Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0466177	(X3) Date Survey Completed 01/04/2023
Name of Provider or Supplier Baptist Health Family Clinic Bryant	**Street Address, City, State** 4411 Hwy 5 North, Bryant, 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
D5415	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c) Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (1) Identity and when significant, titer, strength or concentration. (2) Storage requirements. (3) Preparation and expiration dates. (4) Other pertinent information required for proper use. This STANDARD is not met as evidenced by: Through review of package inserts, observation, and interview it was determined that the laboratory did not change expiration dates on control materials after opening as required by manufacturer. Finding follow: A) Review of the package insert for Boule Con-Diff Trilevel hematology controls revealed that the product expires in fourteen days after vial is opened and the expiration dates should be changed as required after opening. B) On 1/4/23 at 11:15 the surveyor observed three vials of Boule Con-Diff Trilevel hematology controls lot numbers 22210-01, 22210-02 and 22210-03 in current use without a date of when the controls were opened or amended expiration written on the vials. C.) In an interview on 1/04/2023 at 11:25 laboratory staff member (number 3 on form CMS 209) confirmed that no dates were written on the vials when the controls were put into use and, when asked when the control material was put into use, stated that she did not know.