Received 4/28/15

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FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AB0007	A. BUILDING: _____ B. WING _____	C 02/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HALLMARK WOMEN'S CLINIC	1919 GILLESPIE STREET FAYETTEVILLE, NC 28306

(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
E 137	.0305(A) MEDICAL RECORDS 10A-14E .0305 (a) A complete and permanent record shall be maintained for all patients including the date and time of admission and discharge; the full and true name; address; date of birth; nearest of kin; diagnoses; duration of pregnancy; condition on admission and discharge; referring and attending physician; a witnessed, voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure; and the physician's authenticated history and physical examination including identification of pre- existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the operative procedure or anesthetic to be administered. This Rule is not met as evidenced by: Based on closed medical record reviews and staff interviews the physician performing the procedure failed to sign the voluntary, witnessed signed consent for each surgical abortion procedure in 5 of 11 patients having a surgical abortion procedure (SAB) (#10, #9, #8, #6 and #17). The Findings include: 1. Medical record review of patient # 10 revealed the patient had a SAB on 01/17/2015. Record review revealed no documentation of a voluntary witnessed consent for the SAB signed by the physician. Review of the voluntary witnessed consent form in the medical record revealed the section for the physician's signature was blank. Interview with administrative staff on 02/15/2015	E 137	In Service Meeting With All Physician. Reviewed by Management All Formed Reviewed That Required Physician - All Records will be Reviewed Daily and checked For Completion: Completed 2/20/15 In Service Meeting - Record Pulled. Physician Signed SAB #10	2/20/15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Medical Director — (X6) DATE: 4/22/15

STATE FORM 6899 4LB811 If continuation sheet 1 of 10

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E 137	Continued From page 1 at 1455 revealed the facility policy was for the physician performing the SAB, to sign the voluntary witnessed consent for the SAB. The interview revealed there was no documentation available of a voluntary witnessed consent signed by the physician for medical record #10. 2. Medical record review of patient # 9 revealed the patient had a SAB on 01/15/2015. Record review revealed no documentation of a voluntary witnessed consent for the SAB signed by the physician. Review of the voluntary witnessed consent form in the medical record revealed the section for the physician's signature was blank. Interview with administrative staff on 02/15/2015 at 1455 revealed the facility policy was for the physician performing the SAB, to sign the voluntary witnessed consent for the SAB. The interview revealed there was no documentation available of a voluntary witnessed consent signed by the physician for medical record # 9. 3. Medical record review of patient # 8 revealed the patient had a SAB on 01/10/2015. Record review revealed no documentation of a voluntary witnessed consent for the SAB signed by the physician. Review of the voluntary witnessed consent form in the medical record revealed the section for the physician's signature was blank. Interview with administrative staff on 02/15/2015 at 1455 revealed the facility policy was for the physician performing the SAB, to sign the voluntary witnessed consent for the SAB. The interview revealed there was no documentation available of a voluntary witnessed consent signed by the physician for medical record # 8. 4. Medical record review of patient # 6 revealed	E 137	Capleted 2/20/15 #9 at IN Service. Record Pulled and SAB Signed by Physician. 2/20/15 #8 Completed 2/20/15 Record Pulled SAB Signed by Physician. Records Reveud Daily. 2/20/15	

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E 137	Continued From page 2 the patient had a SAB on 01/05/2015. Record review revealed no documentation of a voluntary witnessed consent for the SAB signed by the physician. Review of the voluntary witnessed consent form in the medical record revealed the section for the physician's signature was blank. Interview with administrative staff on 02/15/2015 at 1455 revealed the facility policy was for the physician performing the SAB, to sign the voluntary witnessed consent for the SAB. The interview revealed there was no documentation available of a voluntary witnessed consent signed by the physician for medical record # 6. 5. Medical record review of patient # 17 revealed the patient had a SAB on 11/24/2014. Record review revealed no documentation of a voluntary witnessed consent for the SAB signed by the physician. Review of the voluntary witnessed consent form in the medical record revealed the section for the physician's signature was blank. Interview with administrative staff on 02/15/2015 at 1455 revealed the facility policy was for the physician performing the SAB, to sign the voluntary witnessed consent for the SAB. The interview revealed there was no documentation available of a voluntary witnessed consent signed by the physician for medical record #17.	E 137	#6 Record pulled SAB Signed by Physician. Completed 2/20/15 Recorded Reviewed Daily #17 - Record pulled SAB Signed by Physician Completed 2/20/15 Recorded Reviewed Daily	2/20/15 2/20/15
E 156	.0310 EMERGENCY BACK-UP SERVICES 10A-14E .0310 The facility shall provide intervention for emergency situations. These provisions shall include but are not limited to: (1) Basic cardio-pulmonary life support; (2) Emergency protocols for: (a) Venous access supplies,	E 156	In Service with Management and Medical Staff.	

