request. The investigator informed Mr. Pliszka of the allegations contained in the complaint that had been filed with the Department. The investigator shared the Department's immediate concerns requiring the health, safety, and welfare of patients receiving withdrawal management services. Mr. Pliszka provided verbal assurances that there would be no further admissions for withdrawal management until receiving further direction from the Department.

On September 16, 2022, Mr. Pliszka signed and returned the \*attestation which attested to the following: that he understood a formal complaint had been filed; that the allegations included immediate threats to the health safety and welfare to patients; and to ensure the safety and welfare of patients and potential patients, St. Gregory would immediately suspend any further admissions for medically monitored intensive inpatient treatment services until further notice. Arrangements were also made at that time for the investigators to be on-site to conduct a formal investigation on September 26, 2022. The investigator also requested the patient record named in the complaint be sent to the department for a record review. The record was received and reviewed prior to the on-site investigation. A review of the patient record indicated the patient had been drinking approximately 750 milliliters of vodka daily for the past year. The patient had a brief hospitalization stay about a month prior to his admission to St. Gregory where he was treated for alcohol withdrawal and had alcohol encephalopathy. It was reported that he has had several prior detox admissions in the past year and that upon admission to St. Gregory, he was presenting with symptoms of abdominal pain due to acute intoxication along with vomiting, slurred speech and being highly intoxicated. Reported past history of symptoms to include brain fog, tremors, sweats, chills and vomiting. The record further showed that the patient's vitals were initially assessed along with a breathalyzer at approximately 10:00 a.m. upon arrival. The patient did not have his vitals or blood alcohol checked again until six hours later that afternoon.

#### **INVESTIGATION AND FINDINGS:**

On September 26, 2022, investigators conducted an on-site investigation at St. Gregory. Investigators initially met with Mr. Pliszka and other administrative staff, to include the

interim clinical director, as the previous person in this position had been terminated from her position on September 22, 2022. During the on-site investigation, investigators reviewed policies and procedures around withdrawal management and delivery of these services, and also interviewed nursing staff, intake admission staff, and the nurse practitioner. Later that week an additional interview was conducted with a travel nurse, who was working on the day of the patient's admission and the medical director as he had been unable to be present during the on-site investigation.

### **On Site Investigation**

#### **Interviews with Admissions Staff:**

The investigators conducted separate interviews with the admissions staff, Colleen Gogerty and James Garcia.

- Interview with Ms. Gogerty:

Ms. Gogerty reported that she was the Director of Admissions and credentialed as a registered nurse and that Mr. Garcia was the Admission Coordinator. It was reported that they worked together on the screening for this particular patient, but that she was primarily responsible for reviewing the intake paperwork from the patient and made the decision that his reported symptoms warranted additional review from the medical and clinical team for medical clearance. She reported the patient had high blood pressure, encephalopathy, and he would have fell under a "yellow" in the color-coded system. The color-coded system was explained to investigators as a newly implemented process where patients would either fall in a "green", "yellow", or "red" category for admission. She reported that they have a company-wide utilized tool that contains certain criteria which is color coded by "green", "yellow", and "red". The investigators were provided with a copy of the color-coded decision-making grid. It was explained to investigators that those with minor health conditions, that did not need monitoring were considered "green", and did not need additional clearance for admission. Examples under "green" included "active substance use disorder or currently experiencing withdrawals; stable mental health issues, and uncomplicated pregnancy in 1st or 2nd trimester". The "Green" column included "YES" under the header with instructions to "proceed with admissions process". For patients presenting as "yellow", examples conditions included "intermittent substance use; suicide plan/attempts or current ideation; and congestive heart failure". "Yellow" included the header "Maybe" with instructions noted as "need more information for review and must be approved by DCS (Director of Clinical Services), DON (Director of Nursing), or CEO (Chief Executive Officer)". "Red" included a header of "No" and included instructions to "make alternate more clinically/medically appropriate referral". Example conditions under "Red" included "non-ambulatory, active delusions, IV required, insulin pump required".

Ms. Gogerty reported she primarily reviews the pre-admission intake forms completed by potential patients as she had a nursing background. She reports that if a patient falls into the "yellow" or "red" category, she will consult with the mental health therapist on staff along with the Director of Nursing and "sometimes" the nurse practitioner. The investigators asked her about the admission process for this particular patient named in the complaint. She reported that when she received information from the patient, she and Mr. Garcia reviewed it together, and she asked Mr. Garcia to forward it to the St. Gregory team to review the medical issues as "we knew he had encephalopathy and high blood pressure

and prior hallucinations.” The investigators asked her if patients receive an assessment prior to admissions to include an American Society of Addiction Medicine (ASAM) review of the six ASAM dimensions to determine whether the criteria is being met for the recommended level of care. Ms. Gogerty reported that the assessment and ASAM review is conducted after the patient is admitted to the facility. Ms. Gogerty also reported to the investigators that she was not familiar with the ASAM criteria. Ms. Gogerty reports any additional follow up requests from the team are done by her and not by Mr. Garcia. When the investigators asked who fills in her for when she is absent or on vacation, she responded that she still works on her days off to screen potential patients. Ms. Gogerty also reports she participates in “Flash Meetings” where each morning the clinical director, CEO, DON, mental health clinician and she will discuss incoming patients along with any prior admissions from the previous day.

- Interview with Mr. Garcia:

Mr. Garcia, Admissions Coordinator, was asked about his initial contact with the complainant and the patient. He reported he had a phone call with the complainant and obtained general demographic/insurance information. He reported he then directed the complainant to St. Gregory’s website so that she could complete the screening form on behalf of the patient. Mr. Garcia further described the overall process stating that once he receives the form, he forwards it the clinical team for their review. He reported that the clinical director and nursing staff review the form, and “they just let us know and if they have questions, then they would just refer back to the family. If we get a greenlight then we go ahead and schedule the admission...I don’t make any decision on the red light/green light.” He further stated, “If there are no medical or mental health issues from the screening form, then we could go ahead and admit them but I’m not sure if (Ms. Gogerty) would still send it out or not.”

