

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 07/09/2019
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This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure outdated medical supplies were not available for patient use for administration of measles testing to the patient population (11,772 Annual visits) served at the clinic. Findings included:</p> <p>During a tour of the agency on 7/9/19 at 12:00 p.m., it was noted upon inspecting medical supplies used to collect specimens for the detection of measles were expired. There were several measles swabs with an expiration date of 11/28/17 found in the supply cupboard. The agency failed to maintain medical supplies in a manner to ensure efficacy of the product, resulting in the potential of measles testing that is inaccurate or ineffective in detecting measles for the patient.</p>	J-0043			