

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D1057553	(X3) Date Survey Completed 05/26/2022
Name of Provider or Supplier Unity Health McAfee Medical Clinic	Street Address, City, State 710 A Dewitt Henry Drive, Beebe, 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	<p>SPECIMEN SUBMISSION, HANDLING, AND REFERRAL CFR(s): 493.1242(a)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Through review of laboratory policy and procedure, observation and interview it was determined that the laboratory failed to label four of five specimen collection containers with patient name or unique patient identifier. Findings follow: A) During a tour of the laboratory on 5/26/22 at 12:45 pm five urine specimens containers were observed in the testing area three with patient's first and last initial only, and one labeled with the patient's first name and last initial only. B) Review of the laboratory policy and procedure revealed that specimen containers are to be labeled with the patient's first and last names and the patient's date of birth. C) In an interview on 5/26/22 at 01:02 pm, the laboratory staff member, identified as number four on the CMS 209 form, confirmed that the specimens identified above lacked proper patient identification on the containers as required by policy and procedure.</p>
D5481	<p>CONTROL PROCEDURES CFR(s): 493.1256(f)(g)</p> <p>(f) Results of control materials must meet the laboratory's and, as applicable, the manufacturer's test system criteria for acceptability before reporting patient test results. (g) The laboratory must document all control procedures performed.</p>

This STANDARD is not met as evidenced by:
Through review of the "All Samples Summary Report" for July 2021, November 2021 and March 2022 and interview with laboratory staff it was determined that the laboratory reported patient results for complete blood cell counts (CBC) prior to confirming quality control (QC) results met the criteria for acceptability in occurrences found in three of the three months reviewed. Findings follow: A) Review of the All Samples summary report revealed that on 7/6/21 patient 573816 had CBC results reported at 10:38 am prior to QC being performed at 11:05 am, the previous QC was reported on 7/2/21 at 11:01 am; on 7/21/21 patient 574123 was reported at 10:32 am prior to QC results being performed at 12:21 pm the previous QC was performed on 7/20/21 at 11:32 am; on 7/28/21 patient 574259 was reported at 11:43 am prior to QC being performed at 11:55 am, the previous QC was performed on 7/27/21 at 12:24 pm. B) Review of the All Samples summary report revealed that on 11/10/21 patient 576386 had CBC results reported at 11:52 am prior to QC being performed at 01:33 pm, the previous QC was reported on 11/9/21 at 12:00 pm. C) Review of the All Samples summary report revealed that on 3/28/22 patient 579010 had CBC results reported at 10:35 am prior to QC being performed at 12:49 pm, the previous QC was reported on 3/25/22 at 12:19 pm. D) In an interview on 5/26/22 at 11:00 am the laboratory staff member, identified as number four on the CMS 209 form, confirmed that on the occasions identified above patient results were reported prior to QC being performed and found acceptable.