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**HUNTINGTON CREEK RECOVERY CENTER**

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Survey conducted on 01/29/2015

**INITIAL COMMENTS**

This report is a result of an on-site initial licensure inspection **Plan of Correction** conducted on January 29, 2015 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Clearbrook Lodge was found to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. Therefore, no deficiencies were identified during this inspection and no plan of correction is required.

As this was the initial inspection conducted, not all regulations were reviewed. During future inspections, all regulations will be reviewed for compliance.

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Survey conducted on 09/25/2015

**INITIAL COMMENTS**

This report is a result of an on-site licensure renewal inspection conducted on September 25, 2015 by staff from the Department of Drug and Alcohol Programs, Bureau of Quality Assurance for Prevention and Treatment, Program Licensure Division. Based on the findings of the on-site inspection, Clearbrook Treatment Centers, LLC was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection:

**Plan of Correction**

**709.14(b)(4) LICENSURE Subchapter B.Licensing Procedures.Restriction**

709.14. Restriction on license. (b) The licensee, using Department forms, shall notify the Department within 90 days of the occurrence of any of the following conditions: (4) Change in activity/discontinuance of an activity.

**Observations**

Based on a review of client records and a discussion with the Project Director and Facility Director, the facility failed to notify the Department of a change in activity.

**Plan of Correction**

CLEARBROOK TREATMENT CENTER, LLC

PLAN OF CORRECTION

FACILITY NUMBER:

The findings include:

On September 25, 2015, ten client records were reviewed for compliance with short-term detoxification and inpatient non-hospital licensure regulations. The facility documented that they were providing Buprenorphine (Suboxone) treatment services in their detoxification program, an activity for which they do not have Departmental authorization, in four of the ten records reviewed, specifically, client records # 2, 4, 5, and 8.

During a licensing inspection that was conducted at this facility on September 25, 2015, there was one deficiency noted due to providing Buprenorphine (Suboxone) treatment services in our detoxification program, an activity for which we do not have "Departmental Authorization", in four of the ten records reviewed by the surveyor, specifically, client records # 2, 4, 5, and 8. The following is Clearbrook's plan of correction, and actions taken to rectify the deficiency.

Client #2 was admitted into detox treatment on September 9, 2015, was transferred to inpatient treatment on September 15, 2015 and was still an active client at the time of the inspection. The facility included documentation in the client's medical records and physician/nurse's notes which indicated that client #2 had received Suboxone treatment while in the detoxification level of care.

The specific course of action needed for this facility to receive Departmental Authorization to utilize Buprenorphine as a short term detoxification medication was outlined by the state surveyor at the time of inspection. The course of action the facility addressed was to complete the "Buprenorphine Waiver Form", and submit all required documentation. The clinical director was responsible for ensuring the request for departmental authorization was submitted. The time frame that this form was completed by the clinical director on September 28, 2015, and submitted to the surveyor before noon, along with all required licensing forms, and documents. The facility will be in compliance as soon as the waiver form is reviewed and accepted by the state.

Client #4 was admitted into detox treatment on September 11, 2015, was transferred to inpatient treatment on

September 15, 2015 and was still an active client at the time of the inspection. The facility included documentation in the client's medical records and physician/nurse's notes which indicated that client #4 had received Suboxone treatment while in the detoxification level of care.

Client #5 was admitted into detox treatment on August 12, 2015 and was discharged on August 20, 2015. The facility included documentation in the client's medical records and physician/nurse's notes which indicated that client #5 had received Suboxone treatment while in the detoxification level of care.

Client #8 was admitted into detox treatment on April 29, 2015, was transferred to inpatient treatment on May 4, 2015 and was discharged on May 22, 2015. The facility included documentation in the client's medical records and physician/nurse's notes which indicated that client #8 had received Suboxone treatment while in the detoxification level of care.

The findings were discussed with facility staff during the licensing process.

