

Statement of Deficiencies and Plan of Correction	Inspection begin date 3/15/2011 Inspection end date: 3/15/2011
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Name of Provider or Supplier PITTARD CLINIC	Street Address, City, State Zip Code 1654 FALLS ROAD TOCCOA, GA 30577
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Inspection Results

Z 0000 INITIAL COMMENTS

At the time of the complaint survey (GA00091786), it was determined that Pittard Clinic was not in substantial compliance with Chapter 290-9-12, Rules and Regulations that govern Narcotics Treatment Programs, and the following deficiencies were cited.

Z 1002 290-9-12-.10(1)(b) STAFFING

Clinical Director. The governing body of each program shall designate in writing a clinical director. The clinical director shall be responsible for the day-to-day and on-going clinical aspects of the program and of the treatment for those patients admitted to the program. Programs must notify the Department in writing within 10 calendar days whenever there is a change in clinical director.

This Requirement is not met as evidenced by:

Based on review of personnel records and staff interview, it was determined that the facility failed to notify this Department within 10 days that the former clinical director left the facility.

During an interview with the (acting) clinical director on 3/15/11 at 12:15 p.m., he/she confirmed that the former clinical director was no longer at the facility as of January 2011. The facility did not notify this department of the change.

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Z 1015 290-9-12-.10(2)(f) STAFFING

Clinical Directors. All clinical directors must be licensed to practice medicine in the State of Georgia, licensed as a practitioner to provide treatment, therapeutic advice, or counseling for the rehabilitation of drug-dependent persons in compliance with state practice acts, or certified as an addiction counselor, must be at least 21 years of age, and must have at least one year of supervisory and administrative experience in the field of substance abuse treatment.

This Requirement is not met as evidenced by:

Based on review of program documents, including employee files, and interviews with employees, it was determined that program failed to employ a clinical director that was qualified in the field of substance abuse treatment.

A review of personnel records on 3/15/11, revealed that the (acting) clinical director was not qualified to act as clinical director because he/she was not licensed as a practitioner to provide treatment or certified as an addiction counselor.

An interview on 3/16/11 at 10:00 a.m. with the (acting) clinical director confirmed that above finding. He/she stated that the facility will hire someone next week that will meet the qualification of a clinical director.

Z 1504 290-9-12-.15(a)3.(ii) NARCOTIC DRUGS

A program shall maintain current procedures that are adequate to ensure that the following dosage form and initial dosage requirements are met: ...

(ii) For each new patient enrolled in a program, the initial dose of methadone shall not exceed 30 milligrams and the total dose for the first day shall not exceed 40 milligrams, unless the program physician documents in the patient's record that 40 milligrams did not suppress opiate abstinence symptoms; and ...

This Requirement is not met as evidenced by:

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Based on review of facility documents and staff interview, it was determined that the facility failed to ensure that the initial dose of methadone did not exceed 30 milligrams, and the total dose for the first day did not exceed 40 milligrams.

A review of clients' records on 3/15/11, revealed that client #1 was given 130 mg of methadone (11/04/11), when he/she returned to the facility, after a leave of absence, instead of receiving 30 mg methadone.

An interview with the administrator/(acting) director on 3/15/11 at 12:00 p.m., confirmed the above finding.

Z 1701 290-9-12-.17(1)(a) QUALITY IMPROVEMENT

... At a minimum, the [written quality improvement] plan must include the following areas:

(a) A service delivery assessment that evaluates appropriateness of treatment plans and services delivered, completeness of documentation in patient records, quality of and participation in staff training programs, linkage to and utilization of primary care and other out-of-program services, patient grievance procedures, and availability of services and medications for other conditions; and ...

This Requirement is not met as evidenced by:

Based on review of patient records and interviews with staff, it was determined that program failed to ensure that an on going chart audit process was in place. The findings were:

A review of client records on 3/15/11, revealed that client #2 did not have updated or monthly case notes in the record. The last documentation was on 9/15/11 and the client was discharged from the facility on 11/16/10. This surveyor requested case notes for October and November 2010. The facility was unable to provide documentation.

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An interview with the current counselor on 3/15/11 at 10:50 a.m. confirmed that client #2's case notes were not updated.