

IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH

COMPLAINT INVESTIGATION REPORT

PROGRAM: CRC Recovery Inc., dba Cedar Rapids Treatment Center (CRC)  
1750 W. Broadway  
Council Bluffs, Iowa 51501

LICENSED SERVICES: Adult Opioid Treatment Program Services

PREVIOUS COMPLAINTS: BH-1224-052521 (previous report attached)

INVESTIGATORS: Lori Hancock-Muck, Division of Behavioral Health

COMPLAINT #: **BH-1227-031422**

DATE OF COMPLAINT: March 14, 2022

INVESTIGATION TIMELINE: March 14, 2022 to July 8, 2022

DATE OF REPORT: August 31, 2022

**SUMMARY OF FINDINGS:**

1. Unprofessional conduct by staff. (SUBSTANTIATED)
2. Mislabeling of medications. (UNDETERMINED)
3. Intimidation tactics used against staff providing information to the Department for the purposes of a complaint investigation. (UNDETERMINED)

**NATURE OF COMPLAINT:**

On March 14, 2022, the Iowa Department of Public Health (Department) received a complaint from a patient receiving opioid treatment services at CRC in the Council Bluffs location. The investigator conducted an interview by phone with the complainant and the following allegations were reported against CRC:

- *CRC nurse verbally assaulted the complainant in the facility.*

The complainant stated that CRC's nurse, Jesse Zuren, "verbally assaulted" him when he was at the facility in February 2022. He stated that the nurse has threatened to not allow him take-home doses as he has been unavailable when she attempts to contact him by phone. He reported due to his line of work, he receives "hundreds of calls a day" and does not monitor his missed calls. He stated he told the nurse that he requests communication via email as that is his preferred method of communication and his counselor is also aware of this. He stated at that point the nurse became "confrontational and loudly yelled at me that

my counselor was not in charge and that she, the nurse, was in charge.” The complainant said at that point the nurse asked him to leave the dosing room and to take a seat in the waiting room. He said he then left the dosing room and went to the Director’s office (Carolyn Koehrsen) to explain what happened. He said it was then when the nurse “comes rushing up on me and yelling at me out in front of the other clients and the Director”. He alleged “she got right up in my space and in a very aggressive manner saying that she was not going to let me do that.” He stated at that point, he went into the prescriber’s office who agreed to taper him off the methadone. He reported he then went back to the dosing room and “the nurse finally fills my take homes, and while I was still putting my take homes in my lock box, the nurse allows another client to come in while I’m still putting my medications in my lock box with my medications out all over the counter. This was done maliciously, to hurry me up”.

- *Take home medications are mislabeled creating a shortage of take home medications.* It was reported by the complainant that his take home medications were mislabeled resulting in a shortage of medication and this has happened on more than one occasion. He stated his medication label instructed him to take his first take home medication on the same day that he was already dosed in person at the facility. The complainant provided the investigator with pictures of the medication bottles to show further evidence of this. He reported if he would have taken the medication as directed on the label, he would have taken an incorrect dose. During the course of the investigation, the investigator received clarification with the complainant as it did not appear from the pictures provided that there was a shortage of medication provided to him. The complainant provided further clarification around the mislabeling allegation. It was clarified by the complainant that one of the pill bottles in the picture he had shared, had a partially cut label attached to the bottle. The label looked to be incorrectly cut by a label cutter, which resulted in a missing “take on date” from the label. He reported the bottle only included the date that he had received the take home bottles, not the date for when he was to take the medication. He again stated he took the correct doses, however he did have to come in an extra day as they failed to provide him with an extra dose to account for a holiday weekend where the program would not have been open to dose him.

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

Following receipt of the complaint, the investigator contacted CRC’s program sponsor, Luke Mohr to notify him that a complaint had been filed with the Department and that the investigator would be contacting the Clinic Director, Ms. Koehrsen to set up phone interviews. Mr. Mohr reported he was not aware of any incidents occurring at the Council Bluffs location and expressed commitment to resolving patient complaints. Mr. Mohr stated he would also be following up with Ms. Koehrsen and the newly hired Regional Director, Sarah Neerdaels about the allegations.

On March 15, 2022, the investigator conducted a scheduled phone interview with Ms. Koehrsen and Ms. Neerdaels. The investigator explained the allegations and asked Ms. Koehrsen to describe her recollection of the incident involving the complainant and Nurse Zuren. Ms. Koehrsen stated she remembers the complainant coming to her office window that day and that he was upset and loudly told her the nurse was treating him unfairly. Ms. Koehrsen said it lasted about 10 seconds, and he was talking very fast so it was difficult to understand what he was saying. She said he then went back to the prescriber to get dosed

and when he came out he said “everything was great”, and then left. The investigator requested video footage for that day however Ms. Koehrsen reported that the recordings are deleted after 15 days and the incident had occurred prior to 15 days ago. Ms. Koehrsen reported she would conduct an internal investigation as well. Ms. Koehrsen reported Ms. Zuren had no prior complaints against her and had no prior job performance issues.

On March 18, 2022, the investigator conducted a phone interview with the complainant’s primary counselor, Danielle Hardy. Ms. Hardy reported that she had encouraged the complainant to file the complaint with the Department after he had shared with her his concerns about the incident involving the nurse. The counselor stated that she could attest that the complainant’s job does require him to receive a large amount of phone calls a day, and that it is extremely difficult to reach him by phone. She stated that he had requested any contact with him be made through email communications and since this request, he has always been very responsive to her communications. She reports that the complainant had previously filed a complaint with the corporate office (Acadia) a year ago, but she is not sure if there was resolution. The counselor further stated that she is currently the only counselor at the facility, and her caseload has doubled to where she has more than 60 patients on her caseload. She described her work environment as “poor” and that she and the nurse have had conflicts in the past. She reports she had past confrontations with Nurse Zuren about privacy and confidentiality concerns as the nurse does not use a provided sound machine in the dosing area, and clients have reported back to her what they have overheard regarding other patients from the dosing area.

On March 25, 2022, the investigator interviewed Nurse Zuren, who the complainant named in the allegations. Ms. Zuren described her recollection of the alleged incident between her and the complainant. She reported that she does not feel she has had any issues with the complainant or any other patient in the past. She reported she was following protocol when she requested the complainant’s phone number for verification purposes to which she described the patient then becoming agitated and said “I am not on parole.” She reported acknowledging his concerns and asked him again for his dose and phone number for verification to which he provided a dose that was not the same in the system. She reported that she could not provide the dose the complainant was requesting as it was not corresponding to the dose she had in the system. She reported at this point the complainant became even more agitated and told her “you don’t know what you’re doing if you don’t know my dose.” Ms. Zuren said she then told the complainant that she would need to speak to the nurse practitioner on site to confirm, but that the complainant became more upset at which time she asked the complainant to step outside the dosing room so that she could consult with the nurse practitioner. Ms. Zuren reported that when she returned she found the complainant at the clinic director’s window, to which she then escorted him to the prescriber’s office. The dose was then updated by the prescriber, and Ms. Zuren then dosed him. She told the investigator that other than the incident at the dosing window, she did not find the incident to be confrontational. Ms. Zuren further shared that she had been employed at the facility since October 2020 and had never missed a day of work, nor had she ever taken a vacation day. She reported she “even worked on the day that my mom died as I know the patients rely on me to be here.” Ms. Zuren reported having no prior performance issues since being employed at the facility. The investigator also asked Ms. Zuren if she were aware of

any issues with the process for printing labels for take home medication bottles. She reported there would be no human error as labeling is conducted electronically.