In addition, to ensure that the facility remains in compliance, the Quality Assurance Director (QA Director) also reviewed Licensing Alert 04-12 "Use of Buprenorphine Residential Facilities", and revised all policies and procedures related to Buprenorphine. The facilities policies and procedures related to Buprenorphine use as detoxification drug are now in compliance with 28 Pa. Code Chapter 715. The QA Director met with the Medical Director, and all Detox Unit staff to conduct a training on 28 Pa. Code Chapter 715 Standards, and to outline documentation requirements for said policies. The QA Director will follow-up and monitor charts on a bi-weekly basis to ensure that new Standards are being used consistently.

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Survey conducted on 10/06/2016

**INITIAL COMMENTS**

This report is a result of an on-site licensure renewal inspection conducted on October 5-6, 2016 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Clearbrook Treatment Centers, LLC d/b/a Huntington Creek Recovery Center was found not to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection:

**Plan of Correction**

**705.2 (4) LICENSURE Building exterior and grounds.**

705.2. Building exterior and grounds. The residential facility shall: (4) Store all trash, garbage and rubbish in noncombustible, covered containers that prevent the penetration of insects and rodents, and remove it, at least once every week.

**Observations**

A physical plant inspection was conducted on October 6, 2016. An uncovered trash receptacle containing waste was observed in the main dining area.

This finding was reviewed with facility staff during the licensing inspection.

**Plan of Correction**

During the physical plant inspection an uncovered trash can was observed in the dining area. The specific course of action to address this deficiency was to place a lid on the trash receptacle. The executive chef replaced the lid on the receptacle on 10/06/16. The executive chef will inspect the dining area on a daily basis in order to ensure that the lid remains on the trash receptacle. The project director will also do periodical spot checks to ensure the facility remains in compliance with this standard.

**709.11-709.18 LICENSURE Subchapter B. Licensing Procedures**

Subchapter B. Licensing Procedures 709.11. Application for license. (a) Persons, partnerships, corporations, or other legal entities intending to provide drug and alcohol treatment services shall apply for a license from the Department. Application shall be made using forms and procedures prescribed by the Department. (b) The license shall expire 1 year from the date of issuance. Prior to the expiration of the current license, the Department will notify the facility of the date for an annual on-site inspection for renewal of license. (c) The Department will notify the appropriate SCA of applications for and issuance of a license to any facility or individual within the SCA's area of responsibility. 709.12. Full licensure. (a) A license to operate the facility will be issued when, after an on-site inspection by an authorized representative of the Department, it has been determined that requirements for licensure under this chapter, have been met. (b) A license will be issued to the owner of a facility and will indicate the name of the facility, the address, the date of issuance, and the types of activities the facility is authorized to provide. (c) The current license shall be displayed in a public and conspicuous place in the facility. 709.13. Provisional licensure. (a) The Department will issue a provisional license, valid for a specific time period of no more than 6 months when the Department finds that a facility: (1) Has substantially, but not completely, complied with applicable requirements for licensure. (2) Is complying with a course of correction approved by the Department. (3) Has existing deficiencies that will not adversely alter the health, welfare or safety of the facility's clients. (b) Within 15 working days of receipt of the deficiency report, facility staff shall submit a plan to correct deficiencies noted during the site visits. (c) A provisional license may be renewed no more than three times. (d) A regular license will be issued upon compliance with this part. 709.14. Restriction on license. (a) A license applies to the person, the named facility, the premises designated therein and the activities noted, and is not transferable. (b) The licensee, using Department forms, shall notify the Department within 90 days of the occurrence of any of the following conditions: (1) Change in ownership. (2) Change in name of the facility. (3) Change in location of the facility. (4) Change in activity/discontinuance of an activity. (5) Change in authorized maximum capacity. (6) Closing of facility. (c) Failure to notify the Department under subsection (b) will result in

