Health Standards Section (X2) MULTIPLE CONSTRUCT STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: AFR U T 2013 B. WING BO0004642 01/09/2013 STREET ADDRESS, CITY, STATE, ZINGODE NAME OF PROVIDER OR SUPPLIER 756 COLONIAL DRIVE DELTA CLINIC OF BATON ROUGE, INC BATON ROUGE, LA 70806 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 The annual survey was done with the investigation of Complaint # 12LBO34891. S 081 03/28/2013 Complaint # 12LB034898, and Complaint #12LBO34896. No deficiencies were written as a Delta Clinic failed to ensure result of the complaints. medications found in the emergency kit, which in the event S 081 4421 A Pharmaceutical Services S 081 of an emergency could have been used, were not expired. The use or §4421. Pharmaceutical Services A. The facility shall provide pharmacy services non-use of an expire medication and these services shall be commensurate with during an emergency, has the the needs of the patients and in conformity with potential of causing serious, even state and federal laws. life threatening harm to patients. Delta Clinic immediately discarded the expired medications and replaced them within days of This Rule is not met as evidenced by: the inspection. We immediately Based on observation and interview the facility implemented a policy of checking failed to ensure medications found in the emergency kit, which in the event of an all medications in the facility on a emergency could have been used, were not monthly as well as quarterly basis. expired. The office manager will be Findings: responsible for overseeing this task. A sample of the form we are During the tour of the facility on 1/7/13 at 2:30 p.m., it was observed that the following using is attached. medications in the emergency kit were expired: 1. Verapamil HCL injection 5 mg/2 ml 1 vial expired 1/1/13: 2. Atropine Sulfate injection 1 mg/1 ml 1 vial expired 5/2012; 3. Calcium Chloride 1 vial expired on 11/2012; 4. Nalbuphine 10 mg/1 ml 2 vials expired on 9/1/2012. See Exhibits: A In an interview on 1/7/13 at 2:30 p.m. with S2, Office Manager, she confirmed that the

DHH/Health Standards Section

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

WYC911

PRINTED: 03/19/2013 FORM APPROVED

Health Standards Section STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B. WING _ BO0004642 01/09/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 756 COLONIAL DRIVE BATON ROUGE, LA 70806 DELTA CLINIC OF BATON ROUGE, INC SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (X5) COMPLETE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 081 Continued From page 1 S 081 medications were expired.

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