

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D1080274	(X3) Date Survey Completed 09/24/2026
Name of Provider or Supplier Community Clinic - Rogers Medical	Street Address, City, State 1233 W Poplar, Rogers, 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
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(d) (d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality. This STANDARD is not met as evidenced by: Through observation and interview the laboratory failed to assure that supplies were not used when they have exceeded their expiration date. Findings follow: A) During a tour of the laboratory on 9/24/26 at 09:10 am, one of one bottle of Potassium Hydroxide Solution Lot # 5908-00 with an expiration date of 2026-06-30, was observed in the microscopy room . B) In an interview on 09/24/26 at 09:10 am, laboratory staff member (# 3 on the form CMS 209) confirmed that the bottle was available for use, and had exceeded the expiration date.
D5437	CALIBRATION AND CALIBRATION VERIFICATION CFR(s): 493.1255(a) (a)Unless otherwise specified in this subpart, for each applicable test system the laboratory must perform and document calibration procedures-- (a)(1) Following the manufacturer's test system instructions, using calibration materials provided or specified, and with at least the frequency recommended by the manufacturer; (a)(2) Using the criteria verified or established by the laboratory as specified in 493.1253(b) (3)-- (a)(2)(i) Using calibration materials appropriate for the test system and, if possible, traceable to a reference method or reference material of known value; and (a) (2)(ii) Including the number, type, and concentration of calibration materials, as well as acceptable limits for and the frequency of calibration; and (a)(3) Whenever calibration verification fails to meet the laboratory's acceptable limits for calibration verification.

This STANDARD is not met as evidenced by:

Through review of instrument calibration records, instrument user's manual, laboratory policy and procedure manual, lack of documentation, and interview it was determined that the laboratory failed to calibrate the Cell-Dyn Emerald hematology instrument every 6 months. Findings follow: A.)The manufacturer user manual for the Cell-Dyn Emerald Hematology analyzer and the laboratory policy and procedure manual both state that the instrument should be calibrated every 6 months. B) Review of the calibration documentation for the Cell Dyn Emerald hematology instrument revealed calibration was performed on 3/29/24, 3/17/25, 11/14/25, and 6/11/26. C) Upon request, the laboratory could not provide record of calibration of the Cell-Dyn Emerald hematology analyzer between 03/29/24 and 3/17/25. D) In an interview on 9/24/26 at 10:45 am the laboratory staff member (number 3 on the form CMS 209) confirmed that the calibration of the Cell-Dyn Emerald hematology analyzer had not been Performed every six months as required by the instrument manufacturer and laboratory policy.