

<b>Statement of Deficiencies and Plan of Correction</b>	Inspection begin date 8/9/2011 Inspection end date: 8/9/2011
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Name of Provider or Supplier AUGUSTA METRO TREATMENT CENTER	Street Address, City, State Zip Code 525 ELLIS STREET AUGUSTA, GA 30901
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Z 0000 INITIAL COMMENTS

**At the time of the relicensure survey, it was determined that Augusta Metro Treatment Center was not in substantial compliance with the Rules and Regulations for Narcotics Treatment Programs, and the following deficiencies were cited.**

Z 0902 290-9-12-.09(3) Administration

*Finances. The governing body shall provide for the preparation of an annual budget and approve such budget. Copies of the current year's budget and expenditure records must be made available to the Department for examination and review by the Department upon request.*

This Requirement is not met as evidenced by:

**Based on request of documents, it was determine that the facility failed to have an annual budget. The findings were:**

**After a request of the annual budget on 08/09/2011, this surveyor was told that the budget would be faxed from the corporate office in Florida, however, during the exit interview this surveyor was informed that the annual budget would be faxed to the surveyor by close of business.**

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**During an interview on 08/09/2011 with the program director at 1:30 p.m., he/she was given a fax number to fax over the annual budget to the surveyor. Annual budget was never faxed or received from the facility.**

Z 0923 290-9-12-.09(8) ADMINISTRATION

*Personnel Records. A program shall maintain written and verified records for each employee. Each employee file shall include:*

- (a) Identifying information including name, current address, current telephone number, and emergency contact persons;*
- (b) A five-year employment history or a complete employment history if the person has not worked five years;*
- (c) Evidence of a criminal record check obtained from law enforcement authorities that reflects the individual does not have a recent criminal history within the previous two years and that does not disqualify the individual from providing care to patients;*
- (d) Records of educational qualifications if applicable;*
- (e) Date of employment;*
- (f) The person's job description or statements of the person's duties and responsibilities;*
- (g) Documentation of training and orientation required by these rules;*
- (h) Any records relevant to the employee's performance, including an appropriate health status of the employee; and*
- (i) Evidence that any professional license required as a condition of employment is current and in good standing.*

This Requirement is not met as evidenced by:

**Based on review of personnel files and staff interview, it was determined that the facility failed to provide complete personnel records for three of six sampled employees (#1, #2, and #4). The findings were:**

**A review of employee records on 08/09/2011, revealed the following:**

- 1. One of six employees (#2) did not have documentation of a job description.**
- 2. One of six employees (#1) did not have a criminal background.**
- 3. Two of six employees (#1 and #2) did not have orientation prior to working with clients.**
- 4. Two of six employees (#1 and #2) did not have 16 hours of annual training.**

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- 5. Two of six employees (#1 and #2) did not have an emergency contact person or identifying information including name, current address, current telephone number.**
- 6. Three of six employees (#1, #2, and #4) did not have documentation that references were checked.**

**During an interview on 08/09/2011 at 1:00 p.m. with the program director, he/she confirmed the above findings regarding the personnel records.**

Z 1011 290-9-12-.10(2)(b) STAFFING

*Program Physician. All program physicians must be licensed to practice medicine in the State of Georgia, must maintain their licenses in good standing, and must have had, at a minimum, 12 hours of training in narcotic-addiction treatment within the 12 months preceding the date of hire when hired after the effective date of these rules. If the program physician has not had such training, he or she must be working under the direction of a qualified medical director with an acceptable training plan, completed within 12 months of the date of hire, that consists of a combination of continuing education in addiction medicine and in-service training by the program's medical director.*

This Requirement is not met as evidenced by:

**Based on review of facility documents and interviews, it was determined that the facility failed to make sure that the program physician had 12 hours of training in narcotic-addiction treatment. The findings were:**

**A review of personnel records on 08/09/2011, revealed that the program physician ( employee #1) had no documentation of 12 hours of training in narcotic-addiction.**

**During an interview on 08/09/2011 with the program director at 1:15 p.m., he/she stated that the**

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**facility was aware that the physician did not have 12 hours of training, however, their physician is under the program's medical director, and he/she will have their training in 12 months.**

**The program's medical director is located in the state of Florida, and does not come even weekly to the Georgia facility.**

Z 1102 290-9-12-.11(3) PHYSICAL PLANT AND SAFETY

*All buildings and grounds must be accessible by the disabled and constructed and maintained in a safe manner in accordance with these rules.*

This Requirement is not met as evidenced by:

**Based on an environmental tour of the facility with staff, it was determined that facility failed to repair an exhaust fan in the bathroom. The finding was:**

**A tour of the facility on 08/09/2011, revealed that the exhaust fan in the bathroom wasn't working when switch was turned on.**

