

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D2106196	(X3) Date Survey Completed 04/28/2022
Name of Provider or Supplier My Family Healthcare, Llc	Street Address, City, State 1708 Delivery Lane, Durant, 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 04/28/2022. The findings were reviewed with the technical consultant, testing person #1 and testing person #3 at the conclusion of the survey. The laboratory was found in compliance with a standard-level deficiency cited.
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 technical consultant, the laboratory failed to review and evaluate proficiency testing results for one of four events. Findings include: (1) On 04/28/2022, a review of 2021 and 2022 proficiency testing records and revealed the following biases (biases were identified using the SDI (Standard Deviation Index) values assigned by the proficiency program): (a) 2022 First Hematology Event (i) Red Blood Cells - three of five results exhibited a negative bias (aa) Sample HSY-01 - SDI of -2.3 (bb) Sample HSY-02 - SDI of -2.1 (cc) Sample HSY-03 - SDI of -3.2 (2) There was no evidence in the records proving the biases had been identified and addressed; (3) The records were reviewed with the technical consultant. The technical consultant stated on 04/28/2022 at 10:35 am the bias had not been addressed.</p>