

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D2010811	(X3) Date Survey Completed 01/19/2022
Name of Provider or Supplier Allcare Medical Clinic, PLLC	Street Address, City, State 313 Cleveland St, Ripley, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing (PT) records and staff interview, the laboratory's testing personnel (TP) and technical consultant (TC) failed to sign attestation statements for four of six PT events in 2020 and 2021. The findings include: 1. Review of the TC job description revealed delegation of PT oversight to the TC. 2. Review of the laboratory's 2020 and 2021 Hematology/Coagulation PT attestation statements revealed the following: 2020 event two----Not signed by TP. 2020 event three----Not signed by TP. 2021 event two-----Not signed by the TC; not signed by TP. 2021 event three----Not signed by the TC; not signed by TP. 3. Interview with the TC on 01.19.2022 at 3:30 pm confirmed four of six PT attestation statements were not signed by TP and TC in 2020 and 2021.</p>