

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D2145906	(X3) Date Survey Completed 08/26/2026
Name of Provider or Supplier Classen Urgent Care Moore	Street Address, City, State 1015 Sw 4th Street, Moore, 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 06/26/2026. Standard-level deficiencies were cited.
D5211	EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(a) The laboratory must review and evaluate the results obtained on proficiency testing performed as specified in subpart H of this part. This STANDARD is not met as evidenced by: Based on a review of records and interview with the laboratory director, the laboratory failed to review and evaluate proficiency testing results for one of five Hematology Proficiency Testing events reviewed in 2025 and 2026. Findings include: (1) On 08/26 /2026, a review of Hematology Proficiency Testing records for five events (First 2025, Second 2025, Third 2025, First 2026, and Second 2026) identified the following failures with no evidence that corrective actions had been documented as performed: (a) Third 2025 Event: (i) The laboratory attained a score of 80% for Hematocrit (Sample XE-11); (ii) The laboratory attained a score of 80% for MCH (Sample XE-11); (iii) The laboratory attained a score of 80% for MCHC (Sample XE-11); (iv) The laboratory attained a score of 80% for Red Cell Count (Sample XE-11). (2) Interview with the laboratory director on 08/26/2026 at 12:40 pm confirmed a corrective action had not been taken and documented for the failures.
D6018	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(iii) (e)(4)(iii) All proficiency testing reports received are reviewed by the appropriate staff to evaluate the laboratorys performance and to identify any problems that require corrective action; and

This STANDARD is not met as evidenced by:

Based on a review of records and interview with the laboratory director, the laboratory director failed to ensure proficiency testing reports were reviewed for one of five Hematology events reviewed in 2025 and 2026. Findings include: (1) A review of 2025 and 2026 Hematology proficiency testing events identified the "Performance Evaluations" included a space for the laboratory director or designee signature and date (indicating review of the graded evaluation). The following was identified for one of five events: (a) API Third event of 2025 - There was no evidence the Performance Evaluation had been signed and dated as reviewed by the laboratory director or designee. (2) Interview with the laboratory director on 08/26/2026 at 12:45 pm, confirmed the graded evaluations, had not been signed and dated as reviewed by the laboratory director or designee.