RETURN RECEIPT
E-MAIL TRANSMISSION TO: marcos@cijdc.com

February 25, 2022

Marcos Martinez
Central Iowa Detention Evaluation Program
2317 Rick Collins Way
Eldora, Iowa 50627

Dear Mr. Martinez:

Attached is a copy of the Licensure Inspection Report completed by the Division of Behavioral Health following the licensure site inspection of Central Iowa Detention Evaluation Program, 2317 Rick Collins Way, Eldora, Iowa, on January 27, 2022. **A one-year license will be recommended to the Iowa Board of Health Substance Abuse/Problem Gambling Program Licensure Committee.** We hope the enclosed report will be of assistance for continued and ongoing program improvement.
This report is composed of the following sections:

- Licensure Inspection Weighting Report;
- Licensure team's recommendations for licensure;
- Completed programmatic check list which identifies the degree of compliance with specific licensure standards; and
- A summary of the inspectors' basis for areas found to be in non-compliance with the licensure standards.

Your current license, which expired January 23, 2021, remains valid until final action is taken by the Substance Abuse/Problem Gambling Program Licensure Committee on this application, per Iowa Code Chapter 17A.18.

Your application for licensure will be reviewed during the Committee's teleconference meeting on **Wednesday, March 9, 2022 at 9:00 am**. 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.***

If you have questions, please contact me at Lori.Hancock-Muck@idph.iowa.gov or (515) 204-9766.

Sincerely,

Lori Hancock-Muck
Health Facilities Officer
Bureau of Substance Abuse

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION WEIGHTING REPORT
FOR SUBSTANCE USE DISORDER AND PROBLEM GAMBLING TREATMENT PROGRAMS

PROGRAM NAME: Central Iowa Detention Evaluation Program

In order for a program to receive a three (3) year license, the program must receive at least a 95% rating in each of the three categories below. For a two (2) year license, the program must receive at least a 90% rating in each of the three categories below. For a one (1) year license, the program must receive at least a 70% rating in each of the three categories. Less than 70% in any one of the three categories shall result in a recommendation of a denial. An initial license may be issued for 270 days. A license issued for 270 days shall not be renewed or extended.

PREVIOUS INSPECTION DATE: NA

RECENT INSPECTION DATE: January 27, 2022 (Virtual inspection due to COVID-19)

THIS PROGRAM HAS APPLIED FOR A LICENSE AS A:

1. SUBSTANCE USE DISORDER ASSESSMENT AND OWI EVALUATION-ONLY PROGRAM X
2. SUBSTANCE USE DISORDER TREATMENT PROGRAM _____
3. PROBLEM GAMBLING TREATMENT PROGRAM _____
4. SUBSTANCE USE DISORDER AND PROBLEM GAMBLING TREATMENT PROGRAM _____

Standard Cite	Clinical Standards	Item Count	Standard Compliance Score
155.21(11)	**Assessment and Admission**	4	3
155.21(15)	**Drug Screening**	1	1
155.21(16)	**Medical and Mental Health Services**	1	1
155.21(19)	**Management of Care and Discharge Planning**	1	1
155.21(20)	**Quality Improvement**	2	1
	TOTAL	**9**	**7**

Three (3) years: 95%	Total Clinical Points Available	**9**
Two (2) years: 90%	Total Clinical Points Received	**7**
One (1) year: 70%		
Denial: 69% or below	Clinical Score (%)	**77.8%**

Standard Cite	Administrative Standards	Item Count	Standard Compliance Score
641—155.17(125,135)	**License Revision**	0	0
155.21(1)	**Governing Body**	9	9
155.21(2)	**Executive Director**	1	1
155.21(3)	**Clinical Oversight**	1	1
155.21(4)	**Policies and Procedures Manual**	3	3
155.21(5)	**Staff Development and Training**	5	4
155.21.(6)	**Data Reporting**	1	1
155.21.(7)	**Fiscal Management**	3	3
155.21(8)	**Personnel**	5	3
155.21(9)	**Child Abuse/Dependent Adult Abuse/Criminal History Background Check**	4	3
	TOTAL	**32**	**28**

