Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D0933981	07/21/2026
Name of Provider or Supplier	**Street Address, City, State**	
Northwest Medical Plaza- Westside	4077 Elm Springs Rd Ste 105, 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
D1001	CERTIFICATE OF WAIVER TESTS CFR(s): 493.15(e) 493.15(e) Laboratories eligible for a certificate of waiver must-- (1) Follow manufacturers' instructions for performing the test; and (2) Meet the requirements in subpart B, Certificate of Waiver, of this part. This STANDARD is not met as evidenced by: Based on observation and interview with laboratory staff, the laboratory had supplies available for use after their expiration date. Findings follow: A) During a tour of the laboratory on 7/21/26 at 1:48pm, two (of two) containers of "Hemocue Glucose 201" cuvettes (lot: 2509190, 110723, expiration date 2026-06-03) were observed in the laboratory, available for use beyond the expiraton date. B) During a tour of the laboratory on 7/21/26 at 1:48pm, three (of three) containers of "Hemocue Cleaner" swabs (lot: 9496225102, 139130, expiration date 2024-12-12) were observed in the laboratory, available for use beyond the expiraton date. B) In an interview on 7/21/26 at 1:59pm the technical consultant confirmed that the items, identified above, had exceeded their expiration date and were available for use in the laboratory.