

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 34D0871836	(X3) Date Survey Completed 09/26/2022
Name of Provider or Supplier Cpn, Inc Db a Atrium Health Primary Care	Street Address, City, State 705 Griffith Street, Suite 100, Davidson, NC	
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	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview with the TC (TC) technical consultant 9/26/22, the laboratory failed to discard supplies that exceeded their expiration date. During a tour of the laboratory 9/26/22 at approximately 12:10 p.m., the surveyor observed 1 box of Hemocult ICT controls with an expiration date of 7/31/22 in a cabinet in the laboratory, available for use. The box contained: 2 bottles of positive control, lot #M101127; 2 bottles of negative control, lot #M101009. During interview at approximately 1:15 p.m., the TC stated she thought the laboratory had checked for expired supplies prior to the survey.</p>