

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001046	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/08/2023
NAME OF PROVIDER OR SUPPLIER MEDICINE WHEEL CLINIC- WINDER		STREET ADDRESS, CITY, STATE, ZIP CODE 85 AUBURN PARK DRIVE AUBURN, GA 30011	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{Z 000}	INITIAL COMMENTS. >>>> The purpose of this visit was to conduct a compliance survey the following rule violations were cited.		
{Z 1213}	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.		

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NAME OF PROVIDER OR SUPPLIER MEDICINE WHEEL CLINIC- WINDER		STREET ADDRESS, CITY, STATE, ZIP CODE 85 AUBURN PARK DRIVE AUBURN, GA 30011	
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	<p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility did not provide TB screens nor blood work before or at the time of intake that included an STD/RPR test to help determine appropriateness for program treatment. Findings were:</p> <ul style="list-style-type: none"> #1 No STD/RPR/TB or blood work results in client file. #3 No STD/RPR/TB or blood work results in client file. #5 No STD/RPR/TB or blood work results in client file. #7 No STD/RPR/TB or blood work results in client file. <p>During survey on 6/8/23, 7 client charts were reviewed, with 4 charts missing STD/RPR/TB or bloodwork required before or at the time of client's (1, 3,5 and 7) admission.</p> <p>During an interview on 6/8//23 at around 10am with Nursing Supervisor, it was stated, "There's been a high turnover on the medical assistants we hired and it has been a problem catching these clients as a result, though we are working on plans to correct this internally" As a result no proof of labs were obtained at time of survey.</p>		

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NAME OF PROVIDER OR SUPPLIER MEDICINE WHEEL CLINIC- WINDER		STREET ADDRESS, CITY, STATE, ZIP CODE 85 AUBURN PARK DRIVE AUBURN, GA 30011	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{Z 000}	<p>INITIAL COMMENTS.</p> <p>The purpose of this visit was to conduct a follow up to the 6/8/23 annual inspection. No rule violations were cited as a result of this inspection.</p> <p>INITIAL COMMENTS.</p>		

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NAME OF PROVIDER OR SUPPLIER MEDICINE WHEEL CLINIC- WINDER		STREET ADDRESS, CITY, STATE, ZIP CODE 85 AUBURN PARK DRIVE AUBURN, GA 30011	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
{Z 000}	INITIAL COMMENTS. The purpose of this visit was to investigate complaint GA00246620. No rule violations were cited as a result of the investigation.		