

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  03D0683066	<b>(X3) Date Survey Completed</b>  01/21/2025
<b>Name of Provider or Supplier</b>  Pima County Health Department	<b>Street Address, City, State</b>  1493 W Commerce Court, Tucson, AZ	
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>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>(d) 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 review of the laboratory's policy and procedure manual and interview with the technical consultant (TC-1), the laboratory failed to have the current laboratory director approve, sign and date test procedures before use. Findings include: 1. The current laboratory director assigned on the CMS-209, Laboratory Personnel Form presented for review during the survey has been serving as laboratory director since December 1, 2024. 2. The policy and procedure manual presented for review during the survey conducted on 1/21/2025 was not approved, signed and dated by the current laboratory director. 3. The TC-1 interviewed on 1/21/25 at 1:30 PM confirmed that the policy and procedure manual indicated above was not approved, signed and dated by the current laboratory director. 4. The laboratory performs patient testing under specialty of Microbiology with a reported annual test volume of 1,500.</p>