Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	02D1087950	10/02/2026
Name of Provider or Supplier	**Street Address, City, State**	
Midnight Sun Oncology Partners	2490 South Woodworth Lp, Suite 499, Palmer, AK	

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
D5785	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(3) (b)(3) The criteria for proper storage of reagents and specimens, as specified under 493.1252(b), are not met. This STANDARD is not met as evidenced by: Based on review of a list of acceptable temperature and humidity ranges, temperature and humidity logs, and an interview with testing personnel (TP1), the laboratory failed to ensure corrective actions were taken and documented for refrigerator and freezer temperatures out of range where Beckman Coulter reagents and controls are stored and humidity levels out of range where Complete Blood Count (CBC) testing is performed seven (7) out of nine (9) months in 2026. The findings include: 1. Review of a list of "Temperature and Humidity" did not define an acceptable limit for freezer temperatures. 2. Review of SONICU temperature and humidity logs revealed: a. The freezer temperature was outside the SONICU threshold six (6) times in Sept, July, April, and Feb 2026. b. The refrigerator temperature was outside the defined acceptable limits four (4) times in July, June, March, and Feb 2026. c. The humidity was outside defined acceptable limits in 13 of 31 days in May, 31 of 31 days in March, and 27 of 28 days in Feb 2026. d. SONICU electronic alarm notification did not occur for every temperature outside the acceptable range. 3. In an interview on 10 /2/2026 at 1020 AM, TP1 described the process for electronic notifications from SONICU and confirmed no corrective actions were taken or documented. 4. The laboratory reports performing 22300 hematology tests annually.
D6032	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(14) (e)(14) Specify, in writing, the responsibilities and duties of each consultant and each person, engaged in the performance of the preanalytic, analytic, and postanalytic

	phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or results reporting, and whether consultant or director review is required prior to reporting patient test results. This STANDARD is not met as evidenced by: Based on review of personnel documents and policies, lack of records, and an interview with the technical consultant (TC), the laboratory director failed to delegate responsibilities to one (1) of one (1) technical consultant since January 2026. The findings include: 1. Review of the "Laboratory General Procedure" revealed lack of information describing delegations or competency assessment for the technical consultant. 2. On 10/2/26 at 1145 AM, the surveyor requested documentation for the TC delegation, responsibilities, or competency assessment which were not available. 3. An interview with the TC on 10/2/26 at 1145 AM confirmed the findings. 4. The laboratory reports performing 22300 non-waived tests annually.