Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D2168136	04/21/2025
Name of Provider or Supplier	**Street Address, City, State**	
Premier Plus Urgent Care	2804 Sw 134th St, Oklahoma City, 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 following deficiencies are a result of a desk review of proficiency testing scores obtained from the national database and from the proficiency testing provider. The laboratory was found out of compliance with the following CLIA Conditions: 493.803; D2016: Successful Participation 493.1407; D6000: Laboratory Director, Moderate Complexity
D2016	SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c) (a) Each laboratory performing nonwaived testing must successfully participate in a proficiency testing program approved by CMS, if applicable, as described in subpart I of this part for each specialty, subspecialty, and analyte or test in which the laboratory is certified under CLIA. (b) Except as specified in paragraph (c) of this section, if a laboratory fails to participate successfully in proficiency testing for a given specialty, subspecialty, analyte or test, as defined in this section, or fails to take remedial action when an individual fails gynecologic cytology, CMS imposes sanctions, as specified in subpart R of this part. (c) If a laboratory fails to perform successfully in a CMS-approved proficiency testing program, for the initial unsuccessful performance, CMS may direct the laboratory to undertake training of its personnel or to obtain technical assistance, or both, rather than imposing alternative or principle sanctions except when one or more of the following conditions exists: (1) There is immediate jeopardy to patient health and safety. (2) The laboratory fails to provide CMS or a CMS agent with satisfactory evidence that it has taken steps to correct the problem identified by the unsuccessful proficiency testing performance. (3) The laboratory has a poor compliance history. This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and Medical Laboratory Evaluation AAB (American Society of Bioanalysis) proficiency testing graded evaluations, the laboratory failed to

	successfully participate in a proficiency testing program for two consecutive testing events in the specialty of Hematology for the analyte Hematocrit, resulting in unsuccessful performance. Refer to D2130.
D2130	HEMATOLOGY CFR(s): 493.851(f) (f) Failure to achieve satisfactory performance for the same analyte in two consecutive events or two out of three consecutive testing events is unsuccessful performance. This STANDARD is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and Medical Laboratory Evaluation AAB (American Society of Bioanalysis) proficiency testing graded evaluations, the laboratory failed to achieve satisfactory performance for the analyte Hematocrit for two consecutive testing events in 2024 and 2025. Findings include: (1) A review of the CASPER 0155D report identified the following unsatisfactory scores for Hematocrit: (a) Third Event 2024 - 0% (b) First Event 2025 - 20% (2) A review of the proficiency testing scores from Medical Laboratory Evaluation AAB (American Society of Bioanalysis) for 2024 and 2025 confirmed the above findings.
D6000	MODERATE COMPLEXITY LABORATORY DIRECTOR CFR(s): 493.1403 The laboratory must have a director who meets the qualification requirements of 493. 1405 of this subpart and provides overall management and direction in accordance with 493.1407 of this subpart. This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and Medical Laboratory Evaluation AAB (American Society of Bioanalysis) proficiency testing graded evaluations, the laboratory director failed to provide overall management and direction for two consecutive events in 2024 and 2025, resulting in unsuccessful performance. Refer to D6016.
D6016	LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1407(e)(4)(i) (e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part; This STANDARD is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and Medical Laboratory Evaluation AAB (American Society of Bioanalysis) proficiency testing graded evaluations, the laboratory director failed to ensure successful performance in an HHS approved proficiency testing program for the analyte Hematocrit in two consecutive testing events in 2024 and 2025. Refer to D2130.