Three (3) years: 95%	Total Administrative Points Available	**32**
Two (2) years: 90%	Total Administrative Points Received	**28**
One (1) year: 70%		
Denial: 69% or below	Administrative Score (%)	**87.5%**

Standard Cite	Programming Standards	Item Count	Standard Compliance Score
155.21(10)	**Patient Records**	8	6
155.21(14)	**Patient Record Contents**	2	2
155.21(17)	**Emergency Services**	3	3
155.21(21)	**Facility Safety and Cleanliness**	4	3
155.21(22)	**Therapeutic Environment**	5	4
155.25(125,135)	**Specific standards for substance use assessment and OWI evaluation-only programs**	0	0
641—155.38(125,135)	**Tuberculosis screening of staff and residents**	2	0
	TOTAL	**24**	**18**

Three (3) years: 95%	Total Programming Points Available	**24**
Two (2) years: 90%	Total Programming Points Received	**18**
One (1) year: 70%		
Denial: 69% or below	Programming Score (%)	**75.0%**

IOWA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF BEHAVIORAL HEALTH
LICENSURE INSPECTION REPORT

PROGRAM NAME, ADDRESS, TELEPHONE AND FAX:
Central Iowa Detention Evaluation Program
2317 Rick Collins Way
Eldora, Iowa 50627

PHONE: 641-858-3852 FAX: 641-858-5839 E-Mail Address: marcos@cijdc.com

APPLICATION RECEIVED: January 14, 2021 COUNTIES SERVED: All Counties

DATE OF INSPECTION: January 27, 2022 (Virtual inspection due to COVID-19)

INSPECTORS:
Lori Hancock-Muck, Health Facilities Officer
Amanda McCurley, Health Facilities Surveyor

SITE VISITED (VIRTUALLY):
2317 Rick Collins Way
Eldora, Iowa 50627

STAFF:
Outreach Director: Marcos Martinez

SUMMARY OF SERVICES PROVIDED: Juvenile substance use disorder assessment and OWI evaluation services.

CURRENT LICENSURE STATUS:
The program is currently operating on a 3 year deemed status license effective January 23, 2018 to January 23, 2021.

RECOMMENDATION: It is recommended that the program be—
☐ Issued a license for a period of three years effective _____ to _____
☐ Issued a license for a period of two years effective _____ to _____
☒ Issued a license for a period of one year effective January 23, 2021 to January 23, 2022
☐ Issued a license for 270 days effective _____ to _____
☐ Denied a license

PURPOSE: Chapter 125 of the Code, as amended, requires in Section 125.13 that a person may not maintain or conduct any chemical substitutes or antagonists program, residential program, or non-residential outpatient program, the primary purpose of which is the treatment and rehabilitation of substance abusers without having first obtained a written license for the program from the department. Chapter 135.150 of the Code, as amended, requires that a person shall not maintain or conduct a gambling treatment program funded through the department unless the person has obtained a license for the program from the department.

1 Full Compliance – The program substantially meets the intent of the standard and indicated by the program's activities and documentation. Point(s) given/awarded.
0 Non-Compliance – The program does not meet the intent of the standard. Point(s) not given/awarded.
NA Does Not Apply – The standard does not apply to the program. Point(s) not given/awarded.

