

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 34D0991846	(X3) Date Survey Completed 05/09/2025
Name of Provider or Supplier Medical Care, Inc	Street Address, City, State 1402 Wayne Memorial Drive, Goldsboro, 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
D6032	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(14)</p> <p>(e)(14) Specify, in writing, the responsibilities and duties of each consultant and each person, engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or results reporting, and whether consultant or director review is required prior to reporting patient test results.</p> <p>This STANDARD is not met as evidenced by: Based on review of personnel records for 2023, 2024, and 2025, and interview with the Laboratory Director (LD) 05/09/2025, the LD failed to specify in writing the duties and responsibilities for the LD, Clinical Consultant (CC), Technical Consultant (TC), and Testing Personnel (TP) involved in the daily operation of the laboratory. Findings: Review of personnel records revealed the absence of a job description for the following positions: 1. LD 2. CC 3. TC 4. TP During interview at approximately 10:40 a.m., the LD confirmed no position descriptions available for the required positions.</p>