

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0000	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2019
NAME OF PROVIDER OR SUPPLIER ROSE'S FAMILY PHYSICIAN			STREET ADDRESS, CITY, STATE, ZIP CODE 123 Main St. Anywhere, US 00000	
(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: 491.6(b)(2) Drugs and biologicals are appropriately stored; and</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to ensure the storage cabinet containing medical supplies in the treatment room was locked.</p> <p>This failure had the potential to cause harm to patients with access to medical supplies.</p> <p>This failure had the potential to cause harm to patients with access to medical supplies.</p> <p>Findings:</p> <p>During a concurrent interview and observation at 10 a.m., in Building A treatment room, the storage cabinet for medical supplies (containing scalpels, suture kits, alcohol, betadine [antiseptic cleaning solution] and sterilized instruments) was observed unlocked and open. The Administrator stated the cabinet should be locked.</p>	J-0043		