Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0939857	(X3) Date Survey Completed 01/02/2018
Name of Provider or Supplier St Vincent Family Clinic-Rodney Parham	**Street Address, City, State** 10000 Rodney Parham, Little Rock, 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
D5311	SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(a) The laboratory must establish and follow written policies and procedures for each of the following, if applicable: (1) Patient preparation. (2) Specimen collection. (3) Specimen labeling, including patient name or unique patient identifier and, when appropriate, specimen source. (4) Specimen storage and preservation. (5) Conditions for specimen transportation. (6) Specimen processing. (7) Specimen acceptability and rejection. (8) Specimen referral. This STANDARD is not met as evidenced by: Surveyor 35659 Through observation and interview it was determined that the laboratory failed to label one of one urine specimen with patient name and unique identifier and failed to include unique patient identifier on eight of eight patients listed on a urinalysis work list. Findings follow: A. During a tour of the laboratory on 1/2/18 at approximately 09:15 AM one urine specimen labeled with only a patient first and last names was observed in the microscopy testing area. B. During a tour of the laboratory on 1/2/18 at approximately 09:15 AM a urinalysis work list was observed with results for seven patients identified by last name and first initial only dated 12/26 /17 and one patient identified by last name and first initial only dated on 1/2/18. C. In an interview on 1/2/18 at approximately 09:15 AM the technical consultant identified as number 2 on the CMS 209 form confirmed that the specimen and results identified above were not labeled with a unique patient identifier.