**During an interview with the program director at 1:30 p.m. on 08/09/2011, he/she confirmed the finding above.**

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Z 1300 290-9-12-.13 INDIVIDUAL TREATMENT PLAN

*Individual Treatment Plan. A program must develop a preliminary individual treatment plan for each patient within 10 days of admission, which includes an initial treatment recommendation. A complete individual treatment plan for each patient must be developed within 30 days of admission. Patients must be involved in the development of their treatment plans. Treatment plans must document a consistent pattern of substance abuse treatment services and medical care appropriate to individual patient needs.*

This Requirement is not met as evidenced by:

**Based on a review of clients' records and an interview with the Program Director, it was determined that the program failed to address the goals and objectives that were deferred on the individual treatment plans for one of six clients (#2). Six of six clients' (#1-#6) individual treatment plans have no documentation when the deferred goals and objectives are expected to be address in the current individual treatment plans. The findings were:**

**A review of client records on 08/09/2011, revealed that one of six client's (#2) records had deferred goals and objectives, that are listed on the initial individual treatment plan. These goals, although listed, were never addressed. There was no verification that the goals were no longer needed, or that the facility reviewed the goals again to see if they were still appropriate. Six of six clients' individual treatment plans have no documentation when the deferred goals and objectives would be addressed by staff and the clients.**

**During an interview on 08/09/2011 at 12:55 p.m. with the program director, he/she stated that it's standard for this facility to defer some goals and objectives listed on the initial individual treatment plan. When asked what's in place to make sure staff address the deferred goals and objectives, he/she stated that they're not able to change the format, due to forms being used by all their agencies.**

Z 1302 290-9-12-.13(b) INDIVIDUAL TREATMENT PLAN

*In recognition of the varied medical needs of patients, the case history and individual treatment plans must be reviewed at least every 90 days for patients in treatment less than one year and at least annually for patient in treatment more that one year. This review will be conducted by the medical director or program physician along with the primary counselor and other appropriate members of the treatment team for general quality controls and*

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*evaluation of the appropriateness of continuing the form of treatment on an on-going basis. This review must also include an assessment of the current dosage and schedule and the rehabilitative progress of the patient, as part of determination of whether additional medical services are indicated. If such review results in a determination that additional or different medical services are indicated, the program must ensure that such services are made available to the patient and appropriate referrals for additional care are made.*

This Requirement is not met as evidenced by:

**Based on review of client records and interviews, it was determined that the facility failed to ensure that a 90 day review of individual treatment plans (ITP) was completed for one of six clients (#6) and the 90 day review did not include to the goals & objectives in the treatment plan for one of six clients (#2), who was admitted less than one year ago. The findings were:**

**A review of client records on 08/09/2011, revealed that one of six clients (#6) did not have documentation that the individual treatment plan was reviewed within 90 days of admission. Client #2's individual treatment plan that was reviewed in 90 days or less, did not include or refer back to the goals and objectives on the treatment plan.**

**During an interview on 08/09/2011 with the program director at 1:30 p.m., he/she confirmed the above findings.**

Z 1304 290-9-12-.13(d) INDIVIDUAL TREATMENT PLAN

*As part of the rehabilitative services provided by the program, each patient must be provided with individual or group counseling appropriate to his or her needs. The frequency and duration of counseling provided to patients must be determined by appropriate program staff and be consistent with the individual treatment plan. Individual treatment plans must indicate a specific level of counseling services needed by the patient as part of the rehabilitative process.*

This Requirement is not met as evidenced by:

**Based on review of client records and staff interviews, it was determined that the facility failed**

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**to ensure that each individual treatment plan contained the frequency and duration of counseling to be provided for six of six clients (#1-#6). The individual treatment plans did not state if the client needed group counseling, appropriate to his or her needs, for six of six clients. The finding were:**

**A review of patient records on 08/09/2011, revealed that six of six patients' individual treatment plans only contained the frequency, and did not include the duration of counseling that would be provided for each patient. The clients signed a form, (Ground Rules For Group Sessions) during intake, that they will be expected to attend educational groups during the first 90 days of treatment, however, the facility was not able to provide documentation that the clients attended those groups. Client #6 was the only client on the survey that had documentation that he/she attended an orientation group.**

**During an interview with the program director on 08/09/2011 at 12:50 p.m., he/she stated that all of the clients would only attend groups that are appropriate to his or her needs, and some clients will not be expected to attend groups. This surveyor stated that the form that's signed by all of the clients during intake for admission states "you will be expected to attend educational groups during your first 90 days of treatments." The groups are HIV/AIDS, Rules and Regulations, Disease Concept, Relapse Prevention, and Orientation Group. All of these groups are appropriate for the clients. He/she confirmed the findings of frequency only on the individual treatment plans.**