



Kids Helping Kids

Teen drug treatment that works.

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March 29, 2005

Mr. Dan Everly
Ohio Department of Alcohol and Drug Addiction Services
Two Nationwide Plaza
280 N. High Street, 12th Floor
Columbus, OH 43215-2550

Re: Corrective Action Report for Tri-State Rehabilitation & Counseling Program, Inc. dba Kids Helping Kids UPI 3234

Dear Mr. Everly:

Pertaining to deficiencies cited in the ODADAS review of January 20, the following corrective action has been taken or scheduled:

General Deficiencies

1. The program did not have an employment recruitment/selection process, as required by OAC 3793:2-1-03 (O)(4). A procedure has been written. See enclosed.
2. The program did not have a policy and procedure stating that they will require a criminal background check by BC II and, if current Ohio residency is less than 5 years, by the FBI, as required by OAC 3793:2-1-013 for direct care staff. Our Policy and procedure has been changed to include the FBI background check if Ohio residency is less than 5 years. See enclosed.
3. The program did not have an admission policy and procedure that required a valid substance related disorder diagnosis (DSM) policy and procedure for youth admitted to levels I-III, as required by OAC 3793:2-1-05 (E)(1). Our admission policy has been changed to include a valid substance related disorder diagnosis as required. See enclosed.

4. *OK* The program did not present a policy/procedure for terminating client services that addressed terminating against the advice of the program, as required by OAC 3793: 2-1/05(G)(8). Please note that this deficiency was previously cited during the last certification survey. **This policy has been included in the Policies and Procedures. See enclosed.**

5. *OK* The program did not have procedures for the release of client information, as require by OAC 3793:2-1-05(G)(9). **The procedure has been written. See enclosed.**

6. *OK* The program did not have procedures for obtaining an assessment for each client admitted to the program including acceptance of an assessment performed within 90 days of the admission date by another certified program (or assessment containing comparable elements), as required by OAC 3793:2-1-05(G)(10). Please note that this deficiency was previously cited during the last certification survey. **The assessment policy and procedure has been revised to include the acceptance of an assessment performed within 90 days of the administered**

7. *OK* The program did not have documentation that an Ohio-licensed dietician had reviewed/approved the program's dietary policies/procedures, menus and special diets, as required by OAC 3793:2-1-05(H)(3). **The program will have menus and special diets approved by an Ohio licensed dietician by April 30.**

8. *OK* The program did not have a policy prohibiting clients from having controlled substances in their possession at the program site/while involved in program activities unless authorized by a physician for medical necessity, as required by OAC 3793:2-1-05(I)(3)(d). **This policy has been written. See enclosed.**

9. *OK* The program did not have procedures for obtaining/accounting for medications from clients at admission/upon entering the program site and return of same at discharge, as required by OAC 3793:2-1-05(I)(3)(e). **The policy for medications has been revised to include medications being returned to clients at discharge. See enclosed.**

10. The program did not have a policy/procedure for maintaining client records that included the complete confidentiality statements from the rule, as required by OAC 3793:2-1-06(D)(1)(b) and (c). **The records policy has been amended to include 2-1-06(D)(1)(b) and (c). See enclosed.**
11. The program did not have a policy and procedure that requires all documentation completed by registered candidates be countersigned by their supervisor, as required by OAC 3793:2-1-06(E). **The records policy has been amended to include the provision that Documentation completed by registered candidates by countersigned by their supervisor. See enclosed.**
12. The program did not have written policies/procedures that specify time frames for reviewing/updating the ITP, as required by OAC 3793:2-1-06(L). **The policies and procedures have been amended to include time frames for reviewing/updating the ITP. See enclosed.**
13. The program did not have a procedure for maintaining grievance records in accordance with the provisions of the rule, as required by OAC 3793:2-1-07(D)(3)(a) through (c). **The procedure for maintaining grievance records in accordance with provisions of the rule has been incorporated into the grievance procedure. See enclosed.**
14. The program did not have client rights that included the verbatim right to be informed of the reasons for terminating participation in the program, as required by OAC 3793:2-1-07(E)(13). **The Client's Rights Policy has been changed to include that language. Client's handbook and wall postings will be changed by 4/30/05. See enclosed.**
15. The program did not have a policy/procedure for limiting the client/staff ratio to 12:1 in group counseling sessions, as required by OAC 3793:2-1-08(O). **The Clinical Case Management in section of the Service Plan has been revised to indicate that client/staff ratio in group counseling will be no greater than 12:1. See enclosed.**

