

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 37D0473037	<b>(X3) Date Survey Completed</b> 09/17/2025
<b>Name of Provider or Supplier</b> Broken Arrow Family Clinic	<b>Street Address, City, State</b> 705 West Oakland Street, Broken Arrow, OK	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	The recertification survey was performed on 09/17/2025. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the technical consultant and testing person #1 at the conclusion of the survey.
<b>D6016</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(i)</p> <p>(e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;</p> <p>This STANDARD is not met as evidenced by: Based on a review of records and interview with the technical consultant, the laboratory director failed to attest that, at the time of testing, proficiency testing samples were tested in the same manner as patient specimens as required under Subpart H for three of five proficiency testing events reviewed in 2024 and 2025. Findings include: (1) On 09/17/2025, a review of 2024 and 2025 proficiency testing events identified attestation statements had been signed after the graded evaluation was completed by the proficiency testing program for three of five events reviewed: (a) Third Hematology/Coagulation Event 2024 - The graded evaluation was completed on 12/11/2024 and the attestation statement had not been signed by the laboratory director until 12/11/2024; (b) First Hematology/Coagulation Event 2025 - The graded evaluation was completed on 04/16/2025 and the attestation statement had not been signed by the laboratory director until 04/16/2025; (c) Second Hematology /Coagulation 2025 - The graded evaluation was completed on 08/18/2025 and the attestation statement had not been signed by the laboratory director until 08/18/2025; (2) The records were reviewed with the technical consultant who stated on 09/17/2025 at 01:10 pm the attestation statements had not been signed timely as stated above.</p>
<b>D6053</b>	<p><b>TECHNICAL CONSULTANT RESPONSIBILITIES</b> CFR(s): 493.1413(b)(9)</p>

(b)(9) Evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.

This STANDARD is not met as evidenced by:

Based on a review of records and interview with testing person #1 and a phone call communication with the technical consultant, the laboratory failed to ensure competency evaluations for moderate complexity testing had been performed at least two times (semiannually) during the first year of testing for one of one testing person. Findings include: (1) On 09/17/2025, a review of personnel records for one person performing moderate complexity testing identified the following: (a) Testing Person #2 - The initial training was completed on 08/23/2024 and the first competency evaluation was completed on 03/06/2025. There was no evidence a second competency evaluation had been performed to date; (2) Interview with testing person #1 on 09/17/2025 at 12:50 pm and a phone call communication with the technical consultant following the survey on 09/22/2025 at 01:05 pm confirmed that the second competency evaluation had not been completed during the first year of patient testing.