Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D0470045	09/18/2026
Name of Provider or Supplier	**Street Address, City, State**	
Arbuckle Memorial Hospital	2011 W Broadway Ave, Sulphur, OK	

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	The recertification survey was performed on 09/15/2026 through 09/18/2026. Standard-level deficiencies were cited.
D5215	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(b)(2) The laboratory must verify the accuracy of any analyte, specialty or subspecialty assigned a proficiency testing score that does not reflect laboratory test performance (that is, when the proficiency testing program does not obtain the agreement required for scoring as specified in subpart I of this part, or the laboratory receives a zero score for nonparticipation, or late return or results). This STANDARD is not met as evidenced by: Based on a review of records and interview with the director of laboratory services, laboratory failed to evaluate the accuracy of testing when proficiency results had not been graded by the proficiency testing program for two of two Hematology events, and one of two Immunology/Immunohematology events from January 2026 through the current date. Findings include: I. HEMATOLOGY (1) A review of Hematology proficiency testing records for the period of January 2026 through the current date identified the following for two of two events: (a) First 2025 Event - Five of five results had not been graded by the proficiency testing program for Hemochron Jr. Citrate APPT (samples HCA-01, HCA-02, HCA-03, HCA-04, and HCA-05), for four of four Hemochron Jr. Citrate PT (Sample HCP-02, HCP-04) and INR (samples HCP-02 and HCP-04): (i) HCA-01 APTT - The laboratory's reported a result of 99 did not agree with the "Expected Result" of 128 -174. There was no documentation to indicate corrective action had been taken for the unacceptable response; (ii) HCA-02 APTT - The laboratory's reported a result of 36 did not agree with the "Expected Result" of 94 -129. There was no documentation to indicate corrective action had been taken for the unacceptable response; (iii) HCA-03 APTT - The laboratory's reported a result of 32 did not agree with the "Expected Result" of 95 - 130. There

	was no documentation to indicate corrective action had been taken for the unacceptable response; (iv) HCA-04 APTT - The laboratory's reported a result of 105 did not agree with the "Expected Result" of 134 - 182. There was no documentation to indicate corrective action had been taken for the unacceptable response; (v) HCA-05 APTT - The laboratory's reported a result of 39 did not agree with the "Expected Result" of 100 - 136. There was no documentation to indicate corrective action had been taken for the unacceptable response; (vi) HCP-02 INR - The laboratory's reported a result of 1.1 did not agree with the "Expected Result" of 1.2 - 1.7. There was no documentation to indicate corrective action had been taken for the unacceptable response; (vii) HCP-04 INR - The laboratory's reported a result of 1.1 did not agree with the "Expected Result" of 1.2 - 1.7. There was no documentation to indicate corrective action had been taken for the unacceptable response; (vii) HCP-02 PT - The laboratory's reported a result of 10.8 did not agree with the "Expected Result" of 12.1 - 16.5. There was no documentation to indicate corrective action had been taken for the unacceptable response; (viii) HCP-04 PT - The laboratory's reported a result of 10.8 did not agree with the "Expected Result" of 12.1 - 16.5. There was no documentation to indicate corrective action had been taken for the unacceptable response. (b) Second 2026 Event: One of eight results had not been graded by the proficiency testing program for Educational Blood Cell Identification (DIF-02): (i) DIF-02 RBC Morphology - The laboratory's reported result had not been graded by the proficiency testing program and stated, "See Data Summary" under "Expected Result". There was no evidence the laboratory reviewed the "Participant Summary Report" to evaluate their result. (2) Interview with the director of laboratory services on 09/15/2026 at 04:00 pm confirmed the laboratory had not performed a self-evaluation to evaluate the non-graded results and corrective actions had not been taken as stated above. II. IMMUNOLOGY/IMMUNOHEMATOLOGY (1) A review of Immunology/Immunohematology proficiency testing records for the period of January 2026 through the current date identified the following for one of one event: (a) Second 2026 Event - One of one result had not been graded by the proficiency testing program for the Infectious Mononucleosis (sample IM-07): (i) IM-07 Infectious Mononucleosis - The laboratory's reported result had not been graded by the proficiency testing program and stated, "See Data Summary" under "Expected Result". There was no evidence the laboratory reviewed the "Participant Summary Report" to evaluate their result. (2) Interview with the director of laboratory services on 09/15/2026 at 04:00 pm confirmed the laboratory had not performed a self-evaluation to evaluate the non-graded result and corrective actions had not been taken as stated above.
D5401	PROCEDURE MANUAL CFR(s): 493.1251(a) (a) A written procedures manual for all tests, assays, and examinations performed by the laboratory must be available to, and followed by, laboratory personnel. Textbooks may supplement but not replace the laboratory's written procedures for testing or examining specimens. This STANDARD is not met as evidenced by: Based on review of policy, direct observation, and interview with the director of laboratory services, the laboratory failed to follow their policy for blood bank specimen labeling for one of two patient blood samples observed. Findings include: (1) On 09/17/2026, a review of the policy titled, "AMH Blood Bank Specimen Collection" stated, "The specimen collector labels the clot tube with the Blood Bank

	Recipient label"; (2) Direct observation of the laboratory on 09/17/2026 at 10:06 am, identified one of two patient tubes had not been labeled with the Blood Bank Recipient label; (3) Interview with the director of laboratory services 09/17/2026 at 10: 15 am confirmed the laboratory failed to follow their policy for specimen labeling.
D5435	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(b)(2) (b)(2)(i) Define a function check protocol that ensures equipment, instrument, and test system performance that is necessary for accurate and reliable test results and test result reporting. (b)(2)(ii) Perform and document the function checks, including background or baseline checks, specified in paragraph (b)(2)(i) of this section. Function checks must be within the laboratory's established limits before patient testing is conducted. This STANDARD is not met as evidenced by: Based on a review of records and interview with the director of laboratory services, the laboratory failed to have a complete written function check protocol to ensure the urine centrifuge was functioning properly during the review period of August 2024 through the current date. Findings include: (1) On 09/15/2026 at 01:55 pm, the director of laboratory services stated the laboratory performed urine microscopic testing and urine specimens were processed at a speed of 1700 revolutions per minute (rpm) for five minutes using the McKesson PowerSpin HXV centrifuge; (2) Although the speed and time function checks had been performed semi-annually for the urine centrifuge, a function check protocol that included instructions for the timer check could not be located; (3) The findings were reviewed with the director of laboratory services, who confirmed on 09/15/202 at 04:00 pm, there was no written protocol that included the timer function check.
D5537	ROUTINE CHEMISTRY CFR(s): 493.1267(b)(d) (b) Test one sample of control material each 8 hours of testing using a combination of control materials that include both low and high values on each day of testing. This STANDARD is not met as evidenced by: Based on a review of records and interview with the director of laboratory services, the laboratory failed to perform one sample of control material each 8 hours of patient blood gas testing using a combination of external control materials that include both low and high values on each day of testing for one of six days of patient testing reviewed. Findings include: (1) On 09/15/2026 at 01:49 am, the director of laboratory services stated the laboratory performed blood gas Carboxyhemoglobin (CO-OX) testing using the Nova Stat Profile Prime Plus; (2) A review of QC and patient records for testing performed from January 2026 through the current date identified that QC testing had not been performed each eight hours of patient testing for one of six patients reviewed as follows; (a) Patient sample #600311 had been performed on 06/22 /2026 at 22:31 pm. (3) The record was reviewed with the director of laboratory services director who stated on 09/17/2026 at at 10:40 am, QC testing had not been performed each eight hours of patient testing.