

DCH/ HFR site visit results


YEAR 2024

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2024
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NAME OF PROVIDER OR SUPPLIER CONSECATED CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 217 ARROWHEAD BLVD, STE B-1 JONESBORO, GA 30236
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Z 000	INITIAL COMMENTS. >>>>The purpose of this visit was to conduct a compliance inspection. The following rule violation(s) were cited:	Z 000	111-8-53-.12(1)(b)5. PATIENT SCREENING, ASSESSMENT, & ADMISSION The Program Nurse and Medical Assistant will be responsible for ensuring compliance with the physical examination requirements, including the completion of all necessary laboratory tests such as STD and Mantoux TB tests for all clients.	
Z1213 SS=C	111-8-53-.12(1)(b)5. PATIENT SCREENING, ASSESSMENT, & ADMISSION. The assessment must include: 5. An in-person 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 RULE is not met as evidenced by:	Z1213	To maintain compliance, the following processes will be implemented: 1. Immediate Review and Audit: All client files will be audited within the next 14 days to identify any missing or incomplete laboratory tests, particularly STD and TB tests. Any missing tests will be promptly scheduled and completed. 2. Revised Intake Procedures: The intake process will be revised to include a mandatory checklist that ensures all required laboratory tests, including STD and TB tests, are completed before on or before day of admission. This checklist will be reviewed and signed off by the program Head Nurse. 3. Training: All clinical and medical staff will undergo training within the next 30 days on the updated intake and record-keeping procedures, emphasizing the importance of complete physical examinations and laboratory tests. When: The corrective action plan will be implemented immediately, with the initial audit to be completed within 14 days, training sessions conducted within 30 days, and revised intake procedures to be fully operational by October 1, 2024. Continuous monitoring will be conducted quarterly to ensure ongoing compliance.	

State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE CEO (X6) DATE 9/4/2024

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Z1213	<p>Continued From page 1</p> <p>>>>> Based on record review and staff interview, the facility did not conduct an in-person physical examination that included an STD and/or Mantoux TB laboratory tests for (8 of 10) clients to help determine appropriateness for program treatment. Findings were:</p> <p>#1 No STD results in client file. #2 No TB results in client file. #3 No TB results in client file. #5 No STD results in client file. #6 No TB results in clients file. #7 No TB results in client file. #8 No TB results in client file. #10 No TB results in client file.</p> <p>At time of survey on 8.21.24, the facility failed to show evidence that an STD and/or a TB tests had been completed.</p> <p>During an interview with program clinical director (A) and administrator (H) it was indicated that the missing laboratory results are not available at time of survey.</p>	Z1213	<p>111-8-53-.13 INDIVIDUAL TREATMENT PLAN</p> <p>Consecrated Care (CCI) is submitting this POC to comply with the State of Georgia, Healthcare Facility Regulation Division. CCI will utilize the preliminary individual treatment plan for new clients within the ten-day grace period. Clients may receive Individual treatment plans in the form of a hard copy that is labeled "10- day Initial Individual Treatment Plan". After which a ten, thirty and annual treatment plan will be entered and/or uploaded into Methasoft on or before the designated timeframe to remain in compliance with rule 42 C.F.R. § 8.12(f)(4).</p> <p>Staff/Counselors will be re-educated on the intake process and documentation procedures. This re-education includes what documents are due upon first interaction with the potential client and the process for entering and uploading into our electronic health records (EHR) system.</p>	
Z1300 SS=C	<p>111-8-53-.13 INDIVIDUAL TREATMENT PLAN.</p> <p>Individual Treatment Plan. A program must develop a preliminary individual treatment plan for each patient within 10 days of admission, which includes an initial treatment recommendation. A complete individual treatment plan for each patient must be developed within 30 days of admission. Patients must be involved in the development of their treatment plans. Treatment plans must document a consistent pattern of substance abuse treatment services and medical care appropriate to individual patient needs and must meet the requirements of 42 C.F.R. §</p>	Z1300	<p>CCI will routinely review files for accuracy, to ensure appropriate documentation is received and recorded timely. CCI will ensure support documentation is maintained for all manual adjustments. The corrections will be reviewed and approved by the Clinical Director. It is the practice of CCI to retain forms for intake. Forms will be reviewed with appropriate staff to determine what information should be tracked. For treatment plans that were obtained in the form of a hard copy those documents will be entered/uploaded into Methasoft within three days.</p>	

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Z1300	<p>Continued From page 2</p> <p>8.12(f)(4).</p> <p>This RULE is not met as evidenced by: >>>> Based on review of client files and staff interview the facility failed to demonstrate that preliminary individual treatment plans were not completed within (10) days of admission and comprehensive treatment plans completed within (30) days of admission for (5 of 10) clients. Findings include.</p> <p>A review of client records revealed the following: Clients (#3, #4, #5, #6, & #10) did not have a signed preliminary individual treatment plan within (10) days of admission.</p> <p>Clients (#1, #5, #6 & #10) did not have a signed comprehensive individual treatment plan within (30) days of admission.</p> <p>On 8.21.24, program clinical director stated "I am currently trying to get caught-up on completing treatment plans so clients can sign them."</p>	Z1300		

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Z 000	INITIAL COMMENTS. >>>>The purpose of this visit was to conduct a compliance inspection. The following rule violation(s) were cited:	Z 000		
Z 800 SS=D	111-8-53-.08(1) INSPECTIONS AND PLANS OF CORRECTION. The Department is authorized to conduct on-site inspections of any program to verify compliance with these rules and all relevant laws or regulations at any time. A program shall permit any authorized representative of the Department to enter upon and inspect any and all program premises which, for the purpose of these rules, shall include access to all parts of the facility, staff, persons in care, and all records pertinent to initial and continued licensure. For the purpose of conducting any investigation, inspection, or survey, the Department shall have the authority to require the production of any books, records, papers, including all patient records or other information related to the initial or continued licensing of any program. The Department may require at reasonable intervals that each licensee shall furnish copies of complete records of each person treated or advised by the program, provided, however, that patient identifying information shall be redacted from such records prior to submission to the Department. Failure to permit entry and inspection is a violation of these rules and may result in the denial of any license applied for or in the suspension or revocation of a license. This RULE is not met as evidenced by: >>>>Based on lack of observation and interview the facility failed to provide access to the facility and all records pertinent for continued licensure.	Z 800		

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Z 800	<p>Continued From page 1</p> <p>Findings include:</p> <p>The facility was not operating during the hours authorized in its original application (5:30am-12:30pm,M-F).</p> <p>Arrived at about 9:45 a.m. on 8.22.23 to find that facility was not open. Program administrator stated "we notified DBHDD about the hour change, due to COVID but I did not contact DCH." Administrator indicated DBHDD personel would contact DCH about the change.</p>	Z 800		