

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 013433	(X3) Date Survey Completed 12/03/2025
Name of Provider or Supplier Perfect Kids And Family Care	Street Address, City, State 308 Prairie Street North, Union Springs, 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)
J0125	<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 observations and staff interview it was determined the clinic failed to ensure supplies available for patient use were not expired. This had the potential to negatively affect all patients served by the clinic. Findings include: 1. A tour of the clinic was conducted on 12/3/25 at 9:20 AM. The following supplies were expired and available for patient use. a. Two Swab Culturets with expiration date 4/30/24. b. One Primary Set Piggyback with Backcheck Valve with expiration date 6/1/25. c. Three Braun B Introcan Safety Intravenous Catheter 18 Gauge with expiration date 5/1/25. d. Two Mckesson True Metrix Control Solution Level 3 with expiration date 3/31/25. An interview was conducted on 12/3/25 at 9:38 AM with Employee Identifier # 1, Office Manager, who confirmed the clinic failed to ensure expired supplies were not available for patient use.</p>