

**Statement of Deficiencies
and Plan of Correction**

Inspection begin date 8/3/2011
Inspection end date: 8/4/2011

Name of Provider or Supplier

ROBERT W DAIL MEMORIAL TREATMENT CENTER

Street Address, City, State Zip Code

734 HOSPITAL ROAD
COMMERCE, GA 30529

Inspection Results

Z 0000 INITIAL COMMENTS

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

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;*

**Statement of Deficiencies
and Plan of Correction**

Inspection begin date 8/3/2011
Inspection end date: 8/4/2011

Name of Provider or Supplier

ROBERT W DAIL MEMORIAL TREATMENT CENTER

Street Address, City, State Zip Code

734 HOSPITAL ROAD
COMMERCE, GA 30529

Inspection Results

(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 have complete personnel records for five of six employees (#2, #3, #4, #5, and #6). The findings were:

A review of personnel files on 8/3/2011 revealed the following:

- 1. Three of six employees (#2, #4, and #6) did not have documentation of completing an orientation prior to working with clients.**
- 2. One of six employees (#6) did not have a job description in the personnel file.**
- 3. One of six employees (#3) did not have at least 16 hours of annual training in the personnel file.**
- 4. One of six employees (#4) did not have a current annual job performance in the personnel file.**

During an interview with the administrator on 8/3//2011 at 1:00 p.m., he/she confirmed the above findings regarding the personnel files.

Z 1210 290-9-12-.12(1)(b)2. PATIENT SCREENING, ASSESSMENT, & ADMISSION

Assessment. ... The [patient] assessment must include:

- 2. Psychiatric history and current medical status examination; ...*

**Statement of Deficiencies
and Plan of Correction**

Inspection begin date 8/3/2011
Inspection end date: 8/4/2011

Name of Provider or Supplier

ROBERT W DAIL MEMORIAL TREATMENT CENTER

Street Address, City, State Zip Code

734 HOSPITAL ROAD
COMMERCE, GA 30529

Inspection Results

This Requirement is not met as evidenced by:

Based on review of patient records and staff interview, it was determined that the facility failed to ensure the medical staff obtained a psychiatric history and mental status examination as part of the patient screening, assessment, and admission for one of six sampled patients (#6).

Findings were:

The "Admit Note & Orders" (the history and physical) for patient #1 lacked documented evidence that a psychiatric history and mental status examination were completed by the physician at the time of the patient's admission.

An interview on 8/4/2011 at 11:00 a.m. with the facility administrator confirmed that the aforementioned psychiatric history and mental status examinations were not completed by the physician as part of the assessment procedure.

Z 1213 290-9-12-.12(1)(b)5. PATIENT SCREENING, ASSESSMENT, & ADMISSION

Assessment. ... The [patient] assessment must include:

5. A physical examination in accordance with current and accepted standards of medical practice, complete with laboratory tests, including drug screens, HIV status (if the applicant consents to be tested), CBC and chemistry profile, and pregnancy, STD, and Mantoux TB tests, to determine dependence on opium, morphine, heroin, or any derivative or synthetic drug of that group and to determine current DSM diagnosis. The purpose of such assessments shall be to determine whether narcotic substitution, short-term detoxification, long-term detoxification, or drug-free treatment will be the most appropriate treatment modality for the patient and to establish additional educational, vocational, and treatment needs of the patient. In lieu of a complete physical examination being performed by the program physician, the individual may present a complete physical examination, dated within 90 days of admission, performed by a physician licensed in good standing in the State of Georgia. Such examination shall be updated as necessary to reflect the individual's current condition at the time of admission, including updated laboratory tests.

This Requirement is not met as evidenced by:

**Statement of Deficiencies
and Plan of Correction**

Inspection begin date 8/3/2011
Inspection end date: 8/4/2011

Name of Provider or Supplier

ROBERT W DAIL MEMORIAL TREATMENT CENTER

Street Address, City, State Zip Code

734 HOSPITAL ROAD
COMMERCE, GA 30529

Inspection Results

Based on patient record reviews and staff interview, it was determined the facility failed to ensure that two of six patients (#1 and #6) were tested for infectious disease.

Findings were:

- 1. Patient #1's record lacked evidence of TB testing upon admission.**
- 2. Patient #6's record revealed the patient showed a previous positive TB (tuberculosis) test and was referred to the Health Department. The record lacked documentation of any further action or report from the Health Department regarding the client's TB status.**

During an interview on 8/4/2011 at 10:35 a.m. the facility administrator confirmed that the record for patient #1 lacked evidence of testing for TB and the record for patient #6 lacked evidence of follow-up with the health department.