Standards Cite	Standards Description	
641—155.17(125,135)	**License Revision**	
	A licensee is required to submit a written request to the division to revise a license at least 30 days prior to any change of address, executive director, clinical oversight staff, facility, or licensed program service. Since the last licensure visit, has the program experienced any such changes and has it complied with the requirement to notify the department?	NA
155.21(1)	**Governing Body**	
	Has the program designated a governing body that complies with Iowa Code chapter 504 and is responsible for overall program operations?	1
a	Has the governing body adopted written bylaws and policies that define the powers and duties of the governing body, its committees, its advisory groups, and the executive director?	1
b	Do written by-laws minimally specify the following? (1) The type of membership; (2) The term of appointment; (3) The frequency of meetings; (4) The attendance requirements; and (5) The quorum necessary to transact business.	1
c	Are minutes of all meetings by the governing body maintained and available for review by the department and do they include the following? (1) Date of the meeting; (2) Names of members attending; (3) Topics discussed; and (4) Decisions reached and actions taken.	1
d	Do the duties of the governing body include the following? (1) Appointment of a qualified executive director, who shall have the responsibility and authority for the management of the program in accordance with the governing body's established policies; (2) Establishment of effective controls to ensure that quality services are provided; (3) Review and approval of the program's annual budget; and (4) Approval of all contracts.	1
e	Has the governing authority developed and approved the program's policies and procedures?	1
f	Is the governing authority responsible for all funds, equipment and the physical facilities and the appropriateness and adequacy of services the program provides?	1
g	Has the governing body prepared an annual report which includes each of the following? (1) The name, address, occupation, and place of employment of each governing body member; (2) Disclosure of any family relationship a member of the governing body has with a program staff member; (3) The names and addresses of any owners or controlling parties whether they are individuals, partnerships, a corporation body, or a subdivision of other bodies; (4) Disclosure of any potential conflict of interest a member of the governing body may have.	1

h	Has the governing body ensured the program maintains proof of each of the following? -Malpractice insurance coverage for all staff -Liability insurance -Workers' compensation insurance -A fidelity bond for all staff	1
155.21(2)	**Executive Director**	
	Has the governing body appointed an executive director who has primary responsibility for program operations and whose qualifications and duties are clearly defined?	1
155.21(3)	**Clinical Oversight**	
	Has the program designated a treatment supervisor to oversee provision of licensed program services?	1
155.21(4)	**Policies and Procedures Manual**	
	Has the program developed and maintained a policies and procedures manual that contains all written policies and procedures required in order to comply with licensure rules? Does the policies and procedures manual describe the program's licensed program services and related activities, specify the policies and procedures to be followed and govern all staff?	1
a	Does the manual have a table of contents?	1
b	Are revisions to the manual entered with the date, and name and title of persons making the revisions?	1
155.21(5)	**Staff Development and Training**	
	Does the program have policies and procedures establishing a staff development and training program that includes reference to the training needs of any individual who conducts an activity on behalf of the program as an employee, agent, consultant, contractor, volunteer or other status?	1
a	Has the program designated a staff person responsible for the staff development and training plan?	1
b	Has the staff person responsible for the staff development and training plan conducted an annual needs assessment?	1
c	Does the staff development plan describe orientation of new staff including: -An overview of the program and licensed program services -Confidentiality -Tuberculosis and blood-borne pathogens including HIV/AIDS -Culturally and environmentally specific information -The specific responsibilities of each staff person and community resources specific to the staff person's responsibilities	0
d	Does the staff development and training plan address training when program operations or services change?	1
e	If the development and training plan includes on-site activities, are minutes of on-site training kept which include: -Name and dates of the trainings -Names of staff attending -Topics of the training -The name(s) and title(s) of trainers	NA
155.21.(6)	**Data Reporting**	
	Does the program have policies and procedures describing how the program reports required data to the division in accordance with department requirements and processes?	1

