

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D0927795	(X3) Date Survey Completed 01/21/2026
Name of Provider or Supplier Specialty Hospital Of Midwest City	Street Address, City, State 8210 National Avenue, Midwest City, 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 validation survey was performed on 01/21/2026. Standard-level deficiencies were cited.
D5203	<p>SPECIMEN IDENTIFICATION AND INTEGRITY CFR(s): 493.1232</p> <p>The laboratory must establish and follow written policies and procedures that ensure positive identification and optimum integrity of a patient's specimen from the time of collection or receipt of the specimen through completion of testing and reporting of results.</p> <p>This STANDARD is not met as evidenced by: Based on a review of records, manufacturer's instructions, and interview with the respiratory manager, the laboratory failed to follow the manufacturer's instructions for Blood Gas testing for three of five test reports reviewed from January through September 2025. Findings include: (1) On 01/21/2026 at 10:00 am, the respiratory manager stated Blood Gas (pH, pCO2, pO2) testing was performed using the CG4+ cartridge and iSTAT 1 analyzer; (2) A review of the manufacturer's instructions contained in the iSTAT 1 Wireless User Guide in the table titled, "Blood Collection Options and Test Timing" required the samples be tested within 10 minutes of collection; (3) A review of patient testing records from January through September 2025 identified three of five patient records had not been documented as being tested within ten minutes of collection: (a) Patient Report #3004088; tested on 04/26/2025 - The collection time had been documented as 02:33 pm and the testing time had been documented as 03:37 pm; (b) Patient Report #3004099; tested on 05/19/2025 - The collection time had been documented as 05:00 pm and the testing time had been documented as 07:04 pm; (c) Patient Report #3004163; tested on 09/30/2025 - The collection time had been documented as 08:51 pm and the testing time had been documented as 09:58 pm. (4) The records were reviewed with the respiratory manager who stated on 01/21/2026 at 01:10 pm, there was no additional documentation to</p>

	<p>prove the specimens had been tested within the timeframe required by the manufacturer.</p>
D5211	<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 respiratory manager, the laboratory failed to review and evaluate proficiency testing results for one of six Chemistry Proficiency testing events reviewed in 2024 and 2025. Findings include: (1) A review of Chemistry Proficiency testing records for six events (First 2024, Second 2024, Third 2024, First 2025, Second 2025, and Third 2025) identified the following failure with no evidence that corrective action had been documented as performed: (a) 2025 Chemistry Core 1st Event - The laboratory attained a score of 80% for HGB (Hemoglobin) Sample IB-02. (2) Interview with the respiratory manager on 01/21/2026 at 12:20 pm confirmed corrective action had not been taken and documented for the failure.</p>
D5431	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(2)</p> <p>(a)(2) Function checks as defined by the manufacturer and with at least the frequency specified by the manufacturer. Function checks must be within the manufacturers established limits before patient testing is conducted. (b) Equipment, instruments, or test systems developed in-house, commercially available and modified by the laboratory, or maintenance and function check protocols are not provided by the manufacturer. The laboratory must do the following:</p> <p>This STANDARD is not met as evidenced by: Based on a review of records, manufacturer's instructions, and interview with the respiratory manager, the laboratory failed to perform function checks every six months as defined by the manufacturer for the iSTAT 1 analyzer during the review period January 2024 through the current date. Findings include: (1) On 01/21/2026 at 11:45 am, the respiratory manager stated the laboratory performed the following using the iSTAT 1 analyzer: (a) Blood Gas pH, pCO₂, pO₂, and Lactic Acid testing using the CG4+ cartridge; (b) Sodium, Potassium, Chloride, Ionized Calcium, CO₂, Glucose, BUN (Urea Nitrogen), and Creatinine testing using the Chem 8+ cartridge. (2) A review of the i-STAT1 System Manual on page 14-2 under "Ensure Thermal Probe Check is Performed" stated, "Ensure the thermal probe check is performed every 6 months on each handheld reader. This check may be performed in conjunction with the analyzer software updates"; (3) A review of records from January 2024 through the current date identified no evidence the thermal probe checks had been performed prior to 11/20/2025; (4) The findings were reviewed with the respiratory manager who stated on 01/21/2026 at 11:45 am, the thermal probe checks had not been performed every six months.</p>
D5805	<p>TEST REPORT CFR(s): 493.1291(c)</p>

(c) The test report must indicate the following: (c)(1) For positive patient identification, either the patient's name and identification number, or a unique patient identifier and identification number. (c)(2) The name and address of the laboratory location where the test was performed. (c)(3) The test report date. (c)(4) The test performed. (c)(5) Specimen source, when appropriate. (c)(6) The test result and, if applicable, the units of measurement or interpretation, or both. (c)(7) Any information regarding the condition and disposition of specimens that do not meet the laboratory's criteria for acceptability.

This STANDARD is not met as evidenced by:

Based on a review of records and interview with the respiratory manager, the laboratory failed to ensure patient test reports included the name of the laboratory location where the testing was performed for two of two reports reviewed. Findings include: (1) A review of two patient reports identified the laboratory name was listed as "Inspire" and the name of the laboratory, as stated on the CLIA certificate, was "Inspire Specialty Hospital" as follows: (a) Patient pH, pCO₂, pO₂, and Lactic Acid testing resulted on 04/26/2025; (b) Patient BUN (Urea Nitrogen), Creatinine, Chloride, Glucose, Hematocrit, Hemoglobin, Ionized Calcium, Potassium, Sodium, and Total CO₂ testing resulted on 09/30/2025. (2) The findings were reviewed with the respiratory manager who stated on 01/21/2026 at 11:30 am, the laboratory name, as stated on the CLIA certificate had not been included on the patient test reports.