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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 04D0465611 | (X3) Date Survey Completed 03/15/2022 |
| Name of Provider or Supplier Hampton Clinic | Street Address, City, State 402 South Lee Street, Hampton, 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 |
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| 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: . Through a review of policy and procedure manual, temperature records lack of documentation, and interviews with staff, it was determined the laboratory director failed to approve and sign the policy for the change in Humidity conditions. A. A review of policy and procedure manual revealed the Humidity range as 10-85%. B. A review of temperature records for 2022 and 2021 revealed the change in Humidity range as 30-85%. C. Surveyor requested the policy for the change in the Humidity range. None was provided. D. In an interview on 3/15/2022 at 10:30, laboratory personnel #2 (as listed on form CMS 209) confirmed the change in range for Humidity had not been approved, signed, or dated by laboratory director.</p> |
| D5805 | <p>TEST REPORT CFR(s): 493.1291(c)</p> <p>The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> |

This STANDARD is not met as evidenced by:

. Through a review of Laboratory test reports and interview with staff it was determined the laboratory test reports failed to include the name and address of the laboratory where the test was performed. Survey findings include: A. A review of laboratory test reports (ten of ten) revealed the of laboratory results reports reviewed failed to include the name and address of the laboratory where testing was performed. B. In an interview at 12:30 on 3/15/2022 the laboratory director (as listed on the form CMS-209) confirmed the laboratory test report did not include the name or the address of laboratory where testing was performed