

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 010006	(X3) Date Survey Completed 07/15/2010
Name of Provider or Supplier North Alabama Medical Center	Street Address, City, State 1701 Veterans Drive, Florence, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
A0505	<p>UNUSABLE DRUGS NOT USED CFR(s): 482.25(b)(3)</p> <p>Outdated, mislabeled, or otherwise unusable drugs and biologicals must not be available for patient use.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure all medications available for patient use in the Pyxis System on the Medical Unit were not expired. This had the potential to affect all patients. Findings include: A tour of the Medical Unit was conducted on 7/14/10 at 12:40 PM. During this tour the surveyor and Employee Identifier (E.I.) # 1, RN Manager 3 West, observed the following medications in the Pyxis System with expired dates: Dextrose 5% 100cc times (x) 4 expired 4/1/08 Dextrose 5% with 1/4 Normal Saline 1000cc x 3 expired 3/1/08 Dextrose 5% with 1/4 Normal Saline 1000cc x 3 expired 4/1/09 Dextrose 5% with 1/2 Normal Saline 1000cc x 3 expired 7/1/10</p>