Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0465498	08/14/2025
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
D2009	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1) (b)(1) The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods. This STANDARD is not met as evidenced by: Based upon a review of the American Proficiency Testing Institute (API) proficiency test attestation records for ten events in 2024 and 2025, lack of documentation, and interviews with laboratory staff, it was determined that required signatures to attest to the routine integration of proficiency test samples in the patient workload were not present on 3 of the ten events reviewed. Survey findings follow: A) Review of the attestation forms for API Microbiology 2024 3rd proficiency test event for Microbiology revealed that it was not signed by the laboratory director or designee. B) Review of the attestation forms for API Hematology/Coagulation 1st and 2nd event 2025 revealed they were not signed by the laboratory director or designee. C) In an interview, on 8/13/25 at 3:08 p.m., the Technical Supervisor listed on the form CMS-209, confirmed the API proficiency testing attestation forms identified above were not signed by the required personnel.
D5553	IMMUNOHEMATOLOGY CFR(s): 493.1271(b)(f) (b) Immunohematological testing and distribution of blood and blood products. Blood and blood product testing and distribution must comply with 21 CFR 606.100(b)(12); 606.160(b)(3)(ii) and (b)(3)(v); 610.40; 640.5(a), (b), (c), and (e); and 640.11(b). This STANDARD is not met as evidenced by:

	Based on review of laboratory policy for "Emergency Transfusion Request", Emergency Requests for Uncross matched Blood for calendar year 2024 and interview with laboratory staff, the laboratory failed to ensure the request for release of uncross matched blood in one of seventeen to release blood on an uncross matched basis during the year reviewed was signed by the requesting physician as required at 21 CFR 606.160(b)(3)(v). Findings follow: A) Review of the laboratory policy and procedure for "Emergency Transfusion Request" revealed that the ordering physician must sign the release for uncross matched emergency released blood within twenty-four hours. B) Review of Emergency Transfusion Requests for calendar year 2024 revealed that 17 units of blood were released on an uncross matched emergency release basis. C) Review of the form for the emergency release of packed red blood cell (PRBC) units W036524044288 (5) revealed that the release form was not signed by a physician. The blood was picked up for patient "Mitchell Jack" by RN or MD with unrecognized signature on 5/4/24 at 0625 and released by a person with initials "GC" at 0625. D) In an interview on 8/13/24 at 11:05 a.m., Technical Supervisor on the form CMS-209, confirmed that the request for emergency release of uncross matched blood form had not been signed by the physician who ordered the transfusion.
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 files for all personnel listed on the CMS-209 form, lack of documentation, and interviews with laboratory staff, determined the laboratory director failed to authorize three of three General Supervisor (GS) personnel the responsibilities and duties to perform lead functions without direct supervision. Survey findings include: A) During a review of personnel files for all personnel GS-1, GS-2, and GS- 3 (as listed on the form CMS-209) failed to have written authorization from the laboratory director for GS/Lead responsibilities and duties without direct supervision. B) In an interview on 8/12/2025 at 1:06 pm, the Technical Supervisor (TS) TS-1on the CMS 209 form confirmed the lack of written authorization for three GS on form CMS 209.
D6053	TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9) (b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens. This STANDARD is not met as evidenced by: Based upon review of personnel competency records for 18 employees listed on the CMS 209 form, authorizations to perform tests, and interview the laboratory did not

	assess the competency of six employees semiannually during the first year of employment. Findings follow: A) Review of personnel records, (General Supervisor (GS) -1, GS-2, GS-3, Testing Personnel (TP)-1, TP-3, and TP-4 on the CMS 209 form), indicated that the employees was hired in March, May and June 2024 and authorized by the laboratory director to perform moderately/high complex testing without direct supervision in March, May and June 2024. B) Upon review of personnel records (General Supervisor (GS) -1, GS-2, GS-3, Testing Personnel (TP) -1, TP-3, and TP-4 on the CMS 209 form), only one instance of competency evaluation was found dated March, May and June 2024. C) In an interview on 8/12/25 12:41 p.m., the Technical Supervisor on the CMS 209 form, confirmed that only one competency evaluation was present in the personnel file for GS -1, GS-2, GS-3, TP-1, TP-3, and TP-4 on the CMS 209 form,