

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b> 37D2141117	<b>(X3) Date Survey Completed</b> 09/12/2018
<b>Name of Provider or Supplier</b> Healthcare Express-Moore	<b>Street Address, City, State</b> 551 Se 4th St, Moore, 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 findings were reviewed with the technical consultant and testing person #1 at the conclusion of the survey. The initial survey was performed on 09/12/18. The laboratory was found to be in compliance with standard-level deficiencies cited.
<b>D5211</b>	<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 and testing person #1, the laboratory failed to thoroughly review and evaluate proficiency testing results. Findings include: (1) At the beginning of the survey, the surveyor reviewed 2018 proficiency testing records and identified the following failure, in which corrective action documentation could not be located: (a) First 2018 Hematology Event (i) Hematocrit - The laboratory failed the result for 1 of 5 samples, and attained a score of 80%. (2) The surveyor asked the technical consultant and testing person #1 if corrective action had been taken for the failure. After reviewing the records, the technical consultant and testing person #1 stated corrective action had not been taken to determine the cause of the failure.</p>
<b>D6053</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>The technical consultant is responsible for evaluating and documenting the performance of individuals responsible for moderate complexity testing at least semiannually during the first year the individual tests patient specimens.</p>

This STANDARD is not met as evidenced by:

Based on a review of records and interview with the technical consultant and testing person #1, the technical consultant failed to ensure that persons performing moderate complexity testing had been evaluated semiannually during the first year of testing. Findings include: (1) At the beginning of the survey, the surveyor reviewed personnel records. The following was identified: (a) Testing Person #1 - The initial training for this person was completed on 12/07/17. There was no evidence that a semiannual evaluation had been performed (due 06/2017); (b) Testing Person #2 - The initial training for this person was completed on 12/11/17. There was no evidence that a semiannual evaluation had been performed (due 06/2017). (2) The surveyor reviewed the records with the technical consultant and testing person #1 who stated there were no records to prove the above persons had been evaluated semiannually.