

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03D0859649	(X3) Date Survey Completed 08/03/2021
Name of Provider or Supplier Campus Health Service	Street Address, City, State Arizona State Universty Health Services, Tempe, AZ	
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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>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 facility personnel, the laboratory failed to have the current laboratory director approve, sign and date test procedures before use. Findings include: 1. The current laboratory director indicated in the CLIA Federal Database and assigned on the CMS-209, Laboratory Personnel Form presented for review during the survey has been listed as laboratory director since 12/28/2020. 2. The policy and procedure manual presented for review during the survey conducted on August 3, 2021 was not approved, signed and dated by the current laboratory director. 3. The facility personnel confirmed that the policy and procedure manual indicated above was not approved, signed and dated by the current laboratory director.</p>