The investigators asked Mr. Garcia how his job duties differed from Ms. Gogerty’s to which he reported “well she’s a director so she does a lot of the reports and does spreadsheets, and I primarily do admissions with answering the phones and gather more demographic information and direct them (patients) to the website and explain a little bit about the program.” The investigators asked Mr. Garcia if he had any further contact with the patient since the patient’s discharge from St. Gregory and Mr. Garcia provided investigators with conflicting information. When investigators initially asked if he had any contact with the patient, Mr. Garcia stated “I haven’t had any.” The investigator then asked Mr. Garcia how many times he had attempted to contact the patient and Mr. Garcia said, “I haven’t tried to reach out to him.” When the investigator told him that the complainant reported Mr. Garcia had left messages on the patient’s cell phone, Mr. Garcia responded, “I just did a follow up because I never did hear back from him.” Mr. Garcia said he couldn’t remember if he tried calling him or texting him “because I was on vacation.” Although Mr. Garcia had initially told investigators he not made any attempts to contact the client, Mr. Garcia later admitted he had called and texted the patient. When the investigators continued to question Mr. Garcia about the follow up calls/texts, Mr. Garcia responded, “I just did a follow up, I just called him up to make sure that everything was okay...I work with so many people...I try to help them you know, and do the best I can to make sure they get the help they need.” Following additional questioning, Mr. Garcia confirmed he had

called the patient one time and left a message saying "(Patient), this is Jimmy, give me a call." Mr. Garcia then said "I texted him the same thing -give me a call."

Lastly, the investigators questioned Mr. Garcia about his status on becoming certified as an alcohol and drug counselor through the Iowa Board of Certification. Investigators reminded Mr. Garcia that he was required to become certified as St. Gregory had identified this from a previous corrective action plan measure to address scope of practice issues, which were substantiated from a previous complaint investigation. Mr. Garcia stated he had been on track to becoming certified, but that changed when St. Gregory was bought by Summit. He told investigators "I still want to, and I was getting pretty close and studied for the test and just have to take the test...we just got so busy."

- Interview with Nurses:

The investigators conducted separate interviews with the two nurses who were working on the day of the patient's admission. One of the nurses reported limited interaction with the patient as she reported only assisting him with his arrival into the facility. The nurses reported the patient and his mother arrived to the facility at approximately 10:00 am. They reported that the mother came into the facility to notify them that the client had arrived and that he needed assistance getting into the building. The nurses reported they assisted by bringing a wheelchair out to retrieve him and pivoted him into the chair from the car. One of the nurses reported the patient was "truly intoxicated " and that she observed him vomiting. Both nurses told investigators that they did not expect the patient to be intoxicated upon his arrival. One nurse reported to the investigators that generally the nurses receive a patient screener but this screener does not have detailed information about the schedule admitted patients each day. The nurses reported that the procedure for screening patients had recently changed however the nurses did not seem to be fully aware of the protocols or have any training on the new changes that had been implemented. The nurses were inconsistent in describing the details of the pre-admission process as one thought all patient's information was reviewed by the nurse practitioner and the other nurse believed this process had ceased. Both shared concerns with the current admission process and one described it as "flawed". It was reported that changes with nursing protocols for admissions are communicated primarily through email communications. Investigators asked the nurses about the color-coding system and both were unfamiliar with this process and had never seen the color-coded gird when investigator showed it to them.

The nurses reported patient checks are to be conducted by staff every 30 minutes and are tracked through a wristband that has a Bluetooth range that the patient technicians are able to track patients with. It was described that patient technicians have tablets and when a patient is in range, the patient technicians are able to document the patients' status. The nurses stated that during the first 48 hours of admission, patient checks are to be conducted every 30 minutes but this was not done for this particular patient as a wristband was not put on his wrist until later that afternoon around 4:00 p.m. which was approximately 6 hours after admission. It was explained by the nurses that normally upon arrival, a patient will meet with the admission coordinator, who is responsible for putting the wristband on the patient but because of the physical state of this particular patient, the patient bypassed this part of the process and was taken directly to the nursing station for further assessment.

It was reported that because the patient did not have the wristband, there would have been no indication of whether the patient would have needed something.

- Interview with Nurse Practitioner:

Investigators interviewed Amanda LeFebvre, ARNP. Ms. LeFebvre noted that she was there the day the patient was admitted to the facility; however, she did not examine him due to him being intoxicated. She stated she waits until patients are no longer intoxicated before she completes their examination. She reports she did go into the nurses' station for a few minutes where the patient was being assessed by the nurse. Ms. LeFebvre reported she could tell he was very intoxicated with slurred speech, and he was in the wheelchair. She states he "didn't say much to me other than a few inappropriate comments." She stated she was aware that he did bring some medications with him, and she did order medications for his nausea/vomiting. She reported that it is not uncommon for patients to arrive to the facility intoxicated. She reports she only saw the patient for a brief period in the nurses' station, and left as she felt the nurses had the situation under control. She reports she then received a phone call around 4:15 p.m. after she left the facility informing her that either mom or the patient's caseworker had called the facility and wanted the patient to be transported to the hospital due to his continued nausea and vomiting. She stated she told the nurse that he could be transported, but that he likely wasn't dehydrated if he had only been vomiting for the one day. She states that the nurse then informed her that he reportedly had been vomiting for the past three days. Ms. LeFebvre stated she then informed the nurse that he needed to be transported to the hospital. Investigators asked why no one asked the patient or his mother on arrival how long he had been vomiting, to which she reported she did not think this was typically asked and patients symptoms are usually assessed in present time. When asked who assesses the patient to determine if hospital transport is needed, Ms. LeFebvre said she would be the one to make the decision. She reports that she would have had the patient transported if he was still vomiting and not able to control it with medications. She reported she thought he vomited once upon arrival and was only nauseated the remainder of the time. She stated she was aware he had an elevated heartrate and his blood pressure was high, but that "he was worked up" and was aware that he also had a history of high blood pressure. She reported that his vitals were taken once on admission and since this incident, vitals are now taken more often as the protocol had been once every 8 hours. She reports his blood alcohol content on admission was .29 and right before discharge was .124. She reports the facility does not conduct any lab work on patients and once stable, patients are transported to the hospital for lab work. When asked which hospital they transport patients to, she reported she asks staff to rotate hospitals, especially for the emergency rooms because "just with talking to the nurses you can tell...oh, it's St. Gregory...they are sending in another client." She informed investigators that she was unaware of any issues with the ambulance transport, but that it usually takes an ambulance at least 30 minutes to arrive after a 911 call is made.

