

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1549	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/20/2016
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NAME OF PROVIDER OR SUPPLIER MHSS, LLC DBA MADISON EAST COMPREHENSIVE 1	STREET ADDRESS, CITY, STATE, ZIP CODE 5109 WORLD DAIRY DRIVE MADISON, WI 53718
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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>Initial Comments</p> <p>Surveyor: X0167 An on-site review was conducted at Madison Health Services, LLC DBA Madison East Comprehensive Treatment Center #1549 on June 20, 2016. The program is currently certified under Wisconsin Administrative Codes DHS 75.15 CSAS- Narcotic Treatment and DHS 75.13 CSAS - Outpatient Treatment. The renewal application and the fee payment of \$800.00 were received on May 5, 2016 via check #3264001367.</p> <p>The surveyor reviewed 5 staff records and randomly sampled 6 treatment records. Please reference the survey response letter for additional information about the findings.</p> <p>Two citations were issued. The certification with Wisconsin Administrative Codes DHS 75.15 and DHS 75.13 will continue through August 31, 2018. Number of citations issued: 2</p>	X 000		
X1630	<p>DHS 75.15(4)(b) Required Personnel</p> <p>The service shall have a registered nurse on staff to supervise the dosing process and perform other functions delegated by the physician.</p> <p>This Rule is not met as evidenced by: Surveyor: X0167 Based on the staff roster review, nursing schedule calendar review, and staff interview, the treatment center did not have a registered nurse on staff to supervise the dosing process during all times the treatment center provided dosing to patients.</p> <p>Examples included: The treatment center was open for methadone</p>	X1630		

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

TITLE

(X6) DATE

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X1630	<p>Continued From page 1</p> <p>dosing every day from Mondays through Saturdays. Staff nursing schedule calendar showed that full-time Registered Nurse G and full-time Registered Nurse Supervisor F were not providing full coverage when the treatment center was open for methadone dosing.</p> <p>According to a review of the nursing schedule calendar and verbal confirmation from Nurse Supervisor F, there was no nursing coverage on the following dates: May 7, 2016, May 28, 2016, June 4, 2016, and June 11, 2016.</p> <p>According to the federal and state regulations, Saturday dosing is required for patients who were newly admitted to the treatment center during an induction phase or non-compliant patients who required a closer monitoring to receive methadone dose.</p> <p>Staff interview was conducted with Clinic Director A and Registered Nurse Supervisor F during the exit conference on June 20, 2016. Both Director A and Registered Nurse Supervisor F acknowledged that there are occasions when licensed practical nurses were the only nursing staff dosing patients without the registered nurse being present for supervision.</p>	X1630		
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</p>	X1725		

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X1725	<p>Continued From page 2</p> <p>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> <p>This Rule is not met as evidenced by: Surveyor: X0167 Based on review of 6 clinical records, 5 of 6 clinical records did not contain documentation that service staff discussed positive test results with the patient within one week after receipt of results including the patient's response noted.</p> <p>Findings Include, but are not limited to:</p> <p>Patient 1 was admitted on March 23, 2015 and discharged on June 18, 2016. The patient's record identified 29 instances where a positive drug test result was not discussed with service staff within one week and patient response was not noted in their case record.</p> <p>Patient 4 was admitted on February 3, 2016. The patient's case record identified four instances where a positive drug test result was not discussed with service staff within one week and patient response was not noted in their case record.</p> <p>Patient 5 was admitted December 15, 2015. The patient's case record identified 10 instances where a positive drug test result was not discussed with service staff within one week and</p>	X1725		

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X1725	<p>Continued From page 3</p> <p>patient response was not noted in their case record.</p> <p>Patient 6 was admitted on January 26, 2016 and discharged on May 23, 2016. The patient's care record identified seven instances where a positive drug test result was not discussed with service staff within one week and patient response was not noted in their case record.</p> <p>In an interview with Clinic Director A and Clinical Supervisor B, it was identified that the software used by the service to provide drug test results did not have a mechanism to alert service staff of a positive test, therefore, service staff would be required to periodically check the results provided which caused a lapse of time between the resulted test and a potential discussion with the patient.</p> <p>The program was informed of this deficiency in a letter from surveyor X0167 on December 23, 2015, in an effort to permit the program to self-correct the deficiency. The program did not take action to self-correct the deficiency.</p>	X1725		