automatic expiration of the license. 709.15. Right to enter and inspect. (a) An authorized representative of the Department has the right to enter, visit, and inspect a facility licensed or applying for a license under this chapter. (b) The authorized Department representative shall have full and free access to the records of the facility and its clients. (c) The authorized Department representative has the right to interview clients as part of the visitation and inspection process. 709.16. Notification of deficiencies. (a) The authorized Department representative will leave appropriate Department forms with the facility director to address areas of noncompliance with the standards. (b) These forms shall be completed and submitted to the Division of Licensing within 15 working days after the site visit. (c) A license may not be issued until a plan of action has been approved by the Department. 709.17. Refusal or revocation of license. (a) The Department may revoke or refuse to issue a license for any of the following reasons: (1) Failure to comply with a directive issued by the Department. (2) Violation of, or noncompliance with, this chapter. (3) Failure to comply with a plan of correction approved by the Department, unless the Department approves an extension or modification of the plan of correction. (4) Gross incompetence, negligence or misconduct in the operation of the facility. (5) Fraud, deceit, misrepresentation or bribery in obtaining or attempting to obtain a license. (6) Lending, borrowing or using the license of another facility. (7) Knowingly aiding or abetting the improper granting of a license. (8) Mistreating or abusing individuals cared for or treated by the facility. (9) Continued noncompliance in disregard of this part. (10) Operating a facility that, by nature of its physical condition, endangers the health and safety of the public. (b) If the Department proposes to revoke or refuse to issue a license, it will give written notice to the facility by certified mail, stating the following: (1) The reasons for the proposed action. (2) The specific time period for the facility to correct deficiencies. (c) If the facility does not correct the deficiencies within the specified time, the Department will officially notify the licensee that it shall show cause why its license should not be revoked under 1 Pa. Code Subsection 35.14 (relating to orders to show cause), and that it has a right to a hearing authorized by the Department on this question. A request to the Department for a hearing shall be filed, in writing, within 30 days of receipt of the show cause order. (d) Subsection (c) supplements 1 Pa. Code Subsection 35.14. 709.18. Hearings. (a) The Department will convene and conduct a show cause hearing for a facility under 1 Pa. Code Subsection 35.37 (relating to answers to orders to show cause) and this chapter. (b) An administrative hearing held under this section shall be conducted under 1 Pa. Code Part II (relating to general rules of administrative practice and procedure). (c) The Department may institute appropriate legal proceedings to enforce compliance with this chapter. (d) This section supplements 1 Pa. Code Part II.

#### **Observations**

A physical plant inspection was conducted on October 6, 2016, at which time, 42 client beds were counted. The facility's authorized maximum client capacity for both inpatient detoxification and inpatient rehabilitation activities combined is 46. The facility confirmed that only 42 beds were available for clients at the time of the inspection.

This finding was reviewed with facility staff during the licensing inspection.

#### **Plan of Correction**

During facility correction, the reviewer noted there were 42 out of our 46 beds set up for patient use. The plan of correction is for the maintenance manager to clean out room #s 6 and 8 of Wisdom hallway and set up two beds in each room. The CEO will oversee that the beds are returned to the rooms by 10/26/16. The facility will be in full compliance by 10/26/16 and will have a total of 46 beds that are prepared for patient occupation.

#### **715.12(1-5) LICENSURE Informed patient consent**

A narcotic treatment program shall obtain an informed, voluntary, written consent before an agent may be administered to the patient for either maintenance or detoxification treatment. The following shall appear on the patient consent form: (1) That methadone and LAAM are narcotic drugs which can be harmful if taken without medical supervision. (2) That methadone and LAAM are addictive medications and may, like other drugs used in medical practices, produce adverse results. (3) That alternative methods of treatment exist. (4) That the possible risks and complications of treatment have been explained to the patient. (5) That methadone is transmitted to the unborn child and will cause physical dependence.

#### **Observations**

Five Buprenorphine client records were reviewed on October 5-6, 2016. The facility failed to obtain an informed, voluntary, written consent prior to the administration of Buprenorphine for detoxification treatment in client records # 1, 2, 3, 4, and 5.

Client # 1 was admitted into detoxification treatment on 9/23/16 and was still active in treatment. The client's record documented that the client received an initial dose of 8 mg of Suboxone on 10/4/16.

Client # 2 was admitted into detoxification treatment on 10/4/16 and was still active in treatment. The facility

#### **Plan of Correction**

During the site inspection, the reviewer noticed that the facility did not obtain an informed, voluntary, written consent prior to the administration of Buprenorphine.