When asked how patients are screened for appropriateness for the facility, especially for those coming from out of state, she stated they have implemented a new "green, yellow, red" color-coded system. She stated that once the online screening is completed by the patient, the admission staff (Ms. Gogerty and Mr. Garcia) review, and if the screening symptoms fall into "green", the person can be immediately admitted without further review



by the director of nursing. She reported for any conditions in the “yellow” or “red”, the screener is then sent to her and the mental health therapist for further review/approval. She reports for this particular patient, he was “green”, however during the interview with admission staff, Ms. Gogerty had reported to the investigators that his screening would have indicated “yellow”. Ms. LeFebvre stated she did review this patient’s screening form and found nothing particular that would indicate “yellow” She stated she saw he had been in the hospital ten days prior and asked Mr. Garcia follow up questions via email. Ms. LeFebvre reported the screener noted he was in the hospital for detox and had encephalitis so she asked Mr. Garcia if the patient was still hospitalized and whether he had any issues from the encephalitis. She reported that Mr. Garcia had emailed her that it was “quite some time ago.” Ms. LeFebvre did inform investigators that she had “pushed” for labs be taken before patient arrivals to the facility “but I got shot down as they (Summit) felt it was an inconvenience for the client to get labs.” Ms. LeFebvre also noted that she “fought” for additional things to be added to the color-coded system, such as follow up and medical clearance from the patients’ medical providers. She reports this had always been a requirement before the new color-coded system was implemented and that her and Dr. Angel “do not like this new system” but that it was required from Summit.

- Interview with Director of Nursing

Investigators interviewed Abby Hoffman, Director of Nursing. Ms. Hoffman reported that she has been the Director of Nursing at St. Gregory since August 2022. She stated she had one interaction with the patient for approximately 10-15 minutes around 4:00 p.m. She said she was informed the patient’s mother (complainant) had called asking for the patient to be transferred to the hospital. Ms. Hoffman reported, as the patient was too intoxicated to sign consents on his arrival, a release of information to his mom was not obtained. As a result, she reports she went down to talk to the patient to identify if he wanted to be transferred to the hospital. Ms. Hoffman stated, “he was torn as he was scared that something like a seizure would happen, and that there not enough people around to keep an eye on him.” Ms. Hoffman said she reassured him that clinical rounds happen and “his neighbor across the hall would be able to keep an eye on him.” She stated the neighbor did check on him to make sure he was okay, and that is what prompted the nurse to check on him. Ms. Hoffman stated when she met with the patient, he was not vomiting at the time and was coherent. She reported, “I didn’t feel like he was mentally impaired.” She stated she then asked him how long he had been vomiting and when he told her for three days, she contacted the ARNP as this was information they were not aware of. She states it was then determined to transfer him to the hospital, and the travel nurse on staff called for the ambulance. Ms. Hoffman reported the travel nurse made a couple of phone calls to 911 and to the hospitals to ensure the patient would be able to obtain the care he needed. She stated that Greene County Hospital would only admit the patient if he was transported by emergent ambulance, but that an ambulance transport would take up to two hours. Ms. Hoffman reported that she thought the ambulance arrived around 6:18 p.m. to transport him to Greene County Hospital. The investigators asked Ms. Hoffman about St. Gregory’s admission process for this patient. She reported that he was checked on initially for “a large amount of time and then ended up in his room as he wasn’t feeling well and couldn’t finish the admission process.” She states it would have been difficult to know how often face to face rounds were conducted on him as he did not have on a wristband. Ms. Hoffman reported that in her experience, patients usually have the band placed on their wrists

immediately upon arrival but it was not done for this particular patient as he was intoxicated. She reported clinical rounds are usually conducted hourly, but for this patient, it would have been every 30 minutes. Ms. Hoffman stated since this incident, there are no exceptions made now and the band is to be immediately placed on the patient. She reported, in her opinion, the screening process does not have adequate or appropriate information, and she feels patients should be medically cleared by the nursing staff prior to arriving to the facility. She stated the current process includes the admission staff screening patients with the red/green light system however this system does not take into account important information, such as whether a patient has a traumatic head injury, for example. She stated that she has recommended that nursing staff contact the patients the day prior to admission to ensure the patient is appropriate for admission, however she stated she is unsure why this is not allowed other than it might be “due to corporate.” She stated that if nurses would have been able to communicate with this patient about his current symptoms, then they may have been able to identify that he had been vomiting for the prior three days.

