

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 37D2172852	(X3) Date Survey Completed 07/23/2025
Name of Provider or Supplier Pmo Medical, Pllc	Street Address, City, State 401 E Broadway Court, Ste A, Sand Springs, 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 07/23/2025. The laboratory was found in compliance with standard-level deficiencies cited. The findings were reviewed with the laboratory director, quality assurance manager, and technical manager at the conclusion of the survey.
D5217	<p>EVALUATION OF PROFICIENCY TESTING PERFORMANCE CFR(s): 493.1236(c)(1)</p> <p>At least twice annually, the laboratory must verify the accuracy of any test or procedure it performs that is not included in subpart I of this part.</p> <p>This STANDARD is not met as evidenced by: Based on a review of records and interview with the laboratory director, QA (quality assurance) manager, and technical manager, the laboratory failed to verify the accuracy of Urine Drug Screen testing at least twice annually during the review period of June 2023 through the current date. Findings include: (1) On 07/23/2025 at 09:30 am, the laboratory director stated the following: (a) The laboratory performed Urine Drug Screen testing for the detection of Amphetamine, Benzodiazepine, Buprenorphine, Cocaine, Methadone, Opiate, Oxycodone using the Siemens Healthineers Viva-ProE analyzer; (b) The laboratory enrolled and participated in a proficiency testing program to meet the twice annual accuracy verification requirement. (2) A review of records from June 2023 through the current date identified the following: (a) No evidence the laboratory had participated in proficiency testing during the second 2023 event for the analyte Methadone; (b) No evidence the laboratory had participated in proficiency testing during the second 2024 event for all analytes. (3) Interview with the laboratory director on 07/23/2025 at 10:18 am confirmed Urine Drug Screen had not been verified for accuracy at least twice annually in 2023 and 2024 as indicated above.</p>
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 and interview with the laboratory director, QA (quality assurance) manager and technical manager, the laboratory failed to ensure the manufacturer's instructions were followed for performing maintenance procedures on the Siemens Healthineers Viva-ProE analyzer during the review period of October 2024 through June 2025. Findings include: (1) On 07/23/2025 at 09:30 am, the laboratory director stated the laboratory performed urine drug testing (Amphetamine, Benzodiazepine, Buprenorphine, Cocaine, Methadone, Opiate, Oxycodone) using the Siemens Healthineers Viva-ProE analyzer; (2) A review of the operator's manual titled "Viva-ProE System Operator's Guide" under section 7.1.3 "Maintenance Checklist" showed the following required maintenance procedures: (a) Daily: (i) Check reagent rotor compartment (b) Monthly: (i) Clean treated water and waste containers (ii) Clean instrument exterior (iii) Clean reagent rotor compartment (iv) Check/fill cooling fluid (c) Quarterly: (i) Replace drying block (3) A review of maintenance records from October 2024 through June 2025 identified daily, monthly, and quarterly maintenance had not been documented as performed as follows: (a) Daily: (i) Between 10/01/2024 and 06/30/2025 (b) Monthly: (i) Between 10/07/2024 and 12/17/2024 (clean treated water and waste containers not performed) (ii) Between 10/07/2024 and 03/17/2025, 04/04/2025 and 06/30/2025 (Clean instrument exterior not performed) (iii) Between 11/24/2024 and 04/4/2025 (Clean reagent rotor compartment not performed) (iv) Between 01/17/2025 and 03/14/2025, 04/29/2025 and 06/09/2025 (Check/fill cooling fluid not performed) (c) Quarterly: (i) Prior to 01/20/2025 (4) Interview with the laboratory director, QA manager, and technical manager on 07/23/2025 at 10:50 am confirmed the maintenance procedures had not been documented as performed as stated above.