Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 45D2100324	**(X3) Date Survey Completed** 04/03/2018
Name of Provider or Supplier Complete Emergency Care City Base Llc	**Street Address, City, State** 2619 Se Military Drive, Suite 101, San Antonio, TX	
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**
D0000	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.
D1001	CERTIFICATE OF WAIVER TESTS CFR(s): 493.15(e) Laboratories eligible for a certificate of waiver must-- (1) Follow manufacturers' instructions for performing the test; and (2) Meet the requirements in subpart B, Certificate of Waiver, of this part. This STANDARD is not met as evidenced by: Based on review of the manufacturer's instructions for the Alere iScreen Urine Drug control kit, surveyor observation of control material stored in the laboratory, review of the laboratory's freezer temperature records, and staff interview, it was revealed the laboratory failed to following the manufacturer's instructions for storage of the control material. The findings were: 1. A review of the manufacturer's instructions for the Alere iScreen Urine Drug control kit revealed the manufacturer required the control material to be store at a temperature range on -20C to 8C. 2. Surveyor observation of control material stored in the laboratory's freezer on 04/03/2018 at 1100 hours revealed: 1 box of Alere iScreen Urine Drug Control Reference: 88004 unopened

	received date: 03/28/2018 3. A review of the laboratory's freezer temperature records from 03/28/2018 to 04/03/2018 (the day of the survey) revealed the freezer was documented at the following temperatures: 03/28 -25C 03/29 -26C 03/30 -26C 03/31 -25C 04/01 -25C 04/02 -25C 04/03 -25C 4. The laboratory was asked to provide documentation of storing the control material at the correct temperatures. No documentation was provided. 5. An interview with the technical consultant number 2 (as listed on Form CMS 209) on 04/03/2018 at 1110 hours in the office - after her review of the records- confirmed the findings.