

<b>Statement of Deficiencies</b>	<b>(X1) Provider/Supplier/CLIA Identification Number</b>  01D0303802	<b>(X3) Date Survey Completed</b>  02/26/2025
<b>Name of Provider or Supplier</b>  Medical Center Barbour	<b>Street Address, City, State</b>  820 W Washington Street, Eufaula, AL	
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>D5217</b>	<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 the American Proficiency Institute (API) Proficiency Testing (PT) records, and an interview with the Technical Supervisor (TS)/General Supervisor (GS), the laboratory failed to implement a mechanism to verify the accuracy of the B-type natriuretic peptide (BNP), a non regulated analyte. The surveyor noted the PT evaluation failures occurred in two consecutive events out of six events from 2023-2024. The findings include: 1. A review of the API PT records revealed the laboratory BNP evaluation scores were 20 percent for the following events: a) 2023 Chemistry First Event b) 2023 Chemistry Second Event 2. An interview with the TC/GS on 02-25-2025 at approximately 2:36 PM revealed the PT unsatisfactory scores for both events resulted from the selection and submission of the incorrect test method to API. The same reasons were documented under the Laboratory Director's (or designee) review of PT evaluations. 3. The TC/GS confirmed the above findings during the exit conference on 02-26-2025 at 3:59 PM.</p>
<b>D6054</b>	<p>TECHNICAL CONSULTANT RESPONSIBILITIES CFR(s): 493.1413(b)(9)</p> <p>(b)(9) Thereafter, evaluations must be performed at least annually</p> <p>This STANDARD is not met as evidenced by: Based on a review of the 2023-2024 personnel records and an interview with the Technical Supervisor (TS)/General Supervisor (GS) and the Testing Personnel 12</p>

(TP12), the Technical Consultant (TC) failed to assess and document the annual competency of individuals responsible for moderate complexity testing in the Cardio-Pulmonary department. The surveyor noted five of the nineteen Testing Personnel (TP) listed on the CMS 209 (Laboratory Personnel Report) did not have the required annual evaluations in 2023. The findings include: 1. A review of Cardio-Pulmonary personnel records revealed the Technical Consultant failed to perform and document the 2023 annual competency assessments for the following TP. 1. TP12 2. TP13 3. TP14 4. TP15 5. TP16 2. The TS/GS and TP12 confirmed the above findings on 02-25-2025 at 4:31 PM during the day one exit conference.