#### **Post on site investigation:**

- Interview with Travel Nurse

On September 28, 2022, the investigators interviewed the travel nurse, who had worked the day the patient had been admitted. She reported aside from being the one that called for emergency services, she had one interaction with the patient. She stated another patient came to her and said the patient was wanting to talk to a nurse so she went to check on him, and he asked if she could do a breathalyzer on him as he was wanting more medication. She did a breathalyzer on him and he was at .129 and she was unable to provide any more medication as he had just recently been given medication for nausea. She stated she brought him ice and water instead. She reported that soon after, she was informed by another nurse that the patient’s caseworker had called and reported the patient needed to be transported to the hospital as mom had several phone calls with the patient, and they were requesting a transport. The nurse reported she called 2-3 different emergency services as the first service said they could not be there for 3-4 hours as they had one truck for the whole service area. She reports that she initially called 911, and they told her they couldn’t do anything so she had to “google” non-emergent transfers. She reported she had to look up several numbers before she was able to find the right ambulance services. She said it took approximately 30 minutes for the ambulance to arrive. She reports in her medical opinion she would “never had admitted him to that facility.” Reports the patient was “unable to ambulate, unable to do anything so I wouldn’t have admitted him to St. Gregory.” She reports she did not take his vitals, and it was the emergency technicians who took his vitals. She reported she only worked at St. Gregory for a month and in her five years of nursing experience she has “never worked in a place like St. Gregory.” She reported the facilities she has worked at would not have accepted the patient due to the lack of resources the facility had to care for him. She described her month at St. Gregory as “unprofessional and not put together” and “I was happy to change my contract.” She stated that as a result of what she shared with the travel nurse company about her experience at St. Gregory, the company has ceased contracting with St. Gregory.

She also reported she was not trained properly while at St. Gregory and continued to ask for policies and procedures, but never saw a policy or procedure manual in the month that

she was there. She stated she requested to speak to the executive director, Rick Pliszka about these concerns, however this was never arranged, and she never saw him at the facility. She described other concerns to include not having access to parts of the patients' medical record. She only could access the nursing notes so she was unaware of potential mental health issues that may have impacted the care she was providing. She stated the Clinical Director was in charge of admissions, and she reported that it was "odd" that the Nurse Practitioner was not there every day or that the medical team was not in charge of admissions. She stated her shift began at 3:00 p.m. so it may have been that the Nurse Practitioner had earlier hours. She did state that she believes the current nurses are competent in providing the care with the exception of one nurse, who was fired. She shared the other nurses did care about the patients and "tried to help answer my questions." Shared that overall it "was frustrating because I did not have the tools to do my job." Stated that she primarily works in large cities in Florida and "we have cameras in their room so they can be monitored 24/7 in case they had a seizure we would know...St. Gregory is just different."

- Interview with Medical Director:

Due to Dr. Jose Angel, St. Gregory's Medical Director, being unavailable during the on-site investigation, the investigators conducted a phone interview with him on September 30, 2022. Dr. Angel reported being the medical director at St. Gregory's for the past six years. His primary responsibilities are oversight and availability for clinical staff. He discussed his primary role was to review issues for quality purposes and/or needs related to his role as the medical director, and to see patients. Dr Angel reported he had no recollection of being consulted on this particular complaint and investigators did not see anything to substantiate that consult within the complainant's medical record. Dr. Angel reported that after he became aware of the complaint, he reviewed the medical record and found everything to be appropriate. Upon clarification from the investigators on whether he thought the care provided was appropriate, he offered further explanation:

- o Vital Signs (V.S.) checked, at that time per policy, every 8 hours. He stated V.S. should be checked, every 2 hours for the first 24 hours, and then every 4 hours; which is now what policy/protocol has been changed to. He also stated the patient's current clinical status should also be a consideration. He stated he had reviewed that protocol but had not drilled down into the specifics of the protocol prior to this complaint.

Dr. Angel stated he had reviewed the admitting process and provided information of how the past admitting processes occurred at St. Gregory. He reported that administrative and nursing staff would review client admissions; and the nurse practitioner will contact him if medical questions arise. He stated this process should occur before and at the time of arrival of the patient to the facility. He explained that patients who needed 3.7 withdrawal management services or medical assistance, in the past, were seen at Broadlawns Hospital, and the hospital provided the medical clearance for the patient's admission to St. Gregory. He indicated, currently, he is not aware of any protocol for medical clearance prior to admission, and indicated the process was inconsistent, prior to the patient's arrival to St. Gregory. He indicated that he often has medical records or transfer records, if the patient is coming from a hospital, but does not have records from a primary care doctor and is not involved in those decisions. Dr. Angel gave various examples of co-occurring substance

use disorder, biomedical conditions or emotional behavioral conditions that may affect admission. He further stated there may be patients that have chronic illnesses or severity, and he does not currently have the ability to review or provide final say prior to the admission. When further questioned by the investigators of who had the final say, he stated, “I do not know, maybe corporate?” and also stated he did not have any coordination with the medical directors within the corporate owner, Summit. He indicated that since the ownership changed to Summit, he has had “decreased involvement.” When questioned by the investigators if he could offer any changes or recommendations, he stated besides the V.S. protocol/policy, he:

