

CENTERS FOR MEDICARE & MEDICAID SERVICES

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 11/16/2018
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:</p> <p>Based on observation, policy and procedure review and interview, it was determined the facility failed to properly store medications in that three (Bupivacaine, Dexamethasone and Lidocaine) of six (Bupivacaine, Dexamethasone, Lidocaine, Kenalog, Betamethosone and Xylocaine) multi-dose vials (MDVs) were not dated as to when the vials were opened. The failed practice did not ensure the vials were labeled to determine the 28-day expiration date. The failed practice had the potential to affect all patients receiving the medications.</p> <p>Findings included:</p> <p>A. Record review of the facility's policy titled, "Drugs and Biological Plan," with a review date of 02/01/18, showed MDVs should be used for no more than 28 days from the day they were opened.</p> <p>B. The findings of A were confirmed in an interview with the Practice Manager on 11/15/18 at 12:00 Noon.</p> <p>C. Observation 11/15/18 at 11:35 AM showed there was no evidence as to when opened MDVs of Bupivacaine 150 mg (milligrams per 30 mL (milliliter), Dexamethasone 120 mg per 30 ml and Lidocaine 300 mg per 30 mL were opened.</p> <p>D. The findings of C were confirmed in an interview with the Practice Manager on 11/15/18 at 11:35 AM.</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>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>El # 6 confirmed all of the previous expired medication and supplies prior to the end of the tour on 1/22/19.</p>				