

**Statement of Deficiencies  
and Plan of Correction**

Inspection begin date 9/12/2011  
Inspection end date: 9/14/2011

Name of Provider or Supplier

TREATMENT CENTER OF BRUNSWICK

Street Address, City, State Zip Code

100 CORNERSTONE DRIVE  
BRUNSWICK, GA 31523

**Inspection Results**

Z 0000 INITIAL COMMENTS

**At the time of the relicensure and compliant survey investigation #GA00101177, it was determined that Treatment Center Of Brunswick was not in substantial compliance with the Rules and Regulations for Narcotics Treatment Programs, and the following deficiencies were cited.**

Z 0911 290-9-12-.09(5)(g) ADMINISTRATION

*Patient Records. ... Each patient record must contain, at a minimum, the following: ...*

*(g) Written consents, signed by the patient and dated and witnessed, as required in Rule 290-9-12-.12(1)(c)1.; ...*

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This Requirement is not met as evidenced by:

**Based on the review of client records and staff interviews, it was determined that the facility failed to ensure that each client signed a consent to treatment statement during the admission process for eight of eight clients (#1-#8). The findings were:**

**A review of client records on 09/13/2011, revealed that eight of eight clients had no documentation that a consent for treatment was signed and dated during the admission process.**

**During an interview, on 09/14/2011 at 11:55 a.m. with the clinical director, he/she confirmed the above findings.**

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:

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**Based on a review of personnel records and staff interview, it was determined that the facility failed to have a complete personnel records for three of eight employees (#3, #4, and #7). The findings were:**

**A review personnel records on 09/13/2011, revealed that two of eight employees (#3 and #4) did not have documentation of a job description in their personnel records.**

**A review of personnel records also revealed that one of eight employees (#7) did not have documentation that a criminal background check was completed.**

**A review of personnel records also revealed that one of eight employees (#1) did not have an updated annual job performance/evaluation and references checked**

**During an interview, on 09/14/2011 at 12:00 p.m. with the clinical director, he/she confirmed the above findings.**

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 on 09/14/2011, it was determined that the program failed to post a license with the correct address, to maintain a clean environment, and failed to afford privacy to clients during business hours. The findings were:**

**A tour of the facility on 09/14/2011 revealed the following : the posted license did not have an official address stated on the document ("white out" was used and the address was written in. The staff bathroom exhaust fan is full of dust. The blinds in the waiting area were open, giving a lack of privacy to clients.**

**During an interview with the clinical director on 09/14/2011 at 12:10 p.m., he/she confirmed the**

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Z 1301 290-9-12-.13(a) INDIVIDUAL TREATMENT PLAN

*Medical care, including referral for necessary medical service, and evaluation and follow-up of patient complaints must be compatible with current and accepted standards of medical practice. All patients must receive a physical examination by the medical director, the program physician, or an appropriately licensed and qualified member of the medical staff at least annually. All other medical procedures performed at the time of admission must be reviewed by the medical staff on an annual basis, and all clinically indicated tests must be repeated. The medical director or program physician shall evaluate the results of this annual medical examination and review of patient medical records and document such evaluation in each patient's record.*

This Requirement is not met as evidenced by:

**Based on review of medical records and interview, it was determined that the facility failed to ensure that all patients in treatment received a physical examination with a repeat of all clinically indicated tests at least annually, for one of eight patients (#6). The findings were:**

**A review of patient records on 09/14/2011, revealed that one of eight patients (#6) did not have documentation that an annual physical was completed in 2009 and 2010, and a tuberculosis (TB) screening was not updated in 2010.**

**During an interview with clinical director on 12/14/2011 at 12:15 p.m., he/she confirmed the above findings.**