

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0468124	(X3) Date Survey Completed 04/12/2018
Name of Provider or Supplier Piggott Family Medical Clinic	Street Address, City, State 425 W Jackson Street, Piggott, 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
D5417	<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 it was determined that the laboratory failed to ensure that approximately 70 supply items available for use had not exceeded their expiration date. Findings follow: A. In a tour of the laboratory on 4/12/18 at approximately 1145, 70 BD Na Citrate 3.5 ml blood collection tubes lot # 7097644 with an expiration date of 2018-01-31 were observed in the laboratory storage room. B. In an interview on 4/12/18 at approximately 1200, the laboratory director identified as number 1 on the CMS 209 form and testing personnel identified as number 3 on the CMS 209 form confirmed that the items identified above had exceeded their expiration dates and were available for use.</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 results in electronic medical records and through interviews with laboratory staff, it was determined the laboratory test report failed to include the name and address of the laboratory where the test was performed. Survey findings follow: A. 100 percent of laboratory reports reviewed as part of the electronic medical record lacked the name and address of the laboratory location where the test was performed. B. In an interview at 1220 on 4/12/18 , the laboratory director identified as number 1 on the CMS 209 report and the testing personnel identified as number 3 on the CMS 209 report confirmed the reports lacked the name and address of the laboratory performing the tests.