

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0465641	(X3) Date Survey Completed 09/17/2026
Name of Provider or Supplier Magnolia Regional Health System Inc	Street Address, City, State 101 Hospital Drive, Magnolia, 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
D6032	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(14) (e)(14) Specify, in writing, the responsibilities and duties of each consultant and each person, engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or results reporting, and whether consultant or director review is required prior to reporting patient test results. This STANDARD is not met as evidenced by: Based upon review of personnel files for testing personnel listed on the form CMS-209, lack of documentation, and interviews with laboratory staff, the laboratory director failed to authorize one of two technical consultant personnel reviewed to perform consultant duties. Survey findings include: A) Review of personnel files for one of two consultant listed on form CMS-209 revealed no written authorization from the laboratory director to perform consultant duties without direct supervision. B) Upon request, the laboratory could not provide written authorization to perform consultant duties by the laboratory director for the personnel identified above. C) In an interview, at 11:15 a.m. on 9/15/26 laboratory QA Officer (as listed on the Entrance and Exit Conference Attendance Form) confirmed the lack of written authorizations to perform consultant duties for employees identified above.