1. Would want to review patients who have medical concerns, emotional behavioral conditions that could complicate treatment and/or increased risks, prior to admission.
2. Would want to review with the nursing staff and recommend nursing being involved. Credentials and high-quality nurses’ matter.
3. “Medical review on cases needing my review and clinical oversight.” Dr. Angel found the prior system of admitting clients had a team approach from the nursing staff, clinical staff and himself before they went to the Red/Yellow/Green system.
4. Review of the Red/Yellow/Green system that is now currently in place as the admitting protocol. He stated the Red/Yellow/Green system is flawed, in his opinion. He stated he did not know if this new admitting Red/Green/Yellow system was a template or guide or still in place. When the investigators asked his opinion on the Red/Yellow/Green system, he stated he did not have a strong opinion, however stated more communication was always better, more medical and clinical involvement was better. The investigator asked about the Red/Yellow/Green admitting system in place, and inquired if they would admit someone with uncontrolled diabetes, as indicated within the yellow category. He gave examples of admitting someone with uncontrolled diabetes in the past, placed on insulin or a continuous blood monitor (CQM), would educate on the CQM, obtain labs (A1C and/or fasting blood sugar), and educate on the insulin orders if the client needed more short-term insulin. He would provide oversight weekly and more often as needed and communicate with the nursing staff frequently.
5. Review of the patients that have significant medical illness or conditions that are more complex. Examples provided included: renal, diabetes, hypertension or other chronic illnesses. When providing examples of past medical oversight with patients at St. Gregory who was on insulin or continuous glucose monitors; was able to see the clients weekly, obtain labs, monitor glucose, and provide medical oversight. He indicated he would like to require and/or see lab results.
6. Provided example, with complainant, that with his history of hypertension, past recent withdrawal, age, encephalopathy, and abdominal pain, he would have liked to have been consulted, and he indicated he had not been. He also stated that he would have sent him to the Emergency Department and/or critical access hospital and would have drawn labs. He stated that he would not admitted that client, recent withdrawal (within past 7 days) and abdominal pain.
7. Ability to review and obtain labs.

- Review of St. Gregory Case Notes on Patient:

The investigator requested and received case notes about the patient that were not included as part of the electronic health record. These notes were referenced in interviews with staff and provided documented details of internal and external communications about the patient. The investigators reviewed the “Activity History” notes for the patient named in the complaint. It was noted “Jimmy Garcia” was the “assigned” staff. It was noted that Mr. Garcia had the initial phone call with the complainant, that a screening form was attached and that he had spoken with the third-party payer for payment. It was also noted “GREENLIGHT” by Mr. Garcia at 3:50 p.m. The following email exchange occurring after 3:50 p.m. was noted between the mental health therapist and Mr. Garcia:

- 4:08 p.m. Mental Health Therapist: *“Do we know if he has active SI? Looks like mom filled out the screener and she is unsure...”*
- 4:09 p.m. Mr. Garcia responded: *I spoke with the client. The SI was in (year redacted). No attempt and is not having any thoughts or plans at this time. Nice guy and really wants the help. I would be happy to set up a call with him if needed.”*
- 4:11 p.m. Mental Health Therapist: *“I think it is OK – as long as the active SI was confirmed as non-active. Also, the medication he is taking is not really a psychiatric medication (seems to be for hypertension and other heart stuff?), so we will likely need to work with him more on that.”*

During the course of the investigation, Stephanie Redwine, Corporate Director of Quality Improvements at Summit made weekly contact with the investigators, providing regular communications regarding corrective measures the program was intending to implement. Ms. Redwine submitted a proposed corrective action plan that included updated policies/procedures and protocols that investigators had suggested during the on-site investigation. Those corrective measures included, but were not limited to creating a medical executive committee, updating policies, staff training, oversight of admissions staff, implementing ASAM reviews prior to admission, nursing verification of medical conditions prior to admission, new protocols for patient monitoring, revisions to withdrawal management protocols, process changes for abnormal vital readings, changes to the color-coded system, and documentation changes in the electronic health record. Please refer to the attached \*St. Gregory Corrective Action Plan for the details to the plan.

As a result of Ms. Redwine’s regularly communicated updates, along with the submitted corrective plan and submitted materials evidencing implementation of the measures, the Department determined that there was no further immediate risk to the health, safety and welfare of patients and therefore sent St. Gregory an amended attestation that would allow for the program to slowly begin to admit patients who were in need of withdrawal management services. This \*Amended Attestation was signed and executed on October 26, 2022.

On Monday October 31, 2022, Ms. Redwine contacted the investigator to notify the Department that Rick Pliszka, Executive Director submitted his resignation in the evening hours on October 28, 2022 and the resignation was accepted immediately. It was reported, that effective immediately, Scott Hesseltine, would be the interim executive director. Mr. Hesseltine, professional biography was provided to the Department and it noted he was the

Vice President for Summit and was formerly the Director of Clinical Support and Operations at Hazelden Betty Ford Foundation. It was noted that his credentials included a Master's in Business Administration with a concentration in Healthcare Management and a Master's in Addiction Counseling. As a result of the immediate leadership change, Ms. Redwine reported that they intended to postpone their admission of patients needing withdrawal management services through the end of the month (November 2022). It was noted that St. Gregory wanted to continue to refine their systems and process for approximately 30 days and "continually re-evaluate the systems and process to ensure high reliability."

## CONCLUSIONS:

### *Allegation #1:*

**SUBSTANTIATED**

Program failed to provide adequate care to an intoxicated patient.

***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 statute 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.***

***(9) Conduct or practices determined to be detrimental to the general health, safety, or welfare of a patient, potential patient, concerned person, visitor, staff or member of the public.***

***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.***

***a. The program shall conduct an assessment with each patient prior to admission unless the patient's current risk factors indicate a need for immediate admission.***

***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.***

The allegation that the program failed to provide adequate care to an intoxicated patient was found to be substantiated. Through interviews with staff, review of policies/procedures/protocols, and a review of the patient record, it was determined that protocols were not in place to adequately treat individuals in need of withdrawal management services. According to The ASAM Criteria, 3.7 withdrawal management services include sufficient biopsychosocial screening assessments to determine the appropriate level of care. St. Gregory did not have sufficient screening in place to assess for the immediate needs of the patient, which may have required immediate hospitalization. The ASAM Criteria further notes that patients admitted to 3.7 level of care for alcohol withdrawal require hourly monitoring until improvement begins, then every 2 to 3 hours

following. Investigators determined St. Gregory did not provide hourly monitoring of this patient's intoxication status or provide monitoring of his overall physical and emotional needs.