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E 156	Continued From page 3 (b) Air-way support and oxygen, (c) Bag-valve mask unit with oxygen reservoir, and (d) Suction machine; (3) Emergency lighting available in the operating room; and (4) Ultrasound equipment. This Rule is not met as evidenced by: Based on observations during tour and staff interview the facility staff failed to ensure emergency medications and supplies in the emergency bag and Intravenous (IV) supply box were not expired and available for patient care. The findings include: Observations during tour of the facility on 02/05/2015 at 1044 revealed an emergency bag stored in the recovery area. Observation revealed the following medications were expired: (2) Adenosine 12 mg (milligrams)/4 ml (milliliter) vials expired 05/2013; (1) Epinephrine 1:1000 vial expired 09/2013; (1) Tube Insta Glucose expired 12/2013; (2) Ondansetron 4 mg/2 ml vials expired 11/2013; (1) Pitressin 20 units vial expired 04/2014; (2) Naloxone 0.4 mg ampules expired 08/2014; and (2) Amiodarone HCL 150 mg ampules expired 08/2014. Observation of the emergency IV supply box revealed (1) IV Start Kit expired 04/2010. Interview during tour with a staff registered nurse revealed "we check the emergency box every other month." Interview revealed the staff are suppose to check expiration dates. Interview revealed the medications and IV supplies were available for emergency use. Interview on 02/05/2015 at 1445 with Administrative Management Staff #1 revealed the	E 156	ALL Equptment. UltraSound Suction Machine ER Lighting ALL Equpthent Check and Certified ALL Necessary ER. Meds WERE Replaced (1) AMINOPHYLL (2) EPINEPHRINE (3) NALBUphine (4) ADENOSINE (5) EPINEPHRINE (6) VERAPAMIL (2) ONDANSETRON (3) Lidocaine BANYAN/ENVIRONMENTAL Recovery Envelope FOR Returning Expired Medications IV START KIT — Replaced.	3/30/15 2/5/15 2/5/15 2/5/15 2/5/15 2/5/15 2/10/15 2/10/15 2/10/15

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E 156	Continued From page 4 facility did not have a policy for expired medications and supplies. Interview confirmed the medications and IV kit were expired.	E 156	Plan placed IN Policy and Procedure Book For Disposal of Medication & IV Kits With Hazardous Waste and Needle Collection Dates To Be Listed and Checked Monthly Completed 4/30/15	4/30/15
E 161	.0313(A) POST-OPERATIVE CARE 10A-14E .0313 (a) Patients whose pregnancy is terminated on an ambulatory basis should be observed in the abortion clinic for a reasonable number of hours, not less than one, to insure that no immediate post-operative complications are present. Thereafter, such patients may be discharged if their course has been uneventful. This Rule is not met as evidenced by: Based on closed medical record reviews and staff interviews the staff failed to document observation of the patient for a minimum of one hour after each surgical abortion procedure performed in 4 of 11 patients having a surgical abortion procedure (SAB) (#7, #4, #2 and #3). The Findings include: 1. Medical record review revealed patient # 7 had a SAB performed on 01/08/2015. Medical record revealed no documentation by staff the patient was observed for a minimum of one hour (1 hour) post procedure before discharge from the clinic. Interview with administrative staff on 02/15/2015 at 1455 revealed the facility policy was for staff to	E 161 E161	In Service Meeting With Management Medical Direction and Nursing Staff Reviewed Discharge Policy and Forms including AMA, Against Medical advice Corrected 2/20/15 #7 - Reviewed with Nurse on Duty. AMA must be signed If Patient is to	2/20/15

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E 161	Continued From page 5 observe patients for a minimum of one hour (1 hour) prior to discharge or for patients to sign the voluntary Againist Medical Advice (AMA) form if the patient refuses to stay one hour (1 hour) post procedure. The interview revealed there was no documentation available of a voluntary AMA form signed by the patient for medical record # 7. 2. Medical record review revealed patient # 4 had a SAB performed on 12/30/2014. Medical record revealed no documentation by staff the patient was observed for a minimum of one hour (1 hour) post procedure before discharge from the clinic. Interview with administrative staff on 02/15/2015 at 1455 revealed the facility policy was for staff to observe patients for a minimum of one hour (1 hour) prior to discharge or for patients to sign the voluntary Againist Medical Advice (AMA) form if the patient refuses to stay one hour (1 hour) post procedure. The interview revealed there was no documentation available of a voluntary AMA form signed by the patient for medical record # 4. 3. Medical record review revealed patient # 2 had a SAB performed on 12/23/2014. Medical record revealed no documentation by staff the patient was observed for a minimum of one hour (1 hour) post procedure before discharge from the clinic. Interview with administrative staff on 02/15/2015 at 1455 revealed the facility policy was for staff to observe patients for a minimum of one hour (1 hour) prior to discharge or for patients to sign the voluntary Againist Medical Advice (AMA) form if the patient refuses to stay one hour (1 hour) post procedure. The interview revealed there was no documentation available of a voluntary AMA form signed by the patient for medical record # 2.	E 161	Leave prior to the Reviewed 2/20/14 #4 Reviewed with Nurse on Duty 12/30/14 AMA Form must be Signed by Patient prior TO Discharge Reviewed 2/20/14 #2 Reviewed with Nurse on Duty 12/23/14 AMA Form, must be Signed prior To Discharge From Clinic. 2/20/15	

