

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D1013224	<b>(X3) Date Survey Completed</b>  10/24/2024
<b>Name of Provider or Supplier</b>  Randy D Walker Md Pllc	<b>Street Address, City, State</b>  1553 West Collin Raye Drive, De Queen, 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>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: Through observation and interview with laboratory staff it was determined that the laboratory had supplies available for use after their expiration date. Findings follow: A) During a tour of the laboratory on 10/24/24 at 12:27 pm, one (of eight) opened container of Insure One One Day Fecal Immunochemical Test (lot L5647, 16300, expiration date 8/22/24) was observed in the laboratory, available for use beyond the expiration date. B) In an interview on 10/24/24 at 12:27 pm the technical supervisor, confirmed that the item, identified above, had exceeded the expiration date and was available for use.</p>