

Survey Findings/Facility Response

Facility : GATEHOUSE THERAPEUTIC HEALTH SERVICES

Survey Date - 10/8/2010 - Citation4

Survey Findings

A review of policies and procedures and an interview with the Clinical Director revealed the licensee did not develop policies and procedures that establish the process for developing and implementing a client's assessment and treatment plan.

Findings include:

A review of the agency's policies and procedures revealed the development of Policy # AS202, "Provisional Assessment and Diagnosis", that does not contain all the requirements of a client's assessment listed in R9-20-209 (A)(1)(2). Specifically: Policy # AS202 does not require a staff member, conducting a client's assessment, to refer the client to a medical practitioner if there is evidence that the client's behavioral health issue may be related to a medical condition. Additionally, Policy # AS202 does not ensure a client's assessment contains all the required elements of R9-20-209 (A)(2)(c)(g).

A review of the agency's policies and procedures revealed the development of Policy # TR300, "Initial Treatment Plan", that does not contain all the requirements of a client's initial treatment plan in R9-20-209(I)(1)(3). Specifically: Policy # TR300 does not require an initial treatment plan to be based on an assessment as described in subsection 209 (A)(1)(2), and, if applicable, the client's physical examination required in R9-20-1003(E). Additionally, Policy #TR300 does not ensure a client's initial treatment plan is completed and documented before a client receives counseling.

In an interview, the Clinical Director acknowledged the agency's requirements for developing a client's assessment and treatment plans did not contain all the required elements of subsection 209(A) and 209(I).

The finding that the licensee did not develop policies and procedures that establish the process for developing and implementing a client's assessment and treatment plan in accordance with R9-20-209 was discussed with the Clinical Director during the exit conference.

Rule/Statute

R9-20-201. Administration

B. A licensee shall ensure that:

2. The clinical director develops, implements, and complies with policies and procedures that:

k. Establish the process for developing and implementing a client's assessment and treatment plan;

Facility Response

The date (12/22/2010) represents when the facility corrected the citation and was confirmed by the Department to be back in compliance. A facility is required to submit a Plan of Correction (POC) for each citation identified during a survey. This Plan of Correction describes how the facility is going to make corrections, the facility representative responsible for making the corrections, and what systems are in place to prevent recurrence. Once the facility has submitted an acceptable Plan of Correction, the Department confirms that the citation is corrected.

For a copy of the Plan of Correction, please contact the facility or the Department of Health Services.