Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2236	A. BUILDING: _____ B. WING _____	06/09/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QAM, INC DBA WEST MILWAUKEE COMPREHENSIVE	1610 MILLER PARKWAY WEST MILWAUKEE, WI 53214

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X 000	Initial Comments Surveyor: X0041 This was an unannounced on-site complaint investigation, (2016-C-007) conducted at QAM-West Milwaukee, #2236 on 06/09/2016. Approved services: 1. Community substance abuse outpatient treatment under DHS 75.13, Wisconsin Administrative Code. 2. Community substance abuse -narcotic treatment under DHS 75.15, Wisconsin Administrative Code. # of citations issued: 5 Substance abuse outpatient record sample size: 1	X 000		
X1377	DHS 75.03(13)(d) Treatment Plan Review A patient's treatment plan shall be reviewed at regular intervals as identified in sub. (14) and modified as appropriate with date and results documented in the patient's case record through staffing reports. This Rule is not met as evidenced by: Surveyor: X0041 Based on clinical record and interview with staff B, a 90 day treatment plan review was not completed for Consumer 1. This is reflected by: The clinical record for Consumer 1 contained an initial treatment plan signed by the consumer and substance abuse counselor and dated 2/12/2016. A 90 day review would have been due by 5/12/2016. The record did not contain any treatment plan reviews. Staff interview was conducted with staff B during the recertification visit. Staff B confirmed the survey findings.	X1377		

LABORATORY D RECTOR'S OR PROV DER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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X1697	Continued From page 1	X1697		
X1697	DHS 75.15(11)(d) Service Physician Determination The service physician shall consider and attest to all of the following in determining whether, in the service physician's reasonable clinical judgment, a patient is responsible in handling narcotic drugs and has made substantial progress in rehabilitation: 1. The patient is not abusing substances, including alcohol. 2. The patient keeps scheduled service appointments. 3. The patient exhibits no serious behavioral problems at the service. 4. The patient is not involved in criminal activity, such as drug dealing and selling take-home doses. 5. The patient has a stable home environment and social relationships. 6. The patient has met the following criteria for length of time in treatment starting from the date of admission: a. Three months in treatment before being allowed to take home doses for 2 days. b. Two years in treatment before being allowed to take home doses for 3 days. c. Three years in treatment before being allowed to take home doses for 6 days. 7. The patient provides assurance that take-home medication will be safely stored in a locked metal box within the home. 8. The rehabilitative benefit to the patient in decreasing the frequency of service attendance outweighs the potential risks of diversion. This Rule is not met as evidenced by: Surveyor: X0041 Based on clinical record, clinic policy review and interviews with staff B, and C, Consumer 1 was given a take-home dose of methadone despite ongoing illicit drug use. This is reflected by: Urine drug screen (UDS)	X1697		

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X1697	Continued From page 2 results contained in the clinical record reflecting positive for containing illicit drugs as follows: 3/07/2016: Morphine/opiates. 3/28/2016: Morphine/opiates, benzodiazepines, and cocaine. 4/15/2016: Morphine/opiates, benzodiazepines, and Oxycontin. 4/25/2016: Morphine/opiates. 5/17/2016: Benzodiazepines. Dosing logs reflect on 6/04/2016 Consumer 1 was given a take home dose for Sunday, 6/05/2016. Clinic revised policy 6.2, " Take-Home Medication " , effective January, 2016 states, in part, for a consumer to receive take-home doses, " There must be an absence of unapproved drugs and no abuse of other substances, including alcohol ... " " ...In the instance where a CTC is routinely closed for a day during the week (e.g. closed on Sundays/holidays), the CTC physician is responsible to assess and determine if a patient will receive a take-home medication dose for the closed CTC day. CTCs will not automatically give all patients a take-home dose due to a CTC closure, but will look at each case individually, and determine the safest, most reasonable course of action .... " " ...Should a CTC be located in an area where there is not another approved/licensed CTC located within a reasonable distance or there is no other open CTC appropriate for dosing CTC patients, the CTC will open for an appropriate period of time in order to dose patients who did not meet criteria to receive " closed " day take-homes... " The clinical record for consumer 1 did not document any assessments regarding the appropriateness of take-home dosing for days when the clinic was closed.	X1697		

