

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2595	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2016
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NAME OF PROVIDER OR SUPPLIER QAM, INC DBA MADISON WEST COMPREHENSIVE T	STREET ADDRESS, CITY, STATE, ZIP CODE 151 E BADGER ROAD #A MADISON, WI 53713
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X 000	<p>Initial Comments</p> <p>Surveyor: X0167 An unannounced on-site review was conducted at QAM, Inc. Dba Madison West Comprehensive Treatment Center #2595 on August 26, 2016. The program is currently certified under Wisconsin Administrative Codes DHS 75.15 CSAS- Narcotic Treatment and DHS 75.13 CSAS - Outpatient Treatment Service. The renewal application and the fee payment of \$800.00 were received on May 9, 2016 via check #3265001274.</p> <p>The surveyor reviewed 8 staff records and randomly sampled 8 treatment records. Please reference the survey response letter for additional information about the findings.</p> <p>Four 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: 4</p>	X 000		
X1364	<p>DHS 75.03(12)(a)1-2 Assessment</p> <p>Staff of a service shall assess each patient through screening interviews, data obtained during intake, counselor observation and talking with people who know the patient. Information for the assessment shall include all of the following: 1. The substance abuse counselor's evaluation of the patient and documentation of psychological, social and physiological signs and symptoms of substance abuse and dependence, mental health disorders and trauma, based on criteria in DSM-IV. 2. The summarized results of all psychometric, cognitive, vocational and physical examinations taken for, or as a result of, the patient's enrollment into treatment.</p> <p>This Rule is not met as evidenced by:</p>	X1364		

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

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X1364	<p>Continued From page 1</p> <p>Surveyor: X0167</p> <p>Based on review of 8 clinical records, 3 of 8 clinical records did not contain documentation of an assessment, which would include a substance abuse counselor's evaluation of the patient and documentation of psychological, social and physiological signs and symptoms of substance abuse and dependence, mental health disorders and trauma. Additional clinical records also included conflicting dates of assessment that were often completed or appeared to be completed months after admission.</p> <p>Findings Include, but are not limited to:</p> <p>Patient 1 completed intake paperwork on November 17, 2015. The assessment was not signed by the clinician until February 26, 2016. Other dates between signatures and computer generation appear to conflict as well.</p> <p>Patient 3 was admitted on May 5, 2016 and discharged on July 16, 2016. The patient's case record did not contain an assessment.</p> <p>Patient 5 was admitted on May 6, 2016. The patient's case record did not contain an assessment.</p> <p>Patient 6 completed intake paperwork on August 31, 2015. The assessment was signed by the clinician on May 5, 2016. There were multiple dates of service prior to May 2016.</p> <p>Patient 7 was admitted on May 27, 2016. The patient's case record did not contain an assessment.</p> <p>Staff interview was conducted with interim director C, clinical supervisor A, and clinical</p>	X1364		
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X1364	Continued From page 2 services coordinator E during the exit conference on August 26, 2016. Interim director C, clinical supervisor A, and clinical services coordinator E acknowledged this deficiency.	X1364		
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 timesheets, 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:</p> <p>The treatment center was open for methadone dosing every day from Mondays through Saturdays. Staff nursing schedule calendar showed that Registered Nursing staff were not providing full coverage when the treatment center was open for methadone dosing.</p> <p>According to a review of the nursing time sheet and verbal confirmation from interim director C, there was no nursing coverage on the following dates in 2016: January 7, 8, 11, 19, 30, February 4, 15, 22, 24, March 1, 8, 12, 14, 19, 24, 25, 28, April 2, 13, 28, May 6, 14, 18, 28, July 5, 22, August 3 and 20.</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</p>	X1630		

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X1630	Continued From page 3 induction phase or non-compliant patients who required a closer monitoring to receive methadone dose. Staff interview was conducted with interim director C, clinical supervisor A, and clinical services coordinator E during the exit conference on August 26, 2016. Interim director C, clinical supervisor A, and clinical services coordinator E acknowledged that there are occasions when licensed practical nurses were the only nursing staff dosing patients without the registered nurse being present for supervision.	X1630		
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: X0167 Based on review of 8 clinical records, 5 of 8	X1725		

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X1725	<p>Continued From page 4</p> <p>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 2 was admitted on January 5, 2016. The patient's record identified three (3) 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 3 was admitted on May 5, 2016 and discharged on July 16, 2016. The patient's case record identified two (2) 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 on May 6, 2016. The patient's case record identified four (4) 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 6 had an initial assessment dated May 5, 2016. The patient's care record identified five (5) 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>Staff interview was conducted with interim director C, clinical supervisor A, and clinical services coordinator E during the exit conference on August 26, 2016. Interim director C, clinical supervisor A, and clinical services coordinator E</p>	X1725		

