Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0697597	(X3) Date Survey Completed 11/22/2024
Name of Provider or Supplier St Bernards Physician Clinics, Inc	**Street Address, City, State** 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.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D5779	CORRECTIVE ACTIONS CFR(s): 493.1282(a) Corrective action policies and procedures must be available and followed as necessary to maintain the laboratory's operation for testing patient specimens in a manner that ensures accurate and reliable patient test results and reports. This STANDARD is not met as evidenced by: Review of laboratory policies and procedures, review of quality control (QC) results for Hemoglobin (Hgb) for March 2024, lack of documentation, and interviews with laboratory staff, determined the laboratory failed to follow written policies and procedures for corrective actions when quality control results failed to meet acceptable criteria. Survey findings follow: A) A review of the laboratory general policies and procedures for quality control revealed that when quality controls failed to meet the acceptable criteria "if repeated result is still out of range documented corrective action should be initiated on the corrective action log". B) A review of QC results for Hgb assays performed in March 2024 revealed that on 3/22/24 CDS Boule Con-Diff QC material lot # 222211-03 was resulted below acceptable range at 07:48 a.m., repeated at 08:06 a.m. before being acceptable at 08:18 a.m. C) Upon request, the laboratory was unable to provide the corrective action taken to bring the controls identified above into acceptable range. . D) In an interview at 10:20 a.m. on 11/22/24, laboratory staff member (#2 as listed on the form CMS-209) confirmed the lack of written corrective action for the quality control failure identified above stating "no, they don't do that".