

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D0891832	<b>(X3) Date Survey Completed</b>  06/26/2025
<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>D1001</b>	<p>CERTIFICATE OF WAIVER TESTS CFR(s): 493.15(e)</p> <p>493.15(e) Laboratories eligible for a certificate of waiver must-- (1) Follow manufacturers' instructions for performing the test; and (2) Meet the requirements in subpart B, Certificate of Waiver, of this part.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with laboratory staff, the laboratory had supplies available for use after their expiration date. Findings follow: A) During a tour of the laboratory on 6/26/25 at 10:59am, one (of one) container of Occult Blood Developer (lot 11-15-551622 Consult Diagnostics, expiration date 5/18) was observed in the laboratory, available for use beyond the expiration date. C) In an interview on 6/26/25 at 10:59am the Technical Consultant confirmed that the item, identified above, had exceeded its expiration date and was available for use in the laboratory.</p>