

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D1034068	(X3) Date Survey Completed 03/27/2025
Name of Provider or Supplier Arkansas Gastroenterology	Street Address, City, State 3401 Springhill Dr, Suite 400, North Little Rock, 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
D6107	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(15)</p> <p>(e)(15) Specify, in writing, the responsibilities and duties of each consultant and each supervisor, as well as 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 result reporting and whether supervisory 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 records, lack of documentation, and interview it was determined that the laboratory director failed to specify in writing the examinations and procedures that personnel are authorized to perform for two of two testing personnel for which records were presented. Findings follow: A. Review of personnel records did not include authorization to perform testing signed by the current laboratory director. B. Upon request, the laboratory was unable to provide a written authorization to perform procedures signed by the laboratory director for two of two testing personnel. B. In an interview on 3/27/25 at 10:18am the laboratory director confirmed there were no written authorizations to perform testing, signed by the laboratory director.</p>