

**Statement of Deficiencies  
and Plan of Correction**

Inspection begin date 6/17/2009

Inspection end date: 6/17/2009

Name of Provider or Supplier

NARCONON OF GEORGIA

Street Address, City, State Zip Code

5688 PEACHTREE PARKWAY #B1  
NORCROSS, GA 30092

**Inspection Results**

N 0000 Initial Comments

**At the time of the complaint investigation (GA00068712), it was determined that Narconon of Georgia was not in substantial compliance with Chapter 290-4-2, Rules and Regulations for Drug Abuse Treatment and Education Programs, and the following deficiencies were cited.**

N 0941 290-4-2-.09(13) Administration

*Reporting. Written summary reports shall be made to the Department of Human Resources, Office of Regulatory Services in a form acceptable to the Department within 24 hours (with a detailed investigative report to follow in five work days if not provided initially) regarding serious occurrences involving clients that happened either at the facility or were connected with the care that the client received at the facility, such as accidents or injuries requiring medical treatment and/or hospitalization; death; emergency safety interventions resulting in any injury requiring medical treatment beyond first aid; or any incident which results in any federal, state, or private legal action by or against the facility which affects any child or the conduct of the facility. However, legal action involving the juvenile justice system is not required to be reported.*

This Requirement is not met as evidenced by:

**Based on review of the facility policies and procedures, and staff interview, it was determined that the facility failed to have policies and procedures which address the facility reporting serious occurrences to the Office of Regulatory Services within 24 hours, and following up with a detailed investigative report in five work days. Findings were:**

**A review of the facility policies and procedures on 6/17/2009 revealed that the policies and procedures did not include any policies and procedures which addressed the facility notifying the Department of Human Resources, Office of Regulatory about serious occurrences involving clients within 24 hours and a detailed investigative report to follow in five work days.**

**An interview on 6/17/2009 at 1:00 p.m. with the director confirmed that the facility did not have a policy and procedure concerning reporting incidents to the Department and that the facility should write one.**

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**Inspection Results**

N 1303 290-4-2-.13(1)(b)1. Client Referral, Intake, Assess, Adm

*... Physical Assessment. At the time of admission, a preliminary physical assessment shall be done, at a minimum, by a Registered Nurse or Licensed Practical Nurse under the supervision of a RN or physician and shall include documentation of vital signs, appropriate screening tests for STD and TB, urine drug screens, a determination of whether the client requires a physical or psychiatric examination by a physician according to established protocols, and laboratory tests as clinically indicated. Laboratory tests required upon admission for clients in each program modality, in addition to those tests required for all modalities, will be determined by the programs and documented in their policy and procedures as to the criteria used to determine and specify which minimum lab tests are to be done for each modality. Other lab tests may be required by the physician as clinically indicated. If an examination by a physician is indicated, arrangements shall be made for such an examination as appropriate. The assessment shall also include circumstances leading to admission, mental status, support system, psychiatric and medical history, risk assessment for HIV, history of use of drugs, including the age of onset, duration, patterns, and consequences of use, family history of drug use, route of administration and previous treatment. If a client has been referred for treatment from another facility, the results of a physical examination and laboratory tests from the other facility may be documented and used to assess physical status, provided that such physical examination was done within six months of admission, and there has been no significant change in the physical status of the client. Further assessments or laboratory tests may be required depending upon the modality of treatment needed or the client's changing condition. ...*

This Requirement is not met as evidenced by:

**Based on review of the facility policies and procedures, and staff interview, it was determined that the facility failed to have written procedures which address the way the facility employees should conduct drug screens on employees and clients. Findings were:**

**A review of the facility policies and procedures on 6/17/2009 revealed that the policies and procedures did not include any written procedures which addresses the way the facility employees should conduct drug screens on employees and clients.**

**An interview on 6/17/2009 at 1:00 p.m. with the director confirmed that the facility did not have procedures which addresses the way the facility employees should conduct drug screens on employees and clients and that the facility should write a procedure and train employees on the procedure.**