

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2013619	(X3) Date Survey Completed 11/19/2021
Name of Provider or Supplier Northeast Arkansas Pain Medicine, Llc	Street Address, City, State 505 E Matthews Ave, Suite 103, Jonesboro, 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
D5301	<p>TEST REQUEST CFR(s): 493.1241(a)</p> <p>The laboratory must have a written or electronic request for patient testing from an authorized person.</p> <p>This STANDARD is not met as evidenced by: Through a review of laboratory policies and procedures, review of seven electronic medical records, lack of documentation, and interviews with laboratory personnel, it was determined the laboratory performed urine drug screens without a request from an authorized person. Survey findings include: A. A review of the laboratory policy and procedure manual revealed the following policy for test orders: The laboratory must perform test only at a written or electronic request from an authorized person (a physician). B. During a review of seven patient electronic medical records, the surveyor requested to see the physicians orders for the urine drug screens. During the review (11:21 on 11/19/2021) surveyor was told, by laboratory employee #3 (as listed on form CMS-209), that there are no orders for the patient drug screens, in the electronic medical records. C. In interview, at 11:21 a.m. on 11/19/2021, laboratory employee #3 stated that she performs drug screens on patients based on a protocol hand written on a sheet of paper from a note pad, which was posted on the wall in the laboratory. The hand written protocol was not signed by the physicians to indicate it was a standing order for patient laboratory testing. She further stated that a drug screen would be performed on any patient presenting in the waiting room with any behavior to suggest impairment.</p>