

Health Standards Section

**RECEIVED**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>BO0004642</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ <b>APR 01 2013</b> B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>01/09/2013</b>
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NAME OF PROVIDER OR SUPPLIER  <b>DELTA CLINIC OF BATON ROUGE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>756 COLONIAL DRIVE BATON ROUGE, LA 70806</b>
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(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) COMPLETE DATE
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S 000	Initial Comments  The annual survey was done with the investigation of Complaint # 12LBO34891, Complaint # 12LB034898, and Complaint #12LBO34896. No deficiencies were written as a result of the complaints.	S 000		
S 081	<p>4421 A Pharmaceutical Services</p> <p>§4421. Pharmaceutical Services A. The facility shall provide pharmacy services and these services shall be commensurate with the needs of the patients and in conformity with state and federal laws.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure medications found in the emergency kit, which in the event of an emergency could have been used, were not expired. Findings:</p> <p>During the tour of the facility on 1/7/13 at 2:30 p.m., it was observed that the following medications in the emergency kit were expired:</p> <ol style="list-style-type: none"> <li>1. Verapamil HCL injection 5 mg/2 ml 1 vial expired 1/1/13;</li> <li>2. Atropine Sulfate injection 1 mg/1 ml 1 vial expired 5/2012;</li> <li>3. Calcium Chloride 1 vial expired on 11/2012;</li> <li>4. Nalbuphine 10 mg/1 ml 2 vials expired on 9/1/2012.</li> </ol> <p>In an interview on 1/7/13 at 2:30 p.m. with S2, Office Manager, she confirmed that the</p>	S 081	<p>S 081</p> <p>Delta Clinic failed to ensure medications found in the emergency kit, which in the event of an emergency could have been used, were not expired. The use or non-use of an expire medication during an emergency, has the potential of causing serious, even life threatening harm to patients. Delta Clinic immediately discarded the expired medications and replaced them within days of the inspection. We immediately implemented a policy of checking all medications in the facility on a monthly as well as quarterly basis. The office manager will be responsible for overseeing this task. A sample of the form we are using is attached.</p> <p>See Exhibits: A</p>	03/28/2013

*Reviewed 4/3/13 H. Ouellette*

DHH/Health Standards Section

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE <i>Office Manager</i>	(X6) DATE <b>3/28/13</b>
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S 081	Continued From page 1 medications were expired.	S 081			