***Allegation #2:***

***SUBSTANTIATED***

Scope of practice issues

***641 IAC 155.21(8) Personnel. The program shall have personnel policies and procedures.***

***b. The program shall have for each position and each staff person a written job description that describes the duties of each position and staff and the qualifications required for each position.***

***(1) A staff person providing screening, OWI evaluation, assessment or treatment services in accordance with these rules shall be qualified as an addictive disorder professional by meeting at least one of the following conditions:***

***1. Be certified or licensed as a substance use disorder or problem gambling counselor by a national or state organization approved by the division.***

***2. Be licensed as a marital and family therapist or a mental health counselor under Iowa Code chapters 154D and 147, an independent social worker under Iowa Code chapters 154C and 147, or another independent professional authorized by the Iowa Code to diagnose and treat mental disorders as specified in the most current Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.***

***3. Be licensed as a master social worker under Iowa Code chapters 154C and 147.***

***4. Be licensed as a bachelor social worker under Iowa Code chapters 154C and 147.***

***5. Be temporarily or provisionally certified or licensed as allowed under a certification or license acceptable to the division. Such staff person must meet all requirements of the temporary or provisional certification or license, must be supervised by a staff person meeting one of the requirements of paragraphs "1" to "4" above, and must be fully certified or licensed within two years of the date on which the person began to provide licensed program services.***

***6. A staff person employed on and after July 1, 2010, who is not qualified as described in any of the paragraphs "1" to "5" above shall be deemed qualified while the person is in the process of being certified or licensed under a certification or license acceptable to the division. Such staff must meet the requirements of the certification or licensure process, must be supervised by a staff person meeting one of the requirements of paragraphs "1" to "4" above, and must be fully certified or licensed within two years of the date on which the person began to provide licensed program services. The two-year time frame is continuous from the person's date of first employment by the program, including if the person changes employment from one program to another.***

***7. A person employed before July 1, 2010, and continuously since that date at a program licensed pursuant to this chapter, who is not qualified as described in any of the paragraphs "1" to "5" above, shall be deemed qualified as long as such person remains employed by that program and that program remains licensed. Such staff shall maintain a minimum of 30 hours of training every two years, including a minimum of 3 hours of ethics training, and shall be supervised by a staff person meeting at least***

*one of the conditions of paragraphs “1” to “4” above.*

***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:***

***(16) Failure to submit an acceptable written corrective action plan or failure to comply with a corrective action plan issued pursuant to rule 641—155.9(125,135) or 641—***

The allegation that there are scope of practice issues was found to be substantiated. It has been repeatedly reported that Mr. Garcia does not conduct any screening or assessing of potential patients, however investigators found documentation in the Activity History case notes to support the notion that Mr. Garcia was responding to questions relating to the patient’s current suicidal risk. A similar allegation had been substantiated from a 2018 complaint and a corrective action plan was required to ensure staff would be qualified as additive disorder professionals. During that time, it was reported to the Department that Mr. Garcia would become certified through the Iowa Board of Certification within two years, however he has yet to become certified and therefore the program has failed to comply with a corrective action plan pursuant to rule 641—155.10(1)”d”(16).

***Allegation #3:***

**SUBSTANTIATED**

Staff not following policies and procedures.

***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 statute 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.***

***155.21(4) Policies and procedures manual. The program shall maintain and implement a written policies and procedures manual that documents the program’s compliance with these rules. The manual shall describe the program’s licensed program services and related activities, specify the policies and procedures to be followed, and govern all staff.***

***155.21(5) Staff development and training. The program’s policies and procedures shall establish a staff development and training plan that encompasses all staff and all licensed program services, considers the professional continuing education requirements of certified and licensed staff, and is available to all staff.***

***d. The staff development and training plan shall address training when program operations or licensed program services change.***

The allegation that staff were not following policies and procedures was found to be substantiated. Through interviews with staff, review of policies/procedures/protocols, it



was determined that staff were either not trained appropriately or were inconsistently following policies for providing withdrawal management services. It was also determined that new or temporary staff were not provided appropriate training or access to the program's policy and procedure manual.

**PROGRAM RESPONSE:**

The program did not provide a response.

**RECOMMENDATIONS:**

Based on the substantiated allegations above, the Division recommends that the Iowa Board of Health Substance Abuse/Problem Gambling Program Licensure Committee require St. Gregory 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. Submit a plan outlining St. Gregory's current compliance and continued intention of compliance with the amended attestation.
2. Follow agreed upon attestation that was signed on October 26, 2022 with the additional amendments.
3. Provide the Department with any revised or newly created policies to be implemented as a result of this complaint investigation.
4. Provide the Department with the Medical Executive Committee Meeting minutes for a minimum of 6 months.
5. Provide the Department with a staff training plan for each staff person performing activities that requires the person to be a qualified addictive disorder professional. Job descriptions for each position shall include whether the position will require the person to meet the requirements as an addictive disorder professional. Copies of every job description will be submitted to the Department for review.
6. Provide evidence that current and any newly hired staff have reviewed, understand, and know where to access policies and procedures. Provide evidence of this through staff signed attestations. Ensure this is included for any new hires.
7. St. Gregory shall develop a detailed plan for monitoring adherence with the newly implemented corrective measures and for any additional measures that are implemented. The plan shall include the following:
  - The process for communicating the monitoring activities and adherence to the Department each month for a minimum of 6 months.

In addition to the corrective action plan, the Department recommends investigators conduct a patient record review within 6 months to ensure The ASAM Criteria is being utilized for assessment, admission, continued services and discharge decisions for patients receiving withdrawal management services.

