

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 45D2071727	<b>(X3) Date Survey Completed</b> 09/11/2019
<b>Name of Provider or Supplier</b> Ashley Pediatrics Day & Night Clinic	<b>Street Address, City, State</b> 1903 E Monte Cristo Road, Edinburg, TX	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	Noted deficiencies and plans of correction were discussed with the laboratory representative at the entrance and exit conferences. The facility representative was given an opportunity to provide evidence of compliance with the noted deficiencies, and no such evidence was provided prior to survey exit. The facility was found to be in compliance with applicable Conditions of Participation in the CLIA program, and recertification is recommended. Note: The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.
<b>D5785</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(b)(3)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met.</p> <p>This STANDARD is not met as evidenced by: Based on review of laboratory policy, environmental records and confirmed in interview with facility personnel, the laboratory failed to have documentation of corrective actions taken when temperatures were documented out of range. The findings were: 1. A review of the laboratory's policy "Instrument Operation and Maintenance", it stated "Temperature readings of all temperature control devices will be made daily and documented. Temperature log sheets should state the name of the appliance, the date of the reading the operating temperature range for the appliance." 2. Review of the laboratory's environmental logs from February 2019 to April 2019 revealed the following 22 days when temperature was documented out of range:</p>

Storage room range 68-77 F (Fahrenheit) 02/12/2019 - 66 F 02/25/2019 - 64 F 02/26/2019 - 62 F 03/04/2019 - 63 F 03/05/2019 - 63 F 03/06/2019 - 63 F 03/07/2019 - 63 F 03/14/2019 - 61 F 03/18/2019 - 63 F 03/19/2019 - 63 F 03/20/2019 - 64 F 03/21/2019 - 63 F 03/22/2019 - 63 F 03/23/2019 - 64 F 03/25/2019 - 64 F 03/26/2019 - 66 F 03/27/2019 - 64 F 03/28/2019 - 64 F 03/29/2019 - 63 F 03/30/2019 - 66 F 04/19/2019 - 66 F Laboratory range 68- 77 F 04/30/2019 - 66 F 3. The laboratory failed to have documentation of corrective action for 22 days when the temperature was documented outside the laboratory's acceptable range. 4. Interview with technical consultant 09/11/2019 15:15 hours in the break room confirmed findings.