

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 48D1076688	(X3) Date Survey Completed 06/13/2023
Name of Provider or Supplier Yacht Haven Family Practice	Street Address, City, State 5302 Yacht Haven Grande Suite 124, St Thomas, VI	
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	The Centers for Medicare & Medicaid Services (CMS) CLIA federal surveyor conducted an announced CLIA recertification survey at Yacht Haven Family Practice on June 13, 2023. The laboratory was surveyed under 42 CFR part 493 CLIA requirements. The following deficiency was found during the announced routine CLIA recertification survey performed on June 13, 2023.
D3029	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(2)</p> <p>Test procedures. Retain a copy of each test procedure for at least 2 years after a procedure has been discontinued. Each test procedure must include the dates of initial use and discontinuance.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview with the Laboratory Director, the laboratory failed to maintain a copy of a laboratory procedure for at least two years after the procedure was discontinued. Findings include: 1. Interview with the laboratory director on 06/13/2023 at 12:00 PM, confirmed the laboratory discontinued Complete Blood Count (CBC) testing performed on the Horiba ABX Micros 60 on 06/10/2022. 2. Record review on 06/13/2023 revealed the laboratory failed to maintain a copy of the CBC procedure after the procedure was discontinued. 3. Interview with the laboratory director on 06/13/2023 at 12:10 PM confirmed the findings indicated above.</p>