

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

90 DAY FOLLOW UP INSPECTION TO DENIAL

PROGRAM: *Urban Dreams S.A.F.E*  
601 Forest Avenue  
Des Moines, Iowa 50314

LICENSED SERVICES: This program provides Adult and Juvenile Substance Use Disorder Assessment and OWI Evaluation Only services

DEPARTMENT SURVEYORS: Lori Hancock-Muck and Amanda McCurley, Division of Behavioral Health

INITIAL NOTICE OF DENIAL FROM COMMITTEE: November 9, 2022

CORRECTIVE ACTION APPROVAL: December 9, 2022

90 DAY FOLLOW UP INSPECTION REPORT: April 26, 2023

**SUMMARY OF FOLLOW UP INSPECTION FINDINGS:**

*Corrective Action Plan Compliance Summary:*

**OVERALL COMPLIANCE –**

- *18 of 19 licensure standards are now in compliance.*
- *1 of 19 licensure standard remained in noncompliance.*

**Compliance:**

1. *641—155.21(5)e. Staff Development and Training*
2. *641—155.21(6) Data Reporting*
3. *641—155.21(8)c. Personnel*
4. *641—155.21(10)a. Patient Records*
5. *641—155.21(10)d. Patient Records*
6. *641—155.21(10)e. Patient Records*
7. *641—155.21(10)f. Patient Records*
8. *641—155.21(10)g. Patient Records*

9. **641—155.21(10)h. Patient Records**
10. **641—155.21(11)b. Assessment and Admission**
11. **641—155.21(11)d. Assessment and Admission**
12. **641—155.21(14) Patient Record Contents**
13. **641—155.21(14)a. Patient Record Contents**
14. **641—155.21(20)c. Quality Improvement**
15. **641—155.21(20)d. Quality Improvement**
16. **641—155.21(20)e. Quality Improvement**
17. **641—155.21(20)f. Quality Improvement**
18. **641—155.38(3)a. Baseline TB Screening Procedures for Facilities**

**Noncompliance:**

1. **641—155.21(20)b. Quality Improvement**

**SUMMARY OF DENIAL:**

On September 22, 2022 the Iowa Department of Health and Human Services (Department) surveyors conducted a virtual licensure inspection of Urban Dreams S.A.F.E (Urban Dreams). As a result, it was determined Urban Dreams had failed to achieve the minimum licensure weighting report rating (70%) required for a license pursuant to rule 641–155.10(1)(b) and failed to comply with a corrective action plan pursuant to 641-155.10(1)“d”(16). Specifically, the program received a 52.9% score in the Clinical Standards section, 67.7% in Programming Standards, and has repeatedly failed to comply with written corrective action plans issued in 2018, 2019, and 2020.

On November 9, 2022, the Substance Abuse/Problem Gambling Program Licensure Committee (Committee) proposed to deny Urban Dreams’ application for a program license. In accordance with IAC 641—155.11(2), Urban Dreams submitted a written corrective action plan addressing the 19 areas of non-compliance. As part of the corrective action plan, Urban Dreams requested to remove outpatient treatment services from its license and requested to provide substance use disorder assessment and OWI evaluation only (A&E) services. As a result, corrective measures were not required for rules applicable to licensed outpatient treatment services.

The corrective action was approved by the Department on December 9, 2022. Pursuant to IAC 641—155.11(2)a., Urban Dreams had 90 days to show compliance with the plan. From December 9, 2022 to March 9, 2023, Urban Dreams was to demonstrate compliance with the following rules:

- **641—155.21(5)e. Staff Development and Training**  
Staff development and training was in non-compliance because the program did not have minutes of on-site training kept which include: the name and dates of the trainings, the names of staff attending, the topics of the training, and the name(s) and title(s) of trainers.
- **641—155.21(6) Data Reporting**  
Data reporting was in non-compliance because the program has not reported the required data to the division in accordance with department requirements and processes.
- **641—155.21(8)c. Personnel**  
Personnel was in non-compliance because not all staff received a written performance evaluation annually.

