

Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BEGINNINGS DRUG TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4855 MACCORKLE AVENUE SW CHARLESTON, WV 25309</b>
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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
C 000	Initial Comments  BEHAVIORAL HEALTH CENTER LICENSURE SURVEY AUGUST 21-24, 2017  CENTER CENSUS: 76 Sample Size: 9	C 000		
C 102	64-11-5.2.a. Governing Body  The Center shall have a governing body that sets policies, develops a mission statement, defines services, guides development and ensures the accountability of the Center.  This REQUIREMENT is not met as evidenced by: (1) Based on documentation review, observation, and interview, the Center failed to have a governing body that sets policies, develops a mission statement, defines services, guides development and ensures the accountability of the Center. Consumers affected: all consumers being served by the Center. Findings include:  (a) The Center failed to maintain a personnel record that includes the job description and application for all staff. Staff affected: six (6) of six (6) personnel records reviewed. Staff identifiers: A through F. (Refer to C145)  (b) The Center failed to maintain a personnel record that includes references for all staff. Staff affected: six (6) out of six (6) personnel records reviewed. Staff identifiers: A through F. (Refer to C147)  (c) The Center failed to maintain a personnel record that includes verification of education for all staff. Staff affected: three (3) of six (6)	C 102		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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C 102	<p>Continued From page 1</p> <p>personnel records reviewed. Staff identifiers: B, D and E. (Refer to C148)</p> <p>(d) The Center failed to ensure that beginning on the first day of employment, professional and direct care staff shall begin orientation and training on treatment policies and procedures, consumer rights and the use of emergency procedures, such as crisis intervention and restraints. Staff affected: six (6) of six (6) personnel records reviewed. Staff identifiers: Staff A through F. (Refer to C152)</p> <p>(e) The Center failed to maintain a human rights committee to hold meetings and keep written minutes of all meetings, including the names and titles of all members and guests present and members absent. Consumers affected: all consumers served by the Center. (Refer to C159)</p> <p>(f) The Center failed to have and implement a systems review of the appropriateness and effectiveness of client services which includes an analysis of the results of treatment plan reviews and of reports by the human rights committee. Consumers affected: all consumers receiving services at the Center. (Refer to C172)</p> <p>(g) The Center failed to have written procedures to deal with fire, medical emergencies, natural disasters and other life-threatening situations. Consumers affected: all consumers served by the Center. (Refer to C177)</p> <p>(h) The Center failed to conduct quarterly fire drills in its residential and daytime group setting locations, some of which shall be held during rest or sleeping periods. Consumers affected: all</p>	C 102		

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C 102	<p>Continued From page 2</p> <p>consumers served by the Center. (Refer to C181)</p> <p>(i) The Center failed to ensure that intake documentation shall include all relevant preliminary diagnostic, social, medical and legal information and shall be signed and dated. Consumers affected: six (6) of eight (8) consumers in the sample. Consumer identifiers: #3 through #8. (Refer to C231)</p> <p>(j) The Center failed to ensure that a consumer, or his or her legal representative, shall sign a written consent prior to treatment. Consumers affected: eight (8) of eight (8) consumers in the sample. Consumer identifiers: #1 through #8. (Refer to C234)</p> <p>(k) The Center failed to ensure that the treatment plan shall be developed within seven (7) days and completed within thirty (30) days of intake. When a service is less than thirty (30) days, the initial assessment and treatment plan shall be developed within a shorter time frame in accordance with a consumer's needs. Consumers affected: two (2) of two (2) consumers residing at the residential treatment center. Consumer identifiers: #7 and #8. (Refer to C241)</p> <p>(l) The Center failed to ensure a written discharge summary shall be entered in a consumer's record within thirty (30) days of discharge and include the reasons for discharge. Consumers affected: one (1) of one (1) discharged consumer in the sample. Consumer identifier: #9. (Refer to C260)</p> <p>(m) The Center failed to develop a process for the administration, storage and accountability of all medication, that includes provisions for a</p>	C 102		