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E 161	Continued From page 6 4. Medical record review revealed patient # 3 had a SAB performed on 12/0819/2014. Medical record revealed no documentation by staff the patient was observed for a minimum of one hour (1 hour) post procedure before discharge from the clinic. Interview with administrative staff on 02/15/2015 at 1455 revealed the facility policy was for staff to observe patients for a minimum of one hour (1 hour) prior to discharge or for patients to sign the voluntary Againist Medical Advice (AMA) form if the patient refuses to stay one hour (1 hour) post procedure. The interview revealed there was no documentation available of a voluntary AMA form signed by the patient for medical record # 3.	E 161	#3 - Record Reviewed w/ Nurse on Duty 12/8/14. AMA Form must be Signed prior to Discharge Reviewed 2/20/15 In Service 2/20/15. To Stress agaen all proper Documtation must be Signed at Discharge	
E 165	.0314 CLEANING OF MATERIALS AND EQUIPMENT 10A-14E .0314 (a) All supplies and equipment used in patient care shall be properly cleaned or sterilized between use for different patients. (b) Methods of cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use. This Rule is not met as evidenced by: Based on observations during tour and staff interviews the facility staff failed to maintain equipment and supplies in a manner to ensure safety and the prevention of the transmission of infections. The findings include:	E 165	- IN Service - Counters & Cabnets Space were Reviewed. Clean Counters' Cabnets were Disinfected. Clean Counters & Cabnets ON 1 Side. NON STERILE Packs ON Different WALL - STERILE 1 complete Side - NON STERILE 1 Complete and Different Side	3/30/15 3/30/15

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E 165	Continued From page 7 1. Observations during tour of the facility on 02/05/2015 at 0844 revealed a decontamination ("scrub") area used to clean, sterilize, and store surgical instruments. Observation revealed a storage cabinet located above a countertop in the clean scrub room. Observation revealed the counter top was used to wrap clean surgical instruments for sterilization. Observation of the inside of the storage cabinet revealed 13 blue paper wrapped surgical instrument packs being stored on shelves. Observation of the packs revealed they were sealed with external sterilization indicator tape (tape used to indicate sterilization completed). Observation revealed 7 packs had external sterilization indicator tape indicating the packs had been steam sterilized in the autoclave (tape turned black). Observation revealed 6 packs had external sterilization indicator tape indicating the packs had not been sterilized (tape was white). Observation revealed the sterilized and non-sterilized packs were commingled together and stored on the same shelves. Interview during tour with Scrub Technician #1 revealed the storage cabinet was used to store sterilized surgical instrument packs. Interview revealed non-sterilized packs should not be stored in the cabinet. Interview revealed "I normally never store them together." Interview revealed she was unsure of who placed the non-sterilized packs in the clean storage cabinet. Interview during tour with Administrative Management Staff #1 confirmed the observations. 2. Observation during tour of the facility on 02/05/2015 at 1100 revealed a closet located in the recovery area's patient restroom. Observation revealed the closet door was secured with a keyed lock. Observation inside of the closet revealed portable medical gas	E 165	Organized Cabinet and Countertops. Will NOT Mix STERILE and NON STERILE Pack, will NOT be Commingled together. and STORED on SAME Shelves. (1) We will Have Separate Counter & Cabnet above FOR STERILE. (2) Separate Cabnet & Counter FOR NON STERILE. 2/20/15 Closet FOR NITROUS Oxide Tanks will be Separate FROM other Supplies 3/1/15	

