

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D0913434	(X3) Date Survey Completed 05/31/2023
Name of Provider or Supplier Memorial Health Partners Foundation Inc	Street Address, City, State 6800 Harrison Park Drive, Harrison, 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
D5401	<p>PROCEDURE MANUAL CFR(s): 493.1251(a)</p> <p>A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's procedure manual, lack of records, and interview with the practice manager, the laboratory failed to have documentation that the procedure for performance of calibration every six months on the complete blood count hematology analyzer was followed in 2021. The findings include: 1. Review of the laboratory's procedure titled "Quality Control Program" revealed the following for the complete blood count hematology analyzer: "Calibrations will be performed at least every six months." 2. The laboratory was unable to provide any evidence that the calibration due August 2021 was performed. 3. Interview with the practice manager at approximately 11:40 a.m. on May 31, 2023 confirmed the laboratory failed to have documentation that the procedure for performance of calibration every six months on the complete blood count hematology analyzer was followed in 2021.</p>