On March 28, 2022, counselor Ms. Hardy, contacted the investigator to provide additional information for the investigation. She stated she had worked the weekend prior and was able to find prior surveillance footage past the 15 day window however the video from the day of the complainant's incident was "missing" from the footage. She reported she does not know how the date for which the incident occurred could be missing from the surveillance footage.

On March 30, 2022, the investigator contacted Mr. Mohr and Ms. Neerdaels to inform them that there was new information to suggest the Ms. Koehrsen may have provided misleading information as it had been reported that not all surveillance video past 15 days has been deleted from the video feed, however the specific day in question appeared to have been deleted. As a result of this new information and per the investigator's request, Ms. Neerdaels arranged for a conference call with the surveillance company to ensure the footage in question was not intentionally removed.

On April 28, 2022, prior to the conference call with the surveillance company, counselor Ms. Hardy and a second complainant, who was a current patient at CRC, contacted the investigator by phone to provide additional information for the investigation. The second complainant reported that she has been a patient at CRC for over a year. She reported that she recently had a dosing appointment where she was running late as she "got stuck behind a train" on her way to the appointment. She reported when she got to CRC she realized she forgot her lockbox and asked Nurse Zuren if she could have her accompanying boyfriend go to the drugstore down the street to purchase another one. The complainant reported Nurse Zuren would not allow for this and went ahead and dosed two more people who were also late to their appointments. The complainant reports she then experienced a "full blown panic attack." The complainant reported she had a very difficult time the prior weekend when she also went without a dose and was fearful this would be the case if she missed another dose again. She reported as a result of not being dosed, she found that weekend to be "very difficult" and was unable to attend an Easter family event that day because of her anxiety. The complainant reported to the investigator she was taken aback by the way Nurse Zuren treated her as "I thought Jesse and I were friends." The investigator asked her more about the "friendship" between her and the nurse. The complainant reported that it started as "small talk" during dosing but that Nurse Zuren also has shared things "I didn't want to hear about." She described incidents when Nurse Zuren would tell her when she was not going to dose a patient who was late to an appointment or she would also tell her about the arguments she had with Ms. Hardy and how she wanted to quit her job because of Ms. Hardy. She also reported that the nurse showed her pictures of her house and disclosed personal information about herself as they had similar family histories. The complainant stated "It wasn't anything too serious, but I felt close to her. I even bought her a gift." She reported that Nurse Zuren accepted a gift she gave her which consisted of a cremation necklace for her to keep her mother's ashes in. After the complainant finished reporting her concerns to the investigator, Ms. Hardy requested to speak with the investigator in private. Ms. Hardy reported to the investigator that she was working last weekend when the second complainant had arrived late for her dosing. Ms. Hardy stated that she witnessed the complainant become visibly

upset, and it escalated fairly quickly. She reported that to try and de-escalate the situation, she followed the complainant out into the parking lot where the complainant and her boyfriend began yelling at Ms. Hardy. She further described the complainant's boyfriend as "a pretty big guy." Ms. Hardy stated while the confrontation was happening, Nurse Zuren walked to the parking lot towards her car to leave, and said "bye Danielle." Ms. Hardy described the situation as "heated" and that Nurse Zuren "just left me there to deal with it by myself." She stated she is required to work weekends to assist if there are issues with patients but reported after this last weekend, she no longer feels safe being there alone with Nurse Zuren. She reported she shared this with the Clinic Director, to which she reported that Ms. Koehrsen stated she wouldn't work weekends as she was the Clinic Director. Ms. Hardy also reported that since the complaint was filed, Ms. Koehrsen told her "every time you have contact with (investigator), you need to tell me." Ms. Hardy stated to the investigator, "Things have gotten worse." Ms. Hardy further stated that today at lunch Ms. Koehrsen asked her directly if she was the one who told the investigator about the missing video because "Sarah and Luke think it was." Ms. Hardy said she admitted to Ms. Koehrsen that it was her to which Ms. Koehrsen responded, "well, Luke (Mohr) and Sarah (Neerdaels) know you did it". Ms. Hardy said she asked her why that matters, and said Ms. Koehrsen shrugged her shoulders and walked away. Ms. Hardy stated to the investigator that she hopes Ms. Neerdaels comes to her directly to discuss the matter.

On April 29, 2022, the investigator and Ms. Neerdaels had a scheduled call with a representative from Tyco Integrated Security (Tyco), the surveillance company for CRC. The investigator asked Tyco about the missing footage from the day in question and if there was metadata that would verify whether the video was removed by a staff person or if it was removed by other means. The representative stated there was no metadata as the program's system was set to retain only up to 15 days of footage then anything past the 15 days would be overridden. The representative also shared that massive amounts of data being stored would make it difficult to be able to retrieve even 2-4 weeks of footage. The representative also was asked about user ability to delete video to which he stated it is relatively simple to bring up dates of video however to delete the video would be a more complicated task for the standard person who doesn't have knowledge of the system.

Following the call with the surveillance company, the investigator had a separate call with Ms. Neerdaels to inform her that the counselor had reported to the investigator that she had recently been questioned about her involvement with the Department's investigation, and that she had been directly asked if she provided information about footage being deleted and to notify her supervisor if/when she speaks to the investigator. The investigator reminded Ms. Neerdaels that pursuant to IAC 641 155.10(1)(d)(14), discrimination or retaliation against a patient, potential patient, concerned person, visitor, staff, or member of the public who has submitted a complaint or information to the department may be grounds for discipline. Ms. Neerdaels acknowledged understanding. Ms. Neerdaels also was able to provide follow up information regarding the allegation of mislabeling of pill bottles. She reported she had reviewed the dosing labels and the "take on date" was fully intact with no cuts effecting the labels.

## **CONCLUSIONS:**

**Allegation #1:**

**SUBSTANTIATED**

Unprofessional conduct by staff.

**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.**

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

**(12) Inappropriate conduct by staff, including sexual or other harassment or exploitation of a patient, potential patient, concerned person, visitor or staff.**

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

**a. Personnel policies and procedures shall address:**

**(8) Rules of conduct;**

The allegation of unprofessional conduct by staff was found to be substantiated. It was determined through interviews with two patients and a staff person, that CRC's nurse had repeated incidents where staff and patients consistently reported misconduct by the nurse. The complainants reported behaviors that may also be grounds for discipline by the Iowa Board of Nursing to include the following: repeatedly divulging personal information to a patient for nontherapeutic purposes, regardless of patient consent; participating in, initiating, or attempting to initiate an emotional or social relationship with a patient, regardless of patient consent; violating the confidentiality or privacy rights of patients; engaging in repeated verbal conduct that interferes with another health care worker's performance or creates an intimidating, hostile, or offensive work environment; and engaging in behaviors that is contradictory to professional decorum [655 Iowa Administrative Code 4.6(2)]. As a result, a copy of this report will be forwarded to the Iowa Board of Nursing.

**Allegation #2**

**UNDETERMINED**

Mislabeling of medications.

