

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0995435	(X3) Date Survey Completed 07/01/2026
Name of Provider or Supplier Tuscaloosa Medcenter South	Street Address, City, State 5005 Oscar Baxter Drive, Tuscaloosa, 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
D5481	CONTROL PROCEDURES CFR(s): 493.1256(f)(g) (f) Results of control materials must meet the laboratorys and, as applicable, the manufacturers test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed. This STANDARD is not met as evidenced by: Based on a review of calibration records for the Beckman Coulter DxH 500 analyzer, the patient log, and an interview with Testing personnel (TP) #1, the laboratory failed to run controls to ensure correct values after performing calibration. This is was noted for one possible calibration performed in the first half of 2026. The findings include: 1. A review of calibration records for the DxH 500 analyzer showed a calibration was performed on 1/22/26 at 1:28 pm. There was no record of controls being performed until the following day, 1/23/26 at 10:09 am. The patient log revealed 7 patients Complete Blood Count (CBC) were performed. 2. TP #1 confirmed the above findings during an interview on 7/1/26 at 12:53 pm.