Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0467944	07/16/2025
Name of Provider or Supplier	**Street Address, City, State**	
Children's Clinic, The	800 South Church, Suite 400, Jonesboro, 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
D5807	TEST REPORT CFR(s): 493.1291(d) (d) Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results. This STANDARD is not met as evidenced by: Based upon review of patient reports and interview with laboratory staff the laboratory did not make reference range for total bilirubin (TBil) assays available to the individual responsible for using the test results. Findings follow: A) Review of the final report for a TBil assay on patient (identified as number 1 on a separate patient identification list) revealed that, under the heading "Reference Range", the report was blank and no reference range was given. B) In an interview on 7/16/25 at 02:40 p.m., laboratory staff members (2 and 3 on form CMS 209) confirmed that the reference range was not included on the report identified above, and that investigation of other TBil reports showed that the reference range was not included.