

Statement of Deficiencies and Plan of Correction	Inspection begin date 5/24/2011 Inspection end date: 5/24/2011
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Name of Provider or Supplier NEWSTART TREATMENT, LLC	Street Address, City, State Zip Code 600 SOUTH 8TH STREET GRIFFIN, GA 30224
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Inspection Results

Z 0000 INITIAL COMMENTS

At the time of the compliant investigation GA00095455, it was determined that Newstart Treatment, LLC was not in substantial compliance with Chapter 290-9-12, Rules and Regulations for Narcotics Treatment Programs, and the following deficiencies were cited.

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 a review of clients' records, and interview with the Program Director, it was determined that the program failed to develop a preliminary individual treatment plan for each client within 10 days of admission, and a complete individual treatment plan for each client within 30 days of admission for twelve of twelve clients (#1-#12). The findings were:

A review of clients' records on 5/24/11 revealed that twelve of twelve clients did not have documentation of a preliminary or completed individual treatment plan in their records.

During an interview with the program director on 5/24/22 at 12:15 p.m., he/she confirmed the

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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 clients records and interviews, it was determined that the facility failed to ensure that counseling services were provided appropriate to the clients' needs; and, that the frequency and duration of counseling services were consistent with the clients' individual treatment plans, for twelve of twelve clients (#1-#12). The findings were:

A review of clients' records on 5/24/11, revealed that twelve of twelve clients did not receive counseling or group appropriate to his or her needs. Clients did not have individual treatment plan in their charts that had appropriate treatment/counseling goals.

During an interview on 5/24/11 at 12:30 p.m. with the program director, he/she confirmed the above findings.