



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA

NARCOTIC TREATMENT PROGRAM PERMIT

This is to certify that a permit is hereby granted to

BEYOND YOUR ORDINARY, INC.
(Name of Governing Body)

to maintain and operate a **DRUG ABUSE TREATMENT AND EDUCATION PROGRAM SPECIALIZING IN ONLY NARCOTIC TREATMENT**
named as **BEYOND YOUR ORDINARY TREATMENT CENTER**
(Name of Facility)

Said facility and premises are located at **97 ATLANTA STREET STE 100**
in **MCDONOUGH**, County of **HENRY**, Georgia.
(City or Town) (Street)

This permit is effective **April 17, 2020**

and remains in effect unless revoked or suspended.

This permit is granted pursuant to the authority vested in the Department of Community Health, Official Code of Georgia, Annotated, Section 26-5-2 et seq., and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued.

THIS PERMIT IS NOT TRANSFERABLE

Permit No: **NTP001105**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief



April 19, 2024

Dr. Mya C. Spencer CEO
Beyond Your Ordinary Treatment Center
97 Atlanta Street Ste 100
McDonough, GA 30253

Dear Dr. Spencer:

Enclosed is a copy of the report pertaining to the licensure inspection completed at your facility on April 19, 2024 by this office. The report indicates that no deficiencies were cited during the inspection of your facility.

We appreciate the courtesy extended to our representative during the visit. If we may be of assistance at any time, please call our office at (404) 657-5411.

Sincerely,
Willie Dean, MS MAC GCAADC CACI
Director
Behavioral Health Unit

W
D:JQ

State of GA, Healthcare Facility Regulation Division

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|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NTP001105 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/19/2024 |
|--|--|---|---|

| | |
|--|---|
| NAME OF PROVIDER OR SUPPLIER BEYOND YOUR ORDINARY TREATMENT CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 97 ATLANTA STREET STE 100 MCDONOUGH, GA 30253 |
|--|---|

| (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 | <p>INITIAL COMMENTS.</p> <p>>>>>The purpose of this visit on 4.19.24 was to conduct a compliance inspection. No rule violations were cited.</p> | Z 000 | | |

State of GA Inspection Report

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

TITLE

(X6) DATE

FACILITY IDENTIFIERS

Beyond Your Ordinary Treatment Center

Surveyor Name: **JQ**

Number: **NTP001105**

Survey Exit Date: **04/19/2024**

| IDENTIFIER | PERSONNEL IDENTIFIER |
|--------------------------------|--|
| RY FAMBROUGH- ADMIT- 5.22.23 | A. KORINAND'R MCCOMBS- LPC CLIN DIR HIRED- 2.1.24, L -9.30.24 |
| MILLIAMSON- ADMIT- 5.22.23 | B. DR. MILES JOHNSON- MED DIRECTOR-HIRED- 5.1.20- L 2.28.25 DEA EXP- 12.31.25 |
| EW LILLIBRIDGE- ADMIT- 8.28.20 | C. OLAITAN ADEOTI- PHARMACIST- HIRED- 5.1.20- LIC EXI |
| FAMBROUGH- ADMIT- 2.27.23 | D. KIMBERLY MCFADDEN- LPN- HIRED- 4.26.22, LIC EXP- : |
| ICE MURRAY- ADMIT- 10.6.22 | E. |
| LEFEVRE- ADMIT- 8.14.23 | F. |
| EW VAUGHN- 3.21.23 | G. |
| NCE BRYANT- ADMIT- 5.22.23 | H. |
| EARIGENO ADMIT- 5.22.23 | I. |
| R GOODMAN- ADMIT- 3.13.23 | J. |
| | K. |
| | L. |
| | M. |
| | N. |