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E 165	Continued From page 8 cylinders being stored. Observation revealed five (5) full nitrous oxide cylinders, (1) empty nitrous oxide cylinder, (2) full oxygen cylinders, and (3) empty oxygen cylinders not separated by full or empty category. Observation revealed one chain across the front of the closet entry. Observation revealed the cylinders were standing up right and not secured in a rack or by individual chains. Observation revealed the medical gas cylinders were being stored with paper products (i.e. cups, paper towels) and cleaning chemicals (i.e. Lysol, Caviwipes, Clorox, Hand Soap), and ultra sound gel. Observation revealed no signage on the exterior closet door surface identifying the space as an oxygen/medical gas storage area. Interview during tour with a staff registered nurse revealed the closet was used to store oxygen and nitrous oxide cylinders, and cleaning supplies. Interview on 02/05/2014 at 1445 with Administrative Management Staff #1 confirmed the closet is used to store cleaning supplies, oxygen and nitrous oxide cylinders. Interview revealed the facility does not have a policy or procedure for storage of medical gases. 3. Observations during tour of the facility on 02/05/2015 at 1110 revealed 10 recliner chairs located in the recovery area. Observation revealed 7 out of 10 recliner chairs contained multiple various sized tears in the surface of the seat cushion. Interview with a staff registered nurse revealed the recliner chairs were used for patient recovery after surgical abortion procedures. Interview revealed the recliner chairs are wiped down with a disinfectant solution in between patient use. Interview revealed disposable blue absorption pads are placed on the seat cushions over the tears to try to prevent soiling. Interview confirmed 7 out of 10 recliner	E 165	a Special Rack has been ordered to Hold Tanks IN Closet IN a more Secure Manner. Due IN From Manufacter by 5/1/15. 5/1/15 ALL Other Paper Products, and Supplies, Cleaning Chemicals, Hand Soap Ultrasound Gel etc. will be Stored IN a Separte Closet. 3/1/15 The Nitrous Oxide Tanks, are NOW IN Closet. by Themselves 3/1/15 (3) Recliner Chairs with Taped over Tears will be Replaced. and have been Ordered	

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E 165	Continued From page 9 chairs contained tears in the seat cushions. Interview during tour with Administrative Management Staff #1 confirmed the observations. NC00102604 NC00103930	E 165	We have and Appropriate Date of Delivery 5/30/15	

HF Acquisition Co. LLC

Banyan

Life-Saving Equipment, Medications and Training

Remit Payment To:
Dept. CH 14388
Palatine, IL 60055-4388

State License: 26443
DEA License: FH4441286

Invoice	**INV1136363**
Ship Date	**2/10/2015**
Amount Due	**$ 129.29**
Page	**1 of 1**

MELVIN HENDERSON MD

Bill To Customer: 1012925
MELVIN HENDERSON MD
1919 GILLESPIE ST
ATTN:TAMMY
FAYETTEVILLE, NC 28306-3698

Ship To Customer: 1012925
CLARENCE J WASHINGTON MD
1919 GILLESPIE ST
ATTN:TAMMY
FAYETTEVILLE, NC 28306-3698
ATTN:TAMMY

PO Number	Salesperson ID	Payment Terms	Shipping Method	Kit Location	Kit No.
KMCA		NET ON RECEIPT	UPS GROUND		579

Ordered	Shipped	B/O	Item	Description	Lot/Serial	Exp. Date	Unit Price	Ext Price
1	1	0	KMCA	Keep Me Current Automatic			113.79	113.79
1	1	0	11-1015	VERAPAMIL 2ML 2.5MG/ML VIAL (SINGLE DOSE)	38309DK	02/01/2016		
2	2	0	11-107	ONDANSETRON 2ML 2MG/ML VIAL	034397	03/31/2016		
2	2	0	11-807	LIDOCAINE 2% 5ML LUER LOCK SYRINGE	38091DK	02/01/2016		
1	1	0	3895	BANYAN Environmental Recovery Envelope 8 1/2" x 11"	N/A	03/01/2015		
1	1	0	996	PDMA ELECTRONIC FEE				

IMPORTANT NOTICE: A credit cannot be issued for returned prescription drugs or kit orders. Per the FDA compliance policy guidance manual, we cannot warrant drug safety, identity, strength, quality or purity of medications after they have left our facility. Therefore we cannot accept any returns . Thank you for your understanding.

FINANCE CHARGES: Finance charges may be assessed on past due balances at a periodic rate of 1.5% per month (Annual Percentage Rate 18%). Customer shall be obligated to pay costs and expenses of collection, including reasonable attorney fees.

Subtotal	113.79
Shipping	15.50
Sales Tax	0.00
Total	129.29
Less Amount Rec'd	(0.00)
Total Amount Due	129.29

EIN: 27-0535896
DEA: RH0400680
FL Permit: 23:2371
PHMF: FX60168802
PHWH: FX60109560

HF Acquisition Co, LLC
22316 70th Ave W Unit A
Mountlake Terrace, WA 98043
Tel: 800.351.4530

Email CustomerService@statkit.com
R20150210-1-Z1

For drug history: http://banyan.axwaysaas.com:9083/pedigreeGUI/login.jsp Login: banyaneped, Pwd: Banyan

Patient Drug Education

Pharmacy: Cape Fear Valley HS
Valley Pharmacy, 1638 Owen Drive
Fayetteville, NC 28304
(910) 615-7895

Patient: HALLMARK CLINIC
1919 GILLESPIE ST
Fayetteville, NC 28306

Drug: AMINOPHYLLIN Rx: 843355 Date: 02/05/2015 Physician: MELVIN HENDERSON (910) 480-4880
GENERIC NAME: AMINOPHYLLINE (am-in-OFF-i-lin)

COMMON USES:
This medicine is a bronchodilator used to treat the symptoms of asthma, chronic bronchitis, and emphysema. It may also be used to treat other conditions as determined by your doctor.

