

May 2013 SAFFORD COMPLEX

Sick Call (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is sick call being conducted five days a week Monday through Friday (excluding holidays)? P-E-07, DO 1101, HSTM Chapter 5, Sec. 2.04.2, Chapter 7, Sec. 7.6]	X			5/22/2013 10:45 AM Entered By: Troy Evans	1
2	Are sick call inmates being triaged within 24 hours(or immediately if inmate is identified with emergent medical needs)? [P-E-07, DO 1101, HSTM Chapter 5, Sec. 3.1]	X			5/22/2013 11:16 AM Entered By: Troy Evans 5/22/2013 10:55 AM Entered By: Troy Evans Ft. Grant-Inmate [redacted] HNR was placed on 04/29/13, and seen on Nurses Line on 04/30/13. Inmate [redacted] HNR was placed on 04/29/13, seen on Nurses Line on 04/29/13. Inmate [redacted] HNR on 04/28/13, seen on Nurse's Line on 04/29/13.	1
3	Are vitals signs, to include weight, being checked and documented each time an inmate is seen during sick call? [P-E-04, HSTM Chapter 5, Section 1.3]	X			5/24/2013 2:12 PM Entered By: Troy Evans	1
4	Is the SOAPE format being utilized in the inmate medical record for encounters? [DO 1104, HSTM Chapter 5, Section 1.3]	X			5/24/2013 2:10 PM Entered By: Troy Evans Tonto- Of 10 Charts reviewed, all Nursing Notes were utilizing the SOAPE Format. Inmate [redacted] was seen by Provider on 05/06/13, entry into chart did not utilize SOAPE Format. Inmate [redacted] was seen by Provider on 05/07/13, entry into chart did not utilize SOAPE Format. Discussed with FHA, she advised that provider had been retrained last week on SOAPE, and he is trying harder to utilize this format. 5/24/2013 2:10 PM Entered By: Troy Evans Tonto- Of 10 Charts reviewed, all Nursing Notes were utilizing the SOAPE Format. Inmate [redacted] was seen by Provider on 05/06/13, entry into chart did not utilize SOAPE Format. Inmate [redacted] was seen by Provider on 05/07/13, entry into chart did not utilize SOAPE Format. Discussed with FHA, she advised that provider had been retrained last week on SOAPE, and he is trying harder to utilize this format.	1
5	Are referrals to providers from sick call being seen within seven (7) days? [P-E-07]	X			5/22/2013 10:59 AM Entered By: Troy Evans	1
6	Are nursing protocols in place and utilized by the nurses for sick call?	X			5/22/2013 10:59 AM Entered By: Troy Evans	1

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Medical Specialty Consultations (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are urgent consultations being scheduled to be seen within thirty (30) days of the consultation being initiated? [CC 2.20.2.3]	X			5/22/2013 9:33 AM Entered By: Troy Evans No Urgent Consults Found.	2
2	Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]		X		5/22/2013 9:37 AM Entered By: Troy Evans Ft. Grant-Inmate ██████████ 04/30/13 Consult Report not reviewed as of 05/09. 5/22/2013 9:34 AM Entered By: Troy Evans Inmate ██████████ report dated 03/28/13 not reviewed until 05/01/13.(greater than 7 days)	2
3	Is the utilization and availability of off-site services appropriate to meet medical, dental and mental health needs? [CC 2.20.2.3]	X			5/22/2013 10:23 AM Entered By: Troy Evans	3
4	Are the emergent medical needs of the inmates appropriate and emergent transports ordered in a timely manner? [P-E-08, CC 2.20.2.3]	X			5/22/2013 9:35 AM Entered By: Troy Evans	2
5	Do all inpatient admissions have documented utilization review of admission and evidence of discharge planning? [CC 2.20.2.3]	X			5/22/2013 9:36 AM Entered By: Troy Evans	2

Corrective Action Plans for Performance Measure: Medical Specialty Consultations (Q)

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]
Level 2 Amber User: Troy Evans Date: 5/22/2013 9:37:45 AM

Corrective Plan: At some of the problems have been getting back reports for the consults. That being said starting 5/31/2013 on Fridays the UM nurses will review all consults that went out during the week will review the chart to see if reports are back and be responsible for having the provider sign. The DON will follow up with the UM nurses to see that this has been done every Friday.

