

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001090	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/25/2023
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NAME OF PROVIDER OR SUPPLIER DALLAS COMPREHENSIVE TREATMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 311 WHITE INGRAM PARKWAY, SUITES 300-500 DALLAS, GA 30132
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(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
Z1213	<p>Continued From page 3</p> <p>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.</p> <p>This RULE is not met as evidenced by: Based on record reviews and staff interview, the facility did not provide TB (tuberculin) and STD/RPR infectious disease tests upon intake (and annual) to help determine appropriateness for program treatment. Findings were:</p> <p>Client #1: Admitted 1.6.23: No TB test results in client file on admission Client #5: Admitted 6.1.23: No TB test results in client file on admission. Client #7: Admitted 10.4.23 :No STD/RPR test results in client file on admission. Client #10 Admitted 1.18.22::No TB or STD/RPR screen for annual physical done 1.13.23</p> <p>During an interview with Staff A (clinical director), it was stated " I can't find these items right now" These items were not able to be produced during the survey.</p>	Z1213	<p>Clinical Director flagged each patient that did not have an intake or annual TB/STD/RPR test. Each patient was scheduled to see the nurse within 48 hours to bring the patient compliant.</p> <p>Each new patient and annual review will include administration of TB/STD/RPR testing and results will be documented in the EMR at the time services are rendered.</p> <p>Clinical Director will complete intake quality record reviews weekly and interim quality record reviews monthly to ensure compliance.</p>	11/24/2023

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Z 923	Continued From page 1 This RULE is not met as evidenced by: >>>>Based on record review and staff interview, the facility failed to maintain written and verified records for each employee including evidence of records relevant to the employee's performance. Findings include: A review of ten (10) staff records revealed: Staff C hired 1.15.21 ; Staff E hired 9.27.21 and Staff F hired 6.15.20 did not have any recent 2023 records relevant to their employee job performance. In an interview on 10.25.23 at around 10am with Staff A,(clinical director) it was determined these missing documents could not be produced at time of survey.	Z 923	Clinical Director completed an annual performance evaluation on all eligible staff. Clinical Director will perform annual performance evaluation on or before the anniversary of hire date on eligible staff. Clinical Director will review employee personnel files monthly to ensure personnel records are complete and up to date.	11/24/2023
Z1029 SS=D	111-8-53-.10(5) STAFFING. Employee Drug Testing. Programs shall establish and implement written policies and procedures for pre-employment and ongoing random drug testing of all program employees. Each sample must be collected and handled in accordance with accepted standards of clinical laboratory practice and tested for opiates, methadone and related drugs, amphetamines, cocaine, benzodiazepines, THC, and other drugs with satisfactory documentation of the results retained by the program. Authority: O.C.G.A. §§ 26-5-2 et. seq., 31-2-5 and 31-2-7. 111-8-53	Z1029		

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NAME OF PROVIDER OR SUPPLIER DALLAS COMPREHENSIVE TREATMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 311 WHITE INGRAM PARKWAY, SUITES 300-500 DALLAS GA 30132		
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44RD 0000	0000 - INITIAL COMMENTS. >>>>The purpose of this survey on 12.3.24 was to conduct an annual re-licensure survey. The following rule violation was cited as a result.	0000		
	1213 - 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: >>>>Based on record review and staff interview, the facility did not provide a physical examination and blood work during intake that included a Tuberculin/TB test and an STD/RPR test to help determine appropriateness for program treatment. Findings were: During a record review of Ten		This plan focuses on immediate correction and basic preventative actions to minimize recurrence. CD will perform Quality Record Review on all medical records within 7 days of intake to locate the charts with missing TB/RPR. Reviews will be done within 7 days of the anniversary of a patient having services 1 year and over to assure annual physicals are in compliance with state standards. CD will take preventative measures by training staff on the importance of timely and accurate documentation of test results. CD will establish a checklist as a tracking system for missing results and follow up every 10 days to ensure compliance with the new procedure.	

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TITLE (X6) DATE

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44RD 1213 SS=D	<p>(10) client files it was revealed that Seven (7) files did not have evidence that a TB Test and/or an STD/RPR test was completed during admission or annually for those enrolled in treatment longer than a year. Two (2) files did not have an annual physical examination completed for 2024.</p> <p>Client #1: Admitted 4.21.23- No TB/RPR results upon 4.29.24 annual physical.</p> <p>Client #3: Admitted 3.3.21- No TB/RPR results upon 3.4.34 annual physical.</p> <p>Client #4: Admitted 9.4.24- No TB/RPR results upon intake admission.</p> <p>Client #5: Admitted 3.6.24- No TB/RPR results upon intake admission.</p> <p>Client #6: Admitted 10.4.23- No 2024 annual physical completed to include TB/RPR results.</p> <p>Client #7: Admitted 3.20.24- No RPR results.</p> <p>Client #9: Admitted- No 2024 annual physical completed to include TB/RPR results.</p> <p>During an interview with Staff L (identified as a Clinical Director for Woodstock location) on 12.3.24 at around 12:15pm, it was confirmed that these items were</p>	1213		

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	not able to be produced at the time of survey.			

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