HOW TO USE THIS MEDICINE:
Follow the directions for using this medicine provided by your doctor. THIS MEDICINE IS USUALLY GIVEN AS AN INFUSION at a hospital or clinic. THIS MEDICINE IS SOMETIMES USED AT HOME as an infusion. If you are using this medicine at home, a healthcare professional will provide you with detailed instructions. Ask any questions that you may have about this medicine or giving infusions. STORE THIS MEDICINE as directed by the prescription label. IF YOU MISS A DOSE OF THIS MEDICINE, take it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not take 2 doses at once.

CAUTIONS:
DO NOT INFUSE THIS MEDICINE FASTER THAN the rate recommend by your doctor. Exceeding the recommended rate may cause extreme dizziness, fainting, or irregular heart rate. If you experience dizziness, fainting, or irregular heart rate after using this medicine, check with your doctor. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS OR SURGERY, tell the doctor or dentist that you are taking this medicine. AVOID LARGE AMOUNTS OF caffeine-containing foods and beverages, such as coffee, tea, cocoa, cola drinks, and chocolate. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS:
SIDE EFFECTS, that may go away during treatment, include nervousness, restlessness, or nausea. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience stomach pain; diarrhea; black or tarry stools; difficulty sleeping; confusion; change in behavior; headache; fast or irregular heartbeat; dizziness; lightheadedness; fainting; muscle twitching; seizures; rapid breathing; or pain, redness, or swelling at the injection site. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

BEFORE USING THIS MEDICINE:
Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the- counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking certain medicine for high blood pressure or heart conditions (nonselective beta blockers). ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking barbiturates, cimetidine, erythromycin, fluvoxamine, lithium, mexiletine, birth control pills, rifampin, quinolone antibiotics, tacrine, thiabendazole, ticlopidine, troleandomycin, verapamil, zileuton, or medicine for seizures. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

OVERDOSE:
If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include fast or irregular heartbeat, nausea or vomiting, unusual nervousness or restlessness, agitation, irritability, headache, and seizures.

ADDITIONAL INFORMATION:
If your symptoms do not improve or if they become worse, check with your doctor. Carry an identification card at all times that says you are taking this medicine. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out.

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The information in this monograph is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This information is generalized and is not intended as specific medical advice. If you have questions about the medicines you are taking or would like more information, check with your doctor, pharmacist, or nurse.

Patient Drug Education

Pharmacy: Cape Fear Valley HS
Valley Pharmacy, 1638 Owen Drive
Fayetteville, NC 28304
(910) 615-7895

Patient: HALLMARK CLINIC
1919 GILLESPIE ST
Fayetteville, NC 28306

Drug: EPINEPHRINE Rx: 843359 Date: 02/05/2015 Physician: MELVIN HENDERSON (910) 480-4880
GENERIC NAME: EPINEPHRINE (ep-i-NEF-rin)

COMMON USES:
This medicine is a sympathomimetic used for treating severe allergic reactions (eg, difficulty breathing; rash; hives; itching; tightness in the chest; swelling of the mouth, lips, or tongue) caused by insect stings or bites, foods, drugs, or other causes. It may also be used for other conditions as determined by your doctor.

HOW TO USE THIS MEDICINE:
Follow the directions for taking this medicine provided by your doctor. THIS MEDICINE IS USUALLY GIVEN as an injection at your doctor's office, hospital, or clinic. If you will be using this medicine at home, a health care provider will teach you how to use it. Be sure you understand how to use this medicine. Follow the procedures you are taught when you use a dose. Contact your health care provider if you have any questions. DO NOT USE THIS MEDICINE IF it contains particles, is cloudy or discolored, or if the vial is cracked or damaged. STORE THIS MEDICINE at room temperature, between 59 and 77 degrees F (15 and 25 degrees C). Store away from heat, moisture, and light. KEEP THIS PRODUCT, as well as syringes and needles, out of the reach of children and pets. IF YOU MISS A DOSE OF THIS MEDICINE, contact your doctor right away.

