

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  37D0965880	<b>(X3) Date Survey Completed</b>  01/02/2025
<b>Name of Provider or Supplier</b>  Muskogee Pediatrics & Family Health Solutions	<b>Street Address, City, State</b>  3505 W Broadway, Muskogee, 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 following deficiencies are a result of a desk review of proficiency testing scores obtained from the national database and from the proficiency testing provider. The laboratory was found out of compliance with the following CLIA Conditions: 493.803; D2016: Successful Participation 493.1407; D6000: Laboratory Director, Moderate Complexity
<b>D2016</b>	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history.</p> <p>This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and WSLH (Wisconsin State Laboratory of Hygiene) Proficiency Testing Evaluation records, the laboratory failed to successfully participate in a</p>

	<p>proficiency testing program for two of three consecutive testing events in the specialty of Hematology for the analytes RBC (Red Blood Cells) and Hematocrit. Refer to D2130.</p>
<p><b>D2130</b></p>	<p><b>HEMATOLOGY</b> CFR(s): 493.851(f)</p> <p>Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance.</p> <p>This STANDARD is not met as evidenced by: Based on a review of proficiency testing scores obtained from the CASPER 0155D report and WSLH (Wisconsin State Laboratory of Hygiene) Proficiency Testing Evaluation records, the laboratory failed to achieve satisfactory performance for the analytes RBC (Red Blood Cells) and Hematocrit for two of three consecutive testing events in 2024, resulting in unsuccessful performance. Findings include: (1) A review of the CASPER 0155D report identified the following unsatisfactory scores; (a) RBC; (i) First Event 2024 - 0% (ii) Third Event 2024 - 60% (b) Hematocrit; (i) First Event 2024 - 0% (ii) Third Event 2024 - 40% (2) A review of the proficiency testing scores from WSLH for 2024 confirmed the above findings.</p>
<p><b>D6000</b></p>	<p><b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b> CFR(s): 493.1403</p> <p>The laboratory must have a director who meets the qualification requirements of 493.1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart.</p> <p>This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and WSLH (Wisconsin State Laboratory of Hygiene) Proficiency Testing Evaluation records, the laboratory director failed to provide overall management and direction of the laboratory services. Refer to D6016.</p>
<p><b>D6016</b></p>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(i)</p> <p>The laboratory director is responsible for the overall operation and administration of the laboratory, including the employment of personnel who are competent to perform test procedures, and record and report test results promptly, accurate, and proficiently and for assuring compliance with the applicable regulations. (e) The laboratory director must-- (e)(4)(i) Ensure that the proficiency testing samples are tested as required under Subpart H of this part;</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and WSLH (Wisconsin State Laboratory of Hygiene) Proficiency Testing Evaluation records, the laboratory director failed to ensure successful</p>

performance in an HHS approved proficiency testing program for the analytes RBC (Red Blood Cells) and Hematocrit in two of three consecutive testing events during 2024. Refer to D2030.