

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>2686</b>	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>QUALITY ADDICTION MANAGEMENT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2240 PRAIRIE AVENUE, #10 BELOIT, WI 53511</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC ENCIES (EACH DEFIC ENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENT FY NG INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X 000	<p><b>Initial Comments</b></p> <p>An onsite review was conducted at Quality Addiction Management- Beloit certificate #2686 by surveyor # 27896 on Wednesday September 17, 2015. The program is currently certified under Wisconsin Administrative Code Chapter DHS 75.13 for the provision of the Community Substance Abuse Services-Outpatient Treatment and DHS 75.15 for the provision Community Substance Abuse Services-Narcotic Treatment for Opiate Addiction. The renewal application and the fee payment of \$800.00 were received on 8/03/15 via check number 3275001002 for the two services. The surveyor and State Methadone Authority representative reviewed 8 staff records and randomly sampled 7 treatment records at the clinic. Please reference the survey response letter for additional information about the findings.</p> <p>No citations were issued to the clinic. The certification with Wisconsin Administrative Code Chapter DHS 75.13 and DHS 75.15 will continue for two-years: October 1, 2015 to September 30, 2017.</p>	X 000		

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER  <b>QAM, INC DBA BELOIT COMPREHENSIVE TX CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2240 PRAIRIE AVENUE #10 BELOIT, WI 53511</b>
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X 000	<p><b>Initial Comments</b></p> <p>An onsite complaint investigation was conducted at Quality Addiction Management-Beloit Comprehensive Treatment Center certificate #2686 by surveyor # 27896 on Friday June 24, 2016 with the state Methadone Authority from the Division of Care and Treatment Services (DCTS). The program is currently certified under Wisconsin Administrative Code DHS Chapter 75.13 for the provision of Community Substance Abuse Services - Outpatient Treatment and DHS 75.15 for the provision of Community Substance Abuse Services - Narcotic Treatment Service for Opiate Addiction. The surveyor reviewed the clinic's treatment staff roster, staff records, and randomly sampled 8 treatment records of consumers with a dual diagnosis. Due to the nature of the complaint, the surveyor's emphasis was on communication with outside mental health providers, the internal review, and the medical director's oversight of dually diagnosed/comorbid consumers. Please reference the survey response letter for additional information about the findings.</p> <p>3 citations were issued to the clinic for the areas reviewed during the onsite complaint survey.</p> <p>The certification was continued through August 31, 2018.</p>	X 000		
X1374	<p><b>DHS 75.03(13)(b)5 Treatment Plan Content</b></p> <p>The treatment plan shall provide specific goals for treatment of dual diagnosis for those who are identified as being dually diagnosed, with input from a mental health professional.</p> <p>This Rule is not met as evidenced by: Based on interview and clinical record review, 6</p>	X1374		

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

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X1374	Continued From page 1  of 8 Treatment records (1, 2, 3, 5, 7, and 8) out of a total sample size of 8, did not contain treatment plans with specific goals for treatment of dual diagnosis for those who are identified as being dually diagnosed, with input from a mental health professional. During the exit conference, clinical director A and Administrator B admitted that the mental health professional signatures were late and missing, possibly because the mental health professional was not located at that clinic.	X1374		
X1382	DHS 75.03(14)(e) Staffing Report Signatures  A staffing report shall be signed by the primary counselor and the clinical supervisor, and by a mental health professional if the patient is dually diagnosed. The consulting physician shall review and sign the staffing report.  This Rule is not met as evidenced by: Based on interview and clinical record review, 5 of 8 Treatment records (1, 2, 3, 5, and 8) out of a total sample size of 8, the quarterly staffing reports were not signed or signed much later by the mental health professional for patients dually diagnosed. During the exit conference, clinical director A and Administrator B admitted that the mental health professional signatures were late and missing, possibly because the mental health professional was not located at that clinic.	X1382		
X1772	DHS 75.15(21)(d) Mandatory Reporting  The service shall notify the designated federal agency and state methadone authority within 3 weeks after replacement of the service sponsor or medical director.  This Rule is not met as evidenced by:	X1772		

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X1772	<p>Continued From page 2</p> <p>Based on interview and clinical record review, the clinic did not notify the designated federal agency and state methadone authority within 3 weeks after replacement of the service sponsor or medical director. On the 2015 roster submitted by the clinic and in a phone call to Administrator B on 6/24/16, the clinic's Medical Director was identified as physician C with physician D as the clinic's backup physician. During interviews of staff at the clinic on 6/24/16, a different physician was identified as the clinic's Medical Director. During interviews, staff reported the clinic's Medical Director was physician E and they were never aware of or ever met the back-up physician D. The Medical Director originally identified by Administrator B and that was listed on the 2015 application, was contacted. Over the phone, physician C reported that he had not been the Medical Director for this clinic for over 2 years, that the clinic's Medical Director was physician E. Upon exit conference, clinical director A and Administrator B, and physician E all admitted that the physician E had been the clinic's acting Medical Director for some time and Administrator B was looking to fill the open Medical Director position with a physician that lives within 45 minutes from the clinic.</p>	X1772		