

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D2060723	<b>(X3) Date Survey Completed</b>  01/10/2018
<b>Name of Provider or Supplier</b>  Healthcare Express - Arkblvd	<b>Street Address, City, State</b>  125 Arkansas Blvd, Texarkana, 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>D5785</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(b)(3)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met.</p> <p>This STANDARD is not met as evidenced by:                      . Through a review of temperature records for 2017 and 2018, lack of documentation, as well as interviews with Laboratory staff, it was determined the laboratory failed to take corrective actions when Humidity was outside of the laboratory's acceptable criteria. As evidenced by: A. A review of temperature logs for November 2017 and January 2018 revealed the Humidity acceptable range was listed as 30-70%. B. On two of twenty-nine days in November the Humidity was documented outside the acceptable criteria and no corrective actions were documented: 11/27/2017 28% and on 11/28/2017 29%. In January of 2018, the Humidity was documented outside of acceptable criteria for four of nine days and no corrective actions were documented: 01/04/2018 22%; 01/05/2018 22%; 01/06/2018 20% and on 01/07/2018 21%. C. In an interview at 10:00 on 01/10/2018, the Technical Consultant (as listed on the form CMS-209) confirmed the lack of documented corrective actions for Humidity outside acceptable criteria.</p>