

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  37D0689141	<b>(X3) Date Survey Completed</b>  04/01/2026
<b>Name of Provider or Supplier</b>  Bethany Children's Health Center	<b>Street Address, City, State</b>  6800 Nw 39th Expressway, Bethany, 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 04/01/2026. Standard-level deficiencies were cited.
<b>D1001</b>	<p><b>CERTIFICATE OF WAIVER TESTS</b> CFR(s): 493.15(e)</p> <p>493.15(e) Laboratories eligible for a certificate of waiver must-- (1) Follow manufacturers' instructions for performing the test; and (2) Meet the requirements in subpart B, Certificate of Waiver, of this part.</p> <p>This STANDARD is not met as evidenced by: Based on a review of manufacturer's instructions, observation, and interview with the laboratory director and testing person #1, the laboratory failed to follow the manufacturer's instructions for storage of testing kits and quality control materials for two of three areas observed. Findings include: (1) On 04/01/2026 at 10:15 am, the laboratory director and testing person #1 stated the laboratory performed Glucose testing using the Stat Strip analyzers; (2) Observation of two of three laboratory areas identified the following: (a) Room 3062: (i) One vial of Stat Strip Express Glucose Test Strip, Lot 0325170249, storage temperature requirement of 1-30 degrees C (Celsius); (ii) One vial of Stat Strip Express Glucose Control Level 1, Lot 0424261301, storage temperature requirement of 15-30 degrees C; (iii) One vial of Stat Strip Express Glucose Control Level 3, Lot 0424267303, storage temperature requirement of 15-30 degrees C. (b) Room 4062: (i) One vial of Stat Strip Express Glucose Test Strip, Lot 0325170249, storage temperature requirement of 1-30 degrees C; (ii) One vial of Stat Strip Express Glucose Control Level 1, Lot 0425248301, storage temperature requirement of 15-30 degrees C; (iii) One vial of Stat Strip Express Glucose Control Level 3, Lot 0425245303, storage temperature requirement of 15-30 degrees C. (3) Interview with the laboratory director and testing person #1 on 04/01/2026 at 03:00 pm confirmed the laboratory was not monitoring the temperatures of the rooms stated above.</p>

**D2015**

**TESTING OF PROFICIENCY TESTING SAMPLES**

CFR(s): 493.801(b)(5)(6)

(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.

This STANDARD is not met as evidenced by:

Based on a review of records and interview with the laboratory director, the laboratory director failed to sign proficiency testing attestation statements for two of seven proficiency testing events reviewed in 2025 and 2026. Findings include: (1) On 04/01/2026, a review of 2025 and 2026 proficiency testing events identified the following for two of seven events: (a) First Hematology/Coagulation Event 2025 - The attestation statement had not been signed by the laboratory director; (b) First Chemistry Core Event 2026 - The attestation statement had not been signed by the laboratory director. (2) The findings were reviewed with the laboratory director, who stated on 04/01/2026 at 02:25 pm, the attestation statements had not been signed as stated above.

**D5211**

**EVALUATION OF PROFICIENCY TESTING PERFORMANCE**

CFR(s): 493.1236(a)

The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part.

This STANDARD is not met as evidenced by:

Based on a review of records and interview with the laboratory director, the laboratory failed to review and evaluate proficiency testing results for two of four Chemistry Core Proficiency Testing events reviewed in 2025 and 2026. Findings include: (1) On 04/01/2026, a review of Chemistry Core Proficiency Testing records for four events (First 2025, Second 2025, Third 2025, and First 2026) identified the following failures with no evidence that corrective actions had been documented as performed: (a) First 2025 Event - The laboratory attained a score of 80% for Glucose (Sample BG-01); (b) Second 2025 Event - The laboratory attained a score of 80% for pCO<sub>2</sub> (Sample BG-09). (2) Interview with the laboratory director on 04/01/2026 at 02:30 pm confirmed corrective action had not been taken and documented for the failures.