

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D0697597	<b>(X3) Date Survey Completed</b>  09/19/2018
<b>Name of Provider or Supplier</b>  St Bernards Physician Clinics, Inc	<b>Street Address, City, State</b>  21110 Hwy 18 East, Monette, 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>D5203</b>	<p><b>SPECIMEN IDENTIFICATION AND INTEGRITY</b> CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: Through a review of the hematology instrument data log, a review of patient medical records and interviews with laboratory staff, it was determined the laboratory failed to ensure positive identification of the patient while performing complete blood counts. Survey findings follow: A. A review of the hematology instrument data log and patient medical records revealed two of five patients reviewed, who had complete blood counts performed in August 2018, had the wrong patient identification number (date of birth) entered into the instrument. Patient #161826, who had a complete blood count performed on 8/1/2018, was identified in the hematology instrument as patient #061526 and patient #102673, who had a complete blood count on 8/2/2018 was identified in the hematology instrument as #10267. B. In an interview at 11:40 on 9/19 /2018, laboratory employee #2 (as listed on the form CMS-209) confirmed that she had entered the patient identifiers wrong when running the samples.</p>