

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0939863	(X3) Date Survey Completed 02/20/2026
Name of Provider or Supplier St Vincent Family Clinic - Jacksonville	Street Address, City, State 1110 W Main Street, Jacksonville, 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
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p> <p>(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.</p> <p>This STANDARD is not met as evidenced by: . Through a review of Laboratory test reports and interview with staff it was determined the available laboratory test reports failed to include the address of the laboratory where the test was performed. Survey findings include: A) A review of laboratory test reports (one of one) revealed the laboratory results report failed to include the address of the laboratory where testing was performed. B) In an interview at 10:34am on 2/20/2026 the technical consultant confirmed the available laboratory test report did not include the laboratory address.</p>