DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

STATEMEN	NT OF DEFICIENCIES		(X2) MULTIPLE C	ONSTRUCTION	OM (X3) DATE	B NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00000			A. BUILDING	00				
		00000		<u></u>		COMPLETED 07/24/2019		
		1 3330	B. WING	ADDRESS, CITY, STATE, ZIP CODE				
NAME OF	PROVIDER OR SUPPLIE	R						
ROSE'S	FAMILY PHYSICIA	AN	123 Main Street Anywhere, US 77000					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORR		,	(X5)		
PREFIX	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	CORRECTIVE ACTION SHOUL REFERENCED TO THE APP		COMPLETIO		
TAG			TAG	DEFICIENCY)		DATE		
J-0043	PHYSICAL PLANT AND ENVIRONMENT CFR(s): 491.6(b)(2)		J-0043					
	The clinic has a preventive maintenance program to ensure that:							
	491.6(b)(2) Drugs stored; and	and biologicals are appropriately						
	This STANDARD is not met as evidenced by: Based on observation and interview, it was determined that the clinic had failed to design, implement, monitor and evaluate a system to ensure that medications and supplies were safely stored and expired medications and supplies were not readily available for use.							
	Findings:							
	9:45 AM, a sampl were selected thro	our on 07/23/2019 beginning at e of medications and supplies oughout the clinic for inspection piration dates. Examples include, I to the following:						
	with an expira - Numerous pack Pulse Oxime expiration dat 01;"	odium Chloride Injection 0.9% ation date of April 2019; kages containing an "Adult eter Adhesive Sensor" with tes of "2018-12" and "2019-						
	an expiration - A package of "Value Lithium Hepa expiration date	lastisol Liquid Adhesive"with date of "02/19;" lacuette Tubes 3.5 ml rin Sep[arator]" with an te of 04/04/2019; l-dose "Lidocaine HCl						

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If continuation sheet

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		NSTRUCTION 00	(X3) DATE COMPL	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED 07/24/2019	
		00000	D. W				2019	
NAME OF	PROVIDER OR SUPPLIE	R			ddress, city, state, zip code in Street	,		
ROSE'S	FAMILY PHYSICIA	AN			ere, US 77000			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN PREFIX CORRECTIVE ACT REFERENCED 1 TAG DEI		LD BE CROSS-	(X5) COMPLETION DATE	
J-0043	Packages of "Me material (use expiration dat A paper cup con unpackaged I needles; An opened multi HCI 20mg/date.	erocel Epistaxis" packing d for nasal packing) with an ite of 10/01/2017; taining 10 hypodermic -dose vial of "Lidocaine ml" with an illegible opened de Practice Administrator	J-0	043	DEFICIENCY)		DATE	

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