**641 IAC 155.21(18) Medication control. The program's policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.**

**d. Prescription medication shall not be administered to or self-administered by a patient without a written order signed by a prescriber. All prescribed medications shall be clearly labeled indicating the patient's full name, the prescriber's name, the prescription number, and the name and strength of the medication, the dosage, the directions for use, and the date of issue; and the name, address and telephone number of the pharmacy or prescriber issuing the medication. Medications shall be packaged and labeled according to state and federal guidelines.**

**641 IAC 155.35(8) Medication administration.**

**c. Administration.**

**(1) Take-home medication shall be labeled in accordance with state and federal law and have childproof caps.**

The allegation of mislabeling of medication was found to be found to be undetermined. The complainant sent the investigator pictures of three pill bottles where one bottle did not contain a “take on date” as it was cut off from the label. The Regional Director reported that she reviewed the process for attaching labels to medication bottles and found no required information missing from the bottles to include the “take on date”. As a result, the investigator had difficulty finding evidence that CRC was mislabeling pill bottles and this allegation has an undetermined finding.

**Allegation #3**

**UNDETERMINED**

Intimidation tactics used against staff providing information to the Department for the purposes of a complaint investigation.

**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:**

**(14) Discrimination or retaliation against a patient, potential patient, concerned person, visitor, staff, or member of the public who has submitted a complaint or information to the department.**

During the course of the investigation, it was reported that CRC’s Clinic Director may have used intimidation tactics against a staff person who provided information to the Department for the purposes of the complaint investigation. It was reported to the investigator by the program’s counselor that the Clinic Director repeatedly asked about her involvement in the investigation and required the staff person to notify her whenever she was in communication with the investigator. The investigator reported this information to the Regional Director and informed her that any discrimination or retaliation against a person who has submitted information to the department for the investigation may be grounds for discipline to include a denial of a license. Prior to the closure of the investigation, the Clinic Director resigned from her position. As a result the investigator did not have enough evidence to support a substantiated finding. It should be noted that CRC had hired a replacement for the Clinic Director, however, that individual had also resigned a few weeks later, and CRC was in the process of searching for another individual to be hired for the Clinic Director position.

**PROGRAM RESPONSE:**

The program’s response is attached.

**RECOMMENDATIONS:**

Based on the substantiated and undetermined findings above, the Division recommends that the Iowa Board of Health Substance Abuse/Problem Gambling Program Licensure

Committee requires CRC 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:

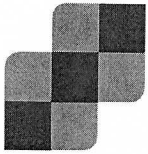
1. Provide a plan for obtaining and participating in consultation\*. The consultation shall have a focus on addressing the substantiated finding from this investigation report. The plan shall include the following:
  - a. CRC shall provide the Department with the name, credentials, and resume of the proposed consultant\*\*. The consultant shall be approved by the Department prior to commencing the consultation activities.
  - b. The consultant shall ensure, arrange, and monitor quality improvement activities that focus on improving the workplace culture and program services/operations. Quality improvement activities shall also include goals specific to professional ethical guidelines and maintaining professional boundaries with patients. All CRC staff must receive training around workplace culture and delivery of quality services and operations. The Department recommends CRC utilize best practices from national resources such as Opioid Response Network and the Addiction Technology Transfer Center Network when developing staff training goals.
  - c. The consultant shall obtain patient and staff input to identify and develop outcome goals. The consultant shall provide guidance and direction to assist CRC in resolving identified problems and to make continued improvements in operations. The plan shall include documentation of the frequency of those activities.
  - d. The consultant shall utilize a recognized quality improvement process model or tool (i.e. NIATx, Six Sigma, Lean, Plan/Do/Study/Act, SWOT Analysis).
  - e. CRC shall develop a process for communicating the consultation activities and findings to the Department each month.
  - f. CRC shall create a contingency plan to determine a course of action for CRC to respond effectively to any future unexpected events or situations. The contingency plan should contain potential threats to critical resources including but not limited to staff shortage, equipment (i.e., label makers, surveillance), etc.

Once the above corrective action plan has been received and approved, the Department recommends a three month follow up inspection of CRC to review the implemented corrective measures and review consultation documentation. It is further recommended that, contingent upon satisfactory review at the three month follow up, the complaint be closed. Satisfactory review will consist of successful implementation of the corrective measures and no additional allegations reported.

\*CRC shall be financially responsible for all expenses related to the consultation and all other costs associated with the corrective action plan.



\*\*CRC has requested Acadia's Corporate Compliance Department be responsible for the consultation activities. Upon CRC's corrective action plan submission, and the Department review of the proposed plan, the Department may approve internal consultation activities provided by Acadia.



# Council Bluffs

Comprehensive Treatment Center  
Opioid Use Disorder Program

(712) 435-2791

[www.ctcprograms.com/council-bluffs](http://www.ctcprograms.com/council-bluffs)

1750 W Broadway | Council Bluffs, IA 51501

The Council Bluffs Comprehensive Treatment Center (CTC) is committed to providing quality care to our patients. We take all complaints and concerns seriously as we strive to provide a positive experience to patients and employees. Our robust internal policies and procedures are designed to give everyone a voice for us to achieve a healthy and safe environment. Council Bluffs CTC has been and will continue to be open and transparent with any regulatory agencies.

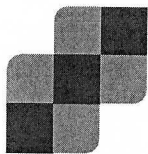
Council Bluffs CTC appreciates the opportunity to respond to the below statement:

" It should be noted that CRC had hired a replacement for the Clinic Director, however, that individual had also resigned a few weeks later, and CRC was in the process of searching for another individual to be hired for the Clinic Director position."  
Page 7.

After the Clinic Director resigned, we sought a strong leader for the role and were able to hire a new Clinic Director. The new Clinic Director came highly qualified having worked at our sister facility in Arizona where she was a successful Nurse Leader. There were no other changes in Clinic Director roles during this time. The staff referenced in this recommendation had interpersonal conflicts which were addressed through multiple interventions with our Leadership team as well as Human Resources. Staff were re-educated on our internal policies. In review, it's our belief the center is operating smoothly with increased patient and staff satisfaction.

The overarching focus by the Clinic Director, as well as our Regional Director, is providing accessible, quality patient centered care through the cohesive partnership of interdisciplinary teams. In addition, we also have newly hired qualified and dedicated Nurse Practitioner, and a new member of our medical team, a physician, will be starting with us in September.

Council Bluffs CTC believes that the utilization of an external consultant for this center is not warranted at this time due to the positive changes and enhancements over the last several months which have shown to have balanced and stabilized the team. One of the top areas of focus for the Clinic Director has been to ensure our mission and values are the foundation of our operations while training and mentoring on the workplace culture and communication within internal departments, while continuing to educate on existing policies and procedures, and the ability to report concerns through our Corporate Compliance Department. It's important to note, our parent company Acadia also utilizes an external corporate compliance line available to all stakeholders. Callers may enter a cases/inquiry related to Compliance, Satisfaction or Employee relations, The caller is able to designate if the case/inquiry is anonymous and based on the Severity Level each inquiry is assigned a Case Assignee for review and disposition.



# Council Bluffs

Comprehensive Treatment Center  
Opioid Use Disorder Program

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We propose the Clinic Director is responsible for developing a corrective action plan in conjunction with the Regional VP and SVP of Compliance. Once accepted, The RVP and SVP of Compliance are responsible for facilitating bi-weekly review of progress and monitoring compliance with the corrective action plan. Additionally, we will review any complaints or grievances to ensure appropriate review and action has been taken. If needed, revisions to policies, process or trainings will occur.