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C 102	Continued From page 3  medication administration record procedure and is in compliance with state and federal requirements. Consumers affected: two (2) of two (2) consumers residing at the residential treatment center. Consumer identifiers: #7 and #8. (Refer to C294)  (n) The Center failed to ensure that a consumer shall have rights, including but not limited to the right to treatment and services that support a consumer's liberty and result in positive outcomes to the maximum extent possible. Consumers affected: eight (8) of eight (8) consumers in the sample. Consumer identifiers: #1 through #8. (Refer to C329)	C 102		
C 145	64-11-5.6.d.1. Personnel  For all staff, the Center shall maintain a personnel record that includes: The job description and application. This REQUIREMENT is not met as evidenced by: (1) Based on documentation review and interview, the Center failed to maintain a personnel record that includes the job description and application for all staff. Staff affected: six (6) of six (6) personnel records reviewed. Staff identifiers: A through F. Findings include:  (a) Review of the personnel record for Staff A, Therapist, date of hire 03/01/17, revealed no documented evidence of a signed job description.  (b) Review of the personnel record for Staff B, Behavioral Health Technician, date of hire 08/01/17, revealed no documented evidence of a signed job description.	C 145		

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C 145	<p>Continued From page 4</p> <p>(c) Review of the personnel record for Staff C, Nurse Practitioner, date of hire 08/01/17, revealed no documented evidence of a signed job description.</p> <p>(d) Review of the personnel record for Staff D, Chief Executive Officer/Administrator, date of hire 03/01/17, revealed no documented evidence of a signed job description.</p> <p>(e) Review of the personnel record for Staff E, Behavioral Health Technician, date of hire 08/15/17, revealed no documented evidence of a signed job description.</p> <p>(f) Review of the personnel record for Staff F, Therapist, date of hire 03/01/17, revealed no documented evidence of a signed job description.</p> <p>(g) Interview on 08/23/17 at 2:45 p.m. with Staff D, Chief Executive Officer/Administrator, confirmed that the Center "has developed job descriptions for nursing staff, but they do not require them to sign them" and "job descriptions have not been developed for any other positions."</p> <p>(h) The failure of the Center to ensure all staff are aware of all the duties required of their positions as evidenced by signed job descriptions does not meet the intent of the regulation that for all staff, the Center shall maintain a personnel record that includes the job description and application.</p>	C 145		
C 147	<p>64-11-5.6.d.3. Personnel</p> <p>For all staff, the Center shall maintain a personnel record that includes: References. This REQUIREMENT is not met as evidenced</p>	C 147		

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C 147	<p>Continued From page 5</p> <p>by:</p> <p>(1) Based on documentation review and interview, the Center failed to maintain a personnel record that includes references for all staff. Staff affected: six (6) of six (6) personnel records reviewed. Staff identifiers: A through F. Findings include:</p> <p>(a) Review of the personnel record for Staff A, Therapist, date of hire 03/01/17, revealed no documented evidence of reference checks prior to hiring for the position.</p> <p>(b) Review of the personnel record for Staff B, Behavioral Health Technician, date of hire 08/01/17, revealed no documented evidence of reference checks prior to hiring for the position.</p> <p>(c) Review of the personnel record for Staff C, Nurse Practitioner, date of hire 08/01/17, revealed no documented evidence of reference checks prior to hiring for the position.</p> <p>(d) Review of the personnel record for Staff D, Chief Executive Officer/Administrator, date of hire 03/01/17, revealed no documented evidence of reference checks prior to hiring for the position.</p> <p>(e) Review of the personnel record for Staff E, Behavioral Health Technician, date of hire 08/15/17, revealed no documented evidence of reference checks prior to hiring for the position.</p> <p>(f) Review of the personnel record for Staff F, Therapist, date of hire 03/01/17, revealed no documented evidence of reference checks prior to hiring for the position.</p> <p>(g) Interview on 08/22/17 at 11:30 a.m. with Staff E, Chief Executive Officer/Administrator,</p>	C 147		

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C 147	Continued From page 6  confirmed that the Center "has no proof of checking references for new hires, and the Center does not check references for professional staff."  (h) The failure of the Center to ensure that references are checked prior to hiring staff does not meet the intent of the regulation that for all staff, the Center shall maintain a personnel record that includes references.	C 147		
C 148	64-11-5.6.d.4. Personnel  For all staff, the Center shall maintain a personnel record that includes: Verification of education for staff. This REQUIREMENT is not met as evidenced by: (1) Based on documentation review and interview, the Center failed to maintain a personnel record that includes verification of education for all staff. Staff affected: three (3) of six (6) personnel records reviewed. Staff identifiers: B, D and E. Findings include:  (a) Review of the personnel record for Staff B, Behavioral Health Technician, date of hire 08/01/17, revealed no documented evidence of verification of education prior to hiring for the position, yet the job application indicated he had a General Education Development (GED).  (b) Review of the personnel record for Staff D, Chief Executive Officer/Administrator, date of hire 03/01/17, revealed no documented evidence of verification of education prior to hiring for the position, yet the application indicated he had three (3) degrees.	C 148		

