

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  01D2111530	<b>(X3) Date Survey Completed</b>  06/23/2021
<b>Name of Provider or Supplier</b>  Southern Rapid Care	<b>Street Address, City, State</b>  4332 Orange Beach Blvd, Orange Beach, AL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5447</b>	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(i)(g)</p> <p>Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must-- At least once a day patient specimens are assayed or examined perform the following for-- Each quantitative procedure, include two control materials of different concentrations; (g) The laboratory must document all control procedures performed.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the Beckman Coulter AcT diff 2 Hematology analyzer quality control (QC) records and an interview with Testing Personnel #1, the surveyor determined the laboratory failed to ensure at least two levels of quality control were performed and acceptable, prior to analyzing patient specimens and reporting the results one day in 2020. The findings include: 1. A review of the Hematology records revealed no documentation of QC on 3/2/2020. 2. During an interview on 6/23/2021 at 3:20 PM, Testing Personnel #1 reviewed the daily instrument print outs, and confirmed no QC was performed on 3/2/2020. When asked if patient testing was performed, Testing Personnel #1 checked the patient records, and stated two patient CBC's (Complete Blood Counts) were run on the above date. SURVEYOR ID#32258 Licensure and Certification Surveyor</p>