Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	37D2169508	07/08/2025
Name of Provider or Supplier	**Street Address, City, State**	
Pro-Care Family Health Of Oklahoma, Llc	1013 Dewey Ave, Poteau, 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 07/08/2025. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the compliance officer, laboratory specialist II, and testing person #1 at the conclusion of the survey.
D5403	PROCEDURE MANUAL CFR(s): 493.1251(b) (b) The procedure manual must include the following when applicable to the test procedure: (b)(1) Requirements for patient preparation; specimen collection, labeling, storage, preservation, transportation, processing, and referral; and criteria for specimen acceptability and rejection as described in 493.1242. (b)(2) Microscopic examination, including the detection of inadequately prepared slides. (b)(3) Step-by-step performance of the procedure, including test calculations and interpretation of results. (b)(4) Preparation of slides, solutions, calibrators, controls, reagents, stains, and other materials used in testing. (b)(5) Calibration and calibration verification procedures. (b)(6) The reportable range for test results for the test system as established or verified in 493.1253. (b)(7) Control procedures. (b)(8) Corrective action to take when calibration or control results fail to meet the laboratory's criteria for acceptability. (b)(9) Limitations in the test methodology, including interfering substances. (b)(10) Reference intervals (normal values). (b)(11) Imminently life-threatening test results, or panic or alert values. (b)(12) Pertinent literature references. (b)(13) The laboratory's system for entering results in the patient record and reporting patient results including, when appropriate, the protocol for reporting imminently life threatening results, or panic, or alert values. (b)(14) Description of the course of action to take if a test system becomes inoperable. This STANDARD is not met as evidenced by: Based on a review of records, policies and procedures and interview with the laboratory specialist II and the compliance officer, the laboratory failed to have step

	by step procedures for one of three procedures reviewed. Findings include: (1) On 07 /08/2025 at 09:15 am, the compliance officer stated drug screen confirmations were performed using the AB Sciex Triple Quad 4500 gas chromatograph/mass spectroscopy/mass spectroscopy method; (2) A review of patient reports identified the laboratory performed preliminary urine drug screens and then froze the samples until running the GC/MS/MS confirmations on the AB Sciex; (3) A review of the policies and procedures identified no guidance for freezing samples prior to running on the AB Sciex Triple Quad 4500; (4) The findings were reviewed with the laboratory specialist II and the compliance officer who stated on 07/08/2025 at 09:15 am, the procedure did not include the information as stated above for frozen samples.