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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY & HEALTH SYSTEMS

Shelly Edgerton  
DIRECTOR

May 10, 2018

The Next Step Psychological Services (SA0030042)  
Tim Hayataka, Program Director  
221 Trowbridge Street  
Allegan, MI 49010

SUBJECT: Substance Use Disorder Post Licensure Survey Findings for The Next Step Psychological Services

Dear Mr. Hayataka:

A post licensure inspection was conducted on February 26, 2018 at The Next Step Psychological Services pursuant to Michigan Public Health Code, Act 368 of 1978, Part 62, Section 333.6238, which obligates the department to make at least one visit to each licensed health facility or agency every three years for survey and evaluation for the purpose of licensure.

Participants included:

- Patrick Hoekstra, Program Manager
- Kelly Moore, Regulatory Officer, LARA, State Licensing Section

The survey identified non-compliance with the following requirements:

**R 325.14108 Hours of operation.**

Hours of operation shall be posted.

During the post licensure survey on 02/26/2018, it was observed that the programs hours of operation were not posted.

During the follow-up post licensure survey on 04/23/2018, it was noted that the program had corrected the non-compliance by posting the hours of operation. No further action is required.

**R 325.14212 (5) License Posting**

The current license shall be posted in a conspicuous public place in the program. For purposes of this rule, the term "license" includes a provisional license or a temporary permit.

During the post licensure survey on 02/26/2018, it was observed that the current license was not posted in a conspicuous public place in the program.

During the follow-up post licensure survey on 04/23/2018, it was noted that the program had corrected the non-compliance by posting the hours of operation. No further action is required.

#### **R 325.14302 (6) (e) Recipient Rights Brochure**

A form approved by the office which indicates that the recipient understands the rights and consents to specific restrictions of rights based on program policy. The recipient shall sign this form. One copy of the form shall be provided to the client and one copy shall become a part of the client's record.

During the post licensure survey on 02/26/2018, it was observed that not all client's records contained the signed the designated recipient rights form.

During the follow-up post licensure survey, it was noted that the program had corrected the non-compliance as client's record contained a form that indicated receipt and understanding of the recipient rights brochure. No further action is required.

#### **R 325.14701 (5) Records and Documentation Required**

All of the following information shall be collected and recorded for all applicants before, or at the time of, admission: (a) name, address, and telephone number, when applicable (b) date of birth and sex (c) family and social history (d) educational history (e) occupation (f) legal and court-related history (g) present substance abuse problem (h) date the information was gathered (i) signature of the staff member gathering the information (j) name of referring agency, when appropriate (k) address, telephone number, and name of nearest relative to contact in case of emergency (l) history of current and past substance abuse or other counseling services received. The agency, type of service, and the date the service was received shall be indicated (m) name, address, and telephone number of the most recent family or private physician (n) a substance abuse history, including information about prescribed drugs and alcohol which indicates, at a minimum, all of the following information (i) substances used in the past, including prescribed drugs (ii) substances used recently, especially those used within the last 48 hours.(iii) substances of preference (iv) frequency with which each substance is used (v) previous occurrences of overdose, withdrawal, or adverse drug or alcohol reactions (vi) history of previous substance abuse treatment received (vii) year of first use of each substance.

During the post licensure survey on 02/26/2018, it was noted that not all of the required information was collected and recorded before or at the time of admission.

During the follow-up post licensure survey on 04/23/2018, it was noted that the program had corrected the non-compliance and patient records contained all the required information. No further action is required.

#### **R 325.14705 Treatment Plans**

(1) There shall be an assessment of each client's social and psychological needs. The areas of concern shall include a determination of the following: (a) current emotional state (b) cultural background (c) vocational history (d) family relationships (e) educational background (f) socioeconomic status (g) any legal problems that may affect the treatment plan

(2) Based upon the assessments made of a client's needs, a written treatment plan shall be developed and recorded in the client's case record. A treatment plan shall be developed as soon after the client's admission as feasible, but before the client is engaged in extensive therapeutic activities. The treatment plan shall conform to all of the following: (a) Be individualized based upon the assessment of the client's needs and, if applicable, the medical evaluation (b) Specify those services planned for meeting the client's needs (c) Include referrals for services which are not provided by the outpatient care component (d) Contain clear and concise statements of the objectives the client will be attempting to achieve, together with a realistic time schedule for their achievement (e) Define the services to be provided to the client, the therapeutic activities in which the client is expected to participate, and the sequence in which services will be provided.

(3) Review of, and changes in, the treatment plan shall be recorded in the client's case record. The date of the review of change, together with the names of the individuals involved in the review, shall also be recorded. A treatment plan shall be reviewed at least once every 90 days by the program director or his or her designee.

During the post licensure survey on 02/26/2018, it was noted that many of the patient records contained no treatment plans at all and in some cases when a treatment plan was completed, it was not developed as soon after the client's admission as feasible, or before the client is engaged in extensive therapeutic activities.

During the follow-up post licensure survey on 04/23/2018, it was noted that the program had corrected the non-compliance. No further action is required.

#### **R 325.14707 Progress notes.**

(1) A client's progress and current status in meeting the objectives established in the treatment plan, together with a statement of the efforts by staff members to help the client achieve these stated objectives, shall be recorded in the client's case record for every formal client counseling session. A progress note shall be dated and signed by the individual who makes the entry.

(2) If a client is receiving services at an outside resource, the program shall attempt to secure a written case summary, case evaluation, and other client records from that resource. These records shall be added to the client's case record.

(3) The ongoing assessment of the client's progress in respect to achieving treatment plan objectives shall be used to update the treatment plan.

During the post licensure survey on 02/26/2018, it was noted that in many of the patient charts that were reviewed, progress notes were not recorded in the case record for every formal client counseling session.

During the follow-up post licensure survey on 04/23/2018, it was noted that the program had corrected the non-compliance. No further action is required.

#### **R 325.14708 (1) Discharge Summary**

Within two weeks after discharge, the counselor shall enter in the client's case record a discharge summary describing the rationale for discharge, the client's treatment and rehabilitation status or condition at discharge, and the instructions given to the client about aftercare and follow-up

During the post licensure survey on 02/26/2018, it was noted that the discharge summary was not being completed.

During the follow-up post licensure survey on 04/23/2018, it was noted that the program had corrected the non-compliance. No further action is required.

Based on the state post licensure inspection findings, the Department has determined that The Next Step Psychological Services (SA0030042) is in substantial compliance with the MCL 333.6201 through MCL 333.6251 and/or the Michigan Administrative Rules R325.14101 through R325.14928 as applicable.

  
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