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C 148	<p>Continued From page 7</p> <p>(c) Review of the personnel record for Staff E, Behavioral Health Technician, date of hire 08/15/17, revealed no documented evidence of verification of education prior to hiring for the position, yet the job application indicated she had a General Education Development (GED).</p> <p>(d) Review of the Center's application revealed a list of required documentation to "Bring with you at the time of interview" for all employees, including: "Resume, Driver's License, SS (Social Security) Card, Registration, Proof of Insurance, Credentials, Certificates, and License."</p> <p>(e) Interview on 08/22/17 at 11:50 a.m. with Staff E, Chief Executive Officer/ Administrator, confirmed the Center does not have documented proof of education for Staff B, D and E in the personnel records, but they "usually give them thirty days to bring in all paperwork", and although "I have three (3) degrees, I just don't have the certificates here at work."</p> <p>(f) The failure of the Center to acquire proof of education to ensure that all staff are qualified for the positions they are hired for as required by the Center's application process does not meet the intent of the regulation that for all staff, the Center shall maintain a personnel record that includes verification of education for staff.</p>	C 148		
C 152	<p>64-11-5.7.a. Staff Training</p> <p>Beginning on the first day of employment, professional and direct care staff shall begin orientation and training on treatment policies and procedures, consumer rights and the use of emergency procedures, such as crisis</p>	C 152		

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C 152	<p>Continued From page 8</p> <p>intervention and restraints. This REQUIREMENT is not met as evidenced by:</p> <p>(1) Based on documentation review and interview, the Center failed to ensure that beginning on the first day of employment, professional and direct care staff shall begin orientation and training on treatment policies and procedures, consumer rights and the use of emergency procedures, such as crisis intervention and restraints. Staff affected: six (6) of six (6) personnel records reviewed. Staff identifiers: A through F. Findings include:</p> <p>(a) Interview on 08/22/17 at 11:45 a.m. with Staff D, CEO /Administrator, confirmed the Center does not have an organized orientation or training procedure or policy. The Center "provides new staff a handbook that they read on their own. They sign the back page and return it to be scanned into the file." The Center also "provides a cardiopulmonary resuscitation (CPR) class they require everyone to attend."</p> <p>(b) Review of the personnel record for Staff A, Therapist, date of hire 03/01/17, revealed no documented evidence of orientation and training.</p> <p>(c) Review of the personnel record for Staff B, Behavioral Health Technician, date of hire 08/01/17, revealed no documented evidence of orientation and training.</p> <p>(d) Review of the personnel record for Staff C, Nurse Practitioner, date of hire 08/01/17, revealed no documented evidence of orientation and training.</p> <p>(e) Review of the personnel record for Staff D, Chief Executive Officer/Administrator, date of</p>	C 152		

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C 152	<p>Continued From page 9</p> <p>hire 03/01/17, revealed no documented evidence of orientation and training.</p> <p>(f) Review of the personnel record for Staff E, Behavioral Health Technician, date of hire 08/15/17, revealed no documented evidence of orientation and training.</p> <p>(g) Review of the personnel record for Staff F, Therapist, date of hire 03/01/17, revealed no documented evidence of orientation and training.</p> <p>(h) Interview on 08/23/17 at 2:45 p.m. with Staff E, Behavioral Health Technician, date of hire 08/15/17, confirmed that she "took a class in cardiopulmonary resuscitation (CPR) on 08/18/17, but other than that, the staff just showed her the paperwork and routine of the home" and that she "did not receive a handbook yet."</p> <p>(i) The failure of the Center to develop orientation training to ensure that staff are appropriately trained does not meet the intent of the regulation that beginning on the first day of employment, professional and direct care staff shall begin orientation and training on treatment policies and procedures, consumer rights and the use of emergency procedures, such as crisis intervention and restraints.</p>	C 152		
C 159	<p>64-11-5.9.a.1. Human Rights Committee</p> <p>The Center shall maintain a human rights committee to: Hold meetings and keep written minutes of all meetings, including the names and titles of all members and guests present and members absent.</p> <p>This REQUIREMENT is not met as evidenced</p>	C 159		

