

Ohio Department of Alcohol
and Drug Addiction Services

Two Nationwide Plaza
280 N. High Street, 12th Floor
Columbus, Ohio 43215-2550



Bob Taft, Governor
Gary Q. Tester, Director

February 9, 2005

Tri-State Rehabilitation and Counseling Program Inc.
Attn: Penny Walker, Executive Director
6070 Branch Hill-Guinea Pike
Milford, Ohio 45150

Subject: UPI# 3234

Dear Director:

Enclosed is/are the Certificate(s) to Operate an Alcohol and Drug Addiction Program(s).

Corrective Action is required for all noted deficiencies. Verification of corrective action, excluding those items containing client identifying information, should be mailed to the Division of Quality Improvement attention Dan Everly by March 31, 2005.

If you close a program at the site listed on the certificate or move the program to another site, the certificate is void and is to be returned to the Division of Quality Improvement.

Questions concerning program certification should be directed to the Division of Quality Improvement at 614/644-9141.

Sincerely,


Michele A. Frizzell, Chief
Division of Quality Improvement

Enc. a/s

cc: Executive Director
Clermont County ADAMHS Board

MAF:sd



DIVISION OF QUALITY IMPROVEMENT PROGRAM CERTIFICATION REPORT

Date of Review: January 20, 2005

Name of Reviewers: Mary E. Orin, Barbara L. Dietz and Michele Frizzell

PROGRAM OWNER:

Tri-State Rehabilitation and Counseling Program, Inc.
6070 Branch Hill-Guinea Pike
Milford, Ohio 45150
County: Clermont
Telephone Number: (513) 575-7303

PROGRAM SITE:

Kids Helping Kids
UPI #: 3234
6070 Branch Hill-Guinea Pike
Milford, Ohio 45150
County: Clermont
Telephone Number: (513) 575-7303

Type of Program: Outpatient Treatment Program
Number of Beds: n/a

PURPOSE AND METHODOLOGY

The purpose of this review was to assess the program's compliance with the Ohio Department of Alcohol and Drug Addiction Services' Standards for Alcohol and Drug Addiction Treatment Programs.

Agency policies and procedures, client records and personnel files were examined and an inspection of the program facilities was conducted.

During this certification/licensure survey, on-site technical assistance was provided. Technical assistance addressed both newly identified and pre-existing deficiencies.

The agency was represented at the exit interview by: Sean Smith, M.A., LICDC, Program Director; Penny Walker, MS, LICDC, Executive Director; Michele Hoehn, MA, LICDC and James Tate, BA, CDCA, Peer Staff Coordinator.

The following deficiencies were identified:

General Deficiencies

1. The program did not have an employment recruitment/selection process, as required by OAC 3793:2-1-03(O)(4).
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(R)(3).
3. The program did not have an admission policy and procedure that required a valid substance related disorder diagnosis(DSM) for youth admitted to levels I-III, as required by OAC 3793:2-1-05(E)(1).
4. 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.
5. The program did not have procedures for the release of client information, as required by OAC 3793:2-1-05(G)(9).
6. 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.
7. 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).
8. 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).

9. 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).
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).
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).
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).
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).
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).
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).
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).
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).
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).

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).
2. The program did not have a policy regarding the refusal of prenatal healthcare, as required by OAC 2-2-01(F)(4)(b).

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).
4. 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, client abuse/neglect policy, client rights policy and client grievance procedure, as required by OAC 3793:2-1-03(P)(8)(a) through(d).
5. 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 3793:2-1-039(R)(2).
6. 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).
7. The program did not have personnel files that included documentation of cultural sensitivity training, as required by OAC 3793:2-1-03(O)(2).
8. The program did not have personnel files that included documentation of infection control training, as required by OAC 3793:2-1-03(Y)(1).
9. The program did not have personnel files for individual service providers of crisis intervention services that contained documentation of training in CPR, first aid and de-escalation techniques, as required by OAC 3793:2-1-08(L)(3).
10. The program did not have client records that contained signed/dated acknowledgment of receipt of a written summary of federal laws/regs 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).
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).
12. The program did not have client records that contained a valid diagnosis, as required by OAC 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).
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).

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).
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.
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).
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 the 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.
19. The program did not have client files that contained a standing physicians order for urinalysis, as required by OAC 3793:2-1-08(R)(1)(b).
20. 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).

Report prepared January 21, 2005 by:



Mary E. Orin LSW, CCDC II
Certification Specialist



Barbara L. Dietz OCPS I, LICDC
Certification Specialist

Bob Taft
Governor

Ohio Department of Alcohol and Drug Addiction Services

Gary Q. Tester
Director



CERTIFICATE TO OPERATE AN ALCOHOL AND DRUG ADDICTION PROGRAM ISSUED TO :

Provider - 3234

Kids Helping Kids
6070 Branch Hill-Guinea Pike
Milford, OH 45150-2220
Clermont County

OWNER

Tri-State Rehabilitation and Counseling
Program Inc.
6070 Branch Hill-Guinea Pike
Milford, OH 45150
Clermont County

PROGRAM
Outpatient

Effective Date
02/01/2005

Expiration Date
01/31/2008

Gary Q. Tester
Director

Michele A. Frizzell, Chief
Division of Quality Improvement

In accordance with section 3793.06 of the Ohio Revised Code and section 3793 of the Ohio Administrative Code, this certificate is not assignable or transferable to any Owner or Provider other than those listed herein.