Ann Rochelle Mullen, RN FHA
 Safford AZ. Complex

May 31,2013

Corrective Actions: See above.

2 Are consultation reports being reviewed by the provider within seven (7) days of receipt? [CC 2.20.2.3]
Level 2 Amber User: Troy Evans Date: 5/22/2013 9:37:45 AM

Corrective Plan: At some of the problems have been getting back reports for the consults. That being said starting 5/31/2013 on Fridays the UM nurses will review all consults that went out during the week will review the chart to see if reports are back and be responsible for having the provider sign. The DON will follow up with the UM nurses to see that this has been done every Friday.

Ann Rochelle Mullen, RN FHA
 Safford AZ. Complex

May 31,2013

Corrective Actions: See above.

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Chronic Condition and Disease Management (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are treatment plans developed and documented in the medical record by a provider within thirty (30) days of identification that the inmate has a CC? [P-G-01, CC 2.20.2.4]	X			5/22/2013 9:38 AM Entered By: Troy Evans None Found	1
2	Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]		X		5/22/2013 9:48 AM Entered By: Troy Evans inmate ██████ - CC Hep. C no form in chart arrived 01/14/13. inmate ██████ - CC Htn. seen 02/07 with 90 day follow up, not seen as of 05/08.	2
3	Are CC/DM inmates being provided coaching and education about their condition / disease and is it documented in the medical record? [P-G-01, CC 2.20.2.4]	X			5/22/2013 9:49 AM Entered By: Troy Evans Of 10 charts reviewed, 10 of 10 had coaching and education on chronic care form.	1
4	Have disease management guidelines been developed and implemented for Chronic Disease or other conditions not classified as CC? [P-G-01, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]	X			5/22/2013 9:53 AM Entered By: Troy Evans Tonto inmate ██████ - 04/03 CC Asthma Incomplete. # of Attacks last month was blank. Section for all diseases, since last visit, descr be symptoms was blank. Ft. Grant inmate ██████ CC Htn. and Hep. C special needs box was blank, Section for all diseases, since last visit, descr be symptoms was blank.	2
5	Has the contractor submitted his/her quarterly guideline audit results by the 15th day following the end of the reporting quarter? [CC 2.20.2.4]	X			5/22/2013 9:53 AM Entered By: Troy Evans N/A	2

Corrective Action Plans for Performance Measure: Chronic Condition and Disease Management (Q)

2 Are CC inmates being seen by the provider (every three (3) to six (6) months) as specified in the inmate's treatment plan? [P-G-01, DO 1101, HSTM Chpt. 5, Sec. 5.1, CC 2.20.2.4]
Level 2 Amber User: Troy Evans Date: 5/22/2013 9:48:32 AM

Corrective Plan: Inmate inmate ██████ arrived at Safford Complex, Graham Unit on 4/29/2013 from Tucson Whetstone. I'm was scheduled the same day for baseline EKG for 5/7/2013 and CC HTN labs on 5/6/2013. He was seen on 5/13/2013 for his HTN CC with his EKG and lab results, CC meds were ordered. Next follow-up appt. scheduled in 180 days.

Inmate inmate ██████ was seen on 1/23/2013 for CC hep. C which was done in Soape format and not done on the approved CC form. Has scheduled CC hep. C follow-up in 6 months, 7/2013. Will reinforce with the providers to make sure when they are doing CC visits they must use the approved CC forms with education provided.

Ann Rochelle Mullen, RN FHA
 Safford, AZ. Complex

May 29, 2013

Corrective Actions: See above.

