

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  44D0700598	<b>(X3) Date Survey Completed</b>  06/10/2024
<b>Name of Provider or Supplier</b>  Jackson Clinic Pa Of Humboldt,The	<b>Street Address, City, State</b>  3568 Chere Carol Road, Humboldt, TN	
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>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory procedure manual and staff interview, the laboratory director failed to approve, sign and date the procedure titled "REPORTING ATYPICAL LYMPHS ON MANUAL DIFFERENTIAL" that had a procedure effective date of 05/17/24. The findings include: 1. Review of the laboratory procedure titled "REPORTING ATYPICAL LYMPHS ON MANUAL DIFFERENTIAL" revealed the procedure had not been approved, signed and dated by the laboratory director. The effective date of the procedure was 05/17/24. 2. The technical consultant confirmed the survey findings during interview on 06/10/24 at 3 p. m.</p>