

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0701686	(X3) Date Survey Completed 02/01/2022
Name of Provider or Supplier Primary Care Center Of Newport, The	Street Address, City, State 434 Fourth Street, Suite 310, Newport, 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
D5407	<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 a review of the laboratory's procedure manual and upon interview with the Lab Director and Lead Testing Personnel, determined the laboratory procedures were not approved by the Lab Director during 2020 and 2021. The findings include: 1. A review of the laboratory's procedure manual revealed no signature by the Lab Director approving procedures. 2. An interview at approximately 12:30 p.m. on February 1, 2020 with the Lab Director and Lead Testing personnel confirmed that the procedures had not been signed by the Lab Director during 2020 and 2021. =====</p>