DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/06/2019 For Training Purposes Only FORM APPROVED

	(V1) DROVIDED (CLIDDLIED (CLIA	(X2) M	LILTIPLE CO	ONSTRUCTION		CLIDVEY
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NAME OF PROVIDER OR SUPPLIER						
DOCE'S FAMILY DUVISION						
FAMILT PHTSICIA	AN		Anywh	nere, US 77000		
SUMMARY S	TATEMENT OF DEFICIENCIES		ID			(X5)
(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL		PREFIX			COMPLETION
REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	Idiii	DATE
PHYSICAL PLANT AND ENVIRONMENT CFR(s): 491.6(b)(2)		J-00	043			
	-					
stored; and						
documentation, ob the clinic failed sec	oservation, and staff interview, cure vaccines and the" Tornado					
"Tornado Bag" froi potentially lead to and/or tampering vand/or medical sul lead to unauthorize use a medication, someone tampere vaccine, or supply tampered with coumanufacturer no le efficacy or integrity placing the patient.	m unauthorized access could unauthorized access, theft, with the medications/vaccines pplies. This could potentially ed use or cause the staff to vaccine, or supply which d with. Use of a medication, which someone had ald potentially result in the longer guaranteeing the y of the item, and potentially at an average of 91 patient					
1 refrigerated vaco	cine storage area and 1 of 1					
the Chief Clinic Ad "Emergency Kit emergency kit suff an emergency situ clinic. Contents sh to provide emerge patients in the RH determined by the utilized and the de Director The em	ministrator, included in part, The clinic shall maintain an icient to meet the demands of lation typical of a medical lall include all items necessary leading medical treatment of C (rural health clinic), as services provided, equipment locision of the Medical lergency kit is located in the					
	SUMMARY S (EACH DEFICIENT REGULATORY OR PHYSICAL PLAN' CFR(s): 491.6(b)(2) The clinic has program to ensure 491.6(b)(2) Drugs stored; and This STANDARD I. Based on reviet documentation, obthe clinic failed set Bag" from unauthor Failure to secure w "Tornado Bag" from potentially lead to and/or tampering and/or medical sullead to unauthoriz use a medication, someone tampere vaccine, or supply tampered with coumanufacturer no lefficacy or integrity placing the patient The clinic reported visits per-month. Fall refrigerated vaccing the patient The clinic reported visits per-month. Fall refrigerated vaccing the patient The clinic reported visits per-month. Fall refrigerated vaccing the patient of the Chief Clinic Ad "Emergency kit suffinant emergency kit suffinant emergency situation. Contents show to provide emerge patients in the RH determined by the utilized and the definition. The emission of the content of the patients in the RH determined by the utilized and the definition. The emission of the provide emergency is the content of the patients in the RH determined by the utilized and the definition. The emission of the provide emergency is the patients in the RH determined by the utilized and the definition. 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Based on review of clinic policies, documentation, observation, and staff interview, the clinic failed secure vaccines and the "Tornado Bag" from unauthorized access. Failure to secure vaccines and the clinic's "Tornado Bag" from unauthorized access, theft, and/or tampering with the medications/vaccines and/or medical supplies. This could potentially lead to unauthorized use or cause the staff to use a medication, vaccine, or supply which someone tampered with. Use of a medication, vaccine, or supply which someone had tampered with could potentially result in the manufacturer no longer guaranteeing the efficacy or integrity of the item, and potentially placing the patients at risk for illness or death. The clinic reported an average of 91 patient visits per-month. Findings for observation of 1 of 1 refrigerated vaccine storage area and 1 of 1 "Tornado Kit" include: 1. Review of an untitled policy presented by the Chief Clinic Administrator, included in part, "Emergency Kit The clinic shall maintain an emergency kit sufficient to meet the demands of an emergency situation typical of a medical clinic. Contents shall include all items necessary to provide emergency medical treatment of patients in the RHC (rural health clinic), as determined by the services provided, equipment utilized and the decision of the Medical Director The emergency kit is located in the	PROVIDER OR SUPPLIER S FAMILY PHYSICIAN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PHYSICAL PLANT AND ENVIRONMENT CFR(s): 491.6(b)(2) The clinic has a preventive maintenance program to ensure that: 491.6(b)(2) Drugs and biologicals are appropriately stored; and This STANDARD is not met as evidenced by: I. 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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	a. building 00			COMPLETED		
and Plan of Correction identification in 000000			B. WING			01/10/2019		
		00000	B. W		<u> </u>	01/10/	20 I 3	
NAME	OF PROVIDER OR SUPPI	LIER		STREET A	ADDRESS, CITY, STATE, ZIP CODE			
			123 Mai	in Street				
ROSI	E'S FAMILY PHYSI	ICIAN		Anywh	ere, US 77000			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	ON (EACH	(X5)	
PREFIX		NCY MUST BE PRECEDED BY FULL		PREFIX	CORRECTIVE ACTION SHOULD B		COMPLETION	
TAG	*	R LSC IDENTIFYING INFORMATION)		TAG	REFERENCED TO THE APPROF DEFICIENCY)	KIATE	DATE	
		•			,			
	Review of the clin	ic policy "Medication		J-0043				
	Storage and Hand	lling," policy RHC-SV-002,						
	dated March 2018	3, included in part, "Drugs are						
	stored in original o	containers and labels.						
	Access to drugs is	s controlled, so that drugs						
		orized clinic personnel All						
		tored in areas away from						
	patient accessibili	ty. Medication storage areas						
	are locked when o	clinics are closed."						
	0 0 "							
		ons on 1/9/19, beginning at						
		d a refrigerator in an area						
	•	linic staff as "Doc's office"						
		k of the clinic in a room						
	labeled as "Doctor							
		room showed a refrigerator						
		ication of the contents.						
		efrigerator revealed the staff						
	stored vaccines in	the refrigerator.						
	3. During an	interview on 1/9/19 at 12:15						
	-	nager reported the						
		d in "Doc's office" held the						
	•	ne staff did not lock the						
		clinic hours or when the						
	-	The Clinic Manager reported						
		staff provided housekeeping						
		fter the clinic staff left for the						
	•	anager acknowledged the						
	•	ff should not have access to						
	the vaccines.	II SHOUIU HOLHAVE ACCESS LU						
	uic vaccilies.							
	4. Observation	on and interview on 1/9/19 at						
	12:30 PM showed	a bag labeled " Tornado						
		oom shared by the clinic						
	providers. The	-						
	"Tornado Bag" coi	ntained medical supplies,						
		nal saline (a fluid designed						
	for administration	into a patient's veins). LPN						
		al Nurse) A, with the Clinic						
	•	reported the "Tornado Kit"						
	-	ring or after clinic hours						
		s closed. Recently, with						
		ne physician, the staff moved						
	-	from the secure storage room						
	to the providers' w	_						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	a. Building 00		COMPLI	
000000				01/10/2		
		00000	B. WING		01/10/2	
NAME OF PROVIDER OR SUPPLIER			ADDRESS, CITY, STATE, ZIP CODE			
				ain Street		
ROSE	E'S FAMILY PHYSI	CIAN	Anywl	nere, US 77000		
(X4) ID	SUMMARYS	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (EACH	(X5)
PREFIX		ICY MUST BE PRECEDED BY FULL	PREFIX	CORRECTIVE ACTION SHOULD B	E CROSS-	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	TAG	REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
1710	REGUEATORT ON	LESC IDENTIFIENCE IN ORMATION)	1710	DEFICIENCE)		DATE
	The Clinic Manage	er reported the "Tornado	J-0043			
	Bag" functioned as	s the clinic's emergency				
	evacuation bag an	d contained supplies for use				
	in an emergency.	The housekeeping staff				
	cleaned the offices	s and work room on a weekly				
	basis after the clin	ic staff left for the day. The				
	Clinic Manager ac	knowledged the				
	housekeeping stat	ff should not have access to				
	the "Tornado Bag.					
	_					
	II. Based on review					
	•	servation, and staff				
		c failed to ensure staff could				
		nedications for patient care.				
	The clinic also faile	ed to ensure staff performed				
	consistent monitor	ing on a monthly basis to				
	identify outdated n	nedications.				
	Failure to ensure s	staff monitored medications in				
		ne clinic policy and ensure				
		outdated medication for				
	•	potentially lead to staff				
	~	lication in which the				
		no longer guarantee the				
		icacy. This could potentially				
		eated with medications that				
	~	ctive or contaminated with				
		or fungi, potentially leading to				
	poor patient outco	mes and/or illness.				
	The clinic reported	I an average of 91 patient				
	•	indings for observation of 1				
	•	and 1 of 1 laboratory				
	include:					
	1. Review of the o	clinic policy "Medication				
	Storage and Hand	ling", Policy RHC-SV-002				
	dated March 2018	, included in part, "Policy				
		ce concerning storage,				
	handling, and adm					
	-	. Access to drugs is				
	-	drugs are limited to				
	authorized clinic p	-				

