

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 13D2231041	(X3) Date Survey Completed 02/10/2022
Name of Provider or Supplier Beacon Cancer Care, PLLC	Street Address, City, State 3815 N Schreiber Way Ste 101, Coeur D Alene, ID	
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
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policies and procedures and an interview with the laboratory manager on 2/10/2022, the Laboratory Director failed to approve, sign and date the laboratory policies and procedures. The findings include: 1. A record review of the laboratory policies and procedures binder identified that Laboratory Director failed to approve, sign and date 20 of 20 policies and procedures. 2. An interview with the laboratory manager on 2/10/2022 at 8:35 am confirmed that the Laboratory Director failed to approve the laboratory's policies and procedures. 3. The laboratory reports performing 27,500 hematology tests annually.</p>