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Prescribing Practices and Pharmacy (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are recommendations made by the Pharmacy and Therapeutics Committee appropriately enacted? [CC 2.20.2.6]	X			5/31/2013 8:04 AM Entered By: Leslie Boothby	2
2	Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]		X		<p>5/31/2013 8:04 AM Entered By: Leslie Boothby</p> <p>HSTM 4.1.6 Non-Formulary Drug Requests & HSTM 4.1.1 Pharmaceutical Dispensing Procedures - Amber – will remain amber until a completed written action plan is received and implemented with weekly follow up documentation of results to ADC from each Complex Site by Corizon Health.</p> <p>A) HSTM 4.1.6 Non-Formulary Drug Requests: A written Action Plan is required from Julie Carter, Regional Pharmacist, Corizon, to ensure that requests for necessary non-formulary medications at each Complex Site, are received by inmate patients in a timely manner. Providers will need to provide formulary medications, if needed, to provide continuity of care while the NFD is being processed. This Action Plan requires documented weekly follow-up from Corizon staff that identifies that medications have been approved or denied and if denied, an appropriate therapy is instituted so that the patient will not go without medication during the approval/denial process. May 2013 Non Formulary Drug Requests - Stop Date Reports indicate: 1363 Non-formulary drugs expiring for 1171 patients</p> <p>B) HSTM 4.1.1 Pharmaceutical Dispensing Procedures: A written Action Plan is required from Julie Carter, Regional Pharmacist, Corizon, to ensure that all prescriptions are dispensed in a timely manner so as not to contribute to morbidity or mortality and so that the inmate population receive continuity of care. This Action Plan requires weekly documented follow-up from Corizon staff. Medications should be renewed before the expiration date to provide continuity of care. May 2013 Expired Medications - Stop Date Report indicates: 10,117 Expired Medications for 5,168 Patients. Snapshot of April 1, 2013 – May 16,2013 for Psychotropic medications (not including amitriptyline, nortriptyline and gabapentin for medical use). Stop Date Report indicates: 1051 Expired Psychotropic Medications for 694 patients. Note: not same parameter as May 2013 reporting. Some information will be duplicated in the Expired Medication reporting for May 2013.</p> <p>C) Julie Carter, Corizon Regional Pharmacist, implemented the Pharmacy Corrective Action Plan on May 13th, 2013. She followed up on May 20th, 2013 with a conference call to DONs/FHAs to identify problems and resolutions and discuss progress of renewals. A Status Report was submitted 05/30/13. Most, but not all findings were reported at that time. We are</p>	2

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		X			hoping to receive a report with all findings and a significant improvement in Continuity of Care for Non-Formulary and Expired Medications next month.	
3	Are all medications being prescribed in the therapeutic ranges as determined by the most current editions of the "Drug Facts and Comparisons" or the packet insert?	X			5/31/2013 8:04 AM Entered By: Leslie Boothby	1

Corrective Action Plans for Performance Measure: Prescribing Practices and Pharmacy (Q)

2 Are pharmacy polices, procedures forms, (including non-formulary requests) being followed? [NCCHC Standard P-D-01, CC 2.20.2.6]

Level 2 Amber User: Leslie Boothby Date: 5/31/2013 8:04:28 AM

Corrective Plan: Safford Complex, all units, keep a log of non-formulary requests. This is checked on a daily basis for approvals they are resent to Dr. Williams for approval if there has been no response and follow-up daily until response is received. We pull the expiring medication report from the Pharmacorr website, which is not always up to date, in the middle of the month for the following month. If there are medications that need to be renewed, cc medications, the inmate is scheduled with the provider before the medication runs out.

These are the processes that we have initiated at Safford Complex to assure continuity of care.

Ann Rochelle Mullen, RN FHA
Safford Complex
May 31, 2013

Corrective Actions: See above.

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No Shows (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are medical, dental and mental health line “no-shows” being reported and documented per policy, Department Order 1101? [DO 1101, HSTM Chpt 5, Sec. 7.1, CC 2.20.2.9]	X			5/22/2013 10:44 AM Entered By: Troy Evans	1

