

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  37D2247441	<b>(X3) Date Survey Completed</b>  04/21/2025
<b>Name of Provider or Supplier</b>  Ou Health Er & Urgent Care Czech Hall	<b>Street Address, City, State</b>  709 N Czech Hall Rd, Yukon, OK	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

<b>(X4) ID Prefix Tag</b>	<b>Summary Statement of Deficiencies</b>
<b>D0000</b>	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
<b>D2016</b>	<p>SUCCESSFUL PARTICIPATION CFR(s): 493.803(a)(b)(c)</p> <p>(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.</p> <p>This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and College of American Pathologists proficiency testing graded evaluation records, the laboratory failed to successfully participate in a proficiency</p>

	<p>testing program for three of four consecutive testing events in the specialty of Hematology for the analyte WBC (White Blood Cell) Count, resulting in a non-initial unsuccessful performance. Refer to D2130.</p>
<b>D2130</b>	<p><b>HEMATOLOGY</b> CFR(s): 493.851(f)</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: Based on a review of proficiency testing scores obtained from the CASPER 0155D report and College of American Pathologists proficiency testing graded evaluation records, the laboratory failed to achieve satisfactory performance for the analyte WBC (White Blood Cell) Count for three of four consecutive testing events in 2024 and 2025. Findings include: (1) A review of CASPER 0155D identified the following unsatisfactory scores for WBC: (a) First Event 2024 - 0% (b) Second Event 2024 - 60% (c) First Event 2025 - 60% (2) A review of the proficiency testing graded evaluation records from College of American Pathologists confirmed the above findings.</p>
<b>D6000</b>	<p><b>MODERATE COMPLEXITY LABORATORY DIRECTOR</b> CFR(s): 493.1403</p> <p>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.</p> <p>This CONDITION is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and College of American Pathologists graded evaluation records, the laboratory director failed to provide overall management and direction for three of four consecutive testing events in 2024 and 2025, resulting in a non-initial unsuccessful performance. Refer to D6016.</p>
<b>D6016</b>	<p><b>LABORATORY DIRECTOR RESPONSIBILITIES</b> CFR(s): 493.1407(e)(4)(i)</p> <p>(e)(4)(i) The proficiency testing samples are tested as required under Subpart H of this part;</p> <p>This STANDARD is not met as evidenced by: Based on a desk review of proficiency testing scores obtained from the CASPER 0155D report and College of American Pathologists graded evaluation records, the laboratory director failed to ensure successful performance in an HHS approved proficiency testing program for the analyte WBC (White Blood Cell) Count in three of four consecutive testing events in 2024 and 2025. Refer to D2130.</p>