THE IOWA DEPARTMENT OF PUBLIC HEALTH  
STATE BOARD OF HEALTH

In re: Substance Abuse Treatment  
Program License of

St. Gregory Recovery Center  
License No. 1416

RESPONDENT.

Complaint No. BH-1229-091522

**ATTESTATION**

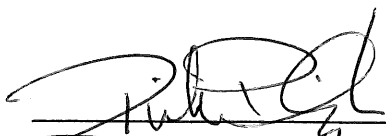
I, Rick Pliszka, the Chief Executive Officer and duly authorized representative of St. Gregory Recovery Center, hereby attest to the following:

1. On September 15, 2022, the Iowa Department of Health and Human Services (Department) received a formal complaint against St. Gregory Recovery Center. The complaint contained allegations that may pose an immediate threat to the health, safety, or welfare of a client.

2. As the allegations include immediate threats to the health, safety, or welfare of a client, the Department is conducting an investigation that may include, but not be limited to, an on site inspection, patient records review, and interviews with staff and admitted and/or discharged patients.

3. To ensure the health, safety, and welfare of a patient or potential patient, St. Gregory Recovery Center will immediately suspend any further admissions for medically monitored intensive inpatient treatment services. This suspension shall include all other levels of care where patients may require withdrawal management services. For potential patients at risk of withdrawal, St. Gregory Recovery Center will make necessary referrals to other licensed substance use disorder treatment programs or hospital facilities to ensure medical monitoring can be provided.

4. St. Gregory Recovery Center will continue the suspension of medically monitored intensive inpatient treatment and all other withdrawal management services until the Department has determined no further threat exists to the health, safety, and welfare of a patient or potential patient.

  
\_\_\_\_\_  
Rick Pliszka, Chief Executive Officer  
St. Gregory Recovery Center

9/16/22  
\_\_\_\_\_  
Date

IOWA DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

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In re: Substance Abuse Treatment  
Program License of

Complaint No. BH-1229-091522

St. Gregory Recovery Center  
License No. 1416

AMENDED ATTESTATION

RESPONDENT.

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I, Rick Pliszka, the Chief Executive Officer and duly authorized representative of St. Gregory Recovery Center, hereby attest to the following:

1. On September 15, 2022, the Iowa Department of Health and Human Services (Department) received a formal complaint against St. Gregory Recovery Center. The complaint contained allegations that may pose an immediate threat to the health, safety, or welfare of a client.

2. As the allegations included immediate threats to the health, safety, or welfare of a client, the Department conducted an investigation that consisted of an on site inspection, patient records review, and interviews with staff.

3. To ensure the health, safety, and welfare of a patient or potential patient, St. Gregory Recovery Center suspended any further admissions for medically monitored intensive inpatient treatment services effective September 16, 2022. This suspension included all other levels of care where patients may have required withdrawal management services. For potential patients at risk of withdrawal, St. Gregory Recovery Center made necessary referrals to other licensed substance use disorder treatment programs or hospital facilities to ensure medical monitoring would be provided.

4. St. Gregory Recovery Center signed an original attestation on September 16, 2022 and since that time has continued to operate under the terms stated therein, and has submitted a corrective action plan with specific measures addressing the immediate health, safety, and welfare of patients or potential patients needing withdrawal services. St. Gregory Recovery Center has provided weekly status updates to the Department regarding the progress of each measure and has successfully implemented these measures.


5. St. Gregory Recovery Center has provided the Department with evidence that the corrective measures are in place and St. Gregory Recovery Center will continue to adhere with these measures in the delivery of withdrawal management services.

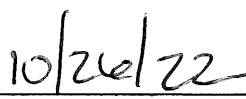
6. I understand and agree that the suspension of the provision of medically monitored intensive inpatient treatment and all other withdrawal management services is no longer required, contingent upon St. Gregory Recovery Center's continued adherence with the corrective action plan, this Amended Attestation, and implementation of any additional recommendations made by the Department or the Substance Abuse Problem Gambling Licensure Committee (Committee).

7. St. Gregory Recovery Center shall comply with the following conditions for patient admissions to medical monitored intensive inpatient treatment services (3.7 level of care):

- a) St. Gregory Recovery Center will limit 3.7 admissions to one patient for Week 1 (October 30, 2022 to November 5, 2022). Patient pre-admission information will be reviewed, approved, and signed off by either Dr. Jose Angel or Amanda LeFebvre, ARNP. St. Gregory Recovery Center will submit evidence of this admission approval to the Department by November 4, 2022. St. Gregory Recovery Center shall provide 3.7 level of care, and all other levels of care it offers, in conformance with the Department's rules at 641 IAC chapter 155 and all other relevant federal and state laws.
- b) If St. Gregory Recovery Center receives written authorization from the Department, contingent upon the satisfaction of conditions from Week 1, St. Gregory Recovery Center may admit an additional 3.7 admission for a total of two patients for Week 2 (November 6, 2022 to November 12, 2022). The additional patient pre-admission information will be reviewed, approved, and signed off by either Dr. Jose Angel or Amanda LeFebvre, ARNP. St. Gregory Recovery Center will submit evidence of this admission approval to the Department by November 11, 2022.
- c) If St. Gregory Recovery Center receives written authorization from the Department, contingent upon the satisfaction of conditions from Weeks 1 and 2, St. Gregory Recovery Center may admit an additional 3.7 admission for a total of three patients for Week 3 (November 13, 2022 to November 19, 2022). The additional patient pre-admission information will be reviewed, approved, and signed off by either Dr. Jose Angel or Amanda LeFebvre, ARNP. St. Gregory Recovery Center will submit evidence of this admission approval to the Department by November 18, 2022.
- d) If St. Gregory Recovery Center receives written authorization from the Department, contingent upon the satisfaction of conditions from Weeks 1, 2, and 3, St. Gregory Recover Center may return to full admissions of 3.7 clients, subject to any conditions imposed by the Department or the Committee as necessary to protect patient health and safety.

