**COMMONWEALTH REGULATIONS FOR OPERATION OF METHADONE CLINICS**

**28 Pa. Code, Chapter 709, Standards for Licensure of Freestanding Treatment Facilities**

**§ 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)  Operating a facility that, by nature of its physical condition, endangers the health and safety of the public.

(2) Failing to comply with a submitted and approved safety plan, causing a risk to the health, safety and welfare of the facility’s patients and/or the public at large.

(3)  Gross incompetence, negligence or misconduct in the operation of the facility.

(4)  Failure to comply with a directive, regulation or order issued by the Department.

  (4)  Failure to comply with a submitted and approved plan of operation.

  (5)  Fraud, deceit, factual 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.

**Process for Service of Notice of Revocation**

 (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, 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.

**§ 709.18. Hearings.**

 (a)  The Department will convene and conduct a show cause hearing for a facility, where the Department will present all evidence of the Licensees’ noncompliance, and the Licensee must present any evidence to show why the Department’s request for license revocation should not be granted.

 (b)  The Department may institute appropriate legal proceedings through the Courts, such as a petition for injunction to cease the Licensees’ operations, to enforce compliance.

**Chapter 715, Standards for Approval of Narcotic Treatment Program**

**Section 715.3(h).** Notification of deficiencies of a facility involves the following:

This section outlines the provider’s responsibilities to the Commonwealth regarding the submission of certain plans, including patient capacity, staffing, dispensing and administration of drugs, security, and plans for “unusual incidents”:

(1) The authorized Department representative will provide the program director of the clinic or facility with a list/record of violations with instructions to submit a plan of correction.

(2) The narcotic treatment program shall complete the plan of correction and submit it to the Department within twenty-one (21) days, after the last day of the onsite inspection.

(3) The Department will not grant approval as a narcotic treatment program until the Department receives and approves a plan from the clinic to correct any violations.

**RULES FOR PUBLIC SAFETY AND REPORTING BY THE FACILITY**

**Section 715.4(b).** Each narcotic treatment program shall provide the Department with a specific plan describing the efforts it will make to avoid disruption of the community by its patients and the actions it will take to assure responsiveness to the community. This plan shall designate a staff member to act as community liaison to address any and all neighborhood concerns. Failure to do so can be grounds for action or revocation by the Department.

**§ 715.28. Unusual incidents.**

(a) A narcotic treatment program shall develop and implement policies and procedures to respond to the following unusual incidents, which include, but are not limited to, patient violence, illegal drug sales, and community disruption:

(1) Incident with potential for negative community reaction or which the facility director believes may lead to community concern.

(2) Physical assault by a patient upon facility staff, another patient, or a member of the community.

(3) Inappropriate or illegal behavior by a patient causing disruption to the narcotic treatment program.

(4) Selling of drugs on the premises.

(5) Complaints of patient abuse (physical, verbal, sexual and emotional).

(6) Death or serious injury to a patient, staff member, or community resident, due to trauma, suicide, medication error or unusual circumstances.

(7) Significant disruption of services due to disaster such as fire, storm, flood or other occurrence.

(8) Theft, burglary, break-in or similar incident at the facility.

(9) Drug related hospitalization of a patient.

(10) Other unusual incidents that narcotic treatment program believes should be documented.

(b) These policies and procedures shall include the following:

(1) Documentation of the unusual incident.

(2) Prompt review and investigation.

(3) Implementation of a timely and appropriate corrective action plan, and

(4) Ongoing monitoring of the corrective action plan.

(c) A narcotic treatment program shall file a written Unusual Incident Report with the Department within 48 hours following an unusual incident including the following:

(1) Incidents with potential for negative community reaction or which the facility director believes may lead to community concern.

(2) Complaints of patient abuse (physical, verbal, sexual and emotional).

(3) Death or serious injury due to trauma, suicide, medication error or unusual circumstances.

(4) Significant disruption of services due to a disaster such as a fire, storm, flood or other occurrence.

(5) Drug related hospitalization of a patient.

Punishments can include fines, cutting of patient capacity and revocation of licensure.