- **641—155.21(10)a. Patient Records**  
 Patient records was in non-compliance because program policies and procedures did not ensure that the program protects the patient record against loss, tampering or unauthorized disclosure of information.
- **641—155.21(10)d. Patient Records**  
 Patient records was in non-compliance because the program did not appropriately maintain and dispose of patient records. Patient records were not maintained for at least seven (7) years from the date they were officially closed.
- **641—155.21(10)e. Patient Records**  
 Patient records was in non-compliance because patient records were missing and not kept in a suitable locked cabinet.
- **641—155.21(10)f. Patient Records**  
 Patient records was in non-compliance because the program did not follow written policies and procedures for compliance with 42 CFR Part 2. (This was noted as an area of non-compliance during the 2018, 2019, and 2020 inspection).
- **641—155.21(10)g. Patient Records**  
 Patient records was in non-compliance because patient records did not contain documentation that the program had informed the patient of the limitations and risks associated with providing services via electronically (telehealth).
- **641—155.21(10)h. Patient Records**  
 Patient records was in non-compliance because the program did not release information in a timely manner upon receipt of a release.
- **641—155.21(11)b. Assessment and Admission**  
 Assessment and admission was in non-compliance because the patient records did not show evidence of a uniform assessment process for referring patients to another program for services. (This was noted as an area of non-compliance during the 2020 inspection).
- **641—155.21(11)d. Assessment and Admission**  
 Assessment and admission was in non-compliance because the patient record did not contain documentation that the assessment results were explained to the patient.
- **641—155.21(11)e. Assessment and Admission (Not applicable for A&E)**  
 Assessment and admission was in non-compliance because patient records did not contain documentation that patients had been informed of the general nature and goals of the program; rules governing patient conduct and infractions that can lead to disciplinary action or discharge from the program; the hours during which services are available; the costs to be borne by the patient; patient rights and responsibilities; confidentiality laws, rules and regulations; and safety and emergency procedures.

- **641—155.21(14) Patient Record Contents**  
 Patient record contents was in non-compliance because the program did not follow policies and procedures requiring that a record be maintained for each patient.
- **641—155.21(14)a. Patient Record Contents**  
 Patient record contents was in non-compliance because patient records did not contain proper releases of information, and some patient records did not contain any releases of information. (This was noted as an area of non-compliance during the 2020 inspection). Patient record contents was also in non-compliance because most patient records did not contain the required contents (screening; assessment; results of any laboratory tests; admission information; reports from referring source or outside resource; notes from any case consultation, care coordination or case management; any correspondence related to the patient, including letters, electronic communications and telephone conversations; treatment consent form; notes on any service provided; or any incident report).
- **641—155.21(14)b. Patient Record Contents (Not applicable for A&E)**  
 Patient record contents was in non-compliance because patient records did not contain treatment plans; management-of-care reviews; medication records; progress notes; or discharge summaries.
- **641—155.21(20)b. Quality Improvement**  
 Quality improvement was in non-compliance because the program did not have a written quality improvement plan describing and documenting monitoring, problem-solving, and evaluation activities designed to systematically identify and resolve problems and make continued improvements.
- **641—155.21(20)c. Quality Improvement**  
 Quality improvement was in non-compliance because there was no documentation whether the quality of patient care and program operations are improved and identified problems were resolved.
- **641—155.21(20)d. Quality Improvement**  
 Quality improvement was in non-compliance because there was no documentation quality improvement activities and findings were communicated to staff and stakeholders. Meeting minutes provided did not contain quality improvement discussions. (This was noted as an area of non-compliance during the 2020 inspection).
- **641—155.21(20)e. Quality Improvement**  
 Quality improvement was in non-compliance because the program did not use the quality improvement plan findings to detect trends, patterns of performance, and potential problems that affect patient care and program operations.
- **641—155.21(20)f. Quality Improvement**

Quality improvement was in non-compliance because the program did not evaluate the effectiveness of the quality improvement plan at least annually.

- **641—155.38(3)a. Baseline TB Screening Procedures for Facilities**  
Baseline TB screening procedures for facilities was in non-compliance because staff did not receive baseline TB screening upon hire.

