

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  37D0670093	<b>(X3) Date Survey Completed</b>  09/19/2019
<b>Name of Provider or Supplier</b>  Utica Park Clinic - Owasso	<b>Street Address, City, State</b>  10512 N 110th East Ave, Suite 300, Owasso, 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>	A recertification survey was performed on 09/19/19. The findings were reviewed with the technical consultant at the conclusion of the survey. The laboratory was found in compliance with standard-level deficiencies cited.
<b>D5211</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a)</p> <p>The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in 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 failed to review and evaluate proficiency testing results. Findings include: (1) During the survey, the surveyor reviewed 2018 and 2019 Hematology proficiency testing records. The following failure was identified, for which corrective action documentation could not be located: (a) First 2019 Event (i) Urobilinogen - The laboratory failed the result for 1 of 2 samples (HD-6), and attained a score of 50%. (2) The surveyor asked the technical consultant if corrective action had been taken for the failure. After reviewing the records, the technical consultant stated corrective action had not been taken for the failure.</p>
<b>D5215</b>	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(b)(2)</p> <p>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).</p>

This STANDARD is not met as evidenced by:  
Based on a review of records and interview with the technical consultant, the laboratory failed to verify the accuracy of testing when the proficiency testing program did not evaluate submitted results. Findings include: (1) At the beginning of the survey, the surveyor reviewed 2018 and 2019 proficiency testing records and identified the following had not been evaluated by the proficiency testing program: (a) Hematology (i) 2019 First Event (aa) Urine Sediment sample US-02 (bb) Vaginal Wet Preparation (KOH) VKP-01 (2) The surveyor further reviewed the records and could not locate documentation verifying the laboratory had performed a self-evaluation of the non-graded results; (3) The surveyor asked the technical consultant if the results had been documented as evaluated. The technical consultant reviewed the records and stated the non-graded results had not been documented as reviewed.