Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 25D1061604	(X3) Date Survey Completed 01/18/2022
Name of Provider or Supplier Family Care Clinic Of Ripley	**Street Address, City, State** 1331 City Ave N, Ripley, 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
D3037	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4) Proficiency testing records. Retain all proficiency testing records for at least 2 years. This STANDARD is not met as evidenced by: Based on review of the laboratory proficiency testing records from 2019 and 2020 and confirmation with TP (testing personnel) #1 at 5:30 p.m. on the day of survey, the laboratory failed to retain all proficiency records to include but not limited to results, attestation statements, and analyzer printouts. Findings include: 1. Review of records for the 1st, 2nd and 3rd proficiency testing events of 2020 and 2021 revealed the laboratory did not retain the following records: a. Report sheet/submitted result sheets for 1st, 2nd and 3rd events of 2020 and 2021. b. Attestation statements for 1st, 2nd and 3rd events of 2020 and 2021 2. Interview with TP #1 at 5:30 p.m. on 1/18/21 confirmed that the listed proficiency records were not retained after the completion of each proficiency event.
D6049	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(8)(iii) 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. This STANDARD is not met as evidenced by: Based on review of laboratory testing records from 9/24/19 through 1/18/22 and interview with TP #1 and the Technical Consultant (TC)/Clinic Owner listed on the Centers of Medicare & Medicaid Services 209 form at 2:30 p.m. on 1/18/22, the TC failed to document as reviewed quality control records, maintenance forms,

	calibration reports, and temperature charts. Findings Include: 1. Review of the laboratory records from 9/24/19 through 1/18/22 revealed the following records were not documented as reviewed by the technical consultant: a. Boule Medonic M Series hematology maintenance from 9/25/19 through 1/18/22. b. Boule Medonic M Series hematology quality control from 10/1/19 through 1/18/22. c. Boule Medonic M Series hematology calibration records on 9/19/19, 8/27/20, 7/28/21, 1/6/22, 1/11/22 d. Temperature records (room, refrigerator, freezer) from 10/1/19 through 1/18/22 2. Interview with the TC/Clinic Owner (by phone) at 6:30 p.m. on 1/19/22 and TP #1 at 2:30 p.m. on 1/18/22 confirmed there was no documented review of these records by the TC.