

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 19D0463834	(X3) Date Survey Completed 04/15/2025
Name of Provider or Supplier Arklatex Children's Clinic	Street Address, City, State 2400 Hospital Drive, Suite 120, Bossier City, LA	
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
D0000	A Recertification Survey was conducted April 15, 2025 at ArkLaTex Children's - CLIA ID # 19D0463834. The laboratory was found in compliance with 42 CFR 493 Requirement for Laboratories; however, standard deficiencies were cited.
D2015	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(5)(6)</p> <p>(b)(7) PT is required for only the test system, assay, or examination used as the primary method for patient testing during the PT event.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's College of American Pathologists (CAP) proficiency testing records and interview with personnel, the laboratory failed to ensure the laboratory director and testing personnel signed the original evaluation and attestation form for four (4) of four (4) proficiency testing events in the specialty of Hematology reviewed in 2024 and 2025. Findings: 1. Review of the laboratory's College of American Pathologists (CAP) proficiency testing records from 2024 and 2025 revealed the original evaluation and attestation statement was not signed by the laboratory director/designee and/or testing personnel for the following four (4) of four (4) proficiency testing (PT) events reviewed: a) FH16-A 2024: Laboratory Director and (4) Testing Personnel did not sign attestation form b) FH16-B 2024: Laboratory Director and (4) Testing Personnel did not sign attestation form; Laboratory Director /designee did not sign the original evaluation form c) FH16-C 2024: Laboratory Director and (3) Testing Personnel did not sign attestation form; Laboratory Director /designee did not sign the original evaluation form d) FH16-A 2025: Laboratory Director and (3) Testing Personnel did not sign attestation form 2. In interview on April 15, 2025 at 2:30 pm, Testing Personnel 1 confirmed the attestation forms identified were not signed by the appropriate personnel.</p>
D6018	LABORATORY DIRECTOR RESPONSIBILITIES

CFR(s): 493.1407(e)(4)(iii)

(e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratorys performance and to identify any problems that require corrective action; and

This STANDARD is not met as evidenced by:

Based on review of laboratory proficiency testing records and interview with personnel, the Laboratory Director failed to ensure proficiency testing attestation statements and original evaluation forms were signed by the appropriate personnel. Refer to D2015.