Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2280364	(X3) Date Survey Completed 10/22/2025
Name of Provider or Supplier Highlands Oncology Group	**Street Address, City, State** 639 Hospital Dr, Mountain Home, 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
D5407	PROCEDURE MANUAL CFR(s): 493.1251(d) (d) Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use. This STANDARD is not met as evidenced by: Based on a review of the laboratory procedure manual, lack of documentation, and interviews with laboratory staff, the laboratory director failed to approve, sign, and date all the laboratory procedures. Survey findings include: A. During a review of the laboratory procedures, it was determined the laboratory director failed to sign the procedure manual and individual policies. B. In an interview at 12:50 on 10/21/2025, Technical Consultant (TC) as listed on the 209 form, confirmed the laboratory director's written approval of the laboratory procedures was not available.