

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  17D0449107	<b>(X3) Date Survey Completed</b>  03/03/2022
<b>Name of Provider or Supplier</b>  Johnson County Pediatrics	<b>Street Address, City, State</b>  8800 W 75th, Suite 220, Shawnee Mission, KS	
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>D5407</b>	<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 a lack of available documentation and confirmed during interview with the technical consultant, the laboratory failed to have a procedure approved, signed, and dated by the laboratory director for use. Findings: 1. Upon review of the laboratory procedures, the laboratory director did not approve, sign, and date the laboratory procedure: "Presumptive Identification Of Beta Strep Group A" for Strep Selective Agar and Bacitracin Disc testing at time of survey. 2. Interview with the technical consultant on March 3, 2022 at 10:50 a.m. confirmed, the laboratory failed to have a procedure approved, signed, and dated by the laboratory director for use.</p>