

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0891080	(X3) Date Survey Completed 08/01/2024
Name of Provider or Supplier Community Clinic Springdale Medical	Street Address, City, State 614 E Emma Ave, Ste 300, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Review of the proficiency test attestation records for five events in 2023 and 2024, lack of documentation, and interviews with laboratory staff, determined that required signatures to attest to the routine integration of proficiency test samples in the patient workload were not present on two of the five events reviewed. Survey findings follow: A) Review of the attestation forms for American Proficiency Testing Institute (API) Hematology/Coagulation 2023 1st event and API Hematology/Coagulation 2023 2nd event revealed that the attestation form did not have the signatures of the testing personnel. Instead, both attestation forms had the statement "employee resigned" in the space for the testing personnel signatures.. B) In an interview, at 11:40 a.m. on 8/1/24, the laboratory staff member (# 1 as listed on the form CMS-209) confirmed the attestation forms identified above were not signed by testing personnel who performed the testing.</p>