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X1697	Continued From page 3 Staff interview were conducted with staff B and C during the recertification visit. Staff B and C confirmed the survey findings.	X1697		
X1725	DHS 75.15(13)(d) Positive Test Results 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. This Rule is not met as evidenced by: Surveyor: X0041 Based on clinical record and interviews with staff B, and C, there was no documentation of discussions of positive urine drug screen results within one week of their receipt in Consumer 1 ' s clinical record. This is reflected by: Urine drug test results and follow-up discussions in Consumer 1 ' s clinical record were observed as follows: 2/12/2016: Morphine/opiates and cocaine, no discussion recorded in clinical record.	X1725		

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X1725	Continued From page 4 3/28/2016: Morphine/opiates, benzodiazepines, and cocaine, no discussion recorded in clinical record. 4/15/2016: Morphine/opiates, benzodiazepines, and Oxycontin, clinical record reflects no discussion until 4/27/2016. 4/25/2016: Morphine/opiates, clinical record reflects no discussion until 5/06/2016. 5/17/2016: Benzodiazepines, no discussion recorded in clinical record. Staff interviews were conducted with staff B and C during the recertification visit. Staff B and C confirmed the survey findings.	X1725		
X1737	DHS 75.15(15)(c)2 Treatment Planning When a dual diagnosis exists, a service shall develop with the patient a treatment plan that integrates measures for treating all alcohol, drug and mental health problems. For the treatment of a dually-diagnosed patient, the service shall arrange for a mental health professional to help develop the treatment plan and provide ongoing treatment services. The mental health professional shall be available either as an employe of the service or through a written agreement. This Rule is not met as evidenced by: Surveyor: X0041 Based on the record review, clinic policy review and interview with Staff B, there was not sufficient documentation to suggest that Consumer 1 was provided adequate treatment planning regarding the possibility of being dually diagnosed. The clinical record reflects discussions pertaining to potential mental health concerns, but there was no documented discussion with Consumer 1 regarding treatment planning for them. Consumer	X1737		

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X1737	Continued From page 5	X1737		

1 ' s clinical record contains no documentation of any discussion regarding the discrepancies in this information regarding the presence of any mental health issues.

This is reflected by:
During the telephonic prescreening process completed on 2/10/2016 with Staff F, Consumer 1 reported using 1-3 mg of Xanax currently. Consumer 1 further reported having obtained a prescription for Xanax at " an urgent care clinic " .
Consumer 1 ' s Initial History and Physical form section completed by Staff E on 2/12/2016, reports Consumer 1 has a mental health history of Anxiety and Panic Disorder. The form also specifies that Consumer 1 reported going to an urgent care facility approximately one month prior due to a panic attack, and was given a prescription for Xanax. Consumer 1 disclosed last using Xanax two weeks prior to the date of the history and physical.
The Progress note completed by Staff B on 2/29/2016 reports the danger of using benzodiazepines with methadone was discussed with Consumer 1. However, ongoing benzodiazepine use was reflected by urine drug screens testing positive for this drug were taken on 3/28/2016, 4/15/2016, and 5/17/2016.
Progress notes completed by Staff B on 2/29/2016, 3/11/2016, 3/22/2016, 4/27/2016, and 5/6/2016 indicate Consumer 1 has no history of mental health issues. The Mental Health Screening Form III, completed with Consumer 1 by Staff B, comments, " Pt has no MH (mental health) issues, appears stable & denies any SI/HI (suicidal ideation/homicidal ideation). No referral is recommended. "
Clinic Policy 5.9, Behavioral Health Patients (WI) indicates that, " It is the policy of the CTC to

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X1737	Continued From page 6 coordinate services appropriately and safely for patients with behavioral health problems ... " The clinical record did not contain any information regarding follow-up regarding Consumer 1 ' s self-disclosed history of Anxiety and Panic Disorder, or confirmation of the outside prescription for Xanax. Staff interview was conducted with staff B during the recertification visit. Staff B confirmed the survey findings.	X1737		
X1747	DHS 75.15(17)(a) TB Screening A narcotic treatment service for opiate addiction shall screen patients immediately following admission and annually thereafter for tuberculosis (TB). Tuberculosis treatment may be provided by referral to an appropriate public health agency or community medical service. This Rule is not met as evidenced by: Surveyor: X0041 Based on clinical record and interview with staff B, a test for tuberculosis (TB) was not performed on Consumer 1. This is reflected by: The New Patient Admission/Orientation Checklist form in Consumer 1 ' s clinical record indicates a TB test was performed on 2/29/2016. However, this was not confirmed by the patient initialing the entry as had been done for other items on the other checklist. The clinical record has no documentation of a TB test being given to Consumer 1, or that results of this test were read. Staff interview was conducted with staff B during the recertification visit. Staff B confirmed the survey findings.	X1747		