

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D1047702	(X3) Date Survey Completed 04/13/2023
Name of Provider or Supplier Mana Urgent Care Wedington	Street Address, City, State 1188 Salem Road, Suite 6, Fayetteville, 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
D2015	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(5)(6)</p> <p>(5) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. (6) PT is required for only the test system, assay, or examination used as the primary method for patient testing during the PT event.</p> <p>This STANDARD is not met as evidenced by: Through a review of proficiency test documentation for 2021, 2022, and 2023 it was determined the laboratory director failed to sign attestation statements for two of five testing events in 2021, 2022 and 2023 and testing personnel failed to sign attestation sheets for five of five testing events in 2021, 2022, and 2023. Survey findings follow: A. A review of the Attestation Statement for 3rd Hematology / Coagulation Proficiency Testing Event of 2021, 1st and 3rd Hematology / Coagulation Proficiency Testing Event of 2022, and the 1st Hematology Testing Event of 2023 revealed that the testing personnel were listed in the same handwriting. B. A review of the Attestation Statements for the 2nd Hematology / Coagulation Proficiency Testing Event of 2022 and the 1st Hematology / Coagulation Proficiency Testing Event of 2023 revealed that the laboratory director failed to sign the Attestation Statements. C. A review of the Attestation Statements for the 2nd Hematology / Coagulation Proficiency Testing Event of 2022 revealed that all testing personnel failed to sign the Attestation Statement. D. In an interview at 10:13am on 4/13/2023, laboratory employee #3 (as listed on CMS 209 form) confirmed that the laboratory director</p>

failed to sign the Attestation Statement for one proficiency testing event in 2022 and one in 2023 and that testing personnel failed to sign Attestation Statements for all examined events in 2021, 2022, and 2023.

D5407

PROCEDURE MANUAL
CFR(s): 493.1251(d)

Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.

This STANDARD is not met as evidenced by:
. Through a review of the laboratory procedure manual, lack of documentation, and interviews with laboratory staff, it was determined the laboratory director failed to approve, sign, and date the laboratory procedures. Survey findings include: A. During a review of the laboratory procedures it was determined the procedure manual and individual procedures lacked the directors approval signature and date of approval. B. In an interview at 12:46pm on 4/13/23, laboratory employee #2 (as listed on the form CMS-209) confirmed the laboratory directors written approval of the laboratory procedures was not available.