

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 44D2206832	(X3) Date Survey Completed 11/17/2025
Name of Provider or Supplier Family Care Walk In Clinic, Inc	Street Address, City, State 15001 S First St, Milan, 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
D3011	<p>FACILITIES CFR(s): 493.1101(d)</p> <p>Safety procedures must be established, accessible, and observed to ensure protection from physical, chemical, biochemical, and electrical hazards, and biohazardous materials.</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the laboratory failed to provide adequate eyewash for testing personnel. The findings include: 1. During the laboratory tour on 11/17/2025 at 10:15 a.m., an eyewash station sign was observed above the sink next to the Emerald CBC instrument. No eyewash station was present. It was observed that the CBC instrument waste was draining into sink. 2. An interview with Testing Person One on 11/17/2025 at 10:15 a.m. revealed that the faucet sprayer was intended to be used as an eyewash station. 3. The Technical Consultant confirmed the findings on 11/17/2025 at 10:20 a.m.</p>