

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2167461	(X3) Date Survey Completed 09/16/2025
Name of Provider or Supplier Cabot Emergency Hospital	Street Address, City, State 212 Willie Ray Drive, Cabot, 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
D5391	<p>PREANALYTIC SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1249(a)</p> <p>(a) The laboratory must establish and follow written policies and procedures for an ongoing mechanism to monitor, assess, and when indicated, correct problems identified in the preanalytic systems specified at 493.1241 through 493.1242.</p> <p>This STANDARD is not met as evidenced by: Based on written procedures and interviews, laboratory failed to follow written Quality Control Plan (QCP) annually review for the Individual Quality Control Plan (ICQCP). Findings follow: A) The Quality Assessment to monitor for QCP effectiveness states, "8. The IQCP will be reviewed annually". Laboratory could not provide any documentation of the IQCP annual review for iStat EG6+ for 2024, Triage - Cardiac for 2024, and Triage D-dimer for 2024. B) In an interview on 9/16 /2024 at 10:59 a.m., the Technical Consultant on the CMS 209 form confirmed that no annual review was performed for iStat EG6+, Triage - Cardiac, and Triage D-dimer for 2024.</p>