

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2270323	(X3) Date Survey Completed 06/17/2025
Name of Provider or Supplier Urology Group Pc, The	Street Address, City, State 944 State Highway 77, Marion, 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	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on review of the CMS 209 form, personnel records, and interview conducted on 6/17/2025 it was determined that the competency of the testing personnel was not assessed by the laboratory director on an annual basis. Findings follow: A) Review of Technical Supervisor (TS) personnel files on the CMS 209 form, one of one TS personnel revealed that the annual evaluation of the competency of the TS personnel was not documented annually for 2023, 2024, and 2025. B) Upon request, the laboratory was unable to provide other competency evaluations of the TS personnel on the CMS 209 form, no 2023, 2024 and 2025 competency evaluation for TS. C) In an interview on 6/17/2025 at 10:30 a.m. TS on the CMS 209 form, said, "no other competency evaluations were present and available".</p>
D5803	<p>TEST REPORT CFR(s): 493.1291(b)</p> <p>(b) Test report information maintained as part of the patient's chart or medical record must be readily available to the laboratory and to CMS or a CMS agent upon request.</p> <p>This STANDARD is not met as evidenced by: A review of patient final reports, and interviews with laboratory staff, determined the laboratory failed to indicate the correct address for the test Automated urinalysis test menu. As evidenced by: A. Upon reviewing a randomly selected patient final report</p>

for the test menu "AutoUA Automated Urinalysis Test", the report stated, "CLIA # 44D2128687 Unless otherwise indicated, all tests are performed at: The Urology Group 6029 Walnut Grove Road Suite 300 Memphis, TN 38120". Record selected: Patient # 265837. B. In an interview on 6/17/2025 at 3:37pm, the testing personnel #2 (as listed on CMS form 209) confirmed the laboratory final report citing the wrong facility where the actual test was performed. C. In an interview on 6/17/2025 at 3:47pm, the technical supervisor (as listed on CMS form 209) also confirmed the laboratory final report citing the wrong facility where the actual test was performed.

D6032

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1407(e)(14)

(e)(14) Specify, in writing, the responsibilities and duties of each consultant and each person, engaged in the performance of the preanalytic, analytic, and postanalytic phases of testing, that identifies which examinations and procedures each individual is authorized to perform, whether supervision is required for specimen processing, test performance or results reporting, and whether consultant or director review is required prior to reporting patient test results.

This STANDARD is not met as evidenced by:
Based on review of personnel files for all testing personnel listed on the CMS-209 form, lack of documentation, and interviews with laboratory staff, determined the laboratory director failed to authorize two of two testing personnel to perform testing without direct supervision. Survey findings include: A) During a review of personnel files for all testing personnel (TP), TP- 1 and TP- 2 (as listed on the form CMS-209) failed to have written authorization from the laboratory director, to perform moderate complexity and high complexity testing without direct supervision. B) In an interview on 6/17/2025 at 1:04 pm, the technical supervisor on the CMS 209 form, confirmed the lack of written authorization for two TP on form CMS 209.