#### **RESULTS OF 90 DAY FOLLOW UP INSPECTION:**

The Department conducted both a desk audit and an on-site inspection. On March 9, 2023, surveyors contacted Urban Dreams' Executive Director, Izaah Knox, to request documents to determine compliance with the corrective action plan. On April 7, 2023, inspectors conducted an on-site inspection. The following is a summary of current adherence for each of the 19 licensure standards that were found to be in non-compliance from the September 22, 2022 inspection:

- **641—155.21(5)e. Staff Development and Training**  
*Staff development and training was in non-compliance because the program did not have minutes of on-site training kept which include: the name and dates of the trainings, the names of staff attending, the topics of the training, and the name(s) and title(s) of trainers.*  
Urban Dreams' corrective action plan noted the Associate Executive Director would ensure on-site training minutes would be maintained with the required elements. For the 90 day follow up, the surveyors requested Urban Dreams submit materials for any on-site training that was conducted during the 90-day timeframe. Although the program did not provide any on-site training in the past 90 days, the surveyors found the program submitted well-kept minutes of all staff meetings relating to the substance use disorder treatment program. The Department finds the program to be in compliance with the corrective action plan.  
**COMPLIANCE: Compliant**

- **641—155.21(6) Data Reporting**  
*Data reporting was in non-compliance because the program has not reported the required data to the division in accordance with department requirements and processes.*  
Urban Dreams' corrective action plan noted data would be reported by staff to meet the standards. For the 90 day follow up, the surveyors reviewed the program's reporting of data into the state data reporting system (IBHRS). The surveyors determined that the program has reported all required data as required. The Department finds the program to be in compliance with the corrective action plan.  
**COMPLIANCE: Compliant**

- **641—155.21(8)c. Personnel**  
*Personnel was in non-compliance because not all staff received a written performance evaluation annually.*  
Urban Dreams' corrective action plan noted the performance reviews for all staff would be conducted twice a year. For the 90 day follow up, the surveyors found evidence that all staff had documented performance reviews included in their personnel records. The performance reviews were conducted within the required timeframe. The Department finds the program to be in compliance with the corrective action plan.  
**COMPLIANCE: Compliant**

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

***Patient records was in non-compliance because program policies and procedures did not ensure that the program protects the patient record against loss, tampering or unauthorized disclosure of information.***

Urban Dreams' corrective action plan noted patient records would be maintained in a locked filing cabinet, and located within a locked office. It was further noted that the key to the cabinet would be maintained by office manager and the substance abuse counselor. For the 90 day follow up, the surveyors conducted an on-site inspection to determine if patient records were secured. It should be noted that Urban Dreams is in the process of moving to a new location and a temporary office location is being utilized until the new space becomes available. The surveyors found evidence of a locked file cabinet containing closed patient records. All current patient records are being maintained through an electronic health record. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

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

***Patient records was in non-compliance because the program did not appropriately maintain and dispose of patient records. Patient records were not maintained for at least seven (7) years from the date they were officially closed.***

Urban Dreams' corrective action plan noted the program would maintain patient records for the required seven years. It was noted that records would be shredded within 30 days of the new year, when records reached the seven-year mark. For the 90 day follow up, the surveyors were informed by staff that patient records were being maintained electronically and any prior paper records would be destroyed after seven-years. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

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

***Patient records was in non-compliance because patient records were missing and not kept in a suitable locked cabinet.***

Urban Dreams' corrective action plan noted the program would maintain patient paper records in a locked filing cabinet kept in the substance abuse office. It was noted the key to the filing cabinet would be maintained by the office manager and the substance abuse counselor. For the 90 day follow up, surveyors found evidence of a locked file cabinet containing closed patient records. All current patient records are being maintained through an electronic health record. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

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

***Patient records was in non-compliance because the program did not follow written policies and procedures for compliance with 42 CFR Part 2. (This was noted as an area of non-compliance during the 2018, 2019, and 2020 inspection).***

Urban Dreams' corrective action plan noted the program would obtain valid consent for disclosures using updated consents that would be in compliance with the 42 CFR Part 2 regulations. For the 90 day follow up, the surveyors reviewed a sample of patient records and all records contained patient signed consent for disclosures. The consent forms were 42 CFR Part 2 compliant with the exception of not having the purpose for the release included on the

form. Technical assistance was provided to staff on site regarding this issue, and the program was encouraged to utilize sample consents that can be found on Center of Excellence for Protected Health Information's [website](#). The Department finds the program to be in overall compliance with the corrective action plan.

