

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D2010995	(X3) Date Survey Completed 02/01/2024
Name of Provider or Supplier Bmg Family Physicians Group Foundation, Inc	Street Address, City, State 4625 Poplar Avenue, Memphis, 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 supplies and staff interviews, the laboratory failed to label the saline used for patient wet prep sample collection and transportation on the date of the survey (02/01/2024). The findings include: 1. Observation on 02/01/2024 at 1:00 pm of patient exam room supplies used by nursing personnel for patient wet prep sample collection and transport revealed clear plastic transport tubes that contained clear liquid. The tubes were not labeled. 2. Interview on 02/01/2024 at 1:00 pm with the laboratory liaison and testing person three revealed personnel aliquoted saline from a master container into the transport tubes and stored them without labels. Patient samples were collected and transported using the tubes in the exam room for vaginal wet prep testing. This confirmed the survey findings.</p>