155.21(7)	**Fiscal Management**	
a	Do the program's policies and procedures ensure proper fiscal management including the preparation and maintenance of an annual written budget which is reviewed and approved by the governing body prior to the beginning of each of the program's budget years	1
b	If the program has an annual budget of over $100,000, has the program had an annual independent fiscal audit by the state auditor's office or a certified public accountant based on an agreement entered into by the governing body? If the program has an annual budget of $100,000 or less, has the program conducted an audit within the last three years?	1
c	Does the program maintain insurance to provide protection for physical and financial resources of the program, people, buildings, and equipment? Is the insurance program reviewed on an annual basis by the governing body?	1
155.21(8)	**Personnel**	
a	Does the program have personnel policies and procedures that address the following: (1) Recruitment and selection of staff; (2) Wage and salary administration; (3) Promotions; (4) Employee benefits; (5) Working hours; (6) Vacation and sick leave; (7) Lines of authority; (8) Rules of conduct; (9) Disciplinary actions and termination; (10) Methods for handling cases of inappropriate patient care; (11) Work performance appraisal; (12) Staff accidents and safety; (13) Staff grievances; (14) Prohibition of sexual harassment; (15) Implementation of the Americans with Disabilities Act; (16) Implementation of the Drug-Free Workplace Act; (17) Use of social media; and (18) Implementation of equal employment opportunity.	1
b	Does the program maintain written job descriptions describing the actual duties of the staff and the qualifications required for each position and: (1) Is there evidence that all personnel providing screenings, evaluations, assessments and treatment are licensed, certified, or otherwise in accordance with 155.21(8) requirements? (2) Does the program review job descriptions annually and whenever there is a change in a position's duties or required qualifications? (3) Does the program include job descriptions in the personnel section of the policies and procedures manual?	1
c	Are written performance evaluations of all program staff performed at least annually and is the staff able to respond to the evaluation in writing?	0
d	Are personnel records kept on each staff? They shall include the following. (1) Verification of training, experience, qualifications, and professional credentials; (2) Job performance evaluations; (3) Incident reports; (4) Disciplinary action taken; and (5) Documentation of review of and agreement to adhere to confidentiality laws and regulations.	0

e	Does the program have written policies and procedures that ensure the confidentiality of personnel records and that specify which staff are authorized to have access to them?	1
f	If a certified or licensed staff member has been sanctioned or disciplined by a certifying or licensed body, did the program notify the division in writing within ten workings days of being informed and did the notification include the sanction or discipline order?	NA
155.21(9)	**Child Abuse/Dependent Adult Abuse/Criminal History Background Check**	
	Does the program have written policies and procedures that specify procedures that address child abuse, dependent adult abuse and criminal history background checks?	1
a	Do the policies state: prohibiting mistreatment, neglect or abuse of children and dependent adults by staff include reporting and enforcement procedures if a staff person is found in violation of Iowa Code sections 232.67 through 232.70 by the department of human services investigation, the staff shall be subject to the program's policies concerning termination reporting violations immediately to the program's executive director and appropriate Department of Human Services staff	1
b	For staffs working within a juvenile service area, or with dependent adults, do personnel records contain the following? (1) Documentation of a criminal history background check with the Iowa division of criminal investigation on all new staff applicants. The background check shall include asking whether the applicant has been convicted of a crime. (2) A written, signed and dated statement furnished by a new staff applicant, which discloses any substantiated report of child abuse, neglect or sexual abuse or dependent adult abuse. (3) Documentation of a check prior to permanent acceptance of a person as staff, with the Iowa central registry for any substantiated reports of child abuse, neglect or sexual abuse pursuant to Iowa Code section 125.14A or substantiated reports of dependent adult abuse for all staff hired or accepted on or after July 1, 1994, pursuant to Iowa Code chapter 235B.	1
c	If a record of criminal conviction or founded child abuse or founded dependent adult abuse exists for a person hired by the program, does a record exist that Iowa DHS concluded that the crime or founded child abuse or founded dependent adult abuse does not merit prohibition of employment? Is there record of the hiree having been offered the opportunity to complete and submit Form 470-2310, Record Check Evaluation?	NA
d	Has each staff member completed two hours of training relating to the identification and reporting of child abuse and dependent adult abuse within six months of initial employment; and two hours of additional training every three years thereafter?	0
155.21(10)	**Patient Records**	
	Does the program have written policies and procedures governing patient case records that describe compilation, storage and dissemination of patient records and release or disclosure of information?	1

