

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 04D0692790	<b>(X3) Date Survey Completed</b> 05/06/2021
<b>Name of Provider or Supplier</b> Uams Cancer Institute Dermatology Oncology Clinic	<b>Street Address, City, State</b> 4301 West Markham St, Little Rock, 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>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>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: Through a review of the laboratory policies and procedures, lack of documentation, and interviews with laboratory staff, it was determined the procedures had not been approved and signed by the current laboratory director. Survey findings include: A. During a review of the laboratory policies and procedures, it was observed that the last signature of approval was dated 1998 and was signed by a previous director. There was no documentation in the policies and procedures that they had been approved by the current laboratory director. B. In an interview, at 9:40 a.m. on 5/6 /2021, laboratory employee #2 (as listed on the form CMS-209) confirmed the approval of the policies and procedures was not signed by the current laboratory director.</p>
<b>D5417</b>	<p>TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d)</p> <p>Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.</p> <p>This STANDARD is not met as evidenced by: Through observations made during a tour of the laboratory and interviews with laboratory staff, it was determined the laboratory used Eosin Y stock solution when it had exceeded it's expiration date. Survey findings include: A. During a tour of the</p>

laboratory at 10:09 a.m. on 5/6/2021, the surveyor observed one bottle of Eosin Y Stock Solution (lot #1601411) in the lower cabinet next to the Cryostat. The Eosin Y Stock Solution expiration date, as listed on the bottle, was 1/21/2018. B. In an interview, at 10:15 a.m. on 5/6/2021, laboratory employee #2 (as listed on the form CMS-209), stated that the expired bottle is currently in use and confirmed that no other bottles of Eosin Y Stock Solution were available in the laboratory.

**D6084**

**LABORATORY DIRECTOR RESPONSIBILITIES**  
CFR(s): 493.1445(e)(2)

The laboratory director must ensure that the physical plant and environmental conditions provide a safe environment in which employees are protected from physical, chemical, and biological hazards.

This STANDARD is not met as evidenced by:

Through observations made during a tour of the laboratory, lack of policies and procedures, and interviews with laboratory staff, it was determined the laboratory director failed to provide a safe environment in which employees are protected from chemical and biological hazards. Survey findings include: A. At the time the surveyor entered the laboratory (9:20 a.m. on 5/6/2021) the surveyor observed the following items on the laboratory counter: a diet coke and insulated drink tumbler, a package of hamburger buns, two bags of potato chips, a bag of Doritos, a bottle of barbeque sauce, a 32 ounce package of pulled pork, a water pitcher with water, and a crock pot slow cooker (which was on the counter next to the Cryostat). There were no signs posted that designated the counters were for food only. B. In an interview at 9:34 a.m. on 5/6/2021 laboratory employee #1 from the Form CMS-209 stated that the counter with the food was designated as a clean space. The surveyor requested the policy that designates the area as a clean space but laboratory employee #1 stated there was no policy. C. At 10:09 a.m. on 5/6/2021 the surveyor observed the following chemicals with hazardous warning labels stored in cabinets above the counter on which food was observed: Acetone, detachol, Azure B Stock, and Buffer Solution pH 6.0.

**D6128**

**TECHNICAL SUPERVISOR RESPONSIBILITIES**  
CFR(s): 493.1451(b)(9)

The technical supervisor is responsible for evaluating and documenting the performance of individuals responsible for high complexity testing at least annually after the first year, unless test methodology or instrumentation changes, in which case, prior to reporting patient test results, the individual's performance must be reevaluated to include the use of the new test methodology or instrumentation.

This STANDARD is not met as evidenced by:

Through a review of laboratory employee personnel records, lack of documentation, and interviews with laboratory staff, it was determined the technical supervisor failed to document competency evaluations for two of two personnel who performed grossing of tissue. Survey findings include: A. In an interview with the laboratory director (9:59 a.m. on 5/6/2021), he stated that the histotechs (employees #2 and #3 as listed on the form CMS-209) perform grossing of tissue specimens. B. Through a review of personnel records for laboratory employees #2 and #3 it was determined there were no competency assessments available for 2019, 2020, or 2021 for two of two testing personnel performing grossing of tissue specimens. The documentation

presented to the surveyor was labeled "Position Classification Questionnaire" and did not include the required elements of a competency assessment. C. In an interview at 9:50 a.m. on 5/6/2021 laboratory employee #2 stated that competency assessments weren't documented.