

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1962	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/06/2017
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NAME OF PROVIDER OR SUPPLIER MHSS, LLC DBA APPLETON COMPREHENSIVE TX C1	STREET ADDRESS, CITY, STATE, ZIP CODE 3301 N BALLARD RD SUITE B APPLETON, WI 54911
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X 000	<p>Initial Comments</p> <p>Surveyor: X0034 A focused on-site survey was conducted at MHSS, LLC dba Appleton Comprehensive Treatment Center on March 6, 2017. The clinic is certified under Wisconsin Administrative Code DHS 75.15 for the provision of CSAS Narcotic Treatment and DHS 75.13 CSAS Outpatient Treatment with no branch office locations. The survey was focused on specific death investigations #2652 and #2947.</p> <p>The certification with Wisconsin Administrative Codes DHS 75.15 and DHS 75.13 will continue for three years in accordance with CARF accreditation: 03/01/2016 through 08/31/2018.</p> <p># of citations issued: 4 Clinical record sample size: 4</p>	X 000		
X1385	<p>DHS 75.03(15)(c) Progress Notes Documentation</p> <p>The person making the entry shall sign and date progress notes that are continuous and unbroken. Blank lines or spaces between the narrative statement and the signature of the person making the entry shall be connected with a continuous line to avoid the possibility of additional narrative being inserted.</p> <p>This Rule is not met as evidenced by: Surveyor: X0034 Based on record review and staff interview, it was determined that the service staff are not accurately and consistently updating client progress notes in the client files. Stickers are being used on medical progress notes instead of being written or typed on the progress note form. These stickers are completed in the absence of</p>	X1385		

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

TITLE

(X6) DATE

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X1385	<p>Continued From page 1</p> <p>the client file, and then entered at a later time.</p> <p>This was evidenced by sticker medical progress notes found in client file #2, client file #3, and client file #4.</p> <p>In addition to the use of stickers, additional narratives are being inserted below current progress notes already entered into the client files. An example of this would be client file #4 with handwritten notes by another person on dates of service 4/10/2015, and 3/6/2015.</p> <p>Finally, client file #1 was discharged on 11/04/2015, but a medical progress note was entered into the file dated 11/30/2015, indicating that the client was here for H&P intake.</p>	X1385		
X1725	<p>DHS 75.15(13)(d) Positive Test Results</p> <p>Service staff shall discuss positive test results with the patient within one week after receipt of results and shall document them in the patient's case record with the patient's response noted. 2. The service shall provide counseling, casework, medical review and other interventions when continued use of substances is identified. Punishment is not appropriate. 3. When there is a positive test result, service staff shall allow sufficient time before retesting to prevent a second positive test result from the same substance use. 4. Service staff confronted with a patient's denial of substance use shall consider the possibility of a false positive test. 5. Service staff shall review a patient's dosage and shall counsel the patient when test reports are positive for morphine-like substances and negative for the FDA-approved narcotic treatment.</p>	X1725		

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X1725	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Surveyor: X0034 Based on record review and staff interview, service staff are not consistently discussing positive test results with the patient within one week after receipt of results. Staff are also not consistently testing for substances that the client has already tested positive for. This was evidenced by the following client file examples.</p> <p>Client file #4, tested positive for Benzodiazepines on 9/23/2016, 1/9/2015, and 2/13/2015, but these findings were not discussed with the client. In addition, staff did not consistently test for Benzodiazepines even though patient has a history of using.</p> <p>Client file #3, tested positive on 9/16/2016, and 8/16/2016, but these findings were not discussed with the client within 7 days.</p>	X1725		
X1736	<p>DHS 75.15(15)(c)1 Dually-Diagnosed Patients</p> <p>A service shall have the ability to provide concurrent treatment for a patient diagnosed with both a mental health disorder and a substance use disorder. The service shall arrange for coordination of treatment options and for provision of a continuum of care across the boundaries of physical sites, services and outside treatment referral sources.</p> <p>This Rule is not met as evidenced by: Surveyor: X0034 Based on record review and staff interview, it was</p>	X1736		