a	The policies and procedures shall ensure that: (1) The program protects the patient record against loss, tampering or unauthorized disclosure of information; (2) The content and format of patient records are uniform; (3) All entries in the patient record are in chronological order, signed, dated and legible. When records are maintained electronically, a staff identification code number authorizing access shall be accepted in lieu of a signature; (4) Each entry in the patient record is made in permanent ink, by typewriter, or by computer; and (5) Entries in the patient record use language consistent with generally accepted standards of practice and do not include abstract terms, technical jargon or slang.	1
b	Does the program provide adequate physical facilities for the secure storage, processing and handling of patient records?	1
c	Is there a program policy authorizing access to appropriate patient records by staff?	1
d	Is there a written policy governing maintenance of patient records for not less than seven (7) years from the date they are officially closed and for the disposal of patient case records?	1
e	Are all paper patient records kept in a suitable locked room or file cabinet?	0
f	Do the program's written policies and procedures provide for the release or disclosure of 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. (2) The confidentiality of problem gambling patient records and information is protected by HIPAA, Iowa Code chapter 228 and Iowa Code section 22.7(35).	0
g	If the program provides services via electronic media, has it informed the patient of the limitations and risks associated with such services and documented in each patient case record that such notices have been provided?	NA
h	Upon receipt of a properly executed written release of information signed by the patient, did the program release patient records in a timely manner? Exceptions are allowed for reporting information unrelated to continuum of care, if payment has not been received for such services or in the case of 321J reporting form.	1
155.21(11)	**Assessment and Admission**	
	Does the program have written policies and procedures that address screening, assessment, referral and admission and documentation of such activities in the patient record?	1
a	Does each patient record contain an assessment developed prior to admission unless the patient's risk factors indicate the need for immediate admission? (1) If the program admits a patient based on a screening or initial assessment that indicates the patient requires immediate admission, that screening or initial assessment must be updated and expanded to a full assessment when the patient's current risk factors are stabilized. (2) The assessment shall be documented in the patient record and shall be organized in a manner that supports development of a treatment plan by the program or by any program to which the patient is referred.	1

b	Has the program implemented a uniform assessment process that describes: (1) The information to be gathered; (2) Procedures for accepting a referral from another program, agency or organization; (3) Procedures for referring a patient to another program, agency or organization.	1
d	Have the results of the assessment been explained to the patient and family if appropriate, and has the explanation been documented in the patient record?	0
e	Does the patient record contain documentation that the patient has been informed of: (1) The general nature and goals of the program; (2) Rules governing patient conduct and infractions that can lead to disciplinary action or discharge from the program; (3) The hours during which services are available; (4) The costs to be borne by the patient; (5) Patient rights and responsibilities; (6) Confidentiality laws, rules and regulations; and (7) Safety and emergency procedures.	NA
155.21(14)	**Patient Record Contents**	
	Does the program have written policies and procedures that require that a record be maintained for each patient and do they specify the contents of the patient record?	1
a	Do the patient records include the following? (1) Any screening; (2) Each assessment; (3) Results of any physical examination or laboratory test; (4) Admission information; (5) Any report from a referring source or outside resource; (6) Notes from any case conference, consultation, care coordination or case management; (7) Any correspondence related to the patient, including letters, electronic communications and telephone conversations; (8) Any treatment consent form; (9) Any release of information or authorization to disclose; (10) Notes on any service provided; and (11) Any incident report.	1
155.21(15)	**Drug Screening**	
	Does the program have written policies and procedures addressing collection of drug-screening specimens and utilization of drug-screening results? If the program does not conduct drug screenings, does it have a policy stating such?	1
a	Are specimens collected under direct supervision and analyzed according to program policies, or does the program shall have a policy in place to reduce the patient's ability to alter the test?	NA
b	If the program uses an outside laboratory to analyze drug screening, does it comply with federal and state requirements?	NA
c	If the program conducts on-site drug screenings, does the program comply with all Clinical Laboratory Improvement Act regulations?	NA
d	Does the patient record reflect the manner in which the drug-screening results are utilized in treatment?	NA
155.21(16)	**Medical and Mental Health Services**	
	Does the program have written policies and procedures to address medical and mental health services?	1

