Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D2164493	10/22/2025
Name of Provider or Supplier	**Street Address, City, State**	
Oklahoma On Demand Urgent Care	11426 N 134th E Ave, Owasso, 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 10/22/2025. The laboratory was found in compliance with standard-level deficiencies cited.
D2010	TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(2) (b)(2) The laboratory must test samples the same number of times that it routinely tests patient samples. This STANDARD is not met as evidenced by: Based on a review of records and interview with the laboratory supervisor, the laboratory failed to test proficiency testing samples the same number of times that patient samples were tested for one of five Hematology/Coagulation proficiency testing events reviewed. Findings include: (1) On 10/22/2025 at 10:30 am the laboratory supervisor stated CBC (Complete Blood Count) testing was performed using the Sysmex XP-300 analyzer; (2) A review of Hematology/Coagulation proficiency testing records for five events (First 2024, Second 2025, Third 2024, First 2025, Second 2025) identified specimens had been tested in duplicate as follows: (a) First 2024 Event - Five of five samples were tested in duplicate for CBC testing (i) Sample HSY-01 was tested on 03/19/2024 at 08:13 am and 03/20/2025 at 07:04 pm; (ii) Sample HSY-02 was tested on 03/19/2024 at 08:16 am and 03/20/2024 at 07:05 pm; (iii) Sample HSY-03 was tested on 03/19/2024 at 08:18 am and 03/20/2024 at 07: 07 pm; (iv) Sample HSY-04 was tested on 03/19/2024 at 08:19 am and 03/20/2024 at 07:08 pm; (v) Sample HSY-05 was tested on 03/219/2024 at 08:21 am and 03/20 /2024 at 07:12 pm. (3) The records were reviewed with the laboratory supervisor who stated on 10/22/2025 at 10:30 am, the samples had been tested in duplicate as stated above and patient samples were not routinely tested in this manner.
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 laboratory supervisor, the written competency assessment policy for assessing the technical consultant based on the position responsibilities did not define the frequency of the assessment to be performed, and the laboratory failed to document the competency assessment for the technical consultant, based on the position responsibilities as listed in Subpart M, for one of one technical consultant during the review period of 12/06 /2023 through the current date. Findings include: (1) A review of written policies and interview with the laboratory supervisor on 10/22/2025 at 11:30 am identified the written competency assessment policy for assessing the technical consultant based on the position responsibilities did not define the frequency of the assessment; (2) Further review of personnel records and Form CMS 209, identified no evidence competency assessments had been performed for one of one person listed as the technical consultant during the review period of 12/06/2023 through the current date; (3) The findings were reviewed with the laboratory supervisor who stated on 10/22/2025 at 11: 58 am, competency assessment had not been performed for the role of technical consultant, and the competency assessment policy for assessing the technical consultant based on the position responsibilities did not define the frequency of the assessment as stated above.
D5413	TEST SYSTEMS, EQUIPMENT, INSTRUMENTS, REAGENT CFR(s): 493.1252(b) (b) The laboratory must define criteria for those conditions that are essential for proper storage of reagents and specimens, accurate and reliable test system operation, and test result reporting. The criteria must be consistent with the manufacturer's instructions, if provided. These conditions must be monitored and documented and, if applicable, include the following: (b)(1) Water quality. (b)(2) Temperature. (b)(3) Humidity. (b)(4) Protection of equipment and instruments from fluctuations and interruptions in electrical current that adversely affect patient test results and test reports. This STANDARD is not met as evidenced by: Based on a review of records, manufacturer's instructions, observation, and interview with the laboratory supervisor, the laboratory failed to ensure the laboratory temperature was maintained as required by the manufacturer for Becton Dickson (BD) Vacutainer tubes for 19 of 241 days of patient testing from January 2025 to August 2025. Findings include: (1) On 10/22/2025 at 11:30 am, observation of the laboratory identified that BD Vacutainer tubes were routinely stored in the laboratory; (2) A review of the package insert for the Vacutainer tubes identified the manufacturer required the tubes to be stored at 4-25 degrees Celsius; (3) A review of temperature records identified the temperature readings were greater than 25 degrees Celsius for 19 of 241 days of patient testing; (4) The records were reviewed with the laboratory supervisor who stated on 10/22/2025 at 11:30 am, the laboratory temperature had not been maintained as required by the manufacturer.

D5429	MAINTENANCE AND FUNCTION CHECKS CFR(s): 493.1254(a)(1) (a)(1) Maintenance as defined by the manufacturer and with at least the frequency specified by the manufacturer. This STANDARD is not met as evidenced by: Based on a review of records, manufacturer's instructions, and interview with the laboratory supervisor, the laboratory failed to ensure the manufacturer's instructions were followed for performing maintenance procedures for one of one analyzer reviewed from January 2025 through the current date. Findings include: (1) On 10/22 /2025 at 11:28 am, the laboratory supervisor stated the laboratory performed CBC (WBC (White Blood Cell), RBC (Red Blood Cell), Hgb (Hemoglobin), Hct (Hematocrit), Plt (Platelet)) testing using the Sysmex XP-300 analyzer; (2) A review of the manufacturer's maintenance log showed the following required daily and weekly maintenance procedures: (a) Daily: (i) Perform Shutdown (ii) Verify Backgroud (iii) Verify Vacuum Pressure (iv) Check Trap Chamber (v) Perform Quality Control (b) Weekly: (i) Clean SRV Tray (3) A review of maintenance logs from January 2025 through the current date identified daily and weekly maintenance procedures had not been documented as performed as follows: (a) Daily: (i) July 12,13,14,15,23,26,27 (ii) August 29 (iii) September 6,7,14,20,21,28 (b) Weekly: (i) Between 03/12/2025 and 03/24/2025 (ii) Between 09/15/2025 and 10/08/2025 (4) The records were reviewed with the laboratory supervisor who stated on 10/22/2025 at 12: 33 pm, the daily and weekly maintenance procedures had not been documented as performed as stated above.
D5807	TEST REPORT CFR(s): 493.1291(d) (d) Pertinent "reference intervals" or "normal" values, as determined by the laboratory performing the tests, must be available to the authorized person who ordered the tests and, if applicable, the individual responsible for using the test results. This STANDARD is not met as evidenced by: Based on a review of records and interview with the laboratory supervisor, the laboratory failed to ensure reference intervals were determined as appropriate for the laboratory's patient population for two of two patient reports reviewed. Findings include: (1) On 10/22/2025 at 1:00 pm, the laboratory supervisor stated the laboratory performed CBC (Complete Blood Count) testing using the Sysmex XP-300 hematology analyzer; (2) Review of two patient CBC reports (the first report was for an adult female patient with the testing performed on 09/26/2025 at 06:06 pm and the second report was for an adult male patient with the testing performed on 04/18/2025 at 04:50 pm) identified both reports included the same reference intervals for the following CBC parameters: (a) WBC (White Blood Cell) count - 3.1-10.3 (10^3/mL); (b) RBC (Red Blood Cell) count - 4.20-5.40 (10^6/mL); (c) Hemoglobin - 12.0-15.1 g /dL; (d) Hematocrit - 36.0-44.0 %; (e) Platelets - 150-400 (10^3/mL). (3) The reports were reviewed with the laboratory supervisor who stated on 10/22/2025 at 01:00 pm, the patient reports did not include gender specific reference ranges for WBC, RBC, Hemoglobin, Hematocrit, and Platelets.