**COMPLIANCE: Compliant**

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

***Patient records was in non-compliance because patient records did not contain documentation that the program had informed the patient of the limitations and risks associated with providing services via electronically (telehealth).***

Urban Dreams' corrective action plan noted documentation would be included in the patient record to show evidence that patients were informed of the limitations and risks associated with telehealth evaluations. For the 90 day follow up, the surveyors reviewed a sample of patient records. All records contained evidence of a patient signed informed consent that clearly described the limitations and risks associated with telehealth services. The Department finds the program is in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

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

***Patient records was in non-compliance because the program did not release information in a timely manner upon receipt of a release.***

Urban Dreams' corrective action plan noted the substance abuse counselor would respond to requests for information within 30 days of receipt. For the 90 day follow up, the surveyors reviewed a sample of patient records. All records contained evidence that requested information was released well within the 30 days of the request. The Department finds the program is in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

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

***Assessment and admission was in non-compliance because the patient records did not show evidence of a uniform assessment process for referring patients to another program for services. (This was noted as an area of non-compliance during the 2020 inspection).***

Urban Dreams' corrective action plan noted the assessment outcome would be noted upon completion and presented to the client along with the details explaining patient acceptance and signed consents for treatment providers. It was also noted that the substance abuse counselor would present consents for the patient to sign for treatment providers for referrals following evaluation when appropriate. For the 90 day follow up, the surveyors reviewed a sample of patient records. All records, which included recommendations for treatment, contained a patient signed consent to referring treatment agencies, and appropriate referrals were documented in the patient records. The Department finds the program is in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

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

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

Urban Dreams' corrective action plan noted the substance abuse counselor would inform patients of assessment results and recommendations following the assessment completion. For the 90 day follow up, the surveyors reviewed a sample of patient records. All records

contained evidence that the results of the assessment were explained to the patient. The Department finds the program is in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

- **641—155.21(14) Patient Record Contents**

***Patient record contents was in non-compliance because the program did not follow policies and procedures requiring that a record be maintained for each patient.***

Urban Dreams' corrective action plan noted that the program would maintain a patient record for each patient that received a licensed substance use disorder assessment service and this would be reviewed by the executive director and office manager. For the 90 day follow up, the surveyors reviewed a sample of patient records. Surveyors were able to find a patient record for every patient reported in IBHRS. The substance abuse counselor provided the surveyors with a spreadsheet that contained an organized system for tracking and monitoring all patients. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

- **641—155.21(14)a. Patient Record Contents**

***Patient record contents was in non-compliance because patient records did not contain proper releases of information, and some patient records did not contain any releases of information. (This was noted as an area of non-compliance during the 2020 inspection). Patient record contents was also in non-compliance because most patient records did not contain the required contents (screening; assessment; results of any laboratory tests; admission information; reports from referring source or outside resource; notes from any case consultation, care coordination or case management; any correspondence related to the patient, including letters, electronic communications and telephone conversations; treatment consent form; notes on any service provided; or any incident report).***

Urban Dreams' corrective action plan noted that the substance abuse counselor would be responsible for ensuring all required content would be present in the patient records. For the 90 day follow up, the surveyors reviewed a sample of patient records. Patient records contained all required elements to include; screenings, assessments, letters, consents, and releases of information. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

- **641—155.21(20)b. Quality Improvement**

***Quality improvement was in non-compliance because the program did not have a written quality improvement plan describing and documenting monitoring, problem-solving, and evaluation activities designed to systematically identify and resolve problems and make continued improvements.***

Urban Dreams' corrective action plan noted specific detailed quality improvement activities for patient record compliance and overall quality of care and program operations. For the 90 day follow up, the program provided surveyors with documents relating to the quality improvement activities but the program acknowledged that it did not have an actual written quality improvement plan. The surveyors provided the program with technical assistance to ensure the program understood that the quality improvement activities needed to be documented in a written plan. For assistance with developing the written plan, the surveyors suggest the program utilizes [NIATx](#) resources. As the program did not have a written quality improvement plan, the Department finds the program was not in compliance with the corrective action plan.

