

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0913612	(X3) Date Survey Completed 09/23/2025
Name of Provider or Supplier Rapid Care Inc	Street Address, City, State 9511 Us Highway 431, Albertville, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>(b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the American Proficiency Institute (API) Proficiency Testing (PT) records and an interview with the Technical Consultant (TC), the laboratory failed to ensure the Laboratory Director signed the attestation statements for one of eight events reviewed in 2024 through 2025. The findings include: 1. A review of the API PT records revealed no evidence of a signature by the Laboratory Director (or designee) on attestation statements for 2024 Hematology Event #3. 2. During an interview on September 23, 2025, at 10:15 AM, the Technical Consultant confirmed the above findings.</p>