

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2098709	(X3) Date Survey Completed 05/23/2018
Name of Provider or Supplier First Care Walkin Clinic	Street Address, City, State 120 Adcock Rd, Ste A, Hot Springs, 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
D3037	<p>RETENTION REQUIREMENTS CFR(s): 493.1105(a)(4)</p> <p>Proficiency testing records. Retain all proficiency testing records for at least 2 years.</p> <p>This STANDARD is not met as evidenced by: . Through a review of proficiency records for 2017 and 2016, lack of documentation, as well as interview with staff, it was determined the laboratory failed to retain proficiency testing documentation for at least 2 years. A. Upon request the laboratory failed to have completed submission forms, signed attestation statements, instrument printouts or graded reports for the first, second, and third proficiency testing events of 2016 (3 of 3 proficiency testing events). B. In an interview on 5/23/2018 at 10:30, the technical consultant (as listed on form CMS 209) confirmed the lack of documentation and that the laboratory had not retained 2016 proficiency records.</p>
D5293	<p>GENERAL LABORATORY SYSTEMS QUALITY ASSESSMENT CFR(s): 493.1239(b)(c)</p> <p>(b) The general laboratory systems quality assessment must include a review of the effectiveness of corrective actions taken to resolve problems, revision of policies and procedures necessary to prevent recurrence of problems, and discussion of general laboratory systems quality assessment reviews with appropriate staff. (c) The laboratory must document all general laboratory systems quality assessment activities.</p> <p>This STANDARD is not met as evidenced by: . Through a review of proficiency testing reports, proficiency performance evaluation forms, as well as interview with staff, it was determined the laboratory failed to take corrective actions to prevent recurrence of problems in two of two failed proficiency testing events. As evidenced by: A. A review of the proficiency testing results</p>

revealed the laboratory scored 0% for Wet Prep examinations in the third Hematology proficiency testing event of 2016 and the first Hematology proficiency testing event of 2017. B. A review of the proficiency performance evaluation form dated 7/24/17 for the first Hematology event of 2017 revealed the corrective action documentation which states "training for Wet Prep examinations took place with all laboratory staff." C. The laboratory failed to retained proficiency testing records for 2016 (three of three testing events), in an interview on 5/23/2018 at 1042, the technical consultant (as listed on form CMS 209) stated the laboratory performed the same corrective action for the third event of 2016 and the first event of 2017. D. Corrective actions performed by the laboratory in the third event of 2016 failed to prevent the proficiency testing failure in the first testing event of 2017.