

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D0958035	(X3) Date Survey Completed 01/16/2020
Name of Provider or Supplier Community Physicians/Sager Pediatric	Street Address, City, State 1101-2 North Progress Ave, Siloam Springs, 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: Through review of proficiency testing attestation forms for 2018 and 2019 and interview it was determined that the laboratory director did not attest that the proficiency testing was performed in the same manner as patient testing in one of six events reviewed. Survey findings follow: A) Review of API proficiency testing Hematology/Coagulation third event 2019 revealed the laboratory director or designee did not sign the statement attesting that testing was performed in the same manner as patient testing . B) In an interview at approximately 04:45 PM on 1/16/20, the laboratory staff member, identified as number two on the CMS 209 form, confirmed that the laboratory director or designee signature were not present on the proficiency testing event attestation identified above.</p>