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X1736	<p>Continued From page 3</p> <p>determined the clinic does not have consistent follow-through on mental health services. Mental health coordination of care was not found on the treatment plans, or as ongoing treatment services for clients who had documented mental health concerns. This was evidenced by the following client file examples.</p> <p>Client file #1, the physical evaluation indicated that there was a history of depression, mood swings, attention deficit disorder, and hyperactivity. Current documentation indicates anxiety and panic attacks. Past prescriptions include Depakote, Trazodone, and Zofran. It is unclear if the client was seeing a mental health professional, as there was not a biopsychosocial assessment on file.</p> <p>Client file #2, a mental health screening form was completed on 09/10/2015. It was documented that the client "would benefit from mental health services at this time." On 01/12/2016, a substance abuse evaluation was completed which indicated, "serious problems with anxiety in the last 30 days - 30/30 days. Moderately bothered." Another mental health consult was completed on 05/16/2016. New medication listed as Vyvance, and the client denied suicidal ideation. A history of childhood sexual abuse was noted. It was documented that the client "would benefit from mental health services at this time" and "was referred to county services for counseling." No further documentation of mental health services was found aside from these two screening documents.</p> <p>Client file #3, on 03/26/2016 a substance abuse evaluation was completed, and indicated "depression and anxiety in the last 30 days. Moderate importance to him." A mental health</p>	X1736		

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X1736	<p>Continued From page 4</p> <p>consultation form was not found.</p> <p>Client file #4 had documentation of a history of bipolar and PTSD. Although there was a history of mental health concerns, there was no mental health screen, no mental health assessment, and no mental health referral. The client reported feeling depressed. The biopsychosocial from 2007 also indicated a history of mental health concerns and the client was interested in receiving mental health services. The treatment plan dated 3/6/2015 had a mental health goal, and was signed by the mental health professional, 12/19/2014 had a mental health goal, but was not signed by the mental health professional, 9/10/2014 had a mental health goal, but not signed by the mental health professional until 12/18/2014. Staffings were not signed by the mental health professional.</p> <p>The biopsychosocial does not have a signature line for the mental health professional. The biopsychosocial form, treatment plan, and discharge summary should all have a field for the mental health professional to sign-off on showing their participation.</p>	X1736		
X1759	<p>DHS 75.15(19)(a) Diversion Control</p> <p>Each staff member of the narcotic treatment service for opiate addiction is responsible for being alert to potential diversion of narcotic medication by patients and staff.</p> <p>This Rule is not met as evidenced by: Surveyor: X0034 Based on record review and staff interview, it was determined that the narcotic treatment service is not effectively monitoring diversion of narcotic</p>	X1759		

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X1759	<p>Continued From page 5</p> <p>medication. This was evidenced by the following client file examples, and also the clinic policy titled, "Take-home Medication Call-Backs" (6.2.4, effective July 2016) which is not being effectively implemented.</p> <p>The clinic policy titled, "Take-home Medication Call-Backs" (6.2.4, effective July 2016) states, "Patients will be randomly contacted a minimum of twice per year (or more frequently as mandated by state regulations) and asked to return to the program and bring with them all of their take-home bottles, including the take-home dose scheduled for the call back day." Per staff A and B, this policy is completed by the case managers, rather than the nursing staff. Call-backs are not being completed routinely or consistently based on policy. The call-back log book was reviewed and found to have minimal documentation.</p> <p>Client file #1, no call backs were noted in the client file. (Admit 10-30-2015, Discharge 11/04/2015)</p> <p>Client file #2, no call backs were noted in the client file. (Admit 08-25-2015, Discharge 05/27/2016)</p> <p>Client file #3, no call backs were noted in the client file. (Admit 03-11-2014, Discharge 10/24/2016)</p> <p>Client file #4, no call backs were noted in the client file. (Admit 10-30-2007, Discharge 11/11/2016)</p>	X1759		