

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 18D0323942	(X3) Date Survey Completed 05/12/2026
Name of Provider or Supplier Middlesboro Arh	Street Address, City, State 3600 W Cumberland Avenue, Middlesboro, KY	
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
D0000	A Recertification Survey was initiated on 05/11/2026 and concluded on 05/12/2026. The facility was found not to be in compliance with the laboratory requirements of 42 CFR Part 493 with deficiencies cited.
D3033	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3)(i)</p> <p>(a)(3)(i) Records of test system performance specifications that the laboratory establishes or verifies under 493.1253 for the period of time the laboratory uses the test system but no less than 2 years.</p> <p>This STANDARD is not met as evidenced by: Based on laboratory policy review and confirmed in staff interviews, the laboratory failed to retain documentation of required twice annual calibration verification (linearity) for 2 arterial blood gas analyzers for 2 of 2 years reviewed (year 2024 and year 2025). Findings included: Review of the laboratory's policy titled, "GEM Premier 5000 Analyzer SOP [Standard Operating Procedure]," dated 02/01/2023, revealed no information related to performing twice annual calibration verification (linearity) for arterial blood gas analyzers. During interview on 05/12/2026 at 1:15 PM, Technical Supervisor (TS) #2 and General Supervisor (GS) #4 stated the twice annual calibration verification (linearity) studies for the arterial blood gas analyzers were believed to have been performed, but the records could not be located.</p>