### Laboratory Director's or Provider/Supplier Representative's Signature and Title

Electronic Signature: Yes

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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**Summary Statement of Deficiencies**

(E 000) Initial Comments

An on-site revisit was conducted in conjunction with a complaint investigation survey (event ID# OK8Z11) on 02/27/22 through 03/01/22. The facility is back into compliance effective 02/11/22. The Directed Plan of Correction including the root cause analysis was reviewed.

(F 000) INITIAL COMMENTS

An onsite revisit was conducted in conjunction with a complaint investigation survey (Event ID#OK8Z11) on 2/27/22 through 3/1/22. The facility is back into compliance effective 2/11/22. The Directed Plan of Correction including the Root Cause Analysis was reviewed.