Statement of Deficiencies and Plan of Correction	Inspection begin date 1/23/2013 Inspection end date: 1/24/2013
Name of Provider or Supplier LANIER TREATMENT CENTER, INC	Street Address, City, State Zip Code 664 LANIER PARK DRIVE GAINESVILLE, GA 30501

Inspection Results

Z 0000 INITIAL COMMENTS

At the time of the survey,Lanier Treatment Center, Inc.,was not in compliance with Chapter 290-9-12, Rules and Regulations for Narcotic Treatment Programs, as a result of a re-licensure survey. The following deficiencies were cited:

Z 1103 290-9-12-.11(4) PHYSICAL PLANT AND SAFETY

A program shall have appropriate and sufficient space to meet the programmatic needs of its patients, and carry out the program's array of services. Such space must include areas conducive to privacy for dosing, counseling and group activities, reception/waiting areas, and bathrooms that ensure privacy for collection of urine specimens.

This Requirement is not met as evidenced by:

Based on observation, and staff interview, it was determined that the facility failed to have sufficient space conducive for group counseling sessions and activities.

A facility tour on 1/23/13 at 9:15 a.m., revealed that the group counseling room identified by the office manager was a storage room for medical equipment to include, a hospital bed, a transportation gurney, 2 exam tables, 2 wheelchairs, and a large 6 shelf metal storage rack on wheels.

An interview with the program manager on 1/23/13 at 9:20 a.m., confirmed the above findings.

Z 1603 290-9-12-.16(c) DRUG-SCREEN TESTS

... These [random drug-screen test] policies and procedures must include the following provisions: ...

More Information **Return to Facility Location and Information Guide** **Return to Inspection Screen**

Statement of Deficiencies and Plan of Correction	Inspection begin date 1/23/2013 Inspection end date: 1/24/2013
Name of Provider or Supplier LANIER TREATMENT CENTER, INC	Street Address, City, State Zip Code 664 LANIER PARK DRIVE GAINESVILLE, GA 30501

Inspection Results

(c) Programs shall develop and enforce policies for the proper collection and handling of drug-screen test samples to ensure that samples collected from patients are properly handled, are actually collected from the patient being tested, and are unadulterated. Such policies may include random direct observation, which shall be conducted professionally, ethically, and in a manner that respects patients' privacy.
Authority O.C.G.A. Sec. 26-5-2 et seq.

This Requirement is not met as evidenced by:

Based on observation, review of policy and procedure, and staff interview, it was determined that the program failed to ensure that urine drug screens for 2 of 2 sampled clients (clients #21 and #22), were performed in accordance to its policies.

An observation of the facility urine drug screen collection process on 1/23/2013 at 9:40 a.m., revealed employee #7 providing a urine specimen cup through the office administrative window to client #21. Client #21 entered the restroom with all personal belongings, and returned the specimen cup to employee #7 at the window. Employee #7 packaged the specimen for shipping without the use of temperature strips for validation of sample. Employee #7, also handled the urine sample without the use of gloves, and failed to wash hands, or disinfect his/her hands before handing the next client's urine specimen collection cup.

A second client #22 was observed receiving a urine specimen cup at the same window on 1/23/2013 at 9:50 a.m., from employee #7. Client #22 entered the restroom with all personal belongings, and returned the specimen cup to employee #7 at the window. Employee # 7 packaged the specimen for shipping without the use of temperature strips for validation of sample. Employee #7 handled the urine sample without the use of gloves, and failed to wash hands, or disinfect his/her hands after handling the urine specimen collection cup.

A review of the facility policy and procedure Section 8 titled, Urine Drug Screens revealed the following:
Staff will escort all patients to the restroom and provide the urine collection bottle;
The patient must leave all personal belongings outside the restroom when providing a sample;
If a urine drug screen test is not observed, temperature strips will be used to validate the sample.

A review of the facility policy and procedure Section 3 titled, Universal Precautions revealed the following:
The facility follows the universal precautions guidelines of the Center for Disease Control;
Use of appropriate barrier precautions is used when contact with blood or body fluids is

More Information **Return to Facility Location and Information Guide** **Return to Inspection Screen**

Statement of Deficiencies and Plan of Correction	Inspection begin date 1/23/2013 Inspection end date: 1/24/2013
Name of Provider or Supplier LANIER TREATMENT CENTER, INC	Street Address, City, State Zip Code 664 LANIER PARK DRIVE GAINESVILLE, GA 30501

Inspection Results

anticipated;
Gloves to be worn when touching blood and body fluids including urine, or when handling items or touching surfaces contaminated by blood or body fluids.

An interview with employee #7 and employee #13 on 1/23/2013 at 11:30 a.m., confirmed the above findings. He/she stated, "we do not have the temperature strips for the urine cups. We just feel the outside temperature to ensure that the specimen is warm".

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 review of facility documents and staff interview, it was determined that the facility failed to provide documented evidence of a quality improvement plan that included assessment of medication-related issues.

A review of facility incident reports from 1/1/2012 to 1/9/2013, revealed fifteen incidents of wrong dosage medication administration errors to clients. No documented evidence was found that a quality improvement plan was implemented, or served as a continuous monitor of the program's compliance with the requirements set forth in these rules. No documented evidence was found that the medical director was actively involved in the quality improvement process to evaluate the medication administration errors that occurred.

A review of the facility policy and procedure section 9.2 titled , Quality Improvement Process (QIP) revealed the following:
The quality improvement plan will be implemented when deficiencies are discovered by internal or external processes;
The QIP will included the problem, the situation, the cause, and the solution;
Meeting Minutes will be maintained;
Medical Director will provide program oversight.

The clinical director stated on 1/24/13 at 12:00 p.m., that he/she was the Quality Improvement

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Name of Provider or Supplier LANIER TREATMENT CENTER, INC	Street Address, City, State Zip Code 664 LANIER PARK DRIVE GAINESVILLE, GA 30501

Inspection Results

Coordinator. He/She confirmed the above findings.