

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0891055	(X3) Date Survey Completed 03/15/2018
Name of Provider or Supplier Digestive Care, Pa	Street Address, City, State 4800 Hazel Street, Pine Bluff, 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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: . Through a review of the Laboratory's policies, procedures and interviews with laboratory staff, it was determined the Laboratory failed to have the Laboratory Director approve, sign, and date procedures. As evidenced by: A. A review of the Laboratory's procedures revealed that none of the procedures were signed and dated by the Director indicating his review and approval. The Laboratory became a compliance lab on 05/01/2017. B. In an interview at 10:30 am on 03/15/2018, the Laboratory supervisor confirmed the lack of Director's approval and signature of the procedures in use by the Laboratory.</p>