

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  04D0466003	<b>(X3) Date Survey Completed</b>  08/07/2024
<b>Name of Provider or Supplier</b>  Arkadelphia Clinic For Children & Young Adults	<b>Street Address, City, State</b>  2850 Twin Rivers Drive, Arkadelphia, AR	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D5783</b>	<p><b>CORRECTIVE ACTIONS</b> CFR(s): 493.1282(b)(2)</p> <p>(b) The laboratory must document all corrective actions taken, including actions taken when any of the following occur: (b)(2) Results of control or calibration materials, or both, fail to meet the laboratory's established criteria for acceptability. All patient test results obtained in the unacceptable test run and since the last acceptable test run must be evaluated to determine if patient test results have been adversely affected. The laboratory must take the corrective action necessary to ensure the reporting of accurate and reliable patient test results.</p> <p>This STANDARD is not met as evidenced by: Review of the laboratory policy and procedure for quality control (QC) , daily QC reports, lack of documentation, and interview with laboratory staff demonstrated the laboratory failed to document corrective action taken to achieve acceptable QC results after QC failures on one of nineteen days of patient testing in November 2023. Findings follow: A) Review of the laboratory's policy and procedure for QC revealed that in the event of QC failure no patient results should be released until QC is acceptable and "corrective action should be documented on the appropriate forms". B) Review of Boule Con-Diff low hematology control lot # 2230731 results for 11/30/23 revealed the controls were unacceptable for white blood cell count (WBC), red blood cell count (RBC), and hemoglobin (HGB) on five attempts between 09:03 a.m. and 09:24 a.m. No acceptable results for this control were achieved and every report had the hand-written notation "did not pass, will rerun". C) Review of Boule Con-Diff normal hematology control lot # 2230732 results for 11/30/23 revealed the controls were unacceptable for RBC and HGB on four attempts between 09:10 a.m. and 09:22 a.m. before being being acceptable at 09:26 a.m. Every unacceptable attempt had the hand-written notation "did not pass will rerun". D) Review of Boule Con-Diff high hematology control lot # 2230733 results for 11/30/23 revealed the controls were unacceptable for RBC and HGB on two attempts at 09:08 a.m. and 09:14 a.m. before</p>

being being acceptable at 09:18 a.m. Every unacceptable attempt had the hand-written notation "did not pass will rerun". E) Upon request, the laboratory was unable to provide documentation of corrective action taken to achieve acceptable QC results on the events identified above. F) In an interview on 8/7/24 at 12:04 p.m. the laboratory staff member (#3 on CMS 209 form) confirmed that documentation of corrective action taken was unavailable and stated that on some months they (laboratory testing personnel) do document corrective action and some months they don't.