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X1725	Continued From page 5 acknowledged this deficiency.	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: X0167</p> <p>Based on review of 8 clinical records, 8 of 8 clinical records did not contain documentation that the service provided concurrent treatment for a patient diagnosed with both a mental health disorder and a substance use disorder. In addition, the service failed to develop with a patient a treatment plan that integrated measures for treating all alcohol, drug and mental health problems.</p> <p>Examples included, but are not limited to:</p> <p>Patient 1 was admitted on or around November 17, 2015 with a mental health screen performed on December 2, 2015. The patient was diagnosed with a mental health disorder. The patient did not sign the most recent version of their treatment plan. The mental health professional listed on the treatment plan signed on March 21, 2016, but was not qualified as a</p>	X1736		

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X1736	<p>Continued From page 6</p> <p>mental health professional under DHS 75 appendix B. The treatment plan did not include mental health goals. On a subsequent treatment plan staffing performed on June 14, 2016 the report indicated there was not a mental health diagnosis.</p> <p>Patient 2 was admitted on January 5, 2016 and had a mental health screen performed on January 21, 2016 which was not signed by a mental health professional until March 4, 2016. The mental health screen identified mental health concerns. Patient 2 signed their initial treatment plan on January 21, 2016. There were no identified mental health goals identified and the treatment plan was not signed by a mental health professional.</p> <p>Patient 3 was admitted on May 4, 2016 and did not have a mental health screening or biopsychosocial performed. Patient 3 signed their initial treatment plan on May 4, 2016. The patient's mental health concerns were not identified on their treatment plan.</p> <p>Patient 4 was admitted on or around October 29, 2015 and did not have a mental health screening performed. Patient 4 did not sign their treatment plan. The treatment plan stated the patient had "significant mental health issues" and would "be referred to outside provider for mental health evaluation and treatment." On a note dated May 3, 2016, the patient reported they still had not obtained mental health treatment and requested the "patient to be referred for mental health evaluation." It was not clear what the service was doing to facilitate service or a referral.</p> <p>Patient 5 was admitted on May 6, 2016 and did not have a mental health screening or</p>	X1736		

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X1736	Continued From page 7 biopsychosocial performed. Patient 7 was admitted on May 27, 2106 and did not have a mental health screening or biopsychosocial performed.	X1736		

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X 000	Initial Comments Surveyor: X0167 An unannounced on-site complaint investigation was conducted on March 24, 2017 at Madison West Comprehensive Treatment Center #2595. Three citations were issued and a plan of correction is required. [Reference complaint 2016-C-003].	X 000		
X1327	DHS 75.03(8)(e)15 Patient Case Record A patient's case record shall include a record of services provided that includes documentation of all case management, education, services and referrals. This Rule is not met as evidenced by: Surveyor: X0167 Based on review of Patient 1's clinical record and interview with Clinical Director B and Clinical Supervisor A, Patient 1's clinical record failed to contain documentation of correspondence relevant to the patient's treatment, including two progress notes and a positive urine analysis drug screen. The Department was provided an electronic copy of Patient 1's medical record, the original paper record was also reviewed, onsite, by surveyor X0167. Patient 1's clinical record contained two progress notes, one dated on January 18, 2017 and the other dated January 19, 2017. Based on review of additional records and interview with Clinical Director B and Clinical Supervisor A, Patient 1's clinical record should have contained additional progress notes dated January 31, 2017 and February 7, 2017 to reflect a counseling visit and an important conversation documenting Patient 1	X1327		

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X1327	Continued From page 1 being cleared to see Physician E. Additionally, the Department was not initially provided Patient 1's urine analysis drug test result dated January 23, 2017, which identified that Patient 1 tested positive for opiates, methadone, and THC. A fact that was also missing from the written timeline, titled "Intake Timeline for [Patient 1's name]" provided to the Department by Clinical Supervisor A on February 14, 2017. The documentation provided by Clinical Supervisor A stated, "UDS on 1/18 and 1/19 negative for opiates per H&P". There was no mention of the positive test result from January 23, 2017.	X1327		
X1369	DHS 75.03(13)(a) Treatment Plan Basis and Signatures A service shall develop a treatment plan for each patient. A patient's treatment plan shall be based on the assessment under sub. (12) and a discussion with the patient to ensure that the plan is tailored to the individual patient's needs. The treatment plan shall be developed in collaboration with other professional staff, the patient and, when feasible, the patient's family or another person who is important to the patient, and shall address culture, gender, disability, if any, and age-responsive treatment needs related to substance use disorders, mental disorders and trauma. The patient's participation in the development of the treatment plan shall be documented. The treatment plan shall be reviewed and signed first by the clinical supervisor and the counselor and secondly reviewed and signed by the patient and the consulting physician. This Rule is not met as evidenced by: Surveyor: X0167	X1369		

