

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  34D0247266	<b>(X3) Date Survey Completed</b>  06/29/2021
<b>Name of Provider or Supplier</b>  Ruby A Grimm Md	<b>Street Address, City, State</b>  738 Bryant Street, Statesville, NC	
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>D5785</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(b)(3)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met.</p> <p>This STANDARD is not met as evidenced by: Based on review of 2019, 2020 and 2021 temperature and humidity logs and interview with TP (testing personnel) 6/29/21, the laboratory failed to document corrective action when the room humidity was outside the acceptable limits. Findings: Review of 2019, 2020 and 2021 temperature and humidity logs revealed room humidity was below the acceptable limits of 20-85%(percent) on the following days with no corrective action documented: a. 8 of 20 days in April 2020 - 4/1, 4/13, 4/16- 4/17, 4/20-4/22, 4/24; b. 2 of 19 days in November 2020 - 11/19, 11/20; c. 12 of 19 days in December 2020 - 12/1-12/3, 12/8-12/10, 12/17-12/18, 12/28-12/31; d. 17 of 20 days in January 2021 - 1/7-1/8, 1/11-1/15, 1/18-1/22, 1/25-1/29; e. 16 of 20 days in February 2021 - 2/1-2/5, 2/8-2/9, 2/15-2/18, 2/22-2/26. During interview at approximately 11:30 a.m., TP #1 stated the staff adjusts the thermostat and calls building maintenance when the humidity is low; however, corrective action was not documented for these dates.</p>