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C 159	<p>Continued From page 10</p> <p>by:</p> <p>(1) Based on documentation review and interview, the Center failed to maintain a human rights committee to hold meetings and keep written minutes of all meetings, including the names and titles of all members and guests present and members absent. Consumers affected: all consumers served by the Center. Findings include:</p> <p>(a) Documentation review revealed no documented evidence of a Human Rights Committee, meetings, minutes, members, or policies.</p> <p>(b) Interview on 08/22/17 at 10:50 a.m. with Staff D, Chief Executive Officer/Administrator, confirmed the Center does not currently have a Human Rights Committee or any formal policies regarding a Human Rights Committee.</p> <p>(c) The failure of the Center to ensure the consumer's rights are protected, report activities and recommendations to the governing body, and review internal and external investigations through the use of a Human Rights Committee does not meet the intent of the regulation that the Center shall maintain a human rights committee to hold meetings and keep written minutes of all meetings, including the names and titles of all members and guests present and members absent.</p>	C 159		
C 172	<p>64-11-5.11.a. Quality Assurance</p> <p>The Center shall have and implement a systems review of the appropriateness and effectiveness of client services which includes an analysis of the results of treatment plan reviews and of</p>	C 172		

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C 172	<p>Continued From page 11</p> <p>reports by the human rights committee. This REQUIREMENT is not met as evidenced by:</p> <p>(1) Based on documentation review and interview, the Center failed to have and implement a systems review of the appropriateness and effectiveness of client services which includes an analysis of the results of treatment plan reviews and of reports by the human rights committee. Consumers affected: all consumers receiving services at the Center. Findings include:</p> <p>(a) Documentation review revealed a process of consumer satisfaction surveys collected by the Center, but no analysis of the assessments.</p> <p>(b) Interview on 08/21/17 at 11:30 a.m. with Staff G, Director, confirmed that the Center collects the satisfaction surveys, but they currently do not have anyone on staff that compiles the information into a report.</p> <p>(c) The failure of the Center to have a quality assurance officer or program does not meet the intent of the regulation that the Center shall have and implement a systems review of the appropriateness and effectiveness of client services which includes an analysis of the results of treatment plan reviews and of reports by the human rights committee.</p>	C 172		
C 177	<p>64-11-6.1.e. Health and Safety</p> <p>The Center shall have written procedures to deal with fire, medical emergencies, natural disasters and other life-threatening situations. This REQUIREMENT is not met as evidenced by:</p>	C 177		

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C 177	<p>Continued From page 12</p> <p>(1) Based on documentation review and interview, the Center failed to have written procedures to deal with fire, medical emergencies, natural disasters and other life-threatening situations. Consumers affected: all consumers served by the Center. Findings include:</p> <p>(a) Documentation review revealed no documented evidence of an emergency plan or procedure.</p> <p>(b) Interview on 08/24/17 at 11:30 a.m. with Staff D, Chief Executive Officer/Administrator, confirmed the Center has supplies for "shelter in place," but currently do not have a disaster plan.</p> <p>(c) The failure of the Center to have written procedures in place to ensure the protection of consumers in case of an emergency does not meet the intent of the regulation that the Center shall have written procedures to deal with fire, medical emergencies, natural disasters and other life-threatening situations.</p>	C 177		
C 181	<p>64-11-6.2.b. Fire Code</p> <p>The Center shall conduct quarterly fire drills in its residential and daytime group setting locations, some of which shall be held during rest or sleeping periods.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>(1) Based on documentation review and interview, the Center failed to conduct quarterly fire drills in its residential and daytime group setting locations, some of which shall be held during rest or sleeping periods. Consumers</p>	C 181		

