

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0305573	(X3) Date Survey Completed 11/16/2022
Name of Provider or Supplier Alabama Medical Group	Street Address, City, State 101 Memorial Hospital Dr Suite 200, Mobile, 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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the Procedure Manual and an interview with the Technical Consultant, the Laboratory Director failed to approve the procedure for the Sysmex XN-550 Hematology analyzer before use. The findings include: 1. A review of the Procedure Manual revealed a procedure for the Sysmex XN-550, a newly implemented instrument as of 11/16/2021, without signature and date of approval from the Laboratory Director. 2. During an interview on 11/16/2022 at 3:00 PM, the Technical Consultant confirmed the above findings.</p>