

Statement of Deficiencies and Plan of Correction	Inspection begin date 1/10/2013 Inspection end date: 1/10/2013
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Name of Provider or Supplier DM & ADR, INC	Street Address, City, State Zip Code 1710 COMMERCE ROAD ATHENS, GA 30607
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Inspection Results

Z 0000 INITIAL COMMENTS

At the time of the survey, DM & ADR Inc, was not in compliance with Chapter 290-9-12, Rules and Regulations for Narcotic Treatment Programs, as a result of a relicensure survey on January 10, 2013. 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;*
- (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 employee records and staff interview, it was determined that the facility failed to provide documented evidence of criminal record checks for three of nine sampled employees (#4, #8, #12) and failed to provide documented evidence of job descriptions for eight of the nine sampled employees (#4 - #9, #11 - #12).

Findings:

A review of employee records revealed no documentation of pre-employment criminal records check for employees #8, and #12. The employee record for #4 documented a background check

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from the state of Florida dated 3/6/2012, 3 months prior to the date of hire.

A review of employee records revealed no documentation, or statement of duties in the records for employees # 4 - #9, #11 - #12.

An interview with the program administrator on 1/10/2013 at 10:30 a.m., confirmed that there was no documentation of criminal records checks and job descriptions in the employee records for the above identified employees.

Z 1007 290-9-12-.10(1)(f) STAFFING

Nurses. Programs shall ensure that appropriate nursing care is provided at all times the program is in operation and that an appropriately licensed and qualified health care professional is present at all times medication is administered at the program. ...

This Requirement is not met as evidenced by:

Based on review of facility records, client records, and staff interview, it was determined that the facility failed to ensure that one of three licensed practical nurses (LPN # 13), followed the facility's policy and procedure for verbal admission orders for Methadone dosing.

Findings:

Cross Reference Cross Reference: Z 1501 - Failure of the facility to to ensure that verbal admission orders were confirmed in writing within 72 hours.

Z 1014 290-9-12-.10(2)(e) STAFFING

Counselors. All counselors must be qualified by training, education, and experience to provide addiction-counseling services to persons who are addicted to narcotics and must be in compliance with Chapter 10A of Title 43 of the Official Code of Georgia Annotated.

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This Requirement is not met as evidenced by:

Based on a review of employee records, policy and procedure, and staff interview, it was determined that the facility failed to ensure that 5 of 5 employed counselors (employees #2, #6, #7, #8, and #9), were qualified by training, education, and experience to provide addiction-counseling services.

Findings :

A review of employee records #2, #6, #7, #8, and #9, revealed that they were not certified or qualified by training and education to provide addiction-counseling services. There was no documented evidence that all five counselors were qualified per Chapter 10A of Title 43 of the Official Code of Georgia Annotated guidelines.

A review of the facility policy titled, Job Description for Substance Abuse Counselor, revealed that the Job Standard/Minimum Qualification for the position is certification as a substance abuse counselor.

An interview was conducted with the clinical director on 1/10/2013 at 10:25 a.m. The clinical director stated, all five counselors are in-training. He/She did not have documentary evidence of the training program or an outline of the training program. The clinical director stated that the counselors were under his/her supervision. There was no documentary evidence of training in the employee records of the above identified counselors.

Z 1501 290-9-12-.15(a)1. NARCOTIC DRUGS

Administration. The program physician shall determine the patient's initial and subsequent dose and schedule. If the program physician did not perform the medical assessment required in Rule 290-9-12-.12, the program physician must consult with the person who performed the assessment before determining the patient's initial dose and schedule. The program physician shall communicate the initial and subsequent doses and schedule to the pharmacy or the person supervising medication. The program physician may assign such dose and schedule by verbal order; however, the program physician must confirm all such orders in writing within 72 hours.

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This Requirement is not met as evidenced by:

Based on review of facility records, client records, and staff interview, it was determined that the facility failed to ensure that verbal admission orders were confirmed in writing within 72 hours for one of three sampled guest clients (#6).

Findings:

A review of the records for guest client #6, revealed that there was no documented evidence that the Methadone dosing orders dated 11/1/2012 and 11/9/2012, were confirmed by a physician within 72 hours. Both orders were verbal orders that were signed by an LPN (employee #13).

A review of the facility policy and procedure titled, Staff Supervision, revealed all LPN staff would be supervised by the program Nurse Practitioner.

An interview with the clinical director on 1/10/2013 at 2:00 p.m., confirmed the above finding. The clinical director stated the client's record was incomplete.