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			IB NO. 0938-0391	
(X	((X3) DATE SURVEY		
_		COMPLETED 01/10/2019		
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ODE	•			
RRECTION (OULD BE C APPROPRIA	D BE	CROSS-	(X5) COMPLETION DATE	

FORM CMS-2567(02-99) Previous Versions Obsolete

If continuation sheet

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	<u>MEDICARE & MEDICA</u> NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTIPLE CO	ONSTRUCTION		B NO. 0938-0391
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING 00			(X3) DATE SURVEY COMPLETED		
000000				<u>00</u>	01/10/2019		
		000000	B. W	ING		01/10/	2019
NAME	OF PROVIDER OR SUPP	LIER		STREET A	ADDRESS, CITY, STATE, ZIP CODE		
				123 Ma	nin Street		
ROSE	E'S FAMILY PHYSI	ICIAN		Anywh	ere, US 77000		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	ON (EACH	(X5)
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TAG	*	R LSC IDENTIFYING INFORMATION)		TAG	REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
		· · · · · · · · · · · · · · · · · · ·		1110	BB11e1E.ve1)		5.112
	•	er, at the time of the	J	-0043			
	-	orted the nursing staff should					
		checklist on a monthly basis.					
	_	should place a check mark					
	under the column	"Medical supply expiration					
		nce the staff had checked if					
		expired that month. The Clinic					
	-	d the checklist and					
	_	clinic staff failed to check					
		for expired supplies and					
	medications since	11/2018.					
	The Clinic Manage	er, at the time of the					
	-	orted the nursing staff should					
	-	e they opened a multiple					
		rial (medication vials					
		the nurses to use the					
	-	vial for more than one					
		c Manager expected the					
		scard the opened multiple					
	-	vial 28 days after they first					
	opened it.	nai 20 dayo anor moy mot					
	oponou ii.						