

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D0476010	(X3) Date Survey Completed 07/11/2025
Name of Provider or Supplier Eastern Oklahoma Medical Center	Street Address, City, State 105 Wall Street, Poteau, 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 07/08, 09, 10, 11/2025. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the Quality Director, Laboratory Manager, Chief Operating Officer, Chief Nursing Officer, and Chief Executive Officer during an exit conference performed at the conclusion of the survey.
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on a review of records, written policies and procedures, and interview with technical supervisor #2 and quality director, the laboratory failed to have a written policy to assess the competency of the technical supervisor, based on the position responsibilities as listed in Subpart M, for one of one person requiring a competency assessment. Findings include: (1) A review of the laboratory policy and procedure manual identified no evidence of a policy for assessing the competency of the technical supervisor, including the frequency of the assessments; (2) A review of the Form CMS-209 (Laboratory Personnel Report) and personnel records for competency assessments performed during the review period of November 2023 through the current date identified competencies, based on job responsibilities, had not been performed for one of one person requiring a competency assessment; 3) The findings were reviewed with technical supervisor # 2 and quality manager who stated on 07/09 /2025 at 02:15 pm, a policy had not been written, and competencies had not been performed for the position as stated above.</p>
D5417	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT

CFR(s): 493.1252(d)

(d) Reagents, solutions, culture media, control materials, calibration materials, and other supplies must not be used when they have exceeded their expiration date, have deteriorated, or are of substandard quality.

This STANDARD is not met as evidenced by:

Based on observation and interview with technical supervisor #2, the laboratory failed to ensure expired supplies were not available for use. Findings include: (1)

Observation of the laboratory on 07/08/2025 at 10:10 am, identified the following expired supplies were available for use: (a) Four BD Vacutainer PST Gel and Lithium Heparin 83 Units, Lot 4166559, Exp. 06/30/2025 (b) One BD Vacutainer Buff. Na Citrate 0.109M, 3.2%, Lot 4344926 Exp. 06/30/2025 (c) One BD Microtainer MAP K2E (1.0mg), Lot 3324804, Exp. 05/31/2025 (2) Interview with technical supervisor #2 on 07/09/2025 at 1:30 pm confirmed the expired supplies were available for use.