CAUTIONS:
DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine, unless your doctor tells you otherwise. DO NOT INJECT THIS MEDICINE INTO the buttocks. It may not provide effective treatment of an allergic reaction. NEVER INJECT THIS MEDICINE INTO hands, fingers, feet, or toes. Doing so may cause a loss of blood flow and result in tissue damage to these areas. If you accidentally inject this medicine into any of these areas, seek immediate emergency medical attention. PATIENTS WITH PARKINSON DISEASE may notice a temporary worsening of symptoms (eg, uncontrolled muscle movements). If these symptoms persist, contact your doctor. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION in the ELDERLY; they may be more sensitive to its effects. FOR WOMEN: IF YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you use this medicine, check with your doctor. Discuss any possible risks to your baby. DIABETES PATIENTS - This medicine may raise your blood sugar. High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur or persist, tell your doctor right away.

POSSIBLE SIDE EFFECTS:
SIDE EFFECTS that may occur while taking this medicine include anxiety; difficulty sleeping; dizziness; fearfulness; headache; nausea; nervousness; paleness; sweating; tremors; vomiting; or weakness. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; fast or irregular heartbeat; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. This is not a complete list of side effects. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA- 1088.

BEFORE USING THIS MEDICINE:
Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the- counter medicine that you are taking. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking alpha-blockers (eg, prazosin), beta- blockers (eg, propanolol), droxidopa, ergot alkaloids (eg, ergotamine), phenothiazines (eg, chlorpromazine), bromocriptine, furazolidone, linezolid, tricyclic antidepressants (eg, amitriptyline), antihistamines (eg, diphenhydramine), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), digoxin, diuretics (eg, furosemide, hydrochlorothiazide), levothyroxine, medicines for irregular heartbeat (eg, quinidine), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), or guanethidine. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including glaucoma, heart disease, chest pain, high blood pressure, blood vessel problems, diabetes, Parkinson disease, thyroid problems, mood or mental disorders, depression, asthma, irregular heartbeat, allergies (including sulfites), pregnancy, or breast-feeding. Contact your doctor or pharmacist if you

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have any questions or concerns about using this medicine.

OVERDOSE:
IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; extreme paleness or coldness of the skin; fast or irregular heartbeat; one- sided weakness; severe headache or dizziness; or trouble breathing.

ADDITIONAL INFORMATION:
DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS PRODUCT, as well as syringes and needles, out of the reach of children and pets. Do not reuse needles, syringes, or other materials. Ask your health care provider how to dispose of these materials after use. Follow all local rules for disposal. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

Patient Drug Education

Pharmacy: Cape Fear Valley HS
Valley Pharmacy, 1638 Owen Drive
Fayetteville, NC 28304
(910) 615-7895

Patient: HALLMARK CLINIC
1919 GILLESPIE ST
Fayetteville, NC 28306

Drug: NALBUPHINE Rx: 843360 Date: 02/05/2015 Physician: MELVIN HENDERSON (910) 480-4880
GENERIC NAME: NALBUPHINE (NAL-byoo-feen)

COMMON USES:
This medicine is a narcotic analgesic used to treat or prevent moderate to severe pain. It may also be used to treat other conditions as determined by your doctor.

HOW TO USE THIS MEDICINE:
This medicine is sometimes used at home as an injection. Before using this medicine, a healthcare professional will provide detailed instructions for appropriate use of this medicine. Ask any questions that you may have about this medicine or giving injections. STORE THIS MEDICINE as directed on the prescription label. IF YOU MISS A DOSE OF THIS MEDICINE and you are using it regularly, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. Do not use 2 doses at once.

CAUTIONS:
DO NOT TAKE THIS MEDICINE IF YOU HAVE HAD A SEVERE ALLERGIC REACTION to morphine or hydromorphone (such as MS Contin, Roxanol, Dilaudid). A severe allergic reaction includes a severe rash, hives, breathing difficulties, or dizziness. If you have a question about whether you are allergic to this medicine or if a certain medicine contains morphine or hydromorphone, contact your doctor or pharmacist. IF YOU EXPERIENCE difficulty breathing; tightness of chest; swelling of eyelids, face, or lips; or if you develop a rash or hives, tell your doctor immediately. Do not take any more of this medicine unless your doctor tells you to do so. DO NOT EXCEED THE RECOMMENDED DOSE or take this medicine for longer than prescribed. Exceeding the recommended dose or taking this medicine for longer than prescribed may be habit-forming. BEFORE YOU HAVE ANY MEDICAL OR DENTAL SURGERY OR EMERGENCY TREATMENT, tell the doctor or dentist that you are taking this medicine. AVOID ALCOHOL while you are using this medicine. This medicine will add to the effects of alcohol and other depressants. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS:
SIDE EFFECTS that may occur while you are using this medicine include drowsiness, dizziness, constipation, or nausea. If they continue or are bothersome, check with your doctor. CHECK WITH YOUR DOCTOR AS SOON AS POSSIBLE if you experience vomiting, seizures, difficulty urinating, fainting, or weakness or fatigue. CONTACT YOUR DOCTOR IMMEDIATELY if you experience slowed breathing; slow or irregular heartbeat; severe or persistent weakness or fatigue; swelling of your throat or tongue; difficulty swallowing or breathing; or hoarseness. An allergic reaction to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash, itching, swelling, severe dizziness, or trouble breathing. If you notice other effects not listed above, contact your doctor, nurse, or pharmacist. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

