Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 28D0454157	**(X3) Date Survey Completed** 02/02/2021
Name of Provider or Supplier Arbor Heights Family Medicine	**Street Address, City, State** 8720 Frederick Street Suite 100, Omaha, NE	
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**
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Based on surveyor review of the list of tests performed, direct observation, and interview with testing personnel, the laboratory failed to ensure testing personnel did not use expired reagents. The findings include: 1. Review of the list of tests performed submitted by the laboratory revealed wet mounts/potassium hydroxide (KOH) preps are performed by the laboratory. 2. Direct observation on 2/2/2021, at 10:35AM, revealed the KOH solution bottle in the laboratory expired on 1/29/2020. 3. The testing personnel confirmed on 2/2/2021 at 10:35AM the expired outdate of the KOH. 4. Based on the list of tests performed the laboratory had tested and reported 38 patients in 2020.