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Mental Health (Q)						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are HNRs for Mental Health services triaged within 24 hours of receipt by a qualified Mental Health Professional, to include nursing staff? [CC 2.20.2.10]	X			5/22/2013 11:05 AM Entered By: Troy Evans No Mental Health HNR's were found.	2
2	Are inmates referred to a Psychiatrist or Psychiatric Mid-level Provider seen within seven (7) days of referral? [CC 2.20.2.10]	X			5/22/2013 11:07 AM Entered By: Troy Evans Any Inmates requiring a Psychiatric Provider are transferred immediately.	2
3	Are MH treatment plans updated every 90 days for each SMI inmate, and at least every 12 months for all other MH-3 and above inmates? [CC 2.20.2.10]	X			5/22/2013 11:07 AM Entered By: Troy Evans N/A	1
4	Are inmates with a mental score of MH-3 and above seen by MH staff according to policy? [CC 2.20.2.10]	X			5/22/2013 11:08 AM Entered By: Troy Evans N/A	2
5	Are inmates prescribed psychotropic meds seen by a Psychiatrist or Psychiatric Mid-level Provider at a minimum of every three (3) months (90 days)?[CC 2.20.2.10]	X			5/22/2013 11:08 AM Entered By: Troy Evans N/A	2
6	Are reentry/discharge plans established no later than 30 days prior release for all inmates with a MH score of MH-3 and above? [CC 2.20.2.10]	X			5/22/2013 11:09 AM Entered By: Troy Evans N/A	2

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Grievances						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is a grievance tracking system in place and being utilized? [P-A-11; P-A-04]	X			5/22/2013 10:41 AM Entered By: Troy Evans All grievance's are scanned to the FHA Immediately.	1
2	Are grievance trends being tracked and addressed? [P-A-11; P-A-04]	X			5/22/2013 10:43 AM Entered By: Troy Evans None found that were not addressed. Staff understands the policy.	1

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Transfer Screening						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Are the inmate medical record being reviewed within 12 hours of Inmate arrival to unit by nursing staff? [NCCHC Standard P-E-03 and HSTM Chapter 5, Section 2.0, 5.0; DO 1104.05]	X			5/22/2013 10:29 AM Entered By: Troy Evans Tonto- Of 9 Intake charts reviewed, 1 chart on Inmate inmate had an intake performed with no information filled out on SOAP Intake form. Brought to the attention of site manager. Ft. Grant- of 9 Intake Charts reviewed, 9 had the chart reviewed within 12 hours.	1
2	Is nursing staff ensuring inmate medication was transferred with inmate? [HSTM Chpt. 5, Sec. 6.1, 5.0, CC 2.7.2.3]	X			5/22/2013 10:30 AM Entered By: Troy Evans	1
3	Is mental health staff reviewing inmate medical record with 24 hours of arrival (72 hours Friday / Weekend)? [CC 2.7.2.3, HSTM Chapter 5, Section 6.1,5.0]	X			5/22/2013 10:33 AM Entered By: Troy Evans	1
4	Is dental staff reviewing inmate medical record with 24 hours of Inmate arrival (72 hours Friday / Weekend)?	X			5/22/2013 10:36 AM Entered By: Troy Evans	1

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Medication Administration						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is there a formal medication administration program? [NCCHC Standard P-C-05]	X			5/22/2013 9:54 AM Entered By: Troy Evans	1
2	Is the documentation of completed training and testing kept on file for staff who administer or deliver medications? [NCCHC Standard P-C-05; HSTM Chapter 3, Section 4.1]	X			5/22/2013 9:54 AM Entered By: Troy Evans	1
3	Is there a tracking system for KOP medications to determine if medications have been received by the inmate? [NCCHC Standard P-D-01]	X			5/22/2013 9:54 AM Entered By: Troy Evans	1
4	Are the Medication Administration Records (MAR) being completed in accordance with standard nursing practices? [HSTM Chapter 4, Section 1.1, Chapter 5, Section 6.4]	X			5/22/2013 9:57 AM Entered By: Troy Evans Tonto- Inmate [redacted] Methocarbamol without frequency or route. Mar given to nurse and corrected immediately. Ft. Grant [redacted] Gabapentin and Motrin w/o start and stop dates, given to nurse and corrected immediately. [redacted] Synthroid w/o frequency and route, given to nurse and corrected immediately.	1
5	Are medication errors forwarded to the FHA to review corrective action plan?	X			5/22/2013 9:58 AM Entered By: Troy Evans No med errors reported for this month.	2
6	Are there any unreasonable delays in inmate receiving prescribed medications?	X			5/22/2013 9:58 AM Entered By: Troy Evans	2
7	Are inmates being required to show ID prior to being administered their medications?	X			5/22/2013 9:58 AM Entered By: Troy Evans	2
8	Are chronic condition medication expiration dates being reviewed prior to expiration to ensure continuity of care? [NCCHC Standard P-D-01]	X			5/22/2013 10:08 AM Entered By: Troy Evans Ft. Grant [redacted] Lisinopril expired 05/01 reordered on 05/15 last fill date was 04/16, inmate did not go w/o meds, however they were not renewed prior to expiration date. [redacted] - ASA, Pravastatin, and Prazosin exp. 05/06 reordered 05/15. Inmate did not go w/o meds, however they were not renewed prior to expiration date	2
9	Are non-formulary requests being reviewed for approval or disapproval within 24 to 48 hours?	X			5/22/2013 10:09 AM Entered By: Troy Evans None found	2
10	Are providers being notified of non-formulary decisions within 24 to 48 hours?	X			5/22/2013 10:09 AM Entered By: Troy Evans	2

