

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D1011845	(X3) Date Survey Completed 06/13/2025
Name of Provider or Supplier Northwest Family Medicine	Street Address, City, State 7301 N Comanche Ave, Oklahoma 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 recertification survey was performed on 06/13/2025. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the laboratory supervisor at the conclusion of the survey.
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 laboratory supervisor, the laboratory failed to review and evaluate proficiency testing results for one of three Microscopy Proficiency testing events reviewed in 2024 and 2025. Findings include: (1) A review of Microscopy Proficiency testing records for three events (First 2024, Second 2024, and First 2025) identified the following failure with no evidence that corrective action had been documented as performed: (a) Second 2024 Event - The laboratory attained a score of 50% for Urine Microscopic. (2) The records were reviewed with the laboratory supervisor who stated on 06/13/2025 at 09:40 am, corrective action had not been taken and documented for the failure.</p>
D5215	<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 laboratory supervisor, the laboratory failed to evaluate the accuracy of testing when proficiency results had not been graded by the proficiency program for one of three Microscopy Proficiency testing events reviewed in 2024 and 2025. Findings include: (1) A review of Microscopy Proficiency testing records for three events (First 2024, Second 2024, and First 2025) identified the following: (a) Second 2024 Event for KOH (Potassium Hydroxide) - One of two results had not been graded by the proficiency testing program: (i) PM-3 - The laboratory's reported result of "Yeast/Fungal Elements Present" did not agree with the "Acceptable Response" of "No Yeast/Fungal Elements Present". There was no documentation to indicate corrective action had been taken for the unacceptable response. (2) The records were reviewed with the laboratory supervisor who stated on 06/13/2025 at 09:40 am, the laboratory had not evaluated the result that was not graded by the proficiency testing program and corrective action had not been taken as stated above.

D6029

LABORATORY DIRECTOR RESPONSIBILITIES
CFR(s): 493.1407(e)(11)

(e)(11) Ensure that prior to testing patients specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results;

This STANDARD is not met as evidenced by:
Based on a review of records and interview with the laboratory supervisor, the laboratory director failed to ensure that personnel performing moderate complexity testing had the appropriate training for one of one person. Findings include: (1) A review of personnel records identified the following for one of one testing person hired after the previous recertification: (a) Testing Person #3 - This person was hired to perform patient testing on 01/15/2024. There was no documentation this person had been initially trained, although competency evaluations had been documented as performed on 07/22/2024 and 12/12/2024. (2) The records were reviewed with the laboratory supervisor who stated on 06/13/2025 at 10:15 am, although the testing person had been initially trained to perform moderate complexity testing, it had not been documented as performed.