8. In the event St. Gregory Recovery Center fails to comply with the terms and conditions of this Amended Attestation, the Department or the Committee may pursue formal disciplinary action against St. Gregory Recovery Center's license to operate as a substance use disorder treatment program.

  
Rick Pliszka, Chief Executive Officer  
St. Gregory Recovery Center

  
Date



## Complaint Action Plan

<i>Item to be addressed</i>	<i>Action Needed</i>	<i>Lead Responsibility</i>	<i>Target Date</i>	<i>Completion Date/Notes</i>
Creation of medical executive committee.	<p>The facility has created a medical executive committee (MEC) which will be responsible for annual reviews of policies and protocols as they relate to nursing and/or medical services. The MEC will meet to establish responsibilities of the committee and to review and approve changes in policies and protocols. The medical executive committee consists of:</p> <ul style="list-style-type: none"> <li>• Medical Director</li> <li>• ARNP or other providers</li> <li>• Director of Nursing</li> <li>• CEO</li> </ul>	CEO	10/6/22	
Review of facility policies and protocols.	<p>The facility has submitted their policies and protocols for review. Corporate has reviewed and made suggestions for revision, which have been implemented. Awaiting final approval by MEC.</p>	Med. Exec. Committee for approval of corporate suggested revisions	10/6/22	
Training and education of nursing and medical staff.	<p>Resources provided to the facility for training/education related to ASAM withdrawal management.</p> <p>5-part E-learning course on ASAM alcohol withdrawal management scheduled for all nursing staff and for Director of Admissions (RN).</p> <p>Detox assessments training tool was provided to nursing staff.</p>	<p>DON</p> <p>DON</p> <p>DON</p>	<p>9/28/22</p> <p>10/7/22</p> <p>10/5/22</p>	All training resources provided to facility.



### Complaint Action Plan

<i>Item to be addressed</i>	<i>Action Needed</i>	<i>Lead Responsibility</i>	<i>Target Date</i>	<i>Completion Date/Notes</i>
	<p>Summit training modules provided the to facility to be completed by nursing staff for COWS/CIWA assessments. Training, post-test, and skills evaluation to be completed with all nursing staff.</p> <p>New hires will receive training upon hire, all staff will receive refresher training annually thereafter for all newly implemented nursing trainings.</p>	DON	10/21/22	
Oversight of admissions staff.	<p>Admissions representatives who do not have their certification are required to be at the main facility daily for oversight.</p> <p>Admissions reps who do not have their certification will be prohibited from completing any pre-admission screening and/or ASAM assessment and are required to receive approval on admissions they handle until they have a CADC. All full-time admissions staff are required to obtain their certification through IBC.</p>	Director of Admissions	9/28/22	All unlicensed admissions reps have been brought back to the main facility and all other components implemented effective 9/28/22.
Intake ASAM done prior to admission.	<p>Intake counselor will determine/confirm appropriate level of care for each admission prior to admission/transport to the facility. The ASAM assessment will consist of a review of information given during screening along with a phone call to the client to confirm the information is accurate and to solicit any additional information that may not have been included in the screening process. All Intake Counselors</p>	<p>Director of Clinical Services</p> <p>Intake Counselor</p>	9/30/2022	Staff educated on requirement and process changes. Process implemented 9/30/22.



### Complaint Action Plan

<i>Item to be addressed</i>	<i>Action Needed</i>	<i>Lead Responsibility</i>	<i>Target Date</i>	<i>Completion Date/Notes</i>
	are required to hold and have proof of an active CADC.			
Nursing verification of medical conditions and use prior to admission.	Nursing staff will confirm the information reported through the screening process related to ASAM Dimensions 1 and 2; regarding the client’s past and current medical conditions, history of withdrawal symptoms and/or complications, along with current substance use and/or intoxication. This will take place on the day of admission, prior to the client transporting to the facility.	Director of Nursing	9/30/22	Staff educated on requirement and process changes. Process implemented 9/30/22.
Process for initiating client observation monitoring starts as soon as they arrive at the facility.	Clients now go immediately to the admissions office for a monitoring beacon and band to be put on, set up in the ObservSmart monitoring system, then move through the admissions process as needed.	Director of Admissions	9/26/22	The process change has been implemented effective 9/26/22.
Revision of detox protocols regarding frequency of vitals monitoring.	Detox protocols as it relates to vitals monitoring were revised at the direction of the medical director.	Director of Nursing	9/28/22	Staff have been educated and protocols were revised and practice of the process will resume when able to resume detox admissions.
Process changes for notification of abnormal vitals.	If a client’s vitals are outside of an established parameter, the nursing staff will immediately reach out to the facility ARNP for orders/further direction. A notification will also be made to the Director of Nursing to ensure communication and coordination. If the ARNP is unable to be reached or does	Director of Nursing	9/28/22	Staff have been educated and processes implemented, though it will become more frequent when able to resume detox admissions.



## Complaint Action Plan

<i>Item to be addressed</i>	<i>Action Needed</i>	<i>Lead Responsibility</i>	<i>Target Date</i>	<i>Completion Date/Notes</i>
	not respond within 15 minutes of notification, nursing staff will immediately contact the Medical Director.			
Red/Yellow/Green Matrix	All staff will be educated on the purpose, utilization, and content of the red/yellow/green matrix as it relates to their position.	Department Directors	10/21/22	
Admission Discussions in EHR	Pre-admission screening forms, ASAM assessments to determine level of care, including medical discussions, assessments, approval for admission, and other notes pertaining to admission decisions will be stored in the EHR as an uploaded document to ensure accessibility to the information for admitted clients.	Intake Counselor	10/21/22	