Based on review of client records and interview with staff, it was determined that the program failed to ensure that the physical examination is completed at time of intake, as part of the admissions process for one of six clients (#4). The findings were:

A review of client records on 8/3/2011, revealed that one of six client records had no documentation of a physical examination being completed by a physician, at the time of admission.

During an interview on 8/3/2011 at 12:15 p.m with the administrator, he/she confirmed that the physical examination wasn't in the client record, but will continue to look for the physical for client #4 and fax a copy to this surveyor. No copy has been received, as of 8/10/11.

**Statement of Deficiencies
and Plan of Correction**

Inspection begin date 8/3/2011
Inspection end date: 8/4/2011

Name of Provider or Supplier
ROBERT W DAIL MEMORIAL TREATMENT CENTER

Street Address, City, State Zip Code
734 HOSPITAL ROAD
COMMERCE, GA 30529

Inspection Results

Z 1220 290-9-12-.12(1)(c)3. PATIENT SCREENING, ASSESSMENT, & ADMISSION

Orientation. The program shall provide orientation to patients who are admitted for treatment within 24 hours of admission. Orientation must be done by a staff person who has been determined to be qualified by education, training, and experience to perform the task. Patients must be reoriented as needed to ensure an understanding of the program. ...

This Requirement is not met as evidenced by:

Based on review of patient record and staff interview, it was determined that the facility failed to ensure that orientation was provided within 24 hours of admission for one of six sample patients (#5), admitted for treatment.

Findings were:

A review of client #5's record revealed the patient was admitted on 12/27/2010. There was no documented evidence of orientation being provided to the patient.

During an interview on 8/4/2011 at 10:35 a.m. the facility administrator provided written evidence of orientation provided to the client from a previous admission. The administrator stated that when a client was readmitted, the previous orientation document was reviewed with the client and initialed by staff. The administrator confirmed there was no evidence that orientation was provided to patient #5 upon readmission.

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:

**Statement of Deficiencies
and Plan of Correction**

Inspection begin date 8/3/2011

Inspection end date: 8/4/2011

Name of Provider or Supplier

ROBERT W DAIL MEMORIAL TREATMENT CENTER

Street Address, City, State Zip Code

734 HOSPITAL ROAD
COMMERCE, GA 30529

Inspection Results

Based on review of client records and staff interviews, it was determined that program failed to ensure that each individual treatment plan included the frequency and duration of counseling services, being provided to clients on the treatment plan, for six of six sampled clients (#1-#6).

The findings were:

A review of client records on 8/3/2011, revealed that six of six clients' treatment plans did not include the frequency and durations of counseling services being provided to clients weekly.

During an interview with the administrator on 8/3/2011 at 1:30 p.m., he/she confirmed that the clients' treatment plans only have the duration, but the duration was based on 90 days. The treatment plan did not have the frequency and duration of counseling services being provided to clients weekly.

Z 1702 290-9-12-.17(1)(b) QUALITY IMPROVEMENT

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

(b) An assessment of medication-related issues including take home procedures, security, inventory, and dosage issues.

This Requirement is not met as evidenced by:

Based on a review of facility documents and interview, it was determined that the facility failed to continue to assess medication-related issues, including take home procedures, security, inventory, and dosage issues, as identified in the facility's written Quality Improvement (QI) Plan. The findings were:

A review of the Quality Improvement (QI) Plan on 8/4/2011, revealed that the QI Plan lacked documented evidence of data collection and/or evaluation of data that assessed medication-related issues including take home procedures, security, inventory, and dosage issues, as identified in the facility's written QI Plan.

**Statement of Deficiencies
and Plan of Correction**

Inspection begin date 8/3/2011
Inspection end date: 8/4/2011

Name of Provider or Supplier

ROBERT W DAIL MEMORIAL TREATMENT CENTER

Street Address, City, State Zip Code

734 HOSPITAL ROAD
COMMERCE, GA 30529

Inspection Results

During an interview on 8/4/2011 at 1:15 p.m. with the administrator, he/she confirmed the above findings regarding the Quality Improvement (QI) plan. He/she stated that the facility needs to do a better job of documenting and evaluating issues in the Quality Improvement (QI) Plan.