

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0892601	(X3) Date Survey Completed 12/17/2025
Name of Provider or Supplier Ar Anatomic Pathology Laboratory/Doctors'	Street Address, City, State 4800 East Johnson, Jonesboro, 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
D6032	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(14)</p> <p>(e)(14) Specify, in writing, the responsibilities and duties of each consultant and each person, engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or results reporting, and whether consultant or director review is required prior to reporting patient test results.</p> <p>This STANDARD is not met as evidenced by: Based upon review of personnel files for Technical Supervisor (TS) listed on the form CMS-209, lack of documentation, and interviews with laboratory staff, the laboratory director failed to authorize five of five TS to perform testing without direct supervision. Survey findings include: A) Review of personnel files for five TS listed on form CMS-209 (TS 's 1, 2, 3, 4, 5) revealed no written authorization from the laboratory director to perform high complex testing without direct supervision was not present. B) In an interview, at 12:50 a.m. on 12/17/25 laboratory Operations Supervisor confirmed the lack of written authorization to test for TS 's 1, 2, 3, 4, and 5 on form CMS 209.</p>