a	In addition to assessment of biomedical conditions and complications as described in the ASAM criteria, has the program taken a medical history and performed a physical examination and necessary laboratory tests as follows for patients admitted to the level of care specified? (1) Medically managed intensive inpatient treatment and medically monitored intensive inpatient treatment: within 24 hours of admission. (2) Clinically managed high-intensity residential treatment and clinically managed medium-intensity residential treatment: within 7 days of admission. (3) Clinically managed low-intensity residential treatment: within 21 days of admission. (4) Crisis stabilization services and opioid treatment program services: within 24 hours of admission.	NA
b	Have physical, laboratory work and medical histories accepted from qualified sources been completed within 90 days prior to admission?	NA
c	If the program has accepted a mental health history from a qualified source, was the history completed no more than three (3) days prior to the patient's current admission?	NA
155.21(17)	**Emergency Services**	
	Does the program have written policies and procedures addressing the availability of emergency services for SUD's and medical and mental health conditions?	1
a	Does the program have emergency services available 24 hours/day, 7 days/week?	NA
b	If the program does not provide emergency services, does it ensure they are available from another qualified individual, institution, facility or legal entity?	1
c	Has the program communicated the availability of emergency services by posting notice at facilities, having a recorded message on the program's telephone system, posting notice on the program's web site and through program materials?	1
155.21(19)	**Management of Care and Discharge Planning**	
	Does the program have written policies and procedures requiring the use of ASAM criteria for assessment, admission, continued service and discharge decisions and describing the program's management-of-care processes?	1
155.21(20)	**Quality Improvement**	
	Does the program have policies and procedures describing a written quality improvement plan that encompasses all licensed program services and related program operations?	1
a	Has the program designated a staff person responsible for the quality improvement plan?	0
b	Does the written quality improvement plan describe and document monitoring, problem-solving and evaluation activities designed to systematically identify and resolve problems and make continued improvements? (1) Does the quality improvement plan include specific goals, objectives, and methods? (2) Does the quality improvement plan include objective criteria to measure its effectiveness?	NA
c	Does the program document whether the quality of patient care and program operations are improved and identified problems are resolved?	NA
d	Does the program communicate the quality improvement plan activities and findings to all staff?	NA
e	Does the program use QI plan findings to detect trends, patterns of performance, and potential problems that affect patient care and program operations?	NA
f	Does the program evaluate the effectiveness of the QI plan at least annually and are revisions to the plan made as necessary?	NA

155.21(21)	**Facility Safety and Cleanliness**	
	Does the program have written policies and procedures ensuring that program physical facilities are clean, well-ventilated, heated, free from vermin, and appropriately furnished and are designed, constructed, equipped, and maintained in a manner that provides for the physical safety of patients, concerned persons, visitors and staff?	1
a	Has the program obtained certificate(s) of occupancy, if required by local jurisdiction?	1
b	During construction phases or alterations to buildings is construction in compliance with all applicable federal, state, and local codes? During new construction, has the program complied with local, state (Iowa Code chapter 104A), and federal codes and has the program provided for safe and convenient use by disabled individuals?	1
c	Does the program have written policies and procedures for each of the following? (1) Identification, development, implementation, maintenance and review of safety policies and procedures. (2) Promotion and maintenance of an ongoing, facility wide hazard surveillance program to detect and report all safety hazards. (3) Safe and proper disposal of bio hazardous waste. (4) Stairways, halls, and aisles. Stairways, halls, and aisles shall be of substantial, nonslippery material, maintained in a good state of repair, adequately lighted and kept free from obstructions at all times. All stairways shall have handrails. (5) Radiators, registers, and steam and hot water pipes, each of which shall have protective covering or insulation. Electrical outlets and switches shall have wall plates. (6) For programs serving juveniles, fuse boxes that shall be under lock and key or six feet above the floor. (7) Safe and proper handling and storage of hazardous materials. (8) Prohibition against weapon possession; safe and proper removal of weapons. (9) Swimming pools. Swimming pools shall conform to state and local health and safety rules and regulations. Adult supervision shall be provided at all times when juveniles are using the pool. (10) Ponds, lakes, or any bodies of water located on or near the program and accessible to patients, concerned persons, visitors and staff. (11) The written plan to be followed in the event of fire or tornado. The plan shall be conspicuously displayed at the facility.	0
155.21(22)	**Therapeutic Environment**	
	Does the program's policies and procedures provide for the establishment of an environment that preserves human dignity? Do program facilities have adequate space for the program to provide licensed program services?	1
a	Does the program have written policies and procedures that describe how all licensed program services are accessible to people with disabilities or how the program provides accommodation in compliance with the Americans with Disabilities Act?	1
b	Is the waiting or reception area of adequate size and located in an area that ensures patient confidentiality?	1
c	Is staff available in waiting areas to address patient, potential patients, concerned persons and visitors' needs?	1

