

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 013420	(X3) Date Survey Completed 06/08/2023
Name of Provider or Supplier Lake Martin Family Medicine	Street Address, City, State 301 Mariarden Rd Suite D, Dadeville, 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)
E0000	A recertification survey was conducted on 6/6/23 to 6/8/23 at Lake Martin Family Medicine. Standard level deficiencies were cited for Emergency Preparedness and an acceptable plan of correction is required.
E0037	<p>EP Training Program</p> <p>403.748(d)(1), 416.54(d)(1), 418.113(d)(1), 441.184(d)(1), 460.84(d)(1), 482.15(d)(1), 483.73(d)(1), 483.475(d)(1), 484.102(d)(1), 485.68(d)(1), 485.542(d)(1), 485.625(d)(1), 485.727(d)(1), 485.920(d)(1), 486.360(d)(1), 491.12(d)(1). *[For RNCHIs at 403.748, ASCs at 416.54, Hospitals at 482.15, ICF/IIDs at 483.475, HHAs at 484.102, REHs at 485.542, "Organizations" under 485.727, OPOs at 486.360, RHC/FQHCs at 491.12:] (1) Training program. The [facility] must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the [facility] must conduct training on the updated policies and procedures. *[For Hospices at 418.113(d):] (1) Training. The hospice must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles. (ii) Demonstrate staff knowledge of emergency procedures. (iii) Provide emergency preparedness training at least every 2 years. (iv) Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others. (v) Maintain documentation of all emergency preparedness training. (vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures. *[For PRTFs at 441.184(d):] (1) Training program. The</p>

PRTF must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) After initial training, provide emergency preparedness training every 2 years. (iii) Demonstrate staff knowledge of emergency procedures. (iv) Maintain documentation of all emergency preparedness training. (v) If the emergency preparedness policies and procedures are significantly updated, the PRTF must conduct training on the updated policies and procedures. *[For PACE at 460.84(d):] (1) The PACE organization must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, contractors, participants, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Demonstrate staff knowledge of emergency procedures, including informing participants of what to do, where to go, and whom to contact in case of an emergency. (iv) Maintain documentation of all training. (v) If the emergency preparedness policies and procedures are significantly updated, the PACE must conduct training on the updated policies and procedures. *[For LTC Facilities at 483.73(d):] (1) Training Program. The LTC facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected role. (ii) Provide emergency preparedness training at least annually. (iii) Maintain documentation of all emergency preparedness training. (iv) Demonstrate staff knowledge of emergency procedures. *[For CORFs at 485.68(d):](1) Training. The CORF must do all of the following: (i) Provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. All new personnel must be oriented and assigned specific responsibilities regarding the CORF's emergency plan within 2 weeks of their first workday. The training program must include instruction in the location and use of alarm systems and signals and firefighting equipment. (v) If the emergency preparedness policies and procedures are significantly updated, the CORF must conduct training on the updated policies and procedures. *[For CAHs at 485.625(d):] (1) Training program. The CAH must do all of the following: (i) Initial training in emergency preparedness policies and procedures, including prompt reporting and extinguishing of fires, protection, and where necessary, evacuation of patients, personnel, and guests, fire prevention, and cooperation with firefighting and disaster authorities, to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles. (ii) Provide emergency preparedness training at least every 2 years. (iii) Maintain documentation of the training. (iv) Demonstrate staff knowledge of emergency procedures. (v) If the emergency preparedness policies and procedures are significantly updated, the CAH must conduct training on the updated policies and procedures. *[For CMHCs at 485.920(d):] (1) Training. The CMHC must provide initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles, and maintain documentation of the training. The CMHC must demonstrate staff knowledge of emergency procedures. Thereafter, the CMHC must provide emergency preparedness training at least every 2 years.

This STANDARD is not met as evidenced by:

	<p>Based on review of the employee files, the clinic Emergency Preparedness (EP) Plan and staff interviews, it was determined the clinic failed to ensure the staff completed EP training every two years. This deficient practice did affect six out seven employee files reviewed and had the potential to negatively effect all staff and patients served by the clinic. Findings include: 1. Review of six of seven employee files revealed no documentation of EP training for the years 2019, 2020, 2021, 2022 or 2023 to time of survey. An interview was conducted on 6/8/22 at 1:38 PM with Employee Identifier (EI) # 1, Office Manager, and EI # 2, Administrator, who confirmed there was no documentation the staff received EP training every two years.</p>
<p>J0000</p>	<p>A recertification survey was conducted on 6/6/23 to 6/8/23 at Lake Martin Family Medicine. Standard level deficiencies were cited and will require a plan of correction.</p>
<p>J0125</p>	<p>PROVISION OF SERVICES</p> <p>491.9(b) Patient care policies. (3) The policies include: (iii) Rules for the storage, handling, and administration of drugs and biologicals.</p> <p>This STANDARD is not met as evidenced by: Based on review of policies and procedures, observation and interviews, it was determined the clinic failed to ensure medical supplies available for patient use were not expired. This deficient practice had the potential to negatively affect all patients served by the clinic. Findings include: Clinic Policy: Drugs and Biological Storage Plan Policy Number: Not documented Date: Not documented In order to assure that drugs and biologicals are properly cared for, the following steps are taken: ...4. ...stock is rotated when a fresh supply comes in. Old reserves are moved to the front and used before new supplies. Upon receipt of new stock, expiration dates are checked on old stock and those expired drugs and biologicals are disposed of... ...10. A search for expired drugs, solutions and injections will take place once a month in the sample room, emergency kit, refrigerator and other drug storage areas. Clinic Policy: Access and Security of Drugs Policy Number: Not documented Date: Not documented Extreme care must be exercised that no expired medications are dispensed for patient use or allowed to remain in the clinic. 1. The clinic personnel will check monthly all medications physically for dated items and remove all expired packages from the shelves. ...5. The expiration dates on all medications will be monitored monthly and documented. 1. A tour of the clinic was conducted on 6/6/23 at 11:00 AM with Employee Identifier (EI) # 1, Office Manager. The following medical supplies were observed to be expired and available for patient use. Fourteen bottles of 10 percent (%) Neutral Buffered Formulin containing 20 milliliter (ml) per bottle with an expiration date of 5/23. One Becton Dickenson speckle top vacutainer blood collection tube with an expiration date of 12/31/21. Eight Thin Prep Pap Test bottles with an expiration date of 6/2/23. One Iodoform Gauze 1/2 inch by 5 yards with an expiration date of 5/23. One sealed 1000 ml bottle of Normal Saline with an expiration date of 4/5/22. Two 1% Lidocaine Hydrochloride (HCl) 50 ml multiple dose vials (mdv) opened but no date when opened or for expiration of beyond use date (bud). One Promethazine 25 milligram (mg) ampule with an expiration date of 4/23. An interview was conducted on 6/6/23 at 11:53 AM with EI # 1, who confirmed the above supplies were expired and available for patient use.</p>