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C 181	<p>Continued From page 13</p> <p>affected: all consumers served by the Center. Findings include:</p> <p>(a) Documentation review revealed no documented evidence of fire drills being held at the outpatient treatment center or the residential treatment center.</p> <p>(b) Interview on 08/23/17 at 2:45 p.m. with Staff E, Behavioral Health Technician, confirmed that the residential treatment center had not held fire drills.</p> <p>(c) Interview on 08/24/17 at 11:30 a.m. with Staff D, Chief Executive Officer/Administrator, confirmed that although the Center "plans to have quarterly fire drills, they have not started them yet."</p> <p>(d) The failure of the Center to conduct fire drills at the outpatient treatment center or residential treatment center does not meet the intent of the regulation that the Center shall conduct quarterly fire drills in its residential and daytime group setting locations, some of which shall be held during rest or sleeping periods.</p>	C 181		
C 231	<p>64-11-7.2.b. Assessment and Planning</p> <p>Intake documentation shall include all relevant preliminary diagnostic, social, medical and legal information, and shall be signed and dated. This REQUIREMENT is not met as evidenced by:</p> <p>(1) Based on documentation review and interview, the Center failed to ensure that intake documentation shall include all relevant preliminary diagnostic, social, medical and legal information and shall be signed and dated.</p>	C 231		

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C 231	<p>Continued From page 14</p> <p>Consumers affected: six (6) of eight (8) consumers in the sample. Consumer identifiers: #3 through #8. Findings include:</p> <p>(a) Review of the intake assessment for outpatient treatment dated 03/31/17 for Consumer #3, date of admission 03/31/17, revealed no documented evidence of a staff signature to verify the identity of the staff to ensure they are qualified to perform the assessment.</p> <p>(b) Review of the intake assessment for outpatient treatment dated 04/12/17 for Consumer #4, date of admission 04/12/17, revealed no documented evidence of a staff signature to verify the identity of the staff to ensure they are qualified to perform the assessment.</p> <p>(c) Review of the intake assessment for outpatient treatment dated 04/18/17 for Consumer #5, date of admission 04/18/17, revealed no documented evidence of a staff signature to verify the identity of the staff to ensure they are qualified to perform the assessment.</p> <p>(d) Review of the intake assessment for outpatient treatment dated 04/20/17 for Consumer #6, date of admission 04/20/17, revealed no documented evidence of a staff signature to verify the identity of the staff to ensure they are qualified to perform the assessment.</p> <p>(e) Review of the intake assessment for outpatient treatment dated 05/18/17 for Consumer #7, date of admission 05/18/17, revealed no documented evidence of a staff</p>	C 231		

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C 231	<p>Continued From page 15</p> <p>signature to verify the identity of the staff to ensure they are qualified to perform the assessment.</p> <p>(f) Review of the intake assessment for outpatient treatment dated 07/19/17 for Consumer #8, date of admission 07/19/17, revealed no documented evidence of a staff signature to verify the identity of the staff to ensure they are qualified to perform the assessment.</p> <p>(g) Interview on 08/23/17 at 10:40 a.m. with Staff D, Chief Executive Officer/Administrator, confirmed the intakes were unsigned, and stated, "The intake assessments are performed by the therapists."</p> <p>(h) Interview on 08/24/17 at 11:45 a.m. with Staff G, Director, confirmed that she completed the majority of the intakes, but not signing them was an oversight.</p> <p>(i) The failure of the Center to ensure documented evidence that the intake assessments were performed and signed by qualified staff does not meet the intent of the regulation that intake documentation shall include all relevant preliminary diagnostic, social, medical and legal information, and shall be signed and dated.</p>	C 231		
C 234	<p>64-11-7.2.e. Assessment and Planning</p> <p>A consumer, or his or her legal representative, shall sign a written consent prior to treatment. This REQUIREMENT is not met as evidenced by:</p> <p>(1) Based on documentation review and</p>	C 234		

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C 234	<p>Continued From page 16</p> <p>interview, the Center failed to ensure that a consumer, or his or her legal representative, shall sign a written consent prior to treatment. Consumers affected: eight (8) of eight (8) consumers in the sample. Consumer identifiers: #1 through #8. Findings include:</p> <p>(a) Review of the outpatient clinical records for Consumer #1, date of admission 04/03/17, revealed no documented evidence of a signed consent for treatment.</p> <p>(b) Review of the outpatient clinical records for Consumer #2, date of admission 03/21/17, revealed no documented evidence of a signed consent for treatment.</p> <p>(c) Review of the outpatient clinical records for Consumer #3, date of admission 03/31/17, revealed no documented evidence of a consent for treatment.</p> <p>(d) Review of the outpatient clinical records for Consumer #4, date of admission 04/12/17, revealed no documented evidence of a signed consent for treatment.</p> <p>(e) Review of the outpatient clinical records for Consumer #5, date of admission 04/18/17, revealed no documented evidence of a signed consent for treatment.</p> <p>(f) Review of the outpatient clinical records for Consumer #6, date of admission 04/20/17, revealed no documented evidence of a signed consent for treatment.</p> <p>(g) Review of the outpatient clinical records for Consumer #7, date of admission 05/18/17, and residential clinical records, date of admission</p>	C 234		