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X1369	<p>Continued From page 2</p> <p>Based on review of Patient 1's clinical record and interview with Clinical Director B and Clinical Supervisor A, Patient 1's clinical record did not contain a treatment plan meeting the code requirements of a treatment plan per Wisconsin Administrative Code DHS 75.03 (13).</p> <p>During an interview on March 24, 2017, Clinical Director B and Clinical Supervisor A confirmed that Patient 1's treatment plan was templated and not individualized. Clinical Director B informed Surveyor X0167 that the templated treatment plans "will be gone today", "In every last file".</p> <p>Findings Include:</p> <p>Patient 1 had an assessment, biopsychosocial intake, multiple consents, and other intake paperwork filled out on January 18, 2017 with Clinician C. Patient 1 reported daily opiate usage and other social, physical health, mental health, and environmental concerns. Clinician C provided Patient 1 with a diagnosis of F11.2 opiate disorder on January 18, 2017.</p> <p>Patient 1's clinical record contained an initial treatment plan with no date and no signatures. The initial goals and objectives had templated language that was not unique to the patient. The form was titled Initial Treatment Plan "Revision 16.1 CTC Division". The templated goals included a written narrative under needs that stated, "Housing - homeless" and "Mental Health - sees psychiatrist. DID disorder, Anxiety Disorder, PTSD". There was also a written narrative under medical needs that stated, "Diabetes".</p> <p>Patient 1's treatment plan failed to include the patient's distinct problems, short and long term</p>	X1369		

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X1369	Continued From page 3 goals, goals expressed as realistic expected outcomes, and discharge criteria. Additionally, Patient 1's treatment plan was not signed by the patient, Clinician C, Clinical Supervisor A, or Physician E.	X1369		
X1634	DHS 75.15(5)(a) Admission Criteria For admission to a narcotic addiction treatment service for opiate addiction, a person shall meet all of the following criteria as determined by the service physician: 1. The person is physiologically and psychologically dependent upon a narcotic drug that may be a synthetic narcotic. 2. The person has been physiologically and psychologically dependent upon the narcotic drug not less than one year before admission. 3. In instances where the presenting drug history is inadequate to substantiate such a diagnosis, the material submitted by other health care professionals indicates a high degree of probability of such a diagnosis, based on further evaluation. 4. When the person receives health care services from outside the service, the person has provided names, addresses and written consents for release of information from each health care provider to allow the service to contact the providers, and agrees to update releases if changes occur. This Rule is not met as evidenced by: Surveyor: X0167 Based on review of Patient 1's clinical record and interviews with Clinical Supervisor A and Clinical Director B, Patient 1's clinical record failed to contain documentation that Patient 1 had been admitted to the program. The program identified in writing and to Surveyor X0167 that Patient 1	X1634		