Sincerely,

*Ruth K. Moore*

Ruth K. Moore, CCEP, CRCMP  
Sr. Vice President, Compliance/Chief  
Privacy Officer

Luke Mohr  
Regional Vice President, CTC Group



IOWA DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF BEHAVIORAL HEALTH

COMPLAINT INVESTIGATION REPORT

PROGRAM: CRC Recovery Inc., dba Cedar Rapids Treatment Center (CRC)  
5005 Bowling Street, SW, Suite C  
Cedar Rapids, Iowa 52404

LICENSED SERVICES: Adult Opioid Treatment Program Services

PREVIOUS COMPLAINTS: BH-1181-012417 (previous report attached)

INVESTIGATORS: Lori Hancock-Muck, Division of Behavioral Health  
Kevin Gabbert, Division of Behavioral Health

COMPLAINT #: **BH-1224-052521**

DATE OF COMPLAINT: May 25, 2021

INVESTIGATION TIMELINE: May 25, 2021 to September 15, 2021

DATE OF REPORT: September 15, 2021

**SUMMARY OF FINDINGS:**

1. Safe containing methadone is left unlocked and open at all times as no staff have the code for the safe. (SUBSTANTIATED)
2. The alarm for the medication room (where the safe is housed) has not been activated, as the safe has to be locked in order for this to be possible. (SUBSTANTIATED)
3. A staff member left her window open overnight during the time the safe was not locked and the alarm was not activated. (SUBSTANTIATED)
4. Counseling staff have provided dosing of methadone to patients. (SUBSTANTIATED)
5. Unauthorized individuals have repeatedly been in the restricted medication area, including a young child and a formerly employed nurse. (SUBSTANTIATED)
6. Missing or unaccounted for medication (Suboxone). (SUBSTANTIATED)
7. Pill bottles and methadone bottles are left out on counters unsecured. (SUBSTANTIATED)
8. There are no nursing staff employed at the facility. (SUBSTANTIATED)
9. Medication bottles are not labeled. (SUBSTANTIATED)
10. Incident reports are not maintained in personnel or patient records. (SUBSTANTIATED)
11. Appropriate protocols are not being followed for properly disposing of unused medications. (SUBSTANTIATED)

**NATURE OF COMPLAINT:**

On May 25, 2021, the Iowa Department of Public Health (Department) received an anonymous complaint reporting the follow allegations against CRC:

- *Safe containing methadone is left unlocked and open at all times as no staff have the code for the safe.*

It was reported that a former employee had to be contacted by CRC to come into the facility to unlock the safe where narcotic medications were stored, as no one at the facility knew the safe code combination. It was further reported that this same former employee helped dose patients that day.

- *The alarm for the medication room (where the safe is housed) has not been activated, as the safe has to be locked in order for this to be possible*

It was reported that the security alarm to the medication room was intentionally not activated, as no one at CRC knew the code to the safe.

- *A staff member left her window open overnight during the time the safe was not locked and the alarm was not activated.*

It was reported that staff arrived one morning to find the clinical supervisor's office window was left open overnight. This occurred during a night where narcotics were left in an unlocked safe in the medication room, which did not have an alarm activated.

- *Counseling staff have provided dosing of methadone to patients.*

It was reported that counselors were asked by the clinical director to assist with dispensing methadone to patients, as there was an abrupt shortage of nursing staff.

- *Unauthorized individuals have repeatedly been in the restricted medication area, including a young child and a previously employed nurse.*

It was reported that the clinical director brought her two young children to the facility and allowed them to be in the medication room, which is restricted to nursing staff only. It was also reported that a formerly employed nurse had to be contacted to come to the facility to unlock the safe, as she was the only one who knew the code. It was reported that this formerly employed nurse remained at the facility to dose patients after unlocking the safe.

- *Missing or unaccounted for medication (Suboxone).*

It was reported that there has been no reconciliation for missing medications at the facility.

- *Pill bottles and methadone bottles are left out on counters unsecured.*

It was reported that narcotics, to include Suboxone and methadone, are unsecured and there were pills laying on the countertops of the medication room.

- *There are no nursing staff employed at the facility.*

It was reported that the facility's nursing staff had either quit, been terminated, or had not reported to work. It was reported that operations have continued at the facility with dosing being conducted by unqualified staff.

- *Medication bottles are not labeled.*

It was reported that an inmate patient was dispensed methadone and not all medication bottles had labels with the patient's name and dose. As a result, the jail was unable to dispense the medication to the patient.

**INVESTIGATION AND FINDINGS:**

Following receipt of the complaint, investigators contacted the Linn County jail on May 27, 2021 to interview medical staff about the inmate who allegedly was provided unlabeled medication bottles from CRC. The investigator spoke with the medical unit nurse who reported one inmate had missed at least one day of methadone due to CRC not labeling the bottles and not providing a chain of custody form. The nurse reported she was told by CRC that a federal exception request was provided for the inmate through the weekend however when they transported the inmate to CRC, they learned the request was not approved. The nurse left voice messages at CRC and no one returned a call until four days later. The nurse spoke to the clinical supervisor who reported to her they had the exception approved, and the inmate was then transported back to CRC and was dosed but returned with six unlabeled bottles and, again, no chain of custody. The nurse called CRC again and no one returned her call until the following day when the counselor told her "someone or the doctor" would call her back. The nurse reported that was two days ago and today she received a call from CRC informing her another exception request was approved for 7 days. The nurse reported the plan was to transport the inmate back to CRC to return the six unlabeled bottles to be replaced with six labeled bottles and chain of custody. The nurse stated she has instructed the transporting officer to make sure to check for labels and the chain of custody form. The nurse reported this is the first time this type of incident has occurred but "since the director changed in the last month, CRC has not been responsive and does not return calls." The nurse reported it is "difficult to coordinate services with them", and the jail may need to determine a plan to taper inmates if the jail continues to have problems with CRC.

Due to the safety and welfare issues associated with the reported allegations along with the Linn County jail staff's confirmation of CRC dispensing medications without labels, it was determined that investigators would conduct an immediate unannounced inspection at CRC. Prior to the inspection, investigators notified agents from the Drug Enforcement Agency about the allegations and the Department's decision to conduct the unannounced inspection. In addition, a referral to the Iowa Department of Inspections and Appeals was made on June 4, 2021 due to possible fraudulent billing practices as it was alleged that counselors were dosing patients on May 25 and May 26, 2021.