d	Does the program's policies and procedures include each of the following? (1) Possession and use of chemical substances in the facility. (2) Prohibition of smoking. (3) Prohibition of the sale or other provision of any tobacco product. (4) Informing patients of their legal and human rights at the time of admission. (5) Patient communication, opinions, or grievances, with a mechanism for redress. (6) Prohibition of sexual harassment. (7) Patient right to privacy.	0
155.25(125,135)	**Specific standards for substance use assessment and OWI evaluation-only programs**	
155.25(1)	**OWI Evaluations**	
	Does the program have written policies and procedures that require it to conduct OWI evaluations on persons convicted of operating a motor vehicle while intoxicated (OWI) pursuant to Iowa Code section 321J.2 and on persons whose driver's license or nonresident operating privileges are revoked under Iowa Code chapter 321J in accordance with 641—Chapter 157?	NA
155.25(2)	**Assessment and OWI Evaluation Fees**	
	Does the program have written policies and procedures that require it to make its assessment and OWI evaluation fees public and has it informed potential patients of the fee at the time the assessment or at the time the OWI evaluation is scheduled?	NA
641—155.38(125,135)	**Tuberculosis screening of staff and residents**	
155.38(1)	**TB Risk Assessment**	
	Has the program conducted an annual TB risk assessment to evaluate the risk for transmission of *M. tuberculosis*?	0
a	Does the risk assessment include the community rate of TB?	NA
b	Does the risk assessment include the number of persons with infectious TB encountered in the facility?	NA
c	Does the risk assessment include the speed with which persons with infectious TB are suspected, isolated, and evaluated to determine if persons with infectious TB exposed staff or others in the facility?	NA
155.38(3)	**Baseline TB screening procedures for facilities**	
a	Have all facility staff members received baseline TB screening upon hire? Baseline TB screening consists of two components: (1) assessing for current symptoms of active TB disease and (2) using a two-step TST or a single IGRA to test for infection with M. tuberculosis	0

Central Iowa Detention Evaluation Program
2317 Rick Collins Way
Eldora, Iowa 50627

Inspection date: January 27, 2022 (Virtual Inspection due to COVID-19)

JUSTIFICATION OF VARIANCE

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

155.21(5) Staff Development and Training*

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

155.21(8) Personnel*

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

D. Personnel was in non-compliance because most personnel records did not contain confidentiality agreements that were signed by staff before assuming responsibilities.

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

D. Child abuse, dependent adult abuse and criminal history background checks was in non-compliance because not all staff had received the required 2 hours of child abuse and dependent adult abuse mandatory reporting training.

155.21(10) Patient Records*

E. Patient records was in non-compliance because the records are not kept in suitable locked room or file cabinet.

F. Patient records was in non-compliance because releases of information were not in accordance with 42 CFR Part 2.

155.21(11) Assessment and Admission*

D. Assessment and admission was in non-compliance because the patient record did not contain documentation that the assessment results were explained to the patient.

155.21(20) Quality Improvement*

A. Quality improvement was in non-compliance because the program did not have a designated person responsible for a quality improvement plan.

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155.21(21) Facility Safety and Cleanliness*

C. Facility safety and cleanliness was in non-compliance because the program did not have prohibition against weapons possession posted at the facility.

