PRINTED: 05/29/2024 FORM APPROVED

State of GA, Healthcare Facility Regulation Division STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING\_ NTP001041 05/29/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1654 FALLS ROAD **PITTARD CLINIC** TOCCOA, GA 30577 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Z 000 INITIAL COMMENTS. Z 000 The purpose of this visit was to conduct an annual compliance inspection. No rule violations were cited. State of GA Inspection Report

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

T4NH11

6899

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001041	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/30/2023
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1654 FALLS ROAD TOCCOA, GA 30577			
(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 rules or regulatory violations were cited.		
	Volcaisno volo okoa:		
{Z 1213} SS= D	111-8-5312(1)(b)5. PATIEN	NT SCREENING, ASSESSMENT, & ADMIS	SSION.
	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 Manto 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 assessment 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 lieu of a complete physical examination being performed by the program physician, the individual physician licensed in good standing in the State of Georgia. Such examination shall be updat as necessary to reflect the individual's current condition at the time of admission, including updated laboratory tests.		
This REQUIREMENT is not met as evidenced by:			
	Based on record review and	staff interview, the facility failed to provide	documented evidence

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NAME OF PROVIDER OR SUPPLIE	ER .	STREET ADDRESS, CITY, STATE, ZIP CODE 1654 FALLS ROAD TOCCOA, GA 30577		
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	showing that a STD, and Ma Findings include:	antoux TB tests had been completed at the	ne time of admission.	
	A review of client records revealed the following:			
	Client #2 was admitted on 10/10/22, and there was no documented evidence that a STD test vidence.			
	Client #7 was admitted on 5/11/2023, and there was no documented evidence that a STD and test was done.			
	Client #8 was admitted on 3/9/2023, and there was no documented evidence that a STD and Totest was done.  In an interview on 5/30/2023 at 1:10 p.m. with employee D and K tated missing documents were not available at the time of the survey.			
{Z 1904}	111-8-5319(2) CENTRAL F	REGISTRY.		
SS= D	a program operates within 1	rollment of persons in different programs 25 miles of any adjoining state and that participate in the Central Registry of the	state also has a Central	
	Authority: O.C.G.A. §§ 26-5	i-2 et seq., 31-2-5 and 31-2-7.		

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1654 FALLS ROAD  TOCCOA, GA 30577					
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	This REQUIREMENT is not met as evidenced by:  Based on staff interview the facility failed to participate in the Central Registry of the adjoining state. Findings include:  Review of client records client #2, #3, #5, and #6 did not have document evidence the program participate in the Central Registry of the adjoining state.				
	In an interview on 5/30/2023 at 1:10 p.m. with employee D and K tated missing documents were not available at the time of the survey.				

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