**COMPLIANCE: Non-Compliant**



- **641—155.21(20)c. Quality Improvement**

***Quality improvement was in non-compliance because there was no documentation whether the quality of patient care and program operations are improved and identified problems were resolved.***

Urban Dreams' corrective action plan noted specific detailed quality improvement activities for patient record compliance and overall quality of care and program operations. It was also noted that quality improvement activities would include peer to peer file reviews to monitor documentation, provide feedback and problem-solve, and provide an evaluation of services as well as systematically identify and resolve problems to make continued improvements. For the 90 day follow up, the surveyors found created forms to be used for the peer to peer file reviews and for personnel evaluations for monitoring improvement. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

- **641—155.21(20)d. Quality Improvement**

***Quality improvement was in non-compliance because there was no documentation quality improvement activities and findings were communicated to staff and stakeholders. Meeting minutes provided did not contain quality improvement discussions. (This was noted as an area of non-compliance during the 2020 inspection).***

Urban Dreams' corrective action plan noted there will be a monthly one-hour substance abuse staff meeting where all staff will be present to discuss findings during the file reviews, discuss trends and patterns of performance, and potential problems that may be affecting patient care and program operations. For the 90 day follow up, the surveyors found and reviewed documentation showing that meetings have started taking place monthly and minutes of the meetings are being recorded and saved. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

- **641—155.21(20)e. Quality Improvement**

***Quality improvement was in non-compliance because the program did not use the quality improvement plan findings to detect trends, patterns of performance, and potential problems that affect patient care and program operations.***

Urban Dreams' corrective action plan noted there will be a monthly one-hour substance abuse staff meeting where all staff will be present to discuss findings during the file reviews, discuss trends and patterns of performance, and potential problems that may be affecting patient care and program operations. For the 90 day follow up, the surveyors found evidence in reviewing the monthly meeting minutes that the file review discussions have taken place. Urban Dreams will also discuss trends, patterns of performance, and potential problems that affect patient care in the annual quality improvement plan review with the Board of Directors. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

- **641—155.21(20)f. Quality Improvement**

***Quality improvement was in non-compliance because the program did not evaluate the effectiveness of the quality improvement plan at least annually.***

Urban Dreams’ corrective action plan noted the quality improvement plan will be reviewed annually and will be presented to the Urban Dreams’ Board of Directors. For the 90 day follow up, the executive director informed surveyors that the quality improvement plan has just been developed and has not been presented to the board, however, there is plan in place to do so annually. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

- **641—155.38(3)a. Baseline TB Screening Procedures for Facilities**

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

Urban Dreams’ corrective action plan noted all staff would have the TB screenings completed by December 15, 2022. Urban Dreams also noted all staff records would be reviewed to make sure TB screenings were updated and not less than four years old. For the 90 day follow up, the surveyors reviewed the staff records and found all staff (8 in total) have had TB screens conducted within the required timeframe. The program planned to rescreen all staff every four years however surveyors provided technical assistance that after baseline testing of staff, additional TB screening of staff is not necessary unless an exposure to M. tuberculosis occurs. Urban Dreams’ corrective action plan ensures new hires must complete TB screens before start date. This will guarantee program will stay in compliance going forward. The Department finds the program to be in compliance with the corrective action plan.

**COMPLIANCE: Compliant**

**RECOMMENDATIONS:**

The Department determined the program demonstrated the following compliance at the 90 day follow up inspection:

- **18 of 19 licensure standards are now in compliance.**
- **1 of 19 licensure standard remained in noncompliance.**

As the Department finds Urban Dreams to be in compliance with 18 of the 19 corrective action plan measures, the Department recommends the Committee not proceed with the denial and recommends a two-year license be issued with effective dates from August 5, 2022 to August 5, 2024, contingent upon the program’s adherence with the following:

- Within 20 business days following approval of this report, the program is to submit to the Department a written quality improvement plan that describes monitoring, problem-solving, and evaluation activities designed to systematically identify and resolve problems and make continued improvements.
- Upon receipt of the next re-application materials, the Department shall inspect the program to verify application information and determine compliance with all law, rules, and regulations.

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