Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D2099298	11/13/2020
Name of Provider or Supplier	**Street Address, City, State**	
Community Clinic Fayetteville Medical	3162 W Martin Luther King Blvd, Fayetteville, 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
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Through observation, and confirmed by interview with laboratory staff it was determined that one of three blood culture bottles that had exceeded its date of expiration was present and available for use in the outpatient phlebotomy area. Findings follow: A. During a tour of the laboratory on 11/13/20 at approximately 12: 00 PM one of three BD Bactec blood cultaure collection vials , Lot # 9318978 expiration date 2020-08-31 was observed on a phlebotomy tray in the outpatient phlebotomy area. B. In an interview on 11/13/20 at approximately 12:00 PM, the laboratory staff member, identified as number one on the CMS 209 form, confirmed that the item identified above had expired and was available for use.
D5445	CONTROL PROCEDURES CFR(s): 493.1256(d)(1)(2)(g) Unless CMS Approves a procedure, specified in Appendix C of the State Operations Manual (CMS Pub. 7), that provides equivalent quality testing, the laboratory must--(d)(1) Perform control procedures as defined in this section unless otherwise specified in the additional specialty and subspecialty requirements at 493.1261 through 493.1278. (d)(2) For each test system, perform control procedures using the number and frequency specified by the manufacturer or established by the laboratory when they meet or exceed the requirements in paragraph (d)(3) of this section. (g) The laboratory must document all control procedures performed.

	This STANDARD is not met as evidenced by: Through review of the laboratory's "Quality Control Policy," quality control summary reports, lack of documentation, "Result Listing" report for 11/4/19, and interview, it was determined that the laboratory failed to perform quality controls for hematology CBC testing on one of one days of testing in November 2019. Survey findings follow: A. Review of the laboratory's "Quality Control Policy" showed that "controls will be run each day of testing before patient results are reported." B. Review of November 2019 quality control summary reports for the Cell Dyne CBC analyzer showed that no quality control results were listed for November 4, 2019. C. Upon request, the laboratory was unable to produce quality control results for the Cell Dyne CBC analyzer for November 4, 2019. D. Review of the "result listing" report showed that CBC testing performed on the Cell Dyne CBC analyzer was reported on one patient, identified as number one on a separate patient identification list. E. In an interview on November 13, 2020 at approximately 10:30 AM, the laboratory staff member identified as number one on the CMS 209 form, confirmed that Cell Dyne CBC quality control was not performed on November 4, 2019 and a patient results were reported.