

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D0891832	<b>(X3) Date Survey Completed</b>  02/12/2019
<b>Name of Provider or Supplier</b>  Harrisburg Family Medical Clinic	<b>Street Address, City, State</b>  802 Illinois, Harrisburg, 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 review of the laboratory's policy and procedure for specimen identification, observation and interview it was determined that the laboratory failed to identify two of four observed urine specimens using unique identifiers. Findings follow: A. Review of the laboratory's policy and procedure for specimen identification revealed that all specimens are to be identified with the patient's first and last names and date of birth. B. During a tour of the laboratory on 2/12/19 at approximately 3:45 PM the surveyor observed one of one urine specimens in the laboratory sink labeled with the patient's first name only, and one of three specimens in plastic bags to be shipped to the referral laboratory labeled with the patient's first and last name only. C. In an interview on 2/12/19 at approximately 03:45 PM, the technical consultant, identified on the CMS 209 form, confirmed that the specimen observed in the sink had been tested and reported and was labeled with the patient's first name only and the specimens to be shipped to the referral laboratory were labeled with the patient's first and last name only.</p>