

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 04D0467077	<b>(X3) Date Survey Completed</b> 08/08/2024
<b>Name of Provider or Supplier</b> Prime Medical Group Pllc	<b>Street Address, City, State</b> 9601 Baptist Health Drive, Little Rock, AR	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5417</b>	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.</p> <p>This STANDARD is not met as evidenced by: Through observation and interview with laboratory staff it was determined that the laboratory had supplies available for use after their expiration date. Findings follow: A) During a tour of the laboratory on 8/8/2024 at 10:45 am one (of one) opened container Biocare PRAME [EPR20330] Reagent (REF API3252AA, lot 030122A-2, expiration date 6/2024) was observed in the laboratory, available for use beyond the expiration date. B) During a tour of the laboratory on 8/8/2024 at 10:45 am one (of one) opened package of Biocare Treponema palladium [Spirochete] Reagent (REF APA135AA, lot 060122A, expiration date 6/2024) was observed in the laboratory, available for use beyond the expiration date. C) Laboratory policy stated "Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality." D) In an interview on 8/8/2024 at 10:48am the technical supervisor, confirmed that the items, identified above, had exceeded the expiration date and were available for use.</p>
<b>D5805</b>	<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)</p>

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.

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 address of the laboratory where the test was performed. Survey findings include: A) A review of laboratory test reports (one of one) revealed the laboratory results reports reviewed failed to include the address of the laboratory where testing was performed. B) Laboratory policy stated " The test report must indicate the following: ... The name and address of the laboratory location where the test was performed... " C) In an interview at 11:06 am on 8/8/2024 the technical supervisor confirmed the laboratory test report did not include the laboratory address.