Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0642072	07/22/2025
Name of Provider or Supplier	**Street Address, City, State**	
Mcgehee Hospital Inc	900 S 3rd, Mcgehee, 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
D3023	REQUIREMENTS FOR TRANSFUSION SERVICES CFR(s): 493.1103(c)(2) The facility must establish and follow policies to ensure positive identification of a blood or blood product recipient. This STANDARD is not met as evidenced by: Based upon review of the laboratory policy and procedure, transfusion clinical records, and interview with laboratory staff members, the laboratory failed to follow the policy to ensure positive identification of a blood product recipient. Findings follow: A) Policy "Blood/Blood Components - Transfusion" (Reference #14027, effective 9/18/23) states "After visually comparing the information on the patient's wristband with the Blood Bank Transfusion Form and on the bag tag complete information in the medical record per the EHR." B) Examination of transfusion records showed 3 of 6 "Transfusion Clinical Record" forms, the line stating "Pt's ID Number (Blood arm Band#)" did not contain the blood arm band number. C) In an interview on 7/22/25 at 2:03 pm, the General Supervisor confirmed that the transfusion clinical records did not always contain the patient's arm band identification number.