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C 234	<p>Continued From page 17</p> <p>08/08/17, revealed no documented evidence of a signed consent for treatment.</p> <p>(h) Review of the outpatient clinical records for Consumer #8, date of admission 07/19/17, and residential clinical records, date of admission 08/08/17, revealed no documented evidence of a signed consent for treatment.</p> <p>(i) Interview on 08/23/17 at 11:50 p.m. with Staff D, Chief Executive Officer/Administrator, confirmed the intake forms were unsigned, and stated, "Consumers sign the intake form when they come to the outpatient center, and they consider that to be consent for treatment; and the Center does not have the consumer sign an additional consent for treatment if they transfer into the residential center."</p> <p>(j) The failure of the Center to obtain written informed consent prior to treatment does not meet the intent of the regulation that a consumer, or his or her legal representative, shall sign a written consent prior to treatment.</p>	C 234		
C 241	<p>64-11-7.3.b. Treatment Plan</p> <p>The treatment plan shall be developed within seven (7) days and completed within thirty (30) days of intake. When a service is less than thirty (30) days, the initial assessment and treatment plan shall be developed within a shorter time frame in accordance with a consumer's needs.</p> <p>This REQUIREMENT is not met as evidenced by: (1) Based on documentation review and interview, the Center failed to ensure that the treatment plan shall be developed within seven</p>	C 241		

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C 241	<p>Continued From page 18</p> <p>(7) days and completed within thirty (30) days of intake. When a service is less than thirty (30) days, the initial assessment and treatment plan shall be developed within a shorter time frame in accordance with a consumer's needs. Consumers affected: two (2) of two (2) consumers residing at the residential treatment center. Consumer identifiers: #7 and #8. Findings include:</p> <p>(a) Review of the residential clinical records for Consumer #7, date of admission 08/08/17, revealed a handwritten treatment plan dated 08/19/17, completed by Staff F, Therapist.</p> <p>(b) Review of the residential clinical records for Consumer #8, date of admission 08/08/17, revealed a handwritten treatment plan dated 08/19/17, completed by Staff F, Therapist.</p> <p>(c) Interview on 08/23/17 at 12:20 p.m. with Staff F, Therapist, confirmed that the residential treatment at the home was a thirty (30) day program, and he "was just told a couple days ago that I needed treatment plans, so I wrote them up real quick. I wasn't sure what I needed to do. I got on-line and got a template to work from."</p> <p>(d) The failure of the Center to ensure the development of a complete treatment plan for consumers admitted to the thirty (30) day residential treatment center does not meet the intent of the regulation that the treatment plan shall be developed within seven (7) days and completed within thirty (30) days of intake. When a service is less than thirty (30) days, the initial assessment and treatment plan shall be developed within a shorter time frame in accordance with a consumer's needs.</p>	C 241		

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C 260	Continued From page 19	C 260		
C 260	<p>64-11-7.5.b.1. Consumer Discharge</p> <p>A written discharge summary shall be entered in a consumer's record within thirty (30) days of discharge and include: The reasons for discharge.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>(1) Based on documentation review and interview, the Center failed to ensure a written discharge summary shall be entered in a consumer's record within thirty (30) days of discharge and include the reasons for discharge. Consumers affected: one (1) of one (1) discharged consumer in the sample. Consumer identifier: #9. Findings include:</p> <p>(a) Review of the residential clinical records for Consumer #9 revealed a date of admission of 04/03/17 and date of discharge of 04/12/17.</p> <p>(b) Review of the "Nursing Note" dated 04/12/17 for Consumer #9 revealed a handwritten note that stated, "Discharged to home per order," but no documented evidence of a physician's order for discharge or a discharge summary could be located in the consumer's clinical records.</p> <p>(c) Interview on 08/23/17 at 12:40 p.m. with Staff D, Chief Executive Officer/Administrator, confirmed there was no documented evidence of a physician's discharge order or discharge summary in the consumer's clinical records.</p> <p>(d) The failure of the Center to ensure that consumers are discharged according to treatment and discharge planning does not meet the intent of the regulation that a written discharge</p>	C 260		