16. The program did not have laboratory testing procedures for urinalysis that included a standing physician's order for each client needing the service, as required by OAC 3793:2-1-08(R)(1)(b). **The policy for urinalysis drug screening has been changed to include standing orders by Nurse Practitioner or Medical Director. Standing orders will be in all client files by 4/30/05.**

17. The program did not have laboratory testing procedures for urinalysis that included written detailed procedures for a chain of custody, as required by OAC 3793:2-1-08(R)(1)(c). **The procedure for urinalysis drug screening has been revised to include chain or custody procedures. See enclosed procedure.**

18. The program did not have laboratory testing procedures for urinalysis that included labeling the label to reflect the client's name and date that the specimen was collected, as required by OAC 3793:2-1-08(R)(1)(e). **The procedure for urinalysis drug screening has been revised to include labeling the label to reflect the client's name and date that the specimen was collected. See enclosed procedure.**

Site-Specific Deficiencies

1. The program did not have a handicapped accessible bathroom that included a paddle handle, as required by OAC 3793:2-1-03(X)(8)(b). **Paddle handles have been installed.**
2. The program did not have a policy regarding the refusal of prenatal healthcare, as required by OAC 2-2-01(F)(4)(b). **Refusal of prenatal healthcare has been added to the Medical Management policy. See enclosed.**
3. The program did not have personnel files that contained documentation indicating that the employee had reviewed and agreed to abide by the federal regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records (Title 42, Code of Federal Regulations, Part 2) as required by OAC 3793-2-1-03 (P)(7). **Forms have been changed to include language indicating personnel have reviewed and agree to abide by Federal Laws on confidentiality. See form enclosed.**

4. *ok* The program did not have personnel files that contained documentation indicating that the employee had received and agreed to abide by each of the following: personnel policies and procedures, clients abuse/neglect policy, client rights policy and client grievance procedure, as required by OAC 3793:2-1-03 (P)(8)(a) through (d). **Forms have been changed to included language indicating personnel have reviewed and agree to abide by above policies. See form enclosed.**
5. *ok* The program did not have policies/procedures stating that employees have not pled guilty to/been convicted of any of the offenses listed in division (4)(a) of ORC 109.572, as required by OAC 3793: 2-1-03 (R)(c). **The Recruitment Personnel Policy has been changed to include the above offenses. See enclosed.**
6. *ok* The program's qualifications for AOD program director did not include five years experience in AOD or related services, as required by OAC 3793:2-1-03. (F)(1) **Qualifications have been changed in the job description. See enclosed.**
7. *ok* The program did not have personnel files that included documentation of cultural sensitivity training, as required by OAC 3793:2-1-03 (O)(2). **Cultural Sensitivity Training has been scheduled for April 21st.**
8. *ok* The program did not have personnel files that included documentation of infection control training, as required by OAC 3793:2-1-03 (Y)(1). **A packet of information on Infectious Diseases has been developed and given to all personnel. Personnel must sign a statement that they have read our policies on infection control and agree to abide by the policies.**
9. *ok* The program did not have personnel files for individual service providers that included documentation of training in CPR, first aid and de-escalation techniques, as required by OAC 3793:2-1-08 (L)(3). **Program Director received a four day training to become certified trainer in CPI in February. Training in CPI (de-escalation techniques) will be completed for all direct care personnel by April 30th. CPR, and first aid is being scheduled with the American Red Cross and will be completed by June 1st.**

10. Program did not have client records that contained signed/dated acknowledgement of receipt of a written summary of federal laws/reg. regarding the confidentiality of client records as required by 42 CFR Part B, Paragraph 2.22, as required by OAC 3793:2-1-06 (F)(5)(c). **Procedure for client orientation has been changed to specifically reviews summary of confidentiality laws for which client will sign a statement.**

