

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 01D0670422	(X3) Date Survey Completed 10/26/2023
Name of Provider or Supplier Selma Doctors Clinic	Street Address, City, State 509 Parkman Avenue, Selma, 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
D2009	<p>TESTING OF PROFICIENCY TESTING SAMPLES CFR(s): 493.801(b)(1)</p> <p>The individual testing or examining the samples and the laboratory director must attest to the routine integration of the samples into the patient workload using the laboratory's routine methods.</p> <p>This STANDARD is not met as evidenced by: Based on a review of Proficiency Testing (PT) records and an interview with the Technical Consultant, Testing Personnel failed to sign the attestation statement provided by Wisconsin State Laboratory of Hygiene (WSLH). This was noted for two out of six events reviewed from the date of the last survey, April 