BEFORE USING THIS MEDICINE:
INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. Inform your doctor of any other medical conditions, allergies, pregnancy, or breast-feeding.

OVERDOSE:
If overdose is suspected, contact your local poison control center or emergency room immediately. Symptoms of overdose may include sleepiness, restlessness, and general discomfort.

ADDITIONAL INFORMATION:
DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and away from pets. Dispose of properly after use.

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Patient Drug Education

Pharmacy: Cape Fear Valley HS
Valley Pharmacy, 1638 Owen Drive
Fayetteville, NC 28304
(910) 615-7895

Patient: HALLMARK CLINIC
1919 GILLESPIE ST
Fayetteville, NC 28306

Drug: ADENOSINE Rx: 843361 Date: 02/05/2015 Physician: MELVIN HENDERSON (910) 480-4880
GENERIC NAME: ADENOSINE (a-DEN-oh-seen)

COMMON USES:
This medicine is an antiarrhythmic and a nucleoside used to treat certain types of irregular heartbeat. Certain brands of this medicine are used during a stress test of the heart. It may also be used for other conditions as determined by your doctor.

HOW TO USE THIS MEDICINE:
This medicine is administered as an injection at your doctor's office, hospital, or a clinic. Contact your health care provider if you have any questions. This medicine is handled and stored by a health care provider. You will not store it at home. Keep all medicines out of the reach of children and away from pets. IF YOU MISS A DOSE OF THIS MEDICINE, contact your doctor immediately.

CAUTIONS:
DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it or if you are allergic to any ingredient in this product. Laboratory and/or medical tests, including electrocardiogram (ECG) and blood pressure, may be performed to monitor your progress or to check for side effects. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are using this medicine. VERY BAD AND SOMETIMES deadly heart problems (eg, irregular heartbeat) have happened after this drug was given. Discuss any questions or concerns with your doctor. AVOID CAFFEINE-CONTAINING foods and beverages, such as coffee, tea, cocoa, cola drinks, and chocolate before getting this drug. Talk with your doctor if you have questions. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby.

POSSIBLE SIDE EFFECTS:
SIDE EFFECTS that may occur during treatment include flushing; headache; lightheadedness; dizziness; or stomach pain. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience seizures; severe dizziness or headache; shortness of breath or wheezing; chest pain; confusion; fainting; fast, slow, or irregular heartbeat; one-sided weakness; speech or vision problems; or throat, neck, or jaw pain.. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest or throat; swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your healthcare provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

BEFORE USING THIS MEDICINE:
Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the- counter medicine that you are taking. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking aminophylline, dipyridamole, methylxanthines (eg, theophylline, caffeine), beta- blockers (eg, metoprolol), digoxin, diltiazem, verapamil, or carbamazepine. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including blood vessel problems, heart problems, low blood volume, or lung or breathing problems (eg, emphysema, bronchitis), allergies, pregnancy, or breast-feeding. Tell your doctor if you have a history of seizures. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have certain breathing problems (eg, asthma), or if you have certain heart problems (eg, second or third degree heart block, sick sinus syndrome) and you do not have an artificial pacemaker. Contact your doctor or pharmacist if you have any questions or concerns about taking this medicine.

OVERDOSE:
If overdose is suspected, contact your local poison control center or emergency room immediately.

ADDITIONAL INFORMATION:
DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. Do not reuse needles, syringes, or other materials. Dispose of properly after use. Ask your doctor, nurse, or pharmacist to explain local regulations for selecting an appropriate container and properly disposing of the container when it is full. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

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Pharmacy: **Cape Fear Valley HS**
Valley Pharmacy, 1638 Owen Drive
Fayetteville, NC 28304
(910) 615-7895

Patient: **HALLMARK CLINIC**
1919 GILLESPIE ST
Fayetteville, NC 28306

The information in this monograph is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This information is generalized and is not intended as specific medical advice. If you have questions about the medicines you are taking or would like more information, check with your doctor, pharmacist, or nurse.

