

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  26D2005035	<b>(X3) Date Survey Completed</b>  04/08/2025
<b>Name of Provider or Supplier</b>  Interventional Pain Institute	<b>Street Address, City, State</b>  500 Chesterfield Center Ste 250, Chesterfield, MO	
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>D5449</b>	<p>CONTROL PROCEDURES CFR(s): 493.1256(d)(3)(ii)(g)</p> <p>(d)(3)(ii) Each qualitative procedure, include a negative and positive control material;</p> <p>This STANDARD is not met as evidenced by: Based on review of the Mindray BS480 toxicology screening analyzer quality control (QC) records for January 2025 to date April 8, 2025, and interview with the technical supervisor (TS), the laboratory failed to perform a negative control each day of patient testing for one of eight analytes. Findings: 1. Review of Mindray BS480 toxicology screening analyzer QC records from January 2025 to date April 8, 2025 showed the laboratory failed to perform a negative control each day of patient testing for the analyte opiate. 2. Interview with the TS on April 8, 2025 at 9:30 AM confirmed the laboratory failed to perform a negative control each day of patient testing for opiate.</p>