

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 04D2300486	(X3) Date Survey Completed 09/23/2026
Name of Provider or Supplier Siloam Springs Medical Center	Street Address, City, State 451 South Holly St, Siloam 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
D3031	RETENTION REQUIREMENTS CFR(s): 493.1105(a)(3) Analytic systems records. Retain quality control and patient test records (including instrument printouts, if applicable) and records documenting all analytic systems activities specified in 493.1252 through 493.1289 for at least 2 years. In addition, retain the following: This STANDARD is not met as evidenced by: Through a review of quality control (QC) records for May 2026, lack of documentation, patient results, and interviews with laboratory staff, the laboratory failed to retain QC records for chemistry testing performed on the Architect Plus 4000 chemistry analyzer for at least two years. Survey findings include: A) Review of Chemistry QC records for May 2026 revealed that no records were presented for Cholesterol and Comprehensive Metabolic Profile (CMP) analysis performed on the Architect Plus 4000 chemistry analyzer on May 1, 2026. B) Upon request, the laboratory was unable to provide QC records for Cholesterol and CMP testing performed on May 1, 2026 C) Review of patient results revealed that 33 cholesterol assays and 48 CMP profiles were performed and reported on 5/1/26. D) In an interview, at 02:45 p.m. the laboratory staff member (# 2 on the form CMS-209) stated that the QC results for Cholesterol and CMP testing performed on 5/1/26 were not available.
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 review of the laboratory's policy and procedure for quality control (QC), the QC summary report for May 2026, the laboratory's corrective action log, lack of documentation, review of patient results, and interview with laboratory staff members, the laboratory failed to evaluate patient results back to the last successful QC run for Aspartate Aminotransferase (AST) analysis when corrective action taken to correct QC failure indicated a change in the testing system on one of one events reviewed. Findings follow: A) The laboratory policy and procedure for QC stated that QC results are unacceptable when a second consecutive result is outside of 2 standard deviations (SD) which is flagged as a 2/2S failure. B) Review of the QC summary report for AST performed on 5/19/26 revealed that level 3 of Biorad Multiquel QC material lot # 45980 was flagged as 2/2S at 10:01 a.m., repeated with flag 2/2S at 10:25 a.m., repeated with flag 2/2S at 11:06 a.m., before being acceptable at 11:41 a.m. C) Review of the laboratory corrective action log revealed that after failure at 10:01 a.m. the QC was repeated, after the failure at 10:25 a.m., the AST analysis was "calibrated", after the 11:06 failure a "new bottle of QC material was opened, before the QC was acceptable at 11:41 a.m. The calibration performed after the 10:25 a.m. result indicated a change in the testing system. D) Review of the QC summary report for AST on 5/18/26 revealed the last acceptable QC for AST analysis was performed on 5/18/26 at 09:44 a.m. E) Review of patient result reports revealed that 55 AST results were performed and reported on patients (identified as numbers 1 through 55 on a separate patient identification list) on 5/18/26. F) Upon request, the laboratory could not provide documentation that the AST results performed and reported on 5/18/26 had been evaluated. G) In an interview on 9/23/26 at 01:45 p.m., the laboratory staff member (number 2 on the form CMS 209) confirmed that the AST results performed on 5/18/26 had not been evaluated.