

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0695446	(X3) Date Survey Completed 12/09/2025
Name of Provider or Supplier Partners In Pediatrics	Street Address, City, State 8160 Seaton Place, Montgomery, 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
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>(a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer.</p> <p>This STANDARD is not met as evidenced by: Based on reviews of the Beckman Coulter (BC) DxH 500 Hematology maintenance records, BC DxH 500 Operator's manual and an interview with Testing Personnel 26 (TP26), the laboratory failed to perform monthly and annual maintenance, as per the manufacturer's instructions. There was no documentation of annual maintenance in 2024, or monthly maintenance for 18 of the 33 months in 2023-2025 review period. The findings include: 1. A review of the Hematology maintenance records revealed the BC DxH 500 analyzer had no documentation for the following required maintenance. A) No monthly maintenance for nine of the twelve months in 2024 B) No monthly maintenance for nine of the eleven months in 2025 C) No documentation of the annual maintenance in 2024. 2. A review of the BC DxH 500 Operator's Manual revealed the following maintenance instructions: A) Monthly or every 1,000 cycles (Bleach Cycle) B) Monthly (Cleaning the WBC Bath Filter) C) Yearly (Lubricating Pistons) D) Yearly or every 18,000 cycles (Replace Rinsing Head O-Ring) 3. The TP26 confirmed these findings during the exit conference on 12-09-2025 at 3:13 PM.</p>
D5785	<p>CORRECTIVE ACTIONS CFR(s): 493.1282(b)(3)</p> <p>(b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met.</p>

This STANDARD is not met as evidenced by:
Based on reviews of the Incubator Temperature logs, the Uricult Certificate of Analysis package insert and an interview with Testing Personnel 26 (TP26), the laboratory failed to implement and document corrective actions when temperatures were outside the manufacturer's required ranges specified on the Uricult package insert. The surveyor noted temperatures were out of range for 13 days out of the 257 testing days reviewed in 2024. The findings include: 1. A review of the Incubator Temperature logs revealed range requirements of 34-38 degrees Celsius (C). However, on the 13 days in 2024 when temperatures were above 38 degrees C, no corrective actions were documented. 2. A review of the Uricult Certificate of Analysis package insert under specimen collection and preparation revealed the following instructions, "Uricult should be incubated at 36 plus/ minus 2 degrees C for 18-24 hours." 3. TP26 confirmed the above findings during the exit conference on 12-09-2025 at 3:13 PM.

D6054

TECHNICAL CONSULTANT RESPONSIBILITIES
CFR(s): 493.1413(b)(9)

(b)(9) Thereafter, evaluations must be performed at least annually

This STANDARD is not met as evidenced by:
Based on a review of personnel records and an interview with the Testing Personnel 26 (TP26), the Laboratory Director (LD), who is also the Technical Consultant (TC) failed to assess and document the annual competency assessments for Testing Personnel (TP) responsible for the reading and reporting the Culture Colony Count results. The surveyor noted twelve of the twelve TP had no documentation of competency assessment from the date of the last survey, 10-27-2023 to the date of the current survey, 12-09-2025. The findings include: 1. A review of personnel records for TP listed on the CMS-209 Form (Laboratory Personnel Report) who performed Culture Colony Count revealed the LD/TC failed to document the annual competency assessments for TP1-12 from 2023-2025. 2. During the exit conference on 12-09-2025 at 3:13 PM, TP26 confirmed the above findings.