Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	04D2227527	08/14/2025
Name of Provider or Supplier	**Street Address, City, State**	
Freshly Renewed Transitional Treatment	8404 Baseline Road, Little Rock, 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
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: Based upon a review of the laboratory's policy for quality control (QC), review of QC results for 6-Acetylmorphine (6AM) assays, documentation of corrective action, patient test results, lack of documentation, and interviews with laboratory staff members, the laboratory failed to evaluate patient test results performed since the last successful QC performance in one of one occasions when corrective action taken resulted in changes to the testing system. Findings follow: A) Review of the laboratory policy for "Quality Control and Corrective Action" revealed " the 1 2S Westgard rule is implemented. The rule is violated when a control result falls outside of the mean by +/= 2 standard deviations (SD). Violations of the 1 2S rule constitutes a QC failure requiring evaluation and remediation before patient resulting can occur". B) Review of QC for 6AM assay results in June 2025 revealed that on 6/13/25 level 4 EMIT controls Lot# T5 with a target value of 169 ng/dl and an acceptable range of 157.4 to 180.6 ng/dl was resulted as 181.1 (greater than 2SD aobve target). C) Review of corrective action taken in regard to the unsuccessful 6 AM QC 0n 6/13/25 revealed "6AM ^ all other QC passed recal'd and QC". Recalibration of 6 AM assays represented a change in the testing system. D) Review of QC results for 6AM assays revealed that the last successful QC performance prior to 6/13/25 at 09:37 a.m.was performed on 6/12/25 at 09:00 a.m. E) Review of patient 6AM results performed on 6 /12/25 after 09:00 a.m.revealed that 6AM assays were resulted on seven patients

	(identified as numbers one through seven on a separate patient identification list). F) Upon request, the laboratory was unable to provide documentation that the 6AM results identified above had been evaluated. G) In an interview on 8/14/25 at 10:45 a. m. the laboratory staff member (number 3 on the form CMS 209) confirmed that the patients 6 AM results performed on 6/12/25 had not been evaluated.