

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 37D2093540	<b>(X3) Date Survey Completed</b> 10/12/2021
<b>Name of Provider or Supplier</b> Absentee Shawnee Tribal Health System -	<b>Street Address, City, State</b> 15702 E Highway 9, Norman, 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 initial survey was performed on 10/12/2021. The laboratory was found in compliance with a standard-level deficiency cited. The findings were reviewed with the laboratory director and laboratory supervisor at the conclusion of the survey.
<b>D5407</b>	<p>PROCEDURE MANUAL CFR(s): 493.1251(d)</p> <p>Procedures and changes in procedures must be approved, signed, and dated by the current laboratory director before use.</p> <p>This STANDARD is not met as evidenced by: Based on a review of the procedure manual and interview with the laboratory supervisor, the laboratory failed to ensure written policies and procedures had been approved, signed, and dated by the laboratory director. Findings include: (1) On 10/12/2021 at 09:45 am, the laboratory supervisor stated to the surveyor the laboratory began performing the following testing on 07/06/2020: (a) Urine Microscopic testing (b) Wet Prep Analysis (2) The survey reviewed the manual titled, "Plus Care Policies", which contained written policies and procedures. There was no indication the manual had been approved, signed, and dated by the laboratory director; (3) The surveyor showed the manual to the laboratory supervisor who stated on 10/12/2021 at 10:56 am, the manual contained the policies and procedures and had not been signed and dated by the laboratory director.</p>