The clinical director, and medical records manager reviewed the standards requiring facilities to acquire informed consent prior to administration of Buprenorphine. The medical records developed a new form entitled "Buprenorphine Informed Consent", which requires the patient, and nurses signature. Nurses on all shifts were trained and educated about providing the proper information to patients prior to taking Buprenorphine, and receiving signed consent from each patient prior to administering the medication. The medical records manager entered the new form in the system on 10/10/2016, and the new procedure for obtaining

documented that the client received an initial dose of 8 mg of Suboxone on 10/5/16. informed consent started 10/10/2016. The quality assurance manager will monitor case records on a weekly basis to ensure that written informed consent is received from each patient prior to administering the medication. The quality assurance manager will forward reports to the clinical director and CEO for additional monitoring.

Client # 3 was admitted into detoxification treatment on 1/12/16 and was transferred into rehabilitation treatment on 1/18/16. The facility documented that the client received an initial dose of 8 mg of Suboxone on 1/13/16.

Client # 4 was admitted into detoxification treatment on 4/20/16 and was discharged from treatment on 4/26/16. The facility documented that the client received an initial dose of 8 mg of Suboxone on 4/21/16.

Client # 5 was admitted into detoxification treatment on 7/12/16 and was discharged from treatment on 7/17/16. The facility documented that the client received an initial dose of 8 mg of Suboxone on 7/12/16.

These findings were reviewed with facility staff during the licensing inspection.

#### **709.52(a)(2) LICENSURE Tx type & frequency**

709.52. Treatment and rehabilitation services. (a) An individual treatment and rehabilitation plan shall be developed with a client. This plan shall include, but not be limited to, written documentation of: (2) Type and frequency of treatment and rehabilitation services.

#### **Observations**

Five client records for rehabilitation treatment were reviewed on October 6, 2016. The facility failed to sufficiently document the frequency of treatment services on the comprehensive treatment plans in client records # 6, 7, 8, 9, and 10.

Client # 6 was admitted into detoxification treatment on 2/16/16 and was then transferred into rehabilitation treatment on 2/22/16. The client was discharged from treatment on 3/16/16. The client's individual treatment and rehabilitation plan, dated 2/16/16, indicated the client was to receive individual therapy "2x" and group therapy "2x", but did not specify the period of time in which the sessions were to occur.

Client # 7 was admitted into detoxification treatment on 11/3/15 and was then transferred into rehabilitation treatment on 11/9/15. The client was discharged from treatment on 12/6/15. The client's individual treatment and rehabilitation plan, dated 11/4/15, indicated the client was to receive individual therapy "3x", but did not specify the period of time in which the sessions were to occur.

Client # 8 was admitted into detoxification treatment on 7/24/16 and was then transferred into rehabilitation treatment on 7/29/16. The client was discharged from

#### **Plan of Correction**

Medical Records manager will review all 125 treatment plan templates and edit methods to reflect a more specific frequency of treatment services provided by Huntington Creek Recovery Center, (formerly Clearbrook Lodge).

All treatment plan templates will be reviewed and implemented by 10/21/2016. Treatment Plans will be monitored weekly by the (quality assurance manager) to ensure methods and frequencies of treatment are correct and within regulator standards. These reports will be sent out weekly to all therapy staff along with Clinical Director and CEO to be reviewed.

treatment on 8/16/16. The client's individual treatment and rehabilitation plan, dated 7/25/16, indicated the client was to receive individual therapy "2x" and group therapy "3x", but did not specify the period of time in which sessions were to occur.

Client # 9 was admitted into detoxification treatment on 12/15/15 and was then transferred into rehabilitation treatment on 12/20/15. The client was discharged from treatment on 12/27/15. The client's individual treatment and rehabilitation plan, dated 12/16/15, indicated the client was to receive individual therapy "2x", but did not specify the period of time in which sessions were to occur.

Client # 10 was admitted into detoxification treatment on 12/11/15 and was then transferred into rehabilitation treatment on 12/19/15. The client was discharged from treatment on 12/30/15. The client's individual treatment and rehabilitation plan, dated 12/11/15, indicated the client was to receive individual therapy "2x" and group therapy "2x", but did not specify the period of time in which sessions were to occur.

These findings were reviewed with facility staff during the licensing inspection.

