

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  37D2120030	<b>(X3) Date Survey Completed</b>  09/26/2019
<b>Name of Provider or Supplier</b>  Planned Parenthood Great Plains	<b>Street Address, City, State</b>  619 Nw 23rd St, Oklahoma City, 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>	A recertification survey was performed on 09/26/19. The findings were reviewed with the health center manager at the conclusion of the survey. The laboratory was found in compliance with standard-level deficiencies cited.
<b>D2015</b>	<p><b>TESTING OF PROFICIENCY TESTING SAMPLES</b> CFR(s): 493.801(b)(5)(6)</p> <p>(5) The laboratory must document the handling, preparation, processing, examination, and each step in the testing and reporting of results for all proficiency testing samples. The laboratory must maintain a copy of all records, including a copy of the proficiency testing program report forms used by the laboratory to record proficiency testing results including the attestation statement provided by the PT program, signed by the analyst and the laboratory director, documenting that proficiency testing samples were tested in the same manner as patient specimens, for a minimum of two years from the date of the proficiency testing event. (6) PT is required for only the test system, assay, or examination used as the primary method for patient testing during the PT event.</p> <p>This STANDARD is not met as evidenced by: Based on a review of records and interview with the health center manager, the laboratory director failed to sign proficiency testing attestation statements. Findings include: (1) During the survey, the surveyor reviewed 2018 and 2019 proficiency testing records and identified the following for 6 of 9 events: (a) First 2018 Hematology Event - The attestation statement had not been signed by the laboratory director; (b) Second 2018 Hematology Event - The attestation statement had not been signed by the laboratory director; (c) Third 2018 Hematology Event - The attestation statement had not been signed by the laboratory director; (d) First 2018 Immunohematology Event - The attestation statement had not been signed by the laboratory director; (e) Second 2018 Immunohematology Event - The attestation statement had not been signed by the laboratory director; (f) Third 2018</p>

Immunohematology Event - The attestation statement had not been signed by the laboratory director. (2) The surveyor reviewed the findings with the health center manager, who stated the attestation statement had not been signed by the laboratory director or designee.

**D2155**

**ABO GROUP AND D(RHO) TYPING**  
CFR(s): 493.859(c)

Failure to participate in a testing event is unsatisfactory performance and results in a score of 0 for the testing event. Consideration may be given to those laboratories failing to participate in a testing event only if-- (1) Patient testing was suspended during the time frame allotted for testing and reporting proficiency testing results; (2) The laboratory notifies the inspecting agency and the proficiency testing program within the time frame for submitting proficiency testing results of the suspension of patient testing and the circumstances associated with failure to perform tests on proficiency testing samples; and (3) The laboratory participated in the previous two proficiency testing events.

This STANDARD is not met as evidenced by:

Based on a review of records and interview with the health center manager, the laboratory failed to participate in a proficiency testing event for D (Rho) typing. Findings include: (1) During the survey, surveyor #1 reviewed proficiency testing records. The Performance Summary (generated by the proficiency testing program) verified the laboratory received 0% scores for D (Rho) typing on the first 2019 event due to a failure to participate; (2) Surveyor #1 asked the health center manager to explain the 0% score. The health center manager explained the following: (a) The health center manager stated the laboratory had discontinued D (Rho) typing between 07/24/18 and 08/05/19. However, the laboratory failed to notify the proficiency testing provider and the state agency as required.

**D5209**

**PERSONNEL COMPETENCY ASSESSMENT POLICIES**  
CFR(s): 493.1235

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.

This STANDARD is not met as evidenced by:

Based on a review of records, written policy and interview with the health center manager, the laboratory failed to have a written technical consultant competency policy based on the job responsibilities as listed in Subpart M. Findings include: (1) At the beginning of the survey, the surveyor reviewed personnel records for competency assessments performed during 2018 and 2019. There was no evidence competencies had been performed for the technical consultant, based on their job responsibilities; (2) The surveyor asked the health center manager if a written policy to evaluate the technical consultant based on job responsibilities was available. The health center manager stated a policy to evaluate the technical consultant based on job responsibilities had not been written; and competencies had not been performed.