Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	01D0027451	09/13/2022
Name of Provider or Supplier	**Street Address, City, State**	
Grove Hill Memorial Hospital	295 S Jackson St, Grove Hill, AL	

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
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 review of the CMS (Centers for Medicare and Medicaid Services) CASPER reports and American Proficiency Institute (API) Proficiency Testing (PT) evaluations, the laboratory failed to successfully participate in compatibility testing for two of three consecutive testing events, Event #3, 2021 and Event #2, 2022. The findings include: Refer to D2173.
D2173	COMPATIBILITY TESTING CFR(s): 493.863(a)

	Failure to attain an overall testing event score of at least 100 percent is unsatisfactory performance. This STANDARD is not met as evidenced by: Based on a review of the CMS (Centers for Medicare and Medicaid Services) CASPER reports and American Proficiency Institute (API) Proficiency Testing (PT) evaluations, the laboratory failed to satisfactorily perform in compatibility testing for two of three consecutive testing events, Event #3, 2021 and Event #2, 2022. These failures resulted in an initial unsuccessful participation for the laboratory. The findings include: 1. A review of the CASPER reports revealed the laboratory scored the following for compatibility testing: Event #3, 2021 80 % Event #2, 2022 80 % 2. A review of the API PT evaluations confirmed the above noted scores.