

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0662405	(X3) Date Survey Completed 02/26/2026
Name of Provider or Supplier Nea Baptist Clinic - Osceola	Street Address, City, State 616 West Keiser, Osceola, 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
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on the form CMS 209, laboratory policy and procedure, personnel records, lack of documentation, and interview, the laboratory did not have competency of the Clinical Consultant (CC) and Technical Consultant (TC) on an annual basis. Findings follow: A) Review of the form CMS 209 provided by the laboratory on 2/26/26 revealed that staff members CC and TC as listed on form CMS 209 was identified as Clinical Consultant and Technical Consultant. B) Upon request, the laboratory was unable to provide any competency assessments for the position of CC and TC for the laboratory staff members (CC and TC on form CMS 209) for 2024 and 2025. C) In an interview, at 11:17 a.m. on 2/26/2026, the Laboratory Directory confirmed no competency for the CC and TC listed on the CMS 209 form.</p>
D5407	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>(d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the laboratory procedure manual, lack of documentation, and interviews with laboratory staff, the laboratory director failed to approve, sign, and date all the laboratory procedures. Survey findings include: A) During a review of the</p>

laboratory procedures, it was determined the laboratory director failed to sign the procedure manual and individual policies (Titled procedures NOT signed by the Laboratory Directory: Testing Personnel (Moderate Complexity), Error Code Policy, and Specimen Rejection Policies.) B) Review of Laboratory Directory Responsibilities Step M states, "Ensure that an approved procedure manual is available to all personnel responsible for any aspect of the testing process; and ...". Three policies tilted above were not approved by the Laboratory Directory. C) In an interview at 11:17 am on 2/26/2026, Technical Consultant (TC) as listed on the 209 form, confirmed the laboratory director's written approval of the laboratory procedures was not available.