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Survey conducted on 12/23/2016

**INITIAL COMMENTS**

This report is a result of an on-site complaint investigation conducted on 12/07/2016 by staff from the Division of Accountability and Program Improvement. Based on the findings of the on-site complaint investigation, Huntington Creek Recovery Center was found to be in compliance with the applicable chapters of 28 PA Code which pertain to the facility. Therefore, no deficiencies were identified during this investigation and no plan of correction is required.

**Plan of Correction**

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Survey conducted on 11/07/2017

**INITIAL COMMENTS**

This report is a result of an on-site licensure renewal inspection conducted on November 6-7, 2017 by staff from the Division of Drug and Alcohol Program Licensure. Based on the findings of the on-site inspection, Clearbrook Treatment Centers, LLC. d/b/a Huntingdon Creek Recovery Center, was found to be not in compliance with the applicable chapters of 28 PA Code which pertain to the facility. The following deficiencies were identified during this inspection.

**Plan of Correction**

**704.9(b) LICENSURE Performance evaluation**

704.9. Supervision of counselor assistant. (b) Performance evaluation. The counselor assistant shall be given a written semiannual performance evaluation based upon measurable performance standards. If the individual does not meet the standards at the time of evaluation, the counselor assistant shall remain in this status until the supervised period set forth in subsection (c) is completed and a satisfactory rating is received from the counselor assistant's supervisor.

**Observations**

Based on a review of personnel records conducted on November 6, 2017, the facility failed to ensure that a counselor assistant received the semi-annual performance evaluation. Employee #5 was hired as a counselor assistant on June 1, 2016. A semi-annual performance evaluation would have been due by December 31, 2016 but was not documented at the time of the licensing inspection. This information was reviewed with the facility staff during the licensing inspection.

**Plan of Correction**

Clinical Director completed semi-annual performance review for employee #5 on 11/6/17. Moving forward, all semi-annual reviews will be completed for counselor assistants after 6 months in the position. The human resource director will monitor and ensure that all employee performance reviews are present in the employee personnel record. At this time, the facility is in full compliance with this standard since 11/6/17.

**704.11(g)(1) LICENSURE Trng Req-Couns Asst**

(g) Training requirements for counselor assistants. (1) Each counselor assistant shall complete at least 40 clock hours of training the first year and 30 clock hours annually thereafter in areas such as: (i) Pharmacology. (ii) Confidentiality. (iii) Client recordkeeping. (iv) Drug and alcohol assessment. (v) Basic counseling. (vi) Treatment planning. (vii) The disease of addiction. (viii) Principles of Alcoholics Anonymous and Narcotics Anonymous. (ix) Ethics. (x) Substance abuse trends. (xi) Interaction of addiction and mental illness. (xii) Cultural awareness. (xiii) Sexual harassment. (xiv) Developmental psychology. (xv) Relapse prevention. (h) Training hours. Training hours are not cumulative from one personnel classification to another.

**Observations**

Based on a review of personnel records conducted on November 6, 2017, the facility failed to ensure that a counselor assistant received the required 40 training hours during the first year of employment. Employee #5 was hired as a counselor assistant on June 1, 2016. Training files were reviewed for the period from June 1, 2016 to June 1, 2017. During this time employee #5 received only 5 documented hours of training. This information was reviewed with the facility staff during the licensing inspection.

**Plan of Correction**

Human Resource Director will develop a spreadsheet in an excel document by 11/27/17. In this spreadsheet, the Human Resource Director will keep track of all employees, the number of training hours needed for the year, and number of hours completed. Human Resource Director and Clinical Director will periodically check this spreadsheet to ensure staff are attending required trainings. Clinical Director will also remind staff and counsel staff on training needs throughout the training year, and document any non-compliance issues in their employee record.

**704.12(a)(1)(i) LICENSURE Client/couns ratios**

704.12. Full-time equivalent (FTE) maximum client/staff and client/counselor ratios. (a) General requirements. Projects shall be required to comply with the client/staff and client/counselor ratios in paragraphs (1)-(6) during primary care hours. These ratios refer to the total number of clients being treated including clients with diagnoses other than drug and alcohol addiction served in other facets of the project. Family units may be counted as one client. (1) Inpatient nonhospital detoxification (residential detoxification). (i) There shall be one FTE primary care staff person available for every seven clients during primary care hours.