11. The program did not have client records that contained an assessment that included current OTC use, sexual history, strengths and weaknesses, as required by OAC 3793:2-1-08(K)(3)(c)(m)(o) and (p). **Assessments do contain all of the above and they are filed in the client records. Clients strengths and weaknesses are noted as strengths, needs, abilities and preferences in compliance with national standards. Survey team thought they should be done earlier and did find some client files without them because assessments had not been completed. A point person has been identified to do an initial assessment interview within three days of admission. The Kids Helping Kids Assessment Interview form will be used and filed in the client record. See enclosed.**

12. The program did not have clients records that contained a valid diagnosis, as required by OAC as required by 3793:2-1-06 (F)(6).
13. The program did not have client files that contained a diagnosis rendered by an appropriately licensed service provider, as required by OAC 3793:2-1-06 (I) **Both of these citations refer to the program's practice of have a licensed psychologist consult to do staffings of the client's biopsychosocial assessment and make a diagnosis. This consultant came in only once or twice a month. Since the licensing law has changed, the program has three LICDCs who can diagnose. An initial diagnosis will be done within three days of admission.**

14. The program did not have client records that contained progress notes that included the date the staff member wrote the progress note, as required by OAC 3793:2-1-06 (N)(6). **Program staff are unsure why this regulation was cited. Our progress notes are dated. However, a line for date will be added to the form between days. See form enclosed.**

15.

The program did not have client files that demonstrated a group ratio of client to counselor of 12:1, as required by OAC 3793:2-1-08(O).

Policy has been changed to provide for a ratio of 12:1 client to staff member for group counseling as stated earlier. Program staff do not interpret the standard as stating that progress notes must indicate that ratio for each group session.

16.

The program did not have client files that contained a disclosure of information form that included the amount of information to be disclosed, as required by OAC 3793:2-1-06(G)(5). Please note that this deficiency was previously cited during the last certification survey.

Forms have been changed to indicate the amount of information to be disclosed. Signed forms will be in all client files by April 30th.

17.

The program did not have client records that contained a termination summary that was prepared within 30 days after treatment terminated, as required by OAC 3793:2-1-06(P).

Procedure is to have Termination/Transition Summaries in the client record within 30 days of termination. Files will be monitored monthly and Program Director hold staff accountable to these time frames.

18.

The program did not have client records that contained a termination summary that included the diagnosis, degree of severity at admission and discharge, level of care and the date of service provider signed the note, as required by OAC 3793:2-1-06(P)(4),(5),(6) and (9). Please note that this deficiency was previously cited during the last certification survey. See above. **Termination summaries contain all the required elements. See Policy for Transition Planning.**

Citation was because summaries were not consistently done within 30 days.

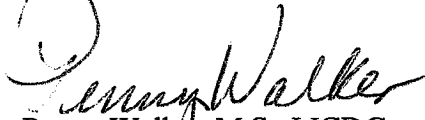
19.

The program did not have client files that contained a standing physician's order for urinalysis, as required by OAC 3793:2-1-08(R)(1)(b). **The policy for urinalysis drug screening has been changed to include standing orders by Nurse Practitioner or**

Medical Director. Standing orders will be in all client files by 4/30/05.

GW (19) The program did not have client files that documented client receipt of education regarding the exposure to and treatment of tuberculosis, hepatitis B and C and HIV disease, as required by OAC 3793:2-1-05(G)(14). **A packet of information on Infectious Diseases has been developed and added to the Client Handbook. Receipt of packet by all current clients will be documented in the individual record by April 15th. Our nurse will do an educational group on infectious diseases by May 1.**

Sincerely,



Penny Walker, M.S., LICDC
Executive Director

Kids Helping Kids

Teen Drug Treatment that Works!