On May 28, 2021, investigators conducted the unannounced inspection at CRC. The investigators met with Audrey Wilson (CRC's Clinical Supervisor) as she informed investigators that she was the person overseeing operations that day. Ms. Wilson fully cooperated with the unannounced inspection and complied with the investigators request for a walk-through of the facility. While being escorted to the medication room, investigators saw numerous patients standing in the lobby appearing frustrated with the dosing process and one yelled out "it's been like this all week." The investigators were then escorted to the medication room where two nurses were dosing patients from two different windows. Investigators were told the two nurses were brought in from another Opioid Treatment Program from the state of Virginia, as there were no employed nurses at CRC to dose patients. The two nurses were employed by Acadia, which is CRC's corporate company. The nurses openly shared with investigators that they arrived two days prior and were "shocked" at what they saw when they arrived at CRC. They reported when they first arrived, "(medication) bottles were everywhere" and "pill bottles without lids just sitting out". The

nurses also reported pills were “just sitting out here on the counter” and that there were unreconciled medications. Ms. Wilson acknowledged to the investigators that there were no nurses on staff earlier in the week as they either had quit or never reported to work. Ms. Wilson told investigators that a formerly employed nurse had to be contacted for her to come to the facility to unlock the safe containing the medications, as no one knew the code. Ms. Wilson said the former staff person arrived at the facility, unlocked the safe, and then helped dose patients. Ms. Wilson said the safe had been left unlocked for at least two days, as no one knew the safe code. Ms. Wilson told investigators during those two days, CRC’s medical physician, clinical director, a previously employed nurse and a counselor all dosed patients. Ms. Wilson acknowledged to investigators that she also helped dose patients during that period and that CRC’s Clinical Director, Sheila Roggentien, talked her through the process of dosing. Ms. Wilson told investigators that Ms. Roggentien has not reported to work since May 26, 2021, and “no one knows where she is at.” Ms. Wilson also stated that CRC’s Regional Director, Sheila Paden, made the decision on May 26, 2021 (two days following the nurse shortage) to have compact nurses from Acadia come to the facility to assist with dosing.

Following the inspection of the medication room, the investigators viewed recorded footage from the medication room cameras during the inspection, which was located in a counselor’s office. The counselor in that office was able to assist the investigators with identifying the staff in the video footage. The investigator viewed video footage of Ms. Roggentien, the medical physician, and counselors dosing patients from the medication room on May 25, 2021 and on May 26, 2021. Investigators saw a counselor, who also appeared to be alone in the medication room dosing patients. The counselor assisting the investigators with the video footage identified the counselor in the video as a counselor who was currently on site working during the inspection.

The investigators interviewed the counselor, who was observed on the video dosing patients by herself. The counselor reported on May 25, 2021, she came to work to find there were no nurses on site and only the clinical director (Randi Roggentien, Licensed Practical Nurse) was there. The counselor reported Ms. Roggentien asked her “What do we do?” The counselor stated there were already several patients who had been waiting 30 minutes to be dosed. The counselor said she told Ms. Roggentien that she would have to dose the patients, as she was the only one with the credentials to do so. She stated Ms. Roggentien instructed the counselor to follow her into the medication room even though both knew she was not authorized to be in the medication room. She stated Ms. Roggentien told her that she did not know how to do the dosing and would need the counselor to show her how to do it. The counselor told investigators she logged into the system using Ms. Roggentien’s login information and then showed her the process of dosing. The investigators asked the counselor how she knew how to do the dosing if she had never been in the medication room before to which she responded, “I mean it’s common sense really...you know, like the methadone sits here and there’s a tube coming out so you put the cup there.” The counselor continued to explain to investigators the dosing process. She stated Ms. Roggentien had never dosed the patients before so the counselor had to explain the process to her. The counselor acknowledged dosing a couple of patients but spent most of the time “keeping Randi calm.” The counselor stated that at one point Ms. Roggentien said, she had to go to

the restroom and the counselor responded, “I’m not supposed to even be in here so if you’re going to go to the bathroom then we need to stop medicating.” The counselor told investigators Ms. Roggentien then told her she was “going to have a panic attack and started to break down in front of me and started crying”. The counselor said Ms. Roggentien then left the room and the counselor stated the patients continued to present at the window so she made the decision to continue dosing the patients after Ms. Roggentien left the room. The counselor said after two or three patients were dosed, she stopped dosing and went to the receptionist desk as Ms. Roggentien had been gone for approximately 20 minutes. She said she asked reception staff where Ms. Roggentien was and they told her she got in her car to drive off, but her tires became stuck in the mud. She said it was at that point staff were able to persuade Ms. Roggentien to come back into the facility to continue assisting with dosing. The counselor reported that at this point some of the patients had been waiting up to two hours to be dosed. The counselor reported she then went back to her office and “just sat there as I knew I had done something wrong.” The counselor told investigators she was fearful there would have been negative consequences if she had not helped dose patients that day. It should be noted that following the inspection, the interviewed counselor and Ms. Wilson were immediately placed on administrative leave and soon after their employment was terminated.

At the conclusion of the inspection, the investigators participated in a call with Ms. Paden and Luke Mohr (CRC’s Program Sponsor and Regional Vice President) to review the preliminary findings of the unannounced visit. Investigators shared the immediate health, safety, and welfare issues with Ms. Paden and Mr. Mohr. Ms. Paden stated she was not aware of the staffing issues at the facility and would be returning to CRC immediately as she was currently out of state. Following the unannounced inspection, the Department determined to issue an emergency monitor order based on the health, safety, and welfare issues that were found from the inspection.

### **Emergency Monitor Order – June 3, 2021**

Due to the investigators’ findings from the unannounced inspection at CRC on May 28, 2021, it was determined that continued operation of CRC without a monitor constituted an immediate threat to the health, safety, and welfare of patients. As a result, on June 3, 2021 the Department placed Misty Angrick to serve as a monitor at CRC pursuant to Iowa Code section 125.15A Licensure Emergencies. Ms. Angrick was assigned to serve at CRC to observe operations of CRC, assist CRC with advice regarding compliance with state regulations, and report on a weekly or as needed basis to the Department regarding operations of the program. Ms. Angrick performed on site monitoring activities for eight days, which consisted of observation of dosing procedures, interviewing staff, and reviewing current policies and protocols. Ms. Angrick found the following concerns through observation or through staff/patient interviews during her monitoring activities:

- Dosing hours were not conducive for the volume of patients being dosed, as there were wait times of over an hour at times and the waiting room was overly crowded. Elderly patients were complaining about standing too long.
- Clinical supervisor’s office window had been left open on May 25 and May 26. These windows are crank operated windows with screens but could be accessed if attempted.



- Two counselors, an ex-employee, clinical supervisor, and the medical physician dosed patients on May 25 and May 26, 2021. These staff were neither qualified nor formally trained to dose patients.
- During staff interviews, four staff members told the monitor the clinical director's young child was allowed in the medication room for 15 minutes with methadone in his hand for a "quick second".
- Medical physician had thrown pills in the trash after they had fallen on the floor.
- Multiple patients returned to the clinic with unlabeled bottles.
- Appropriate protocols were not being followed for properly disposing of unused medications.
- Regional Director (Ms. Paden) was aware of the nurse staffing issue and reportedly told staff "do whatever it takes to get the patients dosed." It was further reported that Ms. Paden was aware on May 25 there were no nurses available to dose, however waited until May 27 to send replacement nurses from Acadia. Ms. Paden denied knowledge of this during an interview with the monitor and stated she had contacted Luke Mohr once she determined no nurses were available to dose. It was further reported by interviewed staff that Ms. Paden is very difficult to work with. The monitor asked interviewed staff what would need to happen to improve patient care and retention and almost all staff stated Ms. Paden was the issue and, "should be let go, and replaced by someone who has experience and cares about the patient and not the money." It was reported seven employees, including four nurses, have quit within the six months since Ms. Paden was hired. The monitor noted many staff reported being fearful of filing complaints due to possible retaliation.
- Cameras are not positioned over the dosing areas, which does not allow a visual of doses going out, or patients taking medications to prevent diversion.
- Patients are not given a full amount of take homes as medications were on backorder.
- Medical physician admitted to one pill falling in trash when dosing a patient and replacing it with another. She reported not knowing this required an incident report.
- Take home bottles are not labeled as it was reported Ms. Roggentien told the medical physician that labels were not needed if bottles were going in a locked box.
- Team meetings have been phased out by Ms. Paden, which makes it difficult for staff to discuss important safety information and patient care issues with the medical physician.
- During an interview with a patient, the monitor was told, "Never in his nine months of coming to the clinic has he had to wait for his buprenorphine to melt at the window."
- Facility is unkempt, as the janitorial service had quit. Ms. Paden reported not being aware of this until she had arrived at the office and saw the termination letter on her desk.
- During the second and third day of monitoring, the monitor reviewed the medication inventory count at the end of the shift, and there were overages.
- Monitor witnessed two medication errors as two patients were given double doses as the nurse accidentally hit the spacebar on the computer, which triggered the double dosing. The monitor reported there was a lack of follow up provided for these two patients to monitor for side effects. Patients were told they would receive a follow up phone call later in the afternoon for a wellness check. The facility had no Narcan