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C 260	Continued From page 20  summary shall be entered in a consumer's record within thirty (30) days of discharge and include the reasons for discharge.	C 260		
C 294	64-11-7.10.a. Medication Services  The Center shall develop a process for the administration, storage and accountability of all medication, that includes provisions for a medication administration record procedure and is in compliance with state and federal requirements. This REQUIREMENT is not met as evidenced by: (1) Based on observation, documentation review and interview, the Center failed to develop a process for the administration, storage and accountability of all medication, that includes provisions for a medication administration record procedure and is in compliance with state and federal requirements. Consumers affected: two (2) of two (2) consumers residing at the residential treatment center. Consumer identifiers: #7 and #8. Findings include:  (a) Observation on 08/23/17 at 10:30 a.m. of the medication room in the residential treatment center revealed the consumers' medications were kept in large plastic bags along with personal belongings in a large locked file cabinet drawer. The bags did not close, as the slide-lock tops would not seal properly.  (b) Interview 08/23/15 at 10:35 a.m. with Staff D, Chief Executive Officer/Administrator, confirmed the plastic bags were kept secured in a locked file cabinet drawer, then conceded the bags containing medication and personal belongings did not close properly.	C 294		

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C 294	<p>Continued From page 21</p> <p>(c) Observation on 08/24/17 at 9:50 a.m. of the medications for Consumer #7 revealed:</p> <p>(i) One (1) prescription bottle of Quetiapine Numerate 400 mg tablets (generic Seroquel);</p> <p>(ii) One (1) prescription bottle of Bupropion HCL SR 150 mg tablets (generic Wellbutrin);</p> <p>(iii) Several loose packets with over the counter Anti-diarrheal medicine; and</p> <p>(iv) One (1) bottle of over the counter chest rub.</p> <p>(d) Review of the clinical record's "Psycho-Social Assessment Vocational History" assessment revealed that Consumer #7 was on Seroquel 400 mg, Wellbutrin 300 mg and Lexapro 20 mg.</p> <p>(e) Review of the clinical record's "Patient Intake: Physical Exam" revealed that Consumer #7 was on Seroquel 400 mg, Wellbutrin 150 mg twice daily and Imodium as needed.</p> <p>(f) Review of the Medication Administration Record revealed that no medications were listed, but each day had "8:30" and a variety of unidentified initials.</p> <p>(g) Interview on 08/23/17 at 10:30 a.m. with Staff E, Behavioral Health Technician, confirmed that Consumer #7 takes her meds once a day in the evening and that the initials belong to the Behavioral Health Technician who removes the belonging bag from the file cabinet and hands it</p>	C 294		

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C 294	<p>Continued From page 22</p> <p>to the consumer and documents that "they took something." Staff E confirmed that she does not know what medications are being taken, as "it's their meds" and the "medication list is on the intake" located in the clinical records.</p> <p>(h) Review of the clinical record's "Personal Belongings Inventory" for Consumer #7 revealed the "medication" line was left blank.</p> <p>(i) Interview on 08/23/17 at 10:45 a.m. with Staff D, Chief Executive Officer/Administrator, confirmed there were no medications listed on the "Personal Belongings Inventory for Consumer #7;" and the lack of initials of the consumer on the "Medication Administration Record" does not reflect self-medication.</p> <p>(j) Observation on 08/24/17 at 9:50 a.m. of the medications for Consumer #8 revealed:</p> <p>(i) One (1) prescription bottle of Ibuprofen 600 mg;</p> <p>(ii) Three (3) prescription boxes of Nicotine Transdermal System patches, one (1) of which was opened; and</p> <p>(iii) One (1) box of Rite-Aid sinus pressure and pain medicine.</p> <p>(k) Review of the clinical record's "Personal Belongings Inventory" for Consumer #8 revealed the "medication" line contained a check mark.</p> <p>(l) Interview on 08/23/17 at 12:05 p.m. with Staff D, Chief Executive Officer/Administrator, confirmed the "Personal Belongings Inventory" is completed upon admission to the residential treatment center, and some items are taken from</p>	C 294		

