Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2143229	(X3) Date Survey Completed 04/23/2024
Name of Provider or Supplier Healthy Connections, Inc - Hot Springs Central	**Street Address, City, State** 3604 Central Avenue, Suite D, Hot Springs, 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 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 04/23/24 at 2:22 p.m. one (of three) expired McKesson Consult Mononucleosis Test Cassette (Lot: 222D11, MFR# 5012, expiration date 03/31/24) was observed in the laboratory. B) In an interview on 04/23 /24 at 2:28 p.m. the laboratory's technical consultant confirmed that the item, identified above, had exceeded it's expiration date and was available for use.