

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D2085975	(X3) Date Survey Completed 09/17/2019
Name of Provider or Supplier Ascension St John Urgent Care Claremore	Street Address, City, State 1910 South Falcon Ave, Claremore, 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 09/17/19. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with technical consultant #1 and the laboratory coordinator at the conclusion of the survey.
D5209	<p>PERSONNEL COMPETENCY ASSESSMENT POLICIES CFR(s): 493.1235</p> <p>As specified in the personnel requirements in subpart M, the laboratory must establish and follow written policies and procedures to assess employee and, if applicable, consultant competency.</p> <p>This STANDARD is not met as evidenced by: Based on a review of records and interview with the laboratory coordinator, the laboratory failed to have a written technical consultant competency policy based on the job responsibilities as listed in Subpart M. Findings include: (1) During the survey, the surveyor reviewed personnel records for competency assessments performed during 2018 and to date in 2019. There was no evidence competencies had been performed for technical consultant #1, technical consultant #2, and technical consultant #3, based on their job responsibilities; (2) The surveyor asked the laboratory coordinator if a written policy to evaluate the technical consultants based on job responsibilities was available and if competencies had been performed during the review period. The laboratory coordinator stated a policy to evaluate the clinical consultant and technical consultant based on job responsibilities had not been written; and competencies had not been performed.</p>
D5429	<p>MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1)</p> <p>For unmodified manufacturer's equipment, instruments, or test systems, the laboratory must perform and document maintenance as defined by the manufacturer and with at</p>

least the frequency specified by the manufacturer.

This STANDARD is not met as evidenced by:

Based on a review of records, manufacturer's instructions, and interview with the laboratory coordinator, the laboratory failed to perform maintenance procedures as required by the manufacturer. Findings include: (1) At the beginning of the survey, the laboratory coordinator stated to the surveyor CBC (Complete Blood Count) testing was performed using the Sysmex XP-300 analyzer; (2) Later during the survey, the surveyor reviewed the manufacturer's weekly maintenance requirements as stated on the manufacturer's maintenance logs: (a) Clean SRV Tray (3) The surveyor then reviewed maintenance records from January 2018 through the day of the survey. There was no evidence the weekly maintenance had been performed: (a) Between 02/13/19 and 03/06/18 (b) Between 03/19/18 and 04/03/18 (4) The surveyor reviewed the records with the laboratory coordinator, who stated the weekly maintenance had not been documented as performed as indicated above.