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C 294	<p>Continued From page 23</p> <p>the consumer and placed in the bag in the file cabinet. Staff D confirmed there were no medications listed for Consumer #8.</p> <p>(m) Review of the "Medication Administration Record" for Consumer #8 revealed that on four (4) days from 08/09/17 to 08/23/17, the consumer received medication as indicated by a variety of unidentified initials. On one day with no date, "Day 7", there was a notation of "allergy med."</p> <p>(n) Interview on 08/23/17 at 10:30 with Staff E, Behavioral Health Technician, confirmed that Consumer #8 "sometimes takes medication," but she could not tell from the Medication Administration Record what medicine it was. Regarding the allergy medication, Staff E stated the Nurse Practitioner had ordered it after the consumer was admitted to the residential treatment center.</p> <p>(o) Review of the clinical records for Consumer #8 revealed no documented evidence of any orders for allergy medication, or any notes regarding the need for allergy medication.</p> <p>(p) Interview on 08/23/17 at 12:00 p.m. with Staff D, Chief Executive Officer/Administrator, confirmed the Center does not have a process in place to identify what medication the patients bring to the residential treatment center, or what medication they are taking while residing at the center. Staff D also confirmed there was no documented evidence of an order or notation regarding sinus medication for Consumer #8.</p> <p>(q) The failure of the Center to have a procedure in place to properly secure and track what medications the consumers are bringing to and taking from the residential treatment center</p>	C 294		

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C 294	Continued From page 24  does not meet the intent of the regulation that the Center shall develop a process for the administration, storage and accountability of all medication, that includes provisions for a medication administration record procedure and is in compliance with state and federal requirements.	C 294		
C 329	64-11-8.1.a.1. Basic Rights  A consumer shall have rights including, but not limited to: The right to treatment and services that support a consumer's liberty and result in positive outcomes to the maximum extent possible. This REQUIREMENT is not met as evidenced by: (1) Based on documentation review and interview, the Center failed to ensure that a consumer shall have rights, including but not limited to the right to treatment and services that support a consumer's liberty and result in positive outcomes to the maximum extent possible. Consumers affected: eight (8) of eight (8) consumers in the sample. Consumer identifiers: #1 through #8. Findings include:  (a) Review of the outpatient clinical records for Consumer #1, date of admission 04/03/17, revealed no documented evidence that the consumer was informed of her rights.  (b) Review of the outpatient clinical records for Consumer #2, date of admission 03/21/17, revealed no documented evidence that the consumer was informed of her rights.  (c) Review of the outpatient clinical records for Consumer #3, date of admission 03/31/17,	C 329		

Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BEGINNINGS DRUG TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4855 MACCORKLE AVENUE SW CHARLESTON, WV 25309</b>
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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
C 329	<p>Continued From page 25</p> <p>revealed no documented evidence that the consumer was informed of her rights.</p> <p>(d) Review of the outpatient clinical records for Consumer #4, date of admission 04/12/17, revealed no documented evidence that the consumer was informed of her rights.</p> <p>(e) Review of the outpatient clinical records for Consumer #5, date of admission 04/18/17, revealed no documented evidence that the consumer was informed of her rights.</p> <p>(f) Review of the outpatient clinical records for Consumer #6, date of admission 04/20/17, revealed no documented evidence that the consumer was informed of her rights.</p> <p>(g) Review of the outpatient clinical records for Consumer #7, date of admission 05/18/17, revealed no documented evidence that the consumer was informed of her rights.</p> <p>(h) Review of the residential clinical records for Consumer #7, date of admission 08/08/17, revealed no documented evidence that the consumer was informed of her rights.</p> <p>(i) Review of the outpatient clinical records for Consumer #8, date of admission 07/19/17, revealed no documented evidence that the consumer was informed of her rights.</p> <p>(j) Review of the residential clinical records for Consumer #8, date of admission 08/08/17, revealed no documented evidence that the consumer was informed of her rights.</p> <p>(k) Interview on 08/22/17 at 11:35 a.m. with Staff D, Chief Executive Officer/Administrator,</p>	C 329		

Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>444</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/24/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NEW BEGINNINGS DRUG TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4855 MACCORKLE AVENUE SW CHARLESTON, WV 25309</b>
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C 329	<p>Continued From page 26</p> <p>confirmed the Center does not require consumers in the outpatient center or residential center to sign the rights restrictions.</p> <p>(I) The failure of the Center to ensure the consumers understand their basic rights, as evidenced by signature, does not meet the intent of the regulation that a consumer shall have rights, including but not limited to the right to treatment and services that support a consumer's liberty and result in positive outcomes to the maximum extent possible.</p>	C 329		