Patient Drug Education

Pharmacy: Cape Fear Valley HS
Valley Pharmacy, 1638 Owen Drive
Fayetteville, NC 28304
(910) 615-7895

Patient: HALLMARK CLINIC
1919 GILLESPIE ST
Fayetteville, NC 28306

Drug: EPINEPHRINE Rx: 843362 Date: 02/05/2015 Physician: MELVIN HENDERSON (910) 480-4880
GENERIC NAME: EPINEPHRINE (ep-i-NEF-rin)

COMMON USES:
This medicine is a sympathomimetic used for treating severe allergic reactions (eg, difficulty breathing; rash; hives; itching; tightness in the chest; swelling of the mouth, lips, or tongue) caused by insect stings or bites, foods, drugs, or other causes. It may also be used for other conditions as determined by your doctor.

HOW TO USE THIS MEDICINE:
Follow the directions for taking this medicine provided by your doctor. THIS MEDICINE IS USUALLY GIVEN as an injection at your doctor's office, hospital, or clinic. If you will be using this medicine at home, a health care provider will teach you how to use it. Be sure you understand how to use this medicine. Follow the procedures you are taught when you use a dose. Contact your health care provider if you have any questions. DO NOT USE THIS MEDICINE IF it contains particles, is cloudy or discolored, or if the vial is cracked or damaged. STORE THIS MEDICINE at room temperature, between 59 and 77 degrees F (15 and 25 degrees C). Store away from heat, moisture, and light. KEEP THIS PRODUCT, as well as syringes and needles, out of the reach of children and pets. IF YOU MISS A DOSE OF THIS MEDICINE, contact your doctor right away.

CAUTIONS:
DO NOT USE THIS MEDICINE IF you are allergic to any ingredient in this medicine, unless your doctor tells you otherwise. DO NOT INJECT THIS MEDICINE INTO the buttocks. It may not provide effective treatment of an allergic reaction. NEVER INJECT THIS MEDICINE INTO hands, fingers, feet, or toes. Doing so may cause a loss of blood flow and result in tissue damage to these areas. If you accidentally inject this medicine into any of these areas, seek immediate emergency medical attention. PATIENTS WITH PARKINSON DISEASE may notice a temporary worsening of symptoms (eg, uncontrolled muscle movements). If these symptoms persist, contact your doctor. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. USE THIS MEDICINE WITH CAUTION in the ELDERLY; they may be more sensitive to its effects. FOR WOMEN: IF YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you use this medicine, check with your doctor. Discuss any possible risks to your baby. DIABETES PATIENTS - This medicine may raise your blood sugar. High blood sugar may make you feel confused, drowsy, or thirsty. It can also make you flush, breathe faster, or have a fruit-like breath odor. If these symptoms occur or persist, tell your doctor right away.

POSSIBLE SIDE EFFECTS:
SIDE EFFECTS that may occur while taking this medicine include anxiety; difficulty sleeping; dizziness; fearfulness; headache; nausea; nervousness; paleness; sweating; tremors; vomiting; or weakness. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; fast or irregular heartbeat; or wheezing. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. This is not a complete list of side effects. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA- 1088.

BEFORE USING THIS MEDICINE:
Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the- counter medicine that you are taking. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking alpha-blockers (eg, prazosin), beta- blockers (eg, propanolol), droxidopa, ergot alkaloids (eg, ergotamine), phenothiazines (eg, chlorpromazine), bromocriptine, furazolidone, linezolid, tricyclic antidepressants (eg, amitriptyline), antihistamines (eg, diphenhydramine), catechol-O-methyltransferase (COMT) inhibitors (eg, entacapone), digoxin, diuretics (eg, furosemide, hydrochlorothiazide), levothyroxine, medicines for irregular heartbeat (eg, quinidine), monoamine oxidase inhibitors (MAOIs) (eg, phenelzine), or guanethidine. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including glaucoma, heart disease, chest pain, high blood pressure, blood vessel problems, diabetes, Parkinson disease, thyroid problems, mood or mental disorders, depression, asthma, irregular heartbeat, allergies (including sulfites), pregnancy, or breast-feeding. Contact your doctor or pharmacist if you

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have any questions or concerns about using this medicine.

OVERDOSE:
IF OVERDOSE IS SUSPECTED, contact your local poison control center or emergency room immediately. Symptoms may include chest pain; extreme paleness or coldness of the skin; fast or irregular heartbeat; one- sided weakness; severe headache or dizziness; or trouble breathing.

ADDITIONAL INFORMATION:
DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS PRODUCT, as well as syringes and needles, out of the reach of children and pets. Do not reuse needles, syringes, or other materials. Ask your health care provider how to dispose of these materials after use. Follow all local rules for disposal. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

The information in this monograph is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This information is generalized and is not intended as specific medical advice. If you have questions about the medicines you are taking or would like more information, check with your doctor, pharmacist, or nurse.