Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D2013619	07/23/2026
Name of Provider or Supplier	**Street Address, City, State**	
Northeast Arkansas Pain Medicine, Llc	505 E Matthews Ave, Suite 103, Jonesboro, 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
D5209	PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235 As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency. This STANDARD is not met as evidenced by: Based upon a review of the CMS 209 form, review of laboratory documentation of competency assessment, lack of documentation and interview with laboratory staff, the laboratory failed to assess technical consultant competency on an annual basis for one of one technical consultant personnel listed on the CMS 209 form. Findings follow: A) Review of the CMS 209 form revealed that the technical consultant (number 2 on the form CMS 209) was employed by the laboratory. B) Review of competency assessment records revealed that the technical consultant (number 2 on the CMS 209 form) had records of competency evaluation in 2020, 2021, 2022, 2023 but no subsequent dates. C) Upon request, the laboratory was unable to provide competency assessments for technical consultant (number 2 on the CMS 209 form) for 2024 and 2025. D) In an interview on 7/23/26 at 08:50 a..m., the laboratory staff member (number 2 on the form CMS 209) confirmed that competency assessments for the technical consultant were not documented in 2024 and 2025 and the technical consultant had been contracted by the laboratory during those years.
D5783	CORRECTIVE ACTIONS CFR(s): 493.1282(b)(2) (b)(2) Results of control or calibration materials, or both, fail to meet the laboratory's established criteria for acceptability. All patient test results obtained in the unacceptable test run and since the last acceptable test run must be evaluated to determine if patient test results have been adversely affected. The laboratory must

	take the corrective action necessary to ensure the reporting of accurate and reliable patient test results. This STANDARD is not met as evidenced by: Baed upon review of the manufacturer's user manual for the Siemens Viva-E instrument, quality control (QC) results for October 2025, corrective action documentation, patient results, and interview, patient results were not evaluated to the last successful QC performance when QC failed and corrective action made changes in the test system operation for one of one instances reviewed. Findings follow: A) Review of the manufacturer's user manual for the Siemens Viva-E instrument revealed " C flag (Control Limit Violation) prepare fresh control or reagent solution if necessary". B) Through a review of Benzodiazep200 (BNZ) QC results for October 2025 it was revealed on 10/29/25 Benzodiazep200 positive control was recorded as "negative" at 07:19 a.m. before being recorded as positive at 08:05 a.m. C) Review of corrective action documentation for BNZ testing on that date revealed corrective action "calibrate and rerun" which indicated a change in the testing system. D) Review of patient results revealed that on 10/28/25 BNZ tests were performed and reported on eight patients(identified as numbers 1 through 8 on a separate patient identification list). F) In an interview on 7/23/26 at 09:35 a.m., the laboratory staff member (# 2 on the form CMS 209) confirmed that the BNZ results reported on 10/28 /25 had not been evaluated.