P.O. Box 42398
Cincinnati, OH 45242
513 / 575-7300

To: Kim Simpson
From: Penny Walker
Fax: 614-644-5169
Pages: 5
Date: 4/11/05

RECEIVED

APR 11 2005

CE/ADMS
Compliance Unit

The information contained in this transmission is privileged, confidential and intended solely for the use of the individual or entity named above. If you receive this communication in error, please notify Kids Helping Kids immediately by telephone at (513) 575-7300, and return the original message to the address shown above. Thank you.

● Comments:

Kim,
Per our conversation on Friday,
I am attaching the form that
our clients sign for infectious
diseases and letters stating that
we have 3 staff who are
LICDC.

Penny

**Kids Helping Kids
Client Receipt Statement**

By signing below I acknowledge that I have received information on the following topics as part of my orientation to the Kids Helping Kids program

- A Client Handbook orienting me to the structure and rules of the KHK program
- My rights as a client of the KHK program
- The procedure for filing a grievance
- Infectious disease, including information on Hepatitis C and B, Tuberculosis, and HIV
- Confidentiality as regulated by federal law 42 CFR, Part B, paragraph 2.22

Client Signature

Date

Staff Signature

Date

Ohio Chemical Dependency Professionals Board

CERTIFIES THAT

Jayne Lynn Smith

HAVING GIVEN EVIDENCE OF COMPETENCY AND DEMONSTRATION OF REQUIRED KNOWLEDGE AND SKILLS AND HAVING MET ALL CRITERIA IN ACCORDANCE WITH ALL APPROVED STANDARDS AND PROCEDURES ESTABLISHED BY THE BOARD HEREBY CONFERS AND AUTHORIZES THE USE OF THE DESIGNATED CREDENTIAL: **LICENSED**

Independent Chemical Dependency Counselor

IN WITNESS WHEREOF THE SEAL AND SIGNATURES OF THE BOARD ARE HEREUNTO AFFIXED.

Joe R. Gae
Chair

Janis Wright
Vice-chair



Paul C. Long
Secretary

Annand Ferguson
Exec. Director

Issue Date **June 9, 1995**

Credential No. **976171**



**Chemical Dependency Professionals Board
37 W. Broad Street, Suite 785 • Columbus, Ohio 43215-4132**

January 14, 2005

Mr. Sean R. Smith, LICDC
6955 Moorfield Drive
Cincinnati OH 45230

Certification #011119

Dear Mr. Smith:

Congratulations! We are happy to inform you that you have successfully passed the Supervisor Written Examination for which you were seated on 12/10/2004 which entitles you to be designated as a Licensed Independent Chemical Dependency Counselor (LICDC) in the State of Ohio.

To document your licensed status, please find enclosed a transmittal form to complete and return so a new license can be printed for you. You may mail or fax the transmittal form to our office. Once received, a new license and ID card will be generated within 90 days. Additionally, we have enclosed information regarding your new scope of practice.

Again, congratulations on becoming an Ohio Licensed Independent Chemical Dependency Counselor (LICDC).

Sincerely,

Amanda J. Ferguson
Acting Executive Director



Chemical Dependency Professionals Board
37 W. Broad Street, Suite 785 • Columbus, Ohio 43215-4132

Tuesday, July 27, 2004

Penny Walker, LICDC
6070 Branch Hill-Guinea Pike
Milford, OH 45150

License/Certification #88438
Effective Date: 7/27/2004
Expiration Date: 4/22/2006


Dear Ms. Walker:

This is notification that your grandparenting application has been approved. This credential is effective 7/27/2004 and will expire on 4/22/2006. An official OCDP Board credential will be printed and issued to you within 90 days. Until that time, this letter will serve as verification of your new credential.

This is a two-year credential. Enclosed you will find guidelines for renewal of your credential. If you grandparented before your renewal date, please be aware that your renewal date has not changed and you will still be required to renew at that time. At the end of each two-year period, professionals are required to submit a renewal application and document 40 hours of continuing education. The renewal application will be mailed out 90 days prior to your lapse date.

To view your scope of practice and code of ethics, please visit our website at www.ocdp.ohio.gov or contact our office at (614) 387-1110. Additionally, feel free to email our office at credentialing@ocdp.state.oh.us with any questions you may have.

Sincerely,


Amanda J. Ferguson
Acting Executive Director