155.21(22) Therapeutic Environment*

D. Therapeutic environment was in non-compliance because the program did not have prohibition of smoking posted at the facility.

155.38(1) TB Risk Assessment*

TB risk assessment is in non-compliance because the program did not conduct an annual TB risk assessment.

155.38(3) Baseline TB Screening Procedures for Facilities*

A. Baseline TB screening procedures for facilities was in non-compliance because staff did not receive baseline TB screening upon hire.

*Technical assistance was provided during the virtual site inspection. Licensee was provided specific technical assistance on the following areas of non-compliance:

- Licensee was informed that staff orientation is required to be kept in each staff personnel record. Staff orientation includes an overview of the program and licensed program services, confidentiality, tuberculosis and blood-borne pathogens, including HIV/AIDS, and culturally and environmentally specific information, and the specific responsibilities of each staff person and community resources specific to the staff person's responsibilities.
- Licensee was informed all staff evaluations must be performed annually and must be kept in the personnel record.
- Licensee was informed the confidentiality agreements must be signed by staff before assuming responsibilities, and professional credentials must be current and kept in the personnel record.
- Licensee was informed Child Abuse and Dependent Adult Abuse Mandatory Reporter training is required within 6 months of hire and every 3 years after and proof of completion must be kept in each personnel record.
- Licensee was informed any non-electronic patient records must be kept in suitable locked room or file cabinet. During the inspection, it was determined that a staff person was transporting part of the patient record to and from the facility to the staff person's residence. Licensee was informed that polices would need to be created for

transporting and securing patient records if staff were to continue this practice to ensure transporting and storing of patient information is secured.

- Licensee was informed that patient consents were not in compliance with 42 CFR Part 2. Consents were not limited in the amount and kind of information to be released. Some consents were not legible. Licensee was provided with 42 CFR Part 2 resources to ensure compliance with consents.
- Licensee was informed there was no evidence in patient records that results of the assessment were explained to the patient and family, if applicable.
- Licensee did not have a current quality improvement plan and was only able to provide a quality improvement plan from 2010. Licensee was informed the program is required to have a designated staff person responsible for the quality improvement. Licensee was provided with the specific requirements of a quality improvement plan as required by Iowa Administrative Code 641—155.21(20).
- Licensee was informed a TB risk assessment of the facility needs to be completed annually. Licensee was provided with an annual TB risk template for documenting this assessment.
- Licensee was informed going forward all new staff would need a TB test upon hire. Licensee was informed that any current staff, who currently do not have a TB test, would need to have one completed.

The licensee was previously issued a license with an effective date through January 23, 2021. There have been several delays with the applicant's current submission of required re-application materials since the re-application materials were initially submitted on January 11, 2021. Delays also occurred due to COVID-19 issues impacting staffing, resources, and processes of both the licensee and the Department. As a result, the application and inspection were not completed until January 2022. The rating scores (between 70-89%) from the current licensure weighting report correspond with a one-year license recommendation. Issuance of a one-year license would result in the license being issued through January 23, 2022. As this would not allow sufficient time to implement corrective action plan measures, it is recommended a one-year license be issued from January 23, 2021 through January 23, 2022 with the condition that the licensee also submit the following:

1. A timely submission of a re-application within 10 days of the issuance of the current license.
2. The application shall contain a re-application along with other documents that provide evidence of the following compliance:
    a. Evidence that staff have received the required orientation (Staff orientation includes an overview of the program and licensed program services, confidentiality, tuberculosis and blood-borne pathogens, including HIV/AIDS, and culturally and environmentally specific information, and the specific responsibilities of each staff person and community resources specific to the staff person's responsibilities.).
    b. Evidence that staff have signed confidentiality agreements.

c. Certificates that show evidence that applicable staff have received child abuse identification and reporting training.
d. Evidence that staff have received a baseline TB screening.
e. A completed TB risk assessment.

Following submission of the above-required re-application materials, the Department staff shall conduct an inspection to determine compliance and will provide subsequent license recommendations based on the additional licensure weighting report score.