

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 37D0721023	<b>(X3) Date Survey Completed</b> 03/04/2026
<b>Name of Provider or Supplier</b> Infusion Clinic Laboratory	<b>Street Address, City, State</b> 228 N Bliss Ave, Tahlequah, 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 03/04/2026. Standard-level deficiencies were cited.
<b>D6053</b>	<p><b>TECHNICAL CONSULTANT RESPONSIBILITIES</b> CFR(s): 493.1413(b)(9)</p> <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.</p> <p>This STANDARD is not met as evidenced by: Based on a review of records and interview with technical consultant #1 and technical consultant #3, 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 03/04/2026, a review of records for personnel performing moderate complexity testing identified the following for one of one person: (a) Testing Person #6 - The initial training was completed on 10/01/2024 and the first competency evaluation was completed on 04/30/2025. The second competency evaluation was not performed until 01/15/2026. (2) Interview with technical consultant #1 and technical consultant #3 on 03/04/2026 at 09:15 am confirmed that the second competency evaluation had not been completed during the first year of patient testing.</p>