Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0465498	10/12/2023
Name of Provider or Supplier	**Street Address, City, State**	
Ouachita County Medical Center	638 California Avenue Sw, Camden, AR	

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
D2007	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) The samples must be examined or tested with the laboratory's regular patient workload by personnel who routinely perform the testing in the laboratory, using the laboratory's routine methods This STANDARD is not met as evidenced by: Through a review of proficiency testing documentation for 2022 and 2023, as well as interviews with staff, it was determined that hematology and coagulation proficiency testing samples were not tested by all personnel who routinely perform testing. Survey Findings follow: A. A review of proficiency test attestation statements showed that testing person #5 performed the first, second, and third hematology proficiency tests for 2022 and 2023. B. A review of proficiency test attestation statements showed that testing person #5 performed the first and second cell identification proficiency tests for 2022 and 2023. C. In an interview, at 3:14 pm, 10/10/23, General Supervisor #3 (as listed on the form CMS-209) confirmed that all testing personell (#1-14 as listed on the CMS 209 form) perform testing for each specialty once fully trained.
D5781	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(1) (b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(1) Test systems do not meet the laboratory's verified or established performance specifications, as determined in 493.1253(b), which include but are not limited to-- (b)(1)(i) Equipment or methodologies that perform outside of established operating parameters or performance specifications; (b)(1)(ii) Patient test values that are outside of the laboratory's reportable range of test results for the test system; and (b)(1)(iii) When the laboratory determines that the reference intervals (normal values) for a test procedure are inappropriate for the

	laboratory's patient population. This STANDARD is not met as evidenced by: Through a review of laboratory temperature records for January through December 2022 and January through September 2023, and through interviews with laboratory staff, it was determined the laboratory failed to document corrective actions when humidities were outside of the specified performance specifications. Survey findings include: A. A review of the Sysmex XN-10 hematology instrument revealed acceptable humidity ranges of 20 to 85%. B. Through a review of environmental logs for January through December 2022 and January through September 2023, it was shown that humidity was below 20% for the whole day seven of 365 days in 2022 and zero of 271 days in 2023. Corrective actions were not documented for any of the failures. C. During an interview at 3:15 10/12/23, General Supervisor #3 (as listed on the form CMS-209) confirmed that the humidity was documented outside of specified acceptable ranges and that no corrective actions were documented.