Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0701554	(X3) Date Survey Completed 05/18/2023
Name of Provider or Supplier Hamilton West Family Medicine	**Street Address, City, State** 1629 Airport Road Suite B, Hot Springs, 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
D5893	POSTANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1299(b)(c) (b) The postanalytic systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of postanalytic systems quality assessment reviews with appropriate staff. (c) The laboratory must document all postanalytic systems quality assessment activities. This STANDARD is not met as evidenced by: Based on review of records and interviews with staff it was determined the laboratory failed to properly maintain quality assurance (QA) records. Survey findings follow: A. The laboratory's policies manual stated "A Monthly Quality Assurance Report is completed by the Laboratory Technical Consultant, detailing ...", as well as " ...all records will be maintained for at least two years." B. During review of QA records for 2022, records were available for March, July, and October. QA records were not available for 8 of 12 months requested. C. During interviews with staff, at 1:08 pm on 5/18/23 the Technical Consultant confirmed that QA records were unavailable for 2022. Three months of records were produced (via email) by the lab on May 22, 9:52 am.