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11	Are medication error reports being completed and medication errors documented?	X			5/22/2013 10:09 AM Entered By: Troy Evans N/A	2

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Infirmiry Care						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Does policy or post order define the specific scope of medical, psychiatric, and nursing care provided in the infirmiry setting?	X			5/22/2013 10:10 AM Entered By: Troy Evans N/A no infirmiry at this location.	1
2	Are patients always within sight or hearing of a qualified health care professional (do inmates have a method of calling the nurse?)	X			5/22/2013 10:10 AM Entered By: Troy Evans N/A no infirmiry at this location.	1
3	Is the number of appropriate and sufficient qualified health professionals in the infirmiry determined by the number of patients, severity of illnesses and level of care required?	X			5/22/2013 10:11 AM Entered By: Troy Evans N/A no infirmiry at this location.	1
4	Is a supervising registered nurse in the IPC 24 hours a day?	X			5/22/2013 10:11 AM Entered By: Troy Evans N/A no infirmiry at this location.	1
5	Is the manual of nursing care procedures consistent with the state's nurse practice act and licensing requirements?	X			5/22/2013 10:11 AM Entered By: Troy Evans N/A no infirmiry at this location.	1
6	Does admission to or discharge from infirmiry care occur only on the order of physician or other provider where permitted by virtue of credentials and scope of practice?	X			5/22/2013 10:12 AM Entered By: Troy Evans 5/22/2013 10:12 AM Entered By: Troy Evans N/A no infirmiry at this location.	1
7	Is the frequency of physician and nursing rounds in the infirmiry specified based on categories of care provided?	X			5/22/2013 10:23 AM Entered By: Troy Evans 5/22/2013 10:12 AM Entered By: Troy Evans N/A no infirmiry at this location.	1
8	Is a complete inmate health record kept and include: -Admitted order (admitting diagnosis, medications, diet, activity restrictions, required diagnostic tests, frequency of monitoring and follow-up -Complete document of care and treatment given -Medication administration record -Discharge plan and discharge notes	X			5/22/2013 10:12 AM Entered By: Troy Evans N/A no infirmiry at this location.	1
9	If inpatient record is different than outpatient record, is a copy of the discharge summary from the infirmiry care placed in the patient's outpatient chart?	X			5/22/2013 10:13 AM Entered By: Troy Evans N/A no infirmiry at this location.	1

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10	If an observation patient is placed by a qualified health care professional for longer than 24 hours, is this order being done only by a physician?	X			5/22/2013 10:13 AM Entered By: Troy Evans N/A no infirmary at this location.	1
11	Are vital signs done daily when required?	X			5/22/2013 10:14 AM Entered By: Troy Evans N/A no infirmary at this location.	1
12	Are there nursing care plans that are reviewed weekly and are signed and dated?	X			5/22/2013 10:14 AM Entered By: Troy Evans N/A no infirmary at this location.	1
13	Are medications and supplies checked regularly, and who is assigned to do it? [NCCHC Standard P-D-03]	X			5/22/2013 10:14 AM Entered By: Troy Evans N/A no infirmary at this location.	1

