Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0468881	06/18/2026
Name of Provider or Supplier	**Street Address, City, State**	
Mana Family Medicine Springdale	1109 S West End Street, Springdale, 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
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on a review of proficiency test results of 2025, lack of documentation, as well as interviews with laboratory staff, the laboratory failed to perform and document corrective actions that prevent recurrence of problems in the general laboratory systems. Survey findings follow: A. The laboratory failed to document corrective actions on American Proficiency Institute (API) 2025 3rd Event testing for Hematocrit samples DXH-12 (reported result of 39.5 with an acceptable range of 40.2-43.7) and DXH-14 (reported result of 47.3 with an acceptable range of 48.2-52.3). B. The surveyor requested documentation of corrective actions for results outside the acceptable range for the testing event, and quality assurance records were provided showing "Remedial report for the failed hematocrit on Hematology Event 3 from 2025 is in progress of being finalized." No remedial report was available. C. Laboratory Quality assurance policy states "All quality assurance activities will be documented, including identified problems and corrective actions noted. These records will be maintained in the office and made available to HHS representative, if requested." D. In an interview on 6/18/26 at 10:23am, the technical consultant confirmed that no corrective actions for the 2025 3rd event hematocrit proficiency failure was available.