- kits on site for the emergency treatment of known or suspected opioid overdose. It was reported to the monitor that it is against policy to have these kits at their facility.
- Trash dumpster at the facility was not locked and left unsecured as other tenants in the building use the same dumpster. CRC has since ordered a new locked dumpster, which only CRC will be able to access.

### **Weekly calls with CRC Executive Leadership Staff**

Beginning June 3, 2021, Department staff held weekly virtual calls with Luke Mohr (CRC's Program Sponsor and Regional Vice President) and Ruth Moore (Acadia Healthcare Sr. Vice President, Compliance/Chief Privacy Officer). During these weekly calls, Mr. Mohr and Ms. Moore provided weekly updates of progress being made at CRC. Each week, Mr. Mohr and Ms. Moore reported out specific activities for improvement and appropriately addressed immediate safety and welfare issues at the facility. Each week, the Department found CRC was making notable progress to include hiring qualified nurses and clinical staff. Mr. Mohr and Ms. Moore fully cooperated with the investigation and were extremely responsive to all recommendations and requests made by the Department. Significant progress was noted in wait times as wait times for dosing dropped from over an hour wait to averaging less than 4 minutes wait time. Hiring was also prioritized by leadership staff and within weeks, the location was fully staffed with qualified nurses. In addition, the previous clinical director, Jackie Scott, was rehired as the Clinical Director. The Department investigators found Ms. Scott to be well qualified for the position. Ms. Scott resumed her position as clinical director on August 23, 2021. Other areas of improvement found from weekly calls included the following:

- The monitor reported positioning of cameras should be directly over the dosing area, as the current cameras did not have this view. As a result, the Department recommended CRC install a camera directly in view of the dosing window. Mr. Mohr arranged with the security camera vendor to add cameras to the dosing room so that the dosing window and alarm panel would be recorded. There have been continued vendor delays in the work order being completed but Mr. Mohr has assured Department investigators this will be completed.
- Narcan kits were ordered for the facility, and staff were trained on proper administration of Narcan.
- Based on a needs assessment, corporate staff from Acadia came on site to provide staff development training on topics to include but not limited to corporate compliance, proper use of Methasoft methadone software program, critical incident reporting, process for medication reconciliation, and confidentiality/privacy laws and regulations.
- Acadia's Corporate Medical Director has had weekly contact with the facility's medical physician to offer additional support and guidance.
- Weekly staff meetings have resumed with the facility's medical physician and counseling staff.
- A supervising nurse from Acadia remained at the facility to oversee dosing procedures until Ms. Scott was hired. Following Ms. Scott's hiring, the Department agreed to amend the emergency order on August 26, 2021, to remove an Acadia nurse from being physically present at the facility with the condition that the facility be appropriately staffed to oversee medical, clinical and program operations. In

addition, CRC was required to allow the facility nurses with video and audio access to a supervising nurse from Acadia until a permanent on site supervising nurse was employed at the facility.

- Revision of take-home protocols to ensure efficient and timely process.

Due to CRC demonstrating continued progress during the course of the monitoring order, the Department made three different amendments to the emergency monitoring order as follows:

**Amended Emergency Monitor Order – June 8, 2021**

On June 3, 2021, CRC submitted a request to the Department to amend the Order to remove the requirement that the two current out-of-state compact nurses from Acadia be replaced with other qualified nurses as the current compact nurses were slated to return to their home states. The Department amended the order on June 8, 2021 to allow two alternative out-of-state compact nurses from Acadia to remain at CRC to provide the methadone dosing until qualified nursing staff could be hired and fully trained.

**Amended Emergency Monitor Order – June 28, 2021**

The Department determined CRC took immediate action to rectify the emergency and had shown full compliance with the Emergency Order to include compliance with the recommendations made by the Department and by the monitor. As a result, the emergency order was amended again to withdraw the monitor from serving at the facility to observe program operations. Additionally, as the facility was fully staffed with appropriately credentialed nurses, the Department determined it was not necessary for two out-of-state compact Acadia nurses to be on site as long as a supervising nurse from Acadia remained on site to continue training and onboarding of the newly hired staff. The Order required continued attendance of weekly calls by CRC and the Department until a full investigation could be completed.

**Amended Emergency Monitor Order – August 26, 2021**

Following the hiring and start date of Jackie Scott as the new Clinical Director, the Department determined CRC had hired appropriately credentialed and qualified staff to continue operations of the program. As a result, the order was amended to no longer require a supervising nurse from Acadia to remain on site on the condition that the facility continued to be appropriately staffed to oversee medical, clinical, and program operations. In addition, CRC was to continue to allow the facility nursing staff with video and audio access to a supervising nurse from Acadia until a permanent on site supervising nurse became employed at the facility.

**CONCLUSIONS:**

***Allegation #1:***

**SUBSTANTIATED**

Safe containing methadone is left unlocked and open at all times as no staff have the code for the safe.

***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(18) Medication control. The program's policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.*

*f. Accountability and control of medications.*

*(2) There shall be specific methods for control and accountability of medication products throughout the program.*

*g. Medication storage shall be maintained in accordance with the security requirements of federal, state and local laws.*

*(1) All medication shall be maintained in locked storage. Controlled substances shall be maintained in a locked box within the locked cabinet.*

The allegation that the safe containing methadone is left unlocked and open at all times as no staff have the code for the safe was found to be substantiated. All interviewed staff acknowledged to investigators that the safe containing narcotics had been left unlocked for two days as no one knew the safe code, and staff would not have been able to dose patients if the safe were locked. With the monitoring activities, the safe codes were changed, and appropriate nursing staff were provided with the codes. The monitor also observed the safe being locked unless in use. With onsite monitoring activities in place, the monitor observed proper protocols were being followed with securing the safe and medication room.

***Allegation #2***

**SUBSTANTIATED**

The alarm for the medication room (where the safe is housed) has not been activated, as the safe has to be locked in order for this to be possible.

