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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 25D0318753 | (X3) Date Survey Completed 02/06/2019 |
| Name of Provider or Supplier Louisville Medical Clinic | Street Address, City, State 14724 Highway 15 North, Louisville, MS | |
| 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 |
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| D5203 | <p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's Procedure Manual and observation of two throat culture media plates in the incubator on 2-6-19 at 1:00 p.m., the laboratory failed to establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection through completion of testing and reporting of results. Findings include: 1. The laboratory's "Throat Culture Collection" policy in the Procedure Manual states, "Specimens should be labeled with the patient's name and the date of collection." The policy does not include an identification number to ensure positive identification of throat culture specimens at the time of collection. 2. The laboratory's "Throat Cultures for Group A Strep" policy does not include a labeling policy for throat culture media plates to ensure positive identification of a patient's specimen from the time of collection through completion of testing and reporting of results. Observation of two throat culture media plates in the incubator on 2-6-19 at 1:00 p.m. revealed the two plates were labeled with patient names and dates only.</p> |