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Medical Tools						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Do nursing staff inventory and account for tools assigned to medical areas? D.O 702	X			5/22/2013 10:36 AM Entered By: Troy Evans	1
2	Are missing / lost health tools or instruments reported immediately to the shift commander?	X			5/22/2013 10:36 AM Entered By: Troy Evans	2
3	Does the Site Manager (FHA) maintain a Master Tool Inventory for all non-disposable surgical/dental tools, medical instruments/devices and hand-held medical/dental tools?	X			5/22/2013 10:37 AM Entered By: Troy Evans Discussed with FHA, she has Master Inventory in her office.	1
4	Are medical tools engraved, where practical, to identify the tools as health services items?	X			5/22/2013 10:38 AM Entered By: Troy Evans	1
5	Where dental tools/hand pieces cannot be engraved, is the serial number used for identification?	X			<p>5/24/2013 8:23 AM Entered By: Troy Evans</p> <p>1. Dental tools will not be engraved consistent with ADC policy, DO 712.03, 1.2.2, but will be maintained as instrument sets. The majority of the instruments do not have a unique serial number that would enable heightened accountability.</p> <p>2. Instruments will be identified by name on the Master Tool Inventory, Form 712-5, or the electronic equivalent, in the tool description section. If instruments are grouped in a set, the set will be identified in the Master Tool Inventory and each instrument in that set will be identified by name on the inventory.</p> <p>3. Existing serial numbers will be added to the Master Tool Inventory, Form 712-5, or the electronic equivalent, in the tool description section. If there is not a serial number on the instrument, no further identification is needed in the tool description section.</p> <p>4. Dental instruments shall be stored in a clear wrap/pouch to ensure all instruments are visible during all daily counts and routine inventories per DO 712.03, 1.4.</p> <p>5. When the instruments are stored in sets, a container inventory will be attached to each set identifying the instruments contained in the set. Container inventories can be documented on cards and laminated for repeated use.</p> <p>6. Each instrument set and individual instrument will be secured in a locked cabinet until opened for use. Storage in any other cabinet that may enable inmate access is prohibited.</p> <p>7. The clear view of the wrap/pouches will</p>	1

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					allow for daily and monthly inventories without routinely opening each set for appropriate accountability.	
6	Are sharps being inventory at the beginning and end of each shift?	X			5/22/2013 11:03 AM Entered By: Troy Evans 5/22/2013 10:39 AM Entered By: Troy Evans Sharps log reviewed, indicates documented counts at the beginning and end of every shift.	2
7	If sharps count is off is nursing notifying the shift commander?	X			5/22/2013 10:40 AM Entered By: Troy Evans	2
8	Are officers present for sharps inventories with the nursing staff?	X			5/22/2013 10:40 AM Entered By: Troy Evans Officers are present for every count.	2

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Medication Room						
	Performance Measure (Description)	Grn	Amb	Red	Notifications	Level
1	Is the medical room kept locked when not occupied?	X			5/22/2013 10:14 AM Entered By: Troy Evans	1
2	Are quarterly audits of the unit (Floor Stock/RDSA)medication by a pharmacist being conducted and documented?	X			5/22/2013 10:15 AM Entered By: Troy Evans	2
2	Are open medication vials being marked with the date they were opened?	X			5/22/2013 10:17 AM Entered By: Troy Evans	1
3	Is nursing staff checking for outdated (expiring)medications?		X		5/22/2013 10:19 AM Entered By: Troy Evans Several open vials found with expired dates. Brought to the attention of on site staff,removed from inventory.	1

Corrective Action Plans for PerformanceMeasure: Medication Room

3 Is nursing staff checking for outdated (expiring)medications?

Level 1 Amber User: Troy Evans Date: 5/22/2013 10:19:01 AM

Corrective Plan: Have reinforced with nursing to recheck open vials and dispose of all open vials after 30 days. All open vials that were over the 30 day date were disposed of at both facilities on 5/23/2013 and 5/24/2013. Thank you.

Ann Rochelle Mullen, RN FHA
Safford Complex
5/24/2013

Corrective Actions: We have reinforced this with all the nursing staff and will continue to do so. This will also be checked on a monthly check list.

Ann Rochelle Mullen, RN
Safford, AZ Complex
May 31,2013