

Statement of Deficiencies and Plan of Correction	Inspection begin date 1/30/2013 Inspection end date: 1/30/2013
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Name of Provider or Supplier NORTH FULTON TREATMENT CENTER	Street Address, City, State Zip Code 601 BOMBAY LANE ROSWELL, GA 30076
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Inspection Results

Z 0000 INITIAL COMMENTS

At the time of the survey, North Fulton Treatment Center was not in compliance with Chapter 290-9-12, Rules and Regulations for Narcotic Treatment Programs, as a result of a licensure survey. 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 a review of facility records, and staff interview, it was determined that the facility failed to provide documented evidence of personnel records for one of ten sampled employees (#8).

Findings:

A request for the personnel file of a licensed practical nurse listed on the employee roster, employee #8, on 1/30/2013 at 10:30 a.m., revealed no documented evidence of the following items:

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Identifying information
5 year employment history
Criminal Record Check
Educational Qualifications
Date of Employment
Job Description
Training and Orientation
Professional License

An interview with the clinical director on 1/30/2013 confirmed the above listed items were not available for review. The clinical director stated, "I took the employee's file home to process payroll last week". The file was not on site.

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.

This Requirement is not met as evidenced by:

Based on review of client records, policy and procedure, and staff interview, it was determined that the facility failed to ensure that verbal dosing orders were confirmed in writing within 72 hours for ten of twenty-eight clients (clients #19 - #28).

A review of client records revealed verbal orders for clients #19 - #28, for dosing changes on 1/22/2013. There was no documented evidence that the physician confirmed the dosing changes within 72 hours for the following verbal orders:

Client #19's medication was increased from 60 mg to 65 mg on 1/22/2013. There was no documentation of a doctor's confirmation of the order in the client's record.

Client #20's medication was decreased from 115 mg to 110 mg on 1/22/2013. There was no

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documentation of a doctor's confirmation of the order in the client's record.

Client #21's medication schedule was changed to three times per week on 1/22/2013. There was no documentation of a doctor's confirmation of the order in the client's record.

Client #22's medication was decreased from 100 mg to 95 mg on 1/22/2013. There was no documentation of a doctor's confirmation of the order in the client's record.

Client #23's was authorized to receive 13 take out doses of 90 mg each on 1/22/2013. There was no documentation of a doctor's confirmation of the order in the client's record.

Client #24's medication was increased from 40 mg to 45 mg on 1/22/2013. There was no documentation of a doctor's confirmation of the order in the client's record.

Client #25's medication was increased from 65 mg to 70 mg on 1/22/2013. There was no documentation of a doctor's confirmation of the order in the client's record.

Client #26's medication was increased from 75 mg to 85 mg on 1/22/2013. There was no documentation of a doctor's confirmation of the order in the client's record.

Client #27's medication was decreased from 80 mg to 70 mg on 1/22/2013. There was no documentation of a doctor's confirmation of the order in the client's record.

Client #28's medication was increased from 30 mg to 25 mg on 1/22/2013. There was no documentation of a doctor's confirmation of the order in the client's record.

A review of the facility policy and procedure titled, Protocol for Methadone Dosing, revealed that all verbal orders would be confirmed by the physician within 72 hours.

An interview with the clinical director on 1/30/2013 at 1:30 p.m., confirmed the above findings. The clinical director stated, "I had not been informed that the orders were not signed".

Z 2000 290-9-12-.20(1) REPORTING TO THE DEPARTMENT

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601 BOMBAY LANE
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A narcotic treatment program shall report to the Office of Regulatory Services and also follow Division of MHDDAD reporting protocol whenever any of the following incidents involving patients occurs or the program has reasonable cause to believe that such an incident involving a patient has occurred:

- (a) Any death of a patient;*
- (b) Any rape that occurs in the program;*
- (c) Any serious injury to a patient while at the program that requires medical attention;*
- (d) Any assault on a patient, any battery on a patient, or any abuse, neglect, or exploitation of a patient by program staff; and*
- (e) An external disaster or other emergency situation that affects the continued safe operation of the program.*

This Requirement is not met as evidenced by:

Based on a review of facility records, client records, department records, and staff interview, it was determined that the facility failed to report to the Department, 1 of 1 incident involving a patient death.

A review of the facility Patient Discharge List dated 1/1/2012 to 1/30/2013 revealed, one client (#2) was discharged due to death.

A review of the discharged client record for client # 2 revealed, a discharge summary dated 5/25/2012 that documented the discharge reason was due to death.

An interview on 1/30/2013 at 2:00 p.m., with the clinical director confirmed the the above findings. The clinical director stated, "I did not report the death to the department, I was unaware that deaths are required to be reported".

A review of Department records revealed, no documentation that the facility self reported the death of client #2.