**Observations**

Based on a review of administrative documents and a conversation with the facility staff, the facility failed to maintain a ratio of one primary care staff for every seven clients in the detoxification activity. According to the detoxification census submitted by the facility, there were eight (8) clients in the detox unit from 5 pm on October 14, 2017 until 2 am on October 15, 2017. During this time there was only one (1) primary care staff on duty on the detox unit. This information was reviewed with the facility staff during the licensing inspection.

**Plan of Correction**

Clinical Director, Nurse Manager, and Admissions Director have developed a system as of 10/15/17. Each day, we communicate the number of clients in detox versus the number of scheduled admissions. This will prevent future errors with the FTE standard. In addition, the nurse manager has set up a system for nursing coverage for emergency admissions. The FTE and census will be monitored throughout the year by the Director of Compliance. The facility is currently in compliance with this standard since 10/15/17.

**705.10 (d) (5) LICENSURE Fire safety.**

705.10. Fire safety. (d) Fire drills. The residential facility shall: (5) Conduct a fire drill during sleeping hours at least every 6 months.

**Observations**

Based on a review of administrative materials the facility failed to conduct a fire drill during sleeping hours at least every 6 months. Fire drills were submitted for the following months: October 2016 thru September 2107. All submitted fire drills indicated that the drills were conducted during the first or second shift. This information was reviewed with the facility staff during the licensing inspection.

**Plan of Correction**

The facility director met with the maintenance director on 11/8/17 to train him on the importance of fire drill compliance. The maintenance manager has conducted a fire drill on 11/16/17 at 6:30am. This is during 3rd shift hours. Another 3rd shift fire drill is scheduled for May, 2018. The maintenance manager will ensure this fire drill is conducted during sleeping hours. The facility director will oversee that the facility remains in compliance with this standard. As of 11/16/17, the facility has been in compliance with this standard.

**709.28(c) LICENSURE Confidentiality**

709.28. Confidentiality. (c) The project shall obtain an informed and voluntary consent from the client for the disclosure of information contained in the client record. The consent shall be in writing and include, but not be limited to:

**Observations**

Fourteen client records were reviewed on November 7, 2017. The facility failed to document a valid consent to release information form in client records #1-14. All client records contained a form called "Consent to Disclose Records" which was utilized by the facility to inform client's that "medical procedures performed and medications administered" may be disclosed to the "Court of Common Pleas" to obtain payment for services. This information exceeds what is permitted by 4 Pa. Code 255.5 This information was reviewed with the facility staff during the licensing inspection.

**Plan of Correction**

The form called "Consent to Disclose Records" will be removed from electronic chart system by the Compliance Director on 11/22/17. All admission staff responsible for building the chart have been informed that this form will no longer be a part of the client record. Weekly chart monitoring is done by the case manager to ensure that this form is no longer used. The facility will be in full compliance on 11/22/17.

**709.30(3) LICENSURE Client Rights**

709.30. Client rights. (3) A client has the right to inspect his own records. The project director may temporarily remove portions of the records prior to the inspection by the client if the director determines that the information may be detrimental if presented to the client. Reasons for removing sections shall be documented and kept on file.

**Observations**

Fourteen client records were reviewed on November 7, 2017. The facility failed to document written acknowledgement by the client that they were notified of all of their rights in fourteen of fourteen client records. There was no documentation that the client was informed that the project, facility or clinical director would document the reason for removal from the client's record of any material deemed detrimental to the client in client records # 1-14. These

**Plan of Correction**

The Compliance Director will pull all existing "Client's Rights" forms from the Patient Handbook by 11/27/17. The Compliance Director will then add a new "Clients Rights" document with the language being pulled directly from the Department of Drug and Alcohol Programs website. Moving forward, each client will receive the "Clients Rights" document upon admission into the facility. The tech supervisor was informed that the "clients Rights" document

findings were reviewed with facility staff during the licensing process.

has changed and will be responsible for ensuring that all Patient Handbooks contain the correct document moving forward. None of the clients listed in the deficiency are currently active clients so we were unable to give them updated copies. The facility will be in full compliance as of 11/27/17.

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