

CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00000	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		(X3) DATE SURVEY COMPLETED 01/24/2019
NAME OF PROVIDER OR SUPPLIER ROSE'S FAMILY PHYSICIAN			STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main Street Anywhere, US 77000		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
J-0043	<p>PHYSICAL PLANT AND ENVIRONMENT CFR(s): 491.6(b)(2)</p> <p>The clinic . . . has a preventive maintenance program to ensure that:</p> <p>491.6(b)(2) Drugs and biologicals are appropriately stored; and</p> <p>This STANDARD is not met as evidenced by: Based on observations, agency policy and procedure, and interview with the staff, it was determined the clinic failed to ensure all medications and supplies available for patient use were not expired.</p> <p>This had the potential to negatively affect all patients served by the clinic.</p> <p>Findings include:</p> <p>Policy: Pharmacy Services Date: 11/8/09</p> <p>Purpose: To establish written protocol for the provision of pharmacy services.</p> <p>Policy:</p> <p>3. Out-Of-Date Drugs</p> <p>A. Drug Stock</p> <p>The drug stock at Rose's Family Physicians shall be current.</p> <p>1. A tour of the clinic was conducted on 1/22/19 at 3:20 PM with Employee Identifier (EI) # 6, Licensed Practical Nurse (LPN).</p>	J-0043			

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NAME OF PROVIDER OR SUPPLIER ROSE'S FAMILY PHYSICIAN			STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main Street Anywhere, US 77000		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p>The following medications and supplies were found to be expired and available for patient use in the Medication Sample and Supply Room:</p> <p>8 boxes of size Small Powder Free Vinyl Exam Gloves with the expiration date of 8/17</p> <p>1 Utibron Neohaler Demonstration kit with the expiration date of 4/18</p> <p>4 Placebo Respimat Demonstration Inhaler and Cartridge with the expiration date of 11/18</p> <p>1 Ellipta Demonstration Device with the expiration date of 8/18</p> <p>1 Ellipta Demonstration Device with the expiration date of 12/16</p> <p>1 Anoro Ellipta 62.5 mcg (microgram)/ 25 mcg with 7 doses remaining in the inhaler with the expiration date of 7/16</p> <p>3 Placebo Respimat Demonstration Inhaler with the expiration date of 1/18</p> <p>1 Placebo Respimat Demonstration Inhaler with the expiration date of 11/18</p> <p>EI # 6 confirmed all of the previous expired medication and supplies prior to the end of the tour on 1/22/19.</p>				