

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 51D0235758	(X3) Date Survey Completed 08/06/2019
Name of Provider or Supplier Wood Health Care Clinic P C	Street Address, City, State 1307 Lafayette Avenue, Moundsville, WV	
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
D5413	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b)</p> <p>The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (1) Water quality. (2) Temperature. (3) Humidity. (4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports.</p> <p>This STANDARD is not met as evidenced by: Based on a tour of the laboratory and an interview with Testing Personnel 1 (TP1), the laboratory failed to accurately monitor the conditions essential for the proper storage of reagents and test system operation. Findings: 1. The temperature of the refrigerator the reagent storage refrigerator and the incubator were being monitored and documented from a NIST thermometer that had expired. 2. An interview with Testing Personnel 1 (TP1), on 8/6/19 at approximately 1130 AM, confirmed that the thermometers used to monitor the temperatures in the refrigerator and the incubator had expired calibrations.</p>