Ohio Department of Alcohol and Drug Addiction Services

Two Nationwide Plaza 280 N. High Street, 12th Floor Columbus, Ohio 43215-2537



Bob Taft, Governor Luceille Fleming, Director

January 14, 2002

Tri-State Rehabilitation and Counseling Program Inc.

Kids Helping Kids

Attn: Executive Director 6070 Branch Hill-Guinea Pike

Milford, Ohio 45150

Subject: Seq. # 03234

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 by March 31, 2002.

Corrective Action for remaining deficiencies will be evaluated during a follow-up site visit which must be completed by April 30, 2002. Please contact Drew Palmiter at (614) 752-8851 to schedule a follow-up visit.

*NOTE: The follow-up visit will only be conducted if verification of corrective action submitted to the Division of Quality demonstrates substantial compliance with those standards identified in the deficiencies.

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.

Sincera

Michele A. Frizzell,

Division of Quality Im

Enc. a/s

cc:

Executive Director

Clermont County ADAMHS Board

Mary Orin, Compliance & Certification Coordinator Nick Humenay, Compliance & Certification Coordinator Drew Palmiter, Quality Management Specialist

MAF:sdc

Ohio Department of Alcohol and Drug Addiction Services

Two Nationwide Plaza 280 N. High Street, 12th Floor Columbus, Ohio 43215-2537



Bob Taft, Governor Luceille Fleming, Director

January 14, 2002

Clermont County ADAMHS Board Attn: Executive Director The Wasserman Building 1088 Wasserman Way, suite B Batavia, Ohio 45103

NOTICE OF CONDITIONAL PROGRAM CERTIFICATION

Dear Executive Director:

Enclosed is the Program Certification Inspection Report for the review of Tri-State Rehabilitation and Counseling Program Inc. conducted by the Compliance and Certification Unit on January 8, 2002.

The following program(s) have been placed in a Conditional Certification status:

SEO# 03234

SITE ADDRESS:

PROGRAM TYPE:

6070 Branch Hill-Guinea Pike

Milford, Ohio 45150

Outpatient

All deficiencies must be corrected per OAC 3793:2-1-01 (F)(2) within 90-days of the conditional certification. Non-compliance will result in the program being placed in a non-certified status. Please assist the program(s) to achieve compliance.

If you have any questions concerning this matter, please contact the Division of Quality Improvement at (614) 644-9141.

Enc. a/s

Division of

cc:

Tri-State Rehabilitation and Counseling Program Inc.

Mary Orin, Compliance & Certification Coordinator Nick Humenay, Compliance & Certification Coordinator

Drew Palmiter, Quality Management Specialist

Terri Willis, Community Planner

MAF:sdc

Ohio Department of Alcohol and Drug Addiction Services

Two Nationwide Plaza 280 N. High Street, 12th Floor Columbus, Ohio 43215-2537



Bob Taft, Governor Luceille Fleming, Director

DIVISION OF QUALITY IMPROVEMENT PROGRAM CERTIFICATION REPORT

Date(s) of Review:

January 8, 2002

Name of Reviewer(s): Mary Orin & Nick Humenay

PROGRAM OWNER:

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

County: Clermont

Telephone Number: (513) 575-7300

PROGRAM SITE(S):

Kids Helping Kids SEQ #: 03234 6070 Branch Hill-Guinea Pike Milford, Ohio 45150 County: Clermont Telephone Number: (513) 575-7300

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.

Services provided as identified by the agency are checked below:

- Assessment (3793:2-1-08)
- Crisis Intervention (3793:2-1-08)

Detox (3793:2-1-08)

- ✓ Individual and Group Counseling (3793:2-1-08)
 - Referral and Information (3793:2-1-08)
- ✓ Medical/Somatic (3793:2-1-08)

Drug Screening Urinalysis (3793:2-1-08)

Methadone Administration (3793:2-1-08)

- ✓ Case Management (3793:2-1-08)
- ✓ Intensive Outpatient (3793:2-1-08)

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

The agency was represented at the exit interview by: Penny Walker, Executive Director, Michele Hoehn, Program Director, Sean Smith, Clinician, Carrie Behrend, Clinician, Pat Burfitt, Admissions, and Teresa Sittloh, LSW, Corporate Compliance Officer.

The following deficiencies were identified:

General Deficiencies

- The program did not have a policy prohibiting an individual from supervising any person closely related by blood/marriage/other significant relationship/business associate, as required by OAC 3793:2-1-03(O)(16)
- The program did not have admission/continued stay/discharge/referral to each level of care based on Department protocols, as required by OAC 3793:2-1-05(E).
- The program did not have a procedure for terminating client services including terminating against advise of program, as required by OAC 3793:2-1-05(G)(8).
- 4. The program did not have a procedure for obtaining an assessment for each client admitted to the program including acceptance of an assessment performed within 90 days of admission date by another certified program, as required by OAC 3793:2-1-05(G)(10).

0⁵.

The program did not provide documentation in client records indicating that the program had referred or provided counseling and/or client education on exposure to, and the transmission of, tuberculosis, hepatitis B and C, and HIV disease, as required by OAC 3793:2-1-05(G)(14).

6-

The program did not have a policy prohibiting the striking of a client/prospective client/client's family member/client's significant other, as required by OAC 3793:2-1-05(G)(15).

012.

The program's service supervisors did not document comprehensive supervision services to treatment providers, as required by OAC 3793:2-1-05(K).

1 8.

The program did not have written policies/procedures for access to client records by individuals other than clients/staff, as required by OAC 3793:2-1-06(D)(2).

0K9.

The program did not have a policy/procedure regarding the retention and destruction of client records, as required by OAC 3793:2-1-06(D)(6).

10.

The program did not have a client grievance procedure that included the requirement that written acknowledgment of receipt of the grievance is provided to each grievant within 3 working days, as required by OAC 3793:2-1-07(H)(8).

Site-Specific Deficiencies

Seq# 03234

0/2

The program did not have client files that contained an assessment that included current OTC/prescription drug use, allergies, including food/drug reactions, and recommendations for treatment, as required by OAC 3793:2-1-08(K)(3)(c), (f), and (r).

01

The program did not have client files that contained an ITP that contained the LOC to which the client was admitted, and frequency/duration/types of treatment services, as required by OAC 3793:2-1-06(K)(2), and (6).

6 V3.

The program did not have client files that contained a disclosure of information that included the type and amount of information to be disclosed, as required by OAC 3793:2-1-06(H)(5).

0 V-

The program did not have client files that contained a disclosure of information that included the full statement regarding the prohibition of disclosure, as required by OAC 3793:2-1-06(I).

- 5. The program did not have client files that contained a termination summary that included the diagnosis, and level of care/services provided during the course of treatment, as required by OAC 3793:2-1-06(P)(4) and (P)(6).
- 6. The program did not have client files that contained the results of urinalysis that were initialed by staff/client, as required by OAC 3793:2-1-08(R)(1)(g).

Report prepared January 9, 2002 by:

Michalas Humenay

Nicholas Humenay

Compliance and Certification Coordinator

Mary Orin

Compliance and Certification Coordinator

January 11, 2002

Addendum: Kids Helping Kids

During a recent re-certification, it came to the attention of ODADAS surveyors that clients are restraining other clients in emergency situations. These clients, also known as "old timers", are afforded general information regarding safety in "take down" activities. While paid staff are involved, clients occasionally assist in the process. We are concerned about the safety of all involved parties. Should an injury occur, the issue of liability becomes paramount.

These concerns were discussed during the exit interview and the staff was receptive.



