Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D1038322	07/31/2026
Name of Provider or Supplier	**Street Address, City, State**	
Hendrix Medical Clinic	2709 West Kingshighway, Suite 6, Paragould, 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
D0000	A proficency testing desk review was performed January 14th, 2026 and the laboratory was found not in compliance with the following CONDITION LEVEL DEFICIENCIES: D2016 - 42 Code of Federal Regulations (C.F.R.) 493.803 Condition: Successful participation (proficiency testing) D6016 - 42 C.F.R. 493.1403 Condition: Laboratories performing high complexity testing; laboratory director. The following acronyms will be utilized in this report: ALB - Albumin CASPER - Certification and Survey Provider Enhanced Reporting CFR - Code of Federal Regulations CLIA - Clinical Laboratory Improvement Act CMS - Centers for Medicare and Medicaid Services HHS - Department of Health and Human Services NA - Sodium WSLH - Washington State Laboratory of Hygiene