

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 26D2257912	(X3) Date Survey Completed 07/16/2025
Name of Provider or Supplier Quest Diagnostics - Mercy Hosp Flow Lab	Street Address, City, State 1235 E Cherokee, 2nd Floor, Room# G-2186, Springfield, MO	
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
D5449	<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 intracellular markers quality control (QC), interview with testing personnel (TP) #1, and interview with technical supervisor (TS) #1, the laboratory failed to perform a negative and positive control for TdT each day of patient testing from January 2023 to date July 9, 2025. Findings: 1. Review of intracellular marker QC revealed no negative and positive QC for TdT each day of patient testing. 2. Interview with TP #1 on July 9, 2025 stated "I run intracellular marker QC monthly". 3. Interview with TS #1 on July 9, 2025 10:30 AM confirmed the laboratory failed to perform a negative and positive control each day of patient testing for the TdT intracellular marker.</p>