

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D0969542	(X3) Date Survey Completed 02/16/2023
Name of Provider or Supplier Narayanan Pediatric Clinic	Street Address, City, State 3964 Goodman Road, Suite 133, Southaven, 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
D6049	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)(iii)</p> <p>The procedures for evaluation of the competency of the staff must include, but are not limited to review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventive maintenance records.</p> <p>This STANDARD is not met as evidenced by: Based on review of the Medonic Hematology analyzer records (quality control, maintenance, and calibration) and proficiency testing records from 8/21/2021 through 2/16/2023 and interview with the Office Manager and testing personnel (TP) #1 as listed on the Centers of Medicare & Medicaid Services 209 form at 12:00 p.m. on 2/16/2023, the following records had not been documented as reviewed by the technical consultant: Findings Include: 1. The surveyor reviewed laboratory records from 8/1/2021 through 2/16/2023. There was no documented review of the following records by the technical consultant: a. Medonic hematology CBC control logs from 8/2/2021 through 1/31/2023 b. Medonic hematology maintenance logs from 8/1/2021 through 2/17/2023 c. Medonic hematology calibrations performed on 9/29/2021, 3/30/2022 and 9/21/2022 d. Proficiency result records for the 2nd and 3rd events of 2022. 2. The Office Manager and TP #1 confirmed in an interview at 12:00 p.m. on 2/16/2023 that there was no documented review of these records by the technical consultant.</p>