

State of GA, Healthcare Facility Regulation Division

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 044-493-D	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2012
NAME OF PROVIDER OR SUPPLIER NARCONON OF GEORGIA		STREET ADDRESS, CITY, STATE, ZIP CODE 5688 PEACHTREE PARKWAY #B1 NORCROSS, GA 30092		
(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
N 000	Initial Comments At the time of an-off site investigation, Narconon of Georgia was not in compliance with the Rules and Regulations for Drug Abuse Treatment and Education Programs, Chapter 290-4-2, as a result of the investigation of complaint #GA00117913. The allegation was substantiated. The following deficiencies were cited:	N 000		
N 500 SS=J	290-4-2-.05 Licenses No governing body shall operate a drug abuse treatment and education program in the state without first obtaining a license or provisional license. A licensed program may offer one or more of the program services described in these rules. This Rule is not met as evidenced by: Based on a review of court documents, and Department records, it was determined that the facility failed to notify the Department of a change in licensure, that included outpatient and residential services. This failure negatively effected the health and safety of one of one sampled client (Client #1). Findings were: A review of Department records revealed that the facility applied for a licensed to operate an outpatient Drug Abuse Treatment and Education Program in April 2002, that was completed and signed by the facility's executive director (employee #1). Subsequent licensure applications were submitted to the Department to include the following dates of December 2003 completed and signed by a governing body member of Narconon of Georgia, May 18, 2004, August 2005, September 2006, August 2009, that was signed by employee #1. There was no	N 500		

State of GA Inspection Report

TITLE

(X6) DATE

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

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N 500	Continued From page 1 documented evidence that a residential modality was included on any of the licensure applications. The facility added a ambulatory detoxification modality to the January 2007 license application. All of these licenses were granted by the department. This program was operating as a branch of the outpatient program. However, the facility was found to be out of compliance with the rules and regulation for operating as a branch. During a complaint investigation that was conducted May 2012, the facility was found to be operating a full time, as opposed to a part time detoxification program in violation of an agreement made with the Department regarding the operation of the program. Further reviews of three complaint investigation complaint #GA00109510, completed 3/21/12, #GA0011446, completed 4/10/12 and #GA00114688, completed 7/17/12, regarding the facility's alleged operation of a residential program, were unsubstantiated. While client interviews confirmed that the facility was a residential program, there was conflicting documentation including records of an acknowledgement form, signed by the clients stating that the facility was not a residential program. A review of documents released as public records regarding the State Court of Dekalb County, Civil Action No. 10-A-28641-2, filed in the Clerk, State, Court, Dekalb County on 11/5/12, revealed several sworn statements from the Executive Director to ex-clients/employees, confirming that Narconon of Georgia was knowingly, operating as a residential program, when licensed for an outpatient Drug Abuse Treatment and Education	N 500			

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N 500	Continued From page 2 Program. There was a sworn statement from a manager of an out of state Drug Court that stated that the Executive Director of Narconon stated that residential services were provided by the facility, which included 24 hour supervision. The ED was made aware that the client #1 was court ordered to attend a residential drug program that provided 24 hour supervision, still the client was admitted into the program. Thus, the court manager was misled to believe that client#1 was appropriately placed in a residential program. This false information negatively effected the health and well being of client #1. Also, the sworn court statements confirmed that the facility was representing its program as a residential program.	N 500			
N 501 SS=J	290-4-2-.05(a) Licenses License. A license will be issued, upon presentation of evidence satisfactory to the department, that the program is in compliance with these rules and all applicable federal and state laws for the handling and dispensing of drugs, and all state and local health, safety, (including fire, sanitation, building) and zoning requirements. A license shall remain in force and effect for a period determined by the department unless sooner suspended or revoked by the department. Such license shall describe each type of service and program that the license is authorized to provide. Any changes in authorized services and programs shall be reported to the department. The department will determine whether a new license is required. This Rule is not met as evidenced by: Based on a review of court documents, and Department records, it was determined that the facility failed to update its license to include the	N 501			

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N 501	Continued From page 3 addition of residential services. This failure provided misleading information to the public, which negatively effected the health and safety of one of one sampled client (Client #1). Findings were: Cross reference: Z 500 - Failure of the governing body to operate a drug program that was in compliance with the Drug Abuse Treatment and Education Program license issued by the Department.	N 501			