

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D0468136	<b>(X3) Date Survey Completed</b>  11/15/2023
<b>Name of Provider or Supplier</b>  Pocahontas Medical Clinic P A	<b>Street Address, City, State</b>  2901 Medical Center Drive, Suite 500, Pocahontas, 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>D5401</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on the lack of written policies and procedures and interview it was determined that the laboratory failed to have a procedure for monitoring temperatures, available to laboratory personnel during 2022 and to the date of the survey in 2023. Findings include: A. The laboratory failed to provide a written procedure for recording the temperature and humidity at the laboratory. B. During an interview on 11/15/2023 at 08:52 AM, the Technical Supervisor confirmed these findings that no procedure could be found in the Pocahontas Family Clinic Procedure Manual.</p>