Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0465446	09/03/2025
Name of Provider or Supplier	**Street Address, City, State**	
Bradley County Medical Center	404 South Bradley Street, Warren, AR	

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
D5203	SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232 The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results. This STANDARD is not met as evidenced by: Review of laboratory policies and procedures, observations made during a tour of the laboratory, and interviews with staff, determined the laboratory failed to follow procedures to ensure positive identification of a urine specimen. Survey findings include: A) Laboratory policies and procedures for "Labelling of Samples" (approved 11/15/22) stated "Every specimen brought to the laboratory must have a label on the container in which it is held. It is not acceptable to label on the lid, transport bag or other container used to trasnport the specimen. The label must contain the following legible information: Two Unique Identifiers - Patient name and medical record number, encounter number, or date of birth; collection date and time; speciment type and/or source." B) During a tour of the laboratory, at 3:45pm. on 9/3/25, the surveyor observed 1 of 12 urine specimens labelled with only the patient name on the cup. C) In an interview, at 3:47 on 9/2/25, general supervisor #4 (as listed on the form CMS-209) confirmed the specimen identified above lacked information as required by laboratory policy and procedure. .
D5463	CONTROL PROCEDURES CFR(s): 493.1256(d)(7)(g) (d)(7) Over time, rotate control material testing among all operators who perform the test.

	This STANDARD is not met as evidenced by: Through a review of the Microbiology QC (Quality Control) Laboratory Report for the VITEK 2 systems, and interviews with laboratory staff, it was determined the laboratory failed to document rotational testing of control material among all testing personnel. Survey findings include: A. Through a review of the Microbiology QC logs for the VITEK 2 system for 2025 and 2024, the surveyor determined that all quality control (19 of 19) was performed by laboratory employees utilizing the same system username. B. Upon request, information showing which employee(s) performed QC for the Vitek 2, none was provided. C. In an interview at 1:06pm on 9/3/25, general supervisor #4 (as listed on the form CMS-209) confirmed that there is no documentation showing who was performing the Vitek 2 QC runs.