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X1634	<p>Continued From page 4</p> <p>was not a patient of the program because they were not yet admitted. Patient 1 was seen for a pre-intake, which the program identified was the process at the time where a patient was seen but not yet admitted to the program, on January 18, 2017, January 19, 2017, January 21, and January 31, 2017. According to interview with Clinical Director B and documentation from an incident report dated February 14, 2017, the "patient was never admitted" even though Patient had multiple visits to the program that spanned from January 18, 2017 until the patient's death due to drug overdose on February 6, 2017.</p> <p>Findings Include, but are not limited to:</p> <p>The Office of Caregiver Quality (OCQ) received Patient 1's death report form on February 8, 2017. The date of admission according to the death report form was February 7, 2017, the day after Patient 1 had died.</p> <p>Admission: Patient 1 was first seen on January 18, 2017 for a program designated "pre-intake". Patient 1 presented to the program on January 18, 2017, January 19, 2017, January 21, 2017, and January 31, 2017. Patient 1's clinical record contained conflicting information about a urine analysis drug test and case notes regarding Patient 1's status and visits. According to Clinical Director B and Clinical Supervisor A, on separate occasions and in writing on February 14, 2017, Patient 1 was not identified as a patient of the program because the "pt. was never admitted" (Staff B - CTC incident report dated 02/14/2017).</p> <p>Upon further review of Patient 1's clinical record and interview with Clinical Director B and Clinical Supervisor A, Patient 1 was in the pre-intake stage which for Patient 1 included: scheduled</p>	X1634		
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X1634	<p>Continued From page 5</p> <p>counselor visits, History & Physical (H&P) examination, urinary analysis, consents, and an initial treatment plan, complete with a diagnosis of opioid disorder by Clinician C. Patient 1 signed off on a number of forms that identified the individual as a patient. Patient 1 was held in open but not admitted status from January 18, 2017 until the patient's death from a drug overdose on February 6, 2017.</p> <p>The program provided a timeline and clinical records to the Department that were different from the records reviewed by Surveyor X0167 onsite on March 24, 2017. Clinical Director B and Clinical Supervisor C verified that Patient 1 was present at the clinic on January 21, 2017, where she met with staff and provided a urine drug screen with no corresponding progress note or clinical record documentation. Based on the findings, the program's statements that Patient 1 had not been admitted to the program did not reflect accurately reflect the admission status of Patient 1, who had recently been cleared to see Physician E .</p>	X1634		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2595	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2017
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NAME OF PROVIDER OR SUPPLIER QAM, INC DBA MADISON WEST COMPREHENSIVE T	STREET ADDRESS, CITY, STATE, ZIP CODE 151 E BADGER ROAD #A MADISON, WI 53713
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X 000	<p>Initial Comments</p> <p>Surveyor: X0167 An unannounced on-site complaint investigation was conducted on June 9, 2017 at Madison West Comprehensive Treatment Center #2595. Two citations were issued and a plan of correction is required. [Reference complaint 2016-C-005].</p>	X 000		
X1382	<p>DHS 75.03(14)(e) Staffing Report Signatures</p> <p>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.</p> <p>This Rule is not met as evidenced by: Surveyor: X0167</p> <p>Based on review of 4 clinical records and review of policy and procedure, 3 of 4 client records failed to contain staffing reports signed by the primary counselor and the clinical supervisor, and by a mental health professional if the patient is dually diagnosed. The consulting physician is also required to review and sign the staffing report.</p> <p>Findings Include:</p> <p>Client 1 was admitted to the clinic on or around January 5, 2016. The client had a history of anxiety, depression, and ADHD and came into the clinic with a prescription for Adderall by an outside prescriber. Client 1 had multiple treatment plans identifying mental health goals. Out of the 5 treatment plans reviewed, none were signed by a mental health professional.</p> <p>The following documented staffing did not include signatures from a mental health professional:</p>	X1382		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2595	(X2) MULT PLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/09/2017
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X1382	<p>Continued From page 1</p> <p>May 3, 2016, June 30, 2016, October 20, 2016 and February 15, 2017.</p> <p>On the client's treatment plan dated February 15, 2017, the client was directly quoted as saying "If I don't get this [his mental health symptoms] under control I could lose my job".</p> <p>Client 2 was admitted to the clinic on or around October 13, 2015. The following documented staffing did not include signatures from the clinical supervisor: May 11, 2017 and January 5, 2017.</p> <p>Client 3 was admitted to the clinic on or around April 19, 2016. A phone screen was located for the client which reported anxiety disorder. The client's history and physical was completed by the service's physician on April 19, 2016 with a rule out stated for anxiety disorder. The client's biopsychosocial was not completed until August 26, 2016. A progress note dated September 30, 2016 indicated that a mental health assessment had been completed but none was located within the clinical record. Staffing reports identified the following:</p> <p>October 16, 2016, staffing noted mental health as an issue, staffing documentation was not signed by a mental health professional.</p> <p>July 15, 2016, staffing noted mental health as an issue, staffing documentation was not signed by a mental health professional.</p> <p>May 9, 2017 staffing noted increased anxiety and depression, staffing documentation was not signed by a mental health professional.</p> <p>The clinical record did include a note about a potential referral for mental health services but</p>	X1382		

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X1382	Continued From page 2 this information was not expanded upon and was not included in any references to treatment planning or staffing. Staff interview was conducted with Regional Director A and Clinical Supervisor B during the exit conference on June 9, 2017. Director A acknowledged the deficiency and stated that corrective actions would occur.	X1382		
X1630	DHS 75.15(4)(b) Required Personnel The service shall have a registered nurse on staff to supervise the dosing process and perform other functions delegated by the physician. This Rule is not met as evidenced by: Surveyor: X0167 Based on the staff roster 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. Examples included: The treatment center was open for methadone dosing every day from Mondays through Saturdays. During interview with Regional Director A it was identified that full-time Registered Nurse D and full-time Registered Nurse C were not providing full coverage when the treatment center was open for methadone dosing. Director A stated that Registered Nurse D had not worked in the clinic for two weeks and Registered Nurse C was only working part-time hours. There was no identified nursing supervisor. During the interview Director A	X1630		

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X1630	<p>Continued From page 3</p> <p>admitted that there had been no nurse on duty that day to supervise dosing. Regional Director A stated that they had a PRN (as needed) nurse and had recently hired Registered Nurse F, but stated she had not yet began training or providing coverage for the clinic.</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 Regional Director A and Clinical Supervisor B during the exit conference on June 9, 2017. Director A acknowledged the deficiency and stated that corrective actions would occur.</p>	X1630		