

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001082	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING:	(X3) DATE SURVEY COMPLETED: 12/20/2024
NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH TREATMENT CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 - A BRADFORD SQUARE FAYETTEVILLE GA 30215	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
44RD 0000	<p>0000 - INITIAL COMMENTS.</p> <p>>>>>The purpose of this visit on 12.19.24 was to conduct a follow up survey from the 8.22.24 inspection. No rule violations were cited at this time.</p>		

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NAME OF PROVIDER OR SUPPLIER ACCESS HEALTH TREATMENT CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 105 - A BRADFORD SQUARE FAYETTEVILLE, GA 30215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{Z 000}	INITIAL COMMENTS. >>>>The purpose of this visit on 8/22/2024 was to conduct a follow up inspection to the 6/27/2024 survey. The following rule violation was cited.	{Z 000}		
{Z1213} SS=D	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}		

State of GA Inspection Report
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{Z1213}	<p>Continued From page 1</p> <p>>>>>Based on record reviews and staff interview, the facility failed to provide an in-person physical examination in accordance with current and accepted standards of medical practice, complete with laboratory tests, (if the applicant consents to be tested) STD/RPR, and Mantoux TB tests, to determine appropriateness for treatment.</p> <p>Findings were:</p> <p>Ten (10) sampled client charts were reviewed revealing the following: Client #1 admitted on 3/15/2017- showed no STD/RPR test on file since 2017. Client #2 admitted on 8/10/2018- showed no STD/RPR test on file for 2024. Client #3 admitted on 4/06/2020- showed no STD/RPR test on file for 2024. Client #5 admitted on 5/19/2021- showed no STD/RPR test on file for 2024. Client #6 admitted on 3/19/2024 - showed no STD/RPR test on file for 2024. Client #8 admitted on 1/29/2024- showed no STD/RPR, and Mantoux TB test upon admission. Client #9 admitted on 4/30/2024 - showed no STD/RPR, and Mantoux TB test on file for 2024. Client # 10 admitted on 6/7/2024- showed no STD/RPR, and Mantoux TB test upon admission.</p> <p>During an interview with Staff A (identified as LPN), on 8/22/2024 at about 10:15 am, stated " We are trying to catch up on our files". These items could not be produced at the time of survey.</p>	{Z1213}		