*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.*

*641 IAC 155.21(18) Medication control. The program's policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.*

*f. Accountability and control of medications.*

*(1) There shall be specific methods for control and accountability of medication products throughout the program.*

*g. Medication storage shall be maintained in accordance with the security requirements of federal, state and local laws.*

*(1) All medication shall be maintained in locked storage. Controlled substances shall be maintained in a locked box within the locked cabinet.*

The allegation the alarm for the medication room (where the safe is housed) has not been activated, as the safe has to be locked in order for this to be possible was found to be substantiated. Through staff interviews, there was corroborated information to support the finding that the safe had been left unlocked, as none of the staff knew the safe code. As a result, staff reported the alarm was not activated. With onsite monitoring activities in place, the monitor observed the safe codes were changed, and appropriate nursing staff maintained these codes. The monitor also observed proper protocols were being followed for activation of alarms.

***Allegation #3***

**SUBSTANTIATED**

A staff member left her window open overnight during the time the safe was not locked and the alarm was not activated.

***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(18) Medication control. The program's policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.***

***f. Accountability and control of medications.***

***g. Medication storage shall be maintained in accordance with the security requirements of federal, state and local laws.***

***(1) All medication shall be maintained in locked storage. Controlled substances shall be maintained in a locked box within the locked cabinet.***

***(2) There shall be specific methods for control and accountability of medication products throughout the program.***

The allegation a staff member left her window open overnight during the time the safe was not locked and the alarm was not activated was found to be substantiated. Interviewed staff reported to the monitor that the clinical supervisor had left her window open overnight on

May 25 and May 26, 2021. On these two dates, the safe containing narcotics was left unlocked, and the alarm to the medication room was not set. Although the monitor found the windows to be crank operated windows with screens, it was reported by the monitor that entry through the window could have been accessed if attempted.

***Allegation #4***

**SUBSTANTIATED**

Counseling staff have provided dosing of methadone to patients.

***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.***

***(3) Failure to comply with licensure, inspection, health, fire, occupancy, safety, sanitation, zoning, or building codes or regulations required by federal, state or local law.***

***(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(18) Medication control. The program's policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.***

***a. Staff authorized to administer medications shall be qualified, and a current list of such staff shall be maintained. The following health professionals are designated by rule 657—8.32(124,155A) as qualified individuals to whom a prescriber can delegate the administration of medications:***

***(1) Persons who have successfully completed a medication administration course reviewed by the board of pharmacy.***

***(2) Advanced emergency medical technicians and paramedics.***

***(3) Licensed physician assistants.***

***(4) Licensed pharmacists.***

***(5) Nurses, interns or other qualified individuals delegated the responsibility to administer medications by a prescriber licensed by the appropriate state board to administer medications to patients, in accordance with Iowa Code section 155A.4(2) "c."***

***c. Self-administration of medication shall be observed by a staff person who has been oriented to the program's policies and procedures on self-administration. Self-administration of medication shall be permitted only when the patient's medication is clearly labeled. The policies and procedures on self-administration shall include:***

***(1) Medications are ordered or prescribed by a prescriber.***

***(2) The prescriber agrees that the patient can self-administer the medication.***

***(3) The medication taken and how and when the medication is taken are documented in the patient record.***

**641 IAC 155.35(8) Medication administration.**

***b. The initial dose of medication shall not exceed 30 milligrams, and the total dose for the first day shall not exceed 40 milligrams, unless the program physician documents in the patient's case record that 40 milligrams did not suppress opiate abstinence symptoms. A patient transferring into the program or on a guest-dosing status may receive an initial dosage of no more than the last daily dosage authorized by the former or primary program.***

***(1) Medication shall be administered by a professional authorized by law.***

The allegation that counseling staff have provided dosing of methadone to patients was found to be substantiated. The investigators found evidence of this through observing previously recorded video footage where non-qualified staff were in the medication room dosing patients. Investigators also interviewed a counselor and clinical supervisor who both acknowledged they had provided dosing to patients during the two days when there was a nursing shortage at the facility. Due to the potential for fraudulent billing, on June 4, 2021, the Department made a referral to Jeremy Ingram, Bureau Chief at Medicaid Fraud Control Unit with the Iowa Department of Inspections & Appeals.

***Allegation #5:***

**SUBSTANTIATED**

Unauthorized individuals have repeatedly been in the restricted medication area, including a young child and a formerly employed nurse.

**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.***

***(3) Failure to comply with licensure, inspection, health, fire, occupancy, safety, sanitation, zoning, or building codes or regulations required by federal, state or local law.***

***(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(10) Patient records. The program's policies and procedures shall describe compilation, storage and dissemination of patient records and release or disclosure of information.**

***f. The program shall release or disclose information on individuals seeking program services or on patients in strict accordance with the Health Insurance Portability and Accountability Act (HIPAA) and state and federal confidentiality laws, rules and regulations.***

***(1) The confidentiality of substance use disorder patient records and information is protected by HIPAA and the regulations on confidentiality of alcohol and drug abuse***

*patient records, 42 CFR Part 2, which implement federal statutory provisions, 42 U.S.C. 290dd-3 applicable to alcohol abuse patient records, and 42 U.S.C. 290ee-3 applicable to drug abuse patient records.*

The allegation that unauthorized individuals have repeatedly been in the restricted medication area, including a young child and a formerly employed nurse was found to be substantiated. Several staff reported to the monitor that the Clinical Director brought her young child to the facility and was allowed in the restricted medication room for approximately 15 minutes, and during that time, the child had methadone in his hand for a “quick second.” Staff also reported to the monitor and investigators that a previously employed nurse was contacted by CRC to come to the facility to unlock the safe containing narcotics as no one knew the code to unlock the safe. It was reported by staff that once the former employee came to the facility to unlock the safe, she stayed and helped dose patients. Investigators also found evidence of this through video footage.

***Allegation #6:***

***SUBSTANTIATED***

Missing or unaccounted for medication (Suboxone).

***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.***

***(3) Failure to comply with licensure, inspection, health, fire, occupancy, safety, sanitation, zoning, or building codes or regulations required by federal, state or local law.***

***(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(18) Medication control. The program’s policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.***

***f. Accountability and control of medications.***

***(2) There shall be specific methods for control and accountability of medication products throughout the program.***

***g. Medication storage shall be maintained in accordance with the security requirements of federal, state and local laws.***

***(1) All medication shall be maintained in locked storage. Controlled substances shall be maintained in a locked box within the locked cabinet.***

The allegation that missing or unaccounted for medication (Suboxone) was found to be



substantiated. CRC staff admitted to investigators and to the monitor that medications were not reconciled, and at least one pill was thrown in the trash after it was dropped on the floor by the medical physician. It was also reported to investigators that the compact out-of-state nurses arrived at the facility to find numerous pills laying out on the countertop of the medication room. The monitor reported to investigators that during the first three days of monitoring, she reviewed the inventory count at the end of the shift, and there were overages. The monitor also observed a medication error when a nurse accidentally provided two doses of buprenorphine to two different patients. The monitor reported to the investigators that the facility was instructed by the Drug Enforcement Agency “to do a complete inventory and reconciliation and to start fresh.”

***Allegation #7:***

***SUBSTANTIATED***

Pill bottles and methadone bottles are left out on counters unsecured.

***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.***

***(3) Failure to comply with licensure, inspection, health, fire, occupancy, safety, sanitation, zoning, or building codes or regulations required by federal, state or local law.***

***(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(18) Medication control. The program’s policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.***

***f. Accountability and control of medications.***

***(2) There shall be specific methods for control and accountability of medication products throughout the program.***

***g. Medication storage shall be maintained in accordance with the security requirements of federal, state and local laws.***

***(1) All medication shall be maintained in locked storage. Controlled substances shall be maintained in a locked box within the locked cabinet.***

The allegation that pill bottles and methadone bottles are left out on counters unsecured was found to be substantiated. Investigators were told by the compact out-of-state nurses that when they arrived at the facility they saw opened pill bottles and pills laying out on the countertops of the medication room.

***Allegation #8:***

***SUBSTANTIATED***

There are no nursing staff employed at the facility.

**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.**

**(3) Failure to comply with licensure, inspection, health, fire, occupancy, safety, sanitation, zoning, or building codes or regulations required by federal, state or local law.**

**(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(18) Medication control. The program’s policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.**

**a. Staff authorized to administer medications shall be qualified, and a current list of such staff shall be maintained. The following health professionals are designated by rule 657—8.32(124,155A) as qualified individuals to whom a prescriber can delegate the administration of medications:**

**(1) Persons who have successfully completed a medication administration course reviewed by the board of pharmacy.**

**(2) Advanced emergency medical technicians and paramedics.**

**(3) Licensed physician assistants.**

**(4) Licensed pharmacists.**

**(5) Nurses, interns or other qualified individuals delegated the responsibility to administer medications by a prescriber licensed by the appropriate state board to administer medications to patients, in accordance with Iowa Code section 155A.4(2)“c.”**

**641 IAC 155.35(8) Medication administration.**

**b. The initial dose of medication shall not exceed 30 milligrams, and the total dose for the first day shall not exceed 40 milligrams, unless the program physician documents in the patient’s case record that 40 milligrams did not suppress opiate abstinence symptoms. A patient transferring into the program or on a guest-dosing status may receive an initial dosage of no more than the last daily dosage authorized by the former or primary program.**

**(1) Medication shall be administered by a professional authorized by law.**

The allegation that no nursing staff are employed at the facility was found to be substantiated. During the unannounced visit, the clinical supervisor confirmed that no nursing staff were currently employed at the facility as former nurses either had resigned or had not reported to work. At the time of the unannounced visit, the investigators observed

two compact out-of-state nurses dosing patients who reported to investigators that they were temporarily assigned to the facility, as there were no current nurses employed at the facility.

***Allegation #9***

***SUBSTANTIATED***

Medication bottles are not labeled.

***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.***

***641 IAC 155.21(18) Medication control. The program's policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.***

***d. Prescription medication shall not be administered to or self-administered by a patient without a written order signed by a prescriber. All prescribed medications shall be clearly labeled indicating the patient's full name, the prescriber's name, the prescription number, and the name and strength of the medication, the dosage, the directions for use, and the date of issue; and the name, address and telephone number of the pharmacy or prescriber issuing the medication. Medications shall be packaged and labeled according to state and federal guidelines.***

The allegation that medication bottles are not labeled was found to be substantiated. Through an interview with Linn County jail, it was determined that an inmate's medication bottles were provided by CRC without any labels. This was also confirmed by CRC staff who informed investigators that labels were not printed due to the label maker being empty. It was also reported to investigators and the monitor that several patient medication bottles were unlabeled and multiple patients returned to CRC with unlabeled medication bottles.

***ADDITIONAL FINDINGS AS A RESULT OF THE INVESTIGATION:***

***Substantiated Finding #10***

***SUBSTANTIATED***

Incident reports are not maintained in personnel or patient records.

***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.***

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

***d. The program shall maintain a personnel record on each staff person. The record shall contain, as applicable:***

***(3) Incident reports.***

***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:***

***(11) Any incident report.***

As a result of the investigation, it was determined that incident reports were not being documented in patient or personnel records. Through monitoring activities, it was determined that staff were not documenting incident reports for medication errors, and staff reported not being trained on the process for incident reporting. The monitor reported staff were not documenting incident reports following medication errors. Although it was determined that some incidents were being documented through an internal system, incident reports for personnel and patients were not being maintained in personnel records nor in patient records.

***Substantiated Finding #11***

**SUBSTANTIATED**

Appropriate protocols are not being followed for properly disposing of unused medications.

***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.***

***641 IAC 155.21(18) Medication control. The program's policies and procedures shall describe how medications are administered or self-administered in accordance with federal, state and local laws, rules and regulations. Such policies may state that the program does not conduct medication administration or self-administration.***

***f. Accountability and control of medications.***

***(5) Unused prescription medication prescribed for a patient who leaves a program without the patient's medication shall be destroyed by a staff person with a staff witness, and a notation shall be made in the patient record. When a patient is discharged or leaves the program, medication currently being administered shall be sent, in the original container, with the patient or with a responsible agent, as approved by a prescriber.***

As a result of the investigation, it was determined that appropriate protocols were not being followed for properly disposing of unused medication. During the onsite inspection, the investigators were told by the clinical supervisor that patients dispose of their unused medications by one nurse observing the patient flushing the unused medication in the bathroom. The monitor recommended use of safe medication disposal by purchasing a drug deactivation system (i.e., Deterra, MedSafe).

**PROGRAM RESPONSE:**

Program response attached.

**RECOMMENDATIONS:**

Based on the substantiated allegations above, the Division recommends that the Iowa Board of Health Substance Abuse/Problem Gambling Program Licensure Committee requires CRC 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. Conduct a needs assessment to determine CRC’s organizational and clinical needs. The needs assessment shall include patient and staff input to identify and develop outcome goals. The needs assessment shall also include the recommendations made by the monitor during the emergency monitor order.
2. Establish, ensure, arrange, and monitor quality improvement activities that focus on program services and operations to include, but not limited to, the substantiated allegations found as a result of the investigation. The plan shall include documentation of the frequency of those activities.
3. Create a contingency plan to determine a course of action for CRC to respond effectively to any future unexpected events or situations. The contingency plan should contain potential threats to critical resources including but not limited to staff shortage, equipment (i.e., label makers), medication supply shortages, etc. It is recommended to use a SWOT analysis to analyze the overall operations of the facility.
4. Ensure proper cameras are installed to provide direct viewing over the dosing areas.
5. Review incident-reporting policies to determine if any updates are needed. Provide training to all CRC staff on incident reporting requirements.

The Department has determined CRC has taken immediate corrective actions to eliminate the immediate health, safety, and welfare issues and recommends the Committee approve the Department’s withdrawal of the emergency order once the Department has received and approved the program’s written corrective action plan.



# Cedar Rapids

Comprehensive Treatment Center  
Opioid Use Disorder Program

Since 2014, Cedar Rapids Comprehensive Treatment Center (CTC) has provided medication-assisted treatment and counseling services in an outpatient setting to help individuals struggling with opioid addiction in the Cedar Rapids community. Throughout that time, we have been fully accredited by CARF and licensed by the IDPH. Our valued clinical staff has successfully treated thousands of patients and they remain committed to providing quality care to our patients.

At Cedar Rapids CTC we hold ourselves to high clinical and quality standards, because our primary concern is the health and safety of our patients and staff. We are committed to maintaining the confidence of our community and to improving the lives of our patients, which is why we have been, and will continue to, work closely with our oversight agencies, including the Iowa Department of Public Health, to address all of their concerns.

Sincerely,

Luke Mohr- Program Sponsor