

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2217768	(X3) Date Survey Completed 09/18/2026
Name of Provider or Supplier Quantum Laboratory Services Llc	Street Address, City, State 824 North Creek Drive, Conway, 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
D5221	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(d) All proficiency testing evaluation and verification activities must be documented. This STANDARD is not met as evidenced by: Based on a review of proficiency test results of 2026, lack of documentation, lab policy, as well as interviews with laboratory staff, the laboratory failed to perform and document corrective actions that prevent recurrence of problems in the general laboratory systems. Survey findings follow: A. The laboratory failed to document corrective actions on American Proficiency Institute (API) 2026 2nd Event testing for Parainfluenza RSP-06 (reported result of DETECTED with an acceptable score of NOT DETECTED) and Enterobacter Cloacae UTI-07 (reported result of DETECTED with an acceptable score of NOT DETECTED) B. The surveyor requested documentation of corrective actions for results outside the acceptable range for the testing event, and quality assurance records were not available. C. Laboratory Proficiency Testing and Split Sample Policy states: "Corrective Action is required whenever an unacceptable response is obtained."; "Any corrective action reports related to proficiency testing must be filed with the proficiency testing"; and " The supervisor will consult with the Laboratory Director after reviewing results and the testing procedures with staff members. All retesting, review, and corrective action must be documented. The corrective action report must be signed by the testing personnel, supervisor, and Laboratory Director or designee." D. In an interview on 9 /18/26 at 12:32pm, the testing personnel #1 (as listed on the CMS-209 form) confirmed that no corrective actions for the 2nd event of 2026 had been performed.