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| Statement of Deficiencies | (X1) Provider/Supplier/CLIA Identification Number 44D0315216 | (X3) Date Survey Completed 11/08/2024 |
| Name of Provider or Supplier Bmg Family Physicians Group Foundation, Inc | Street Address, City, State 400 Market Blvd, Suite 101, Collierville, TN | |
| 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 |
|---------------------------|---|
| D5415 | <p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(c)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies, as appropriate, must be labeled to indicate the following: (1) Identity and when significant, titer, strength or concentration. (2) Storage requirements. (3) Preparation and expiration dates. (4) Other pertinent information required for proper use.</p> <p>This STANDARD is not met as evidenced by: Based on observation of the patient exam rooms, and staff interview, the laboratory failed to label the saline used for collecting and transporting patient samples for vaginal wet prep testing on the date of the survey (11/08/2024). The findings include: 1. Observation of the patient exam rooms (two of two observed) on 11/08/2024 at 1:20 pm revealed plastic transport tubes used for collection and transportation of patient samples for vaginal wet prep testing partially filled with clear liquid. The vials were not labeled. During the observation, nursing personnel stated that vaginal swabs were placed in the transport tubes and taken to the laboratory for testing. The nursing personnel stated that the tubes contained saline that was obtained from a master container located in the laboratory. 2. An interview with testing person six and the laboratory liaison on 11/08/2024 at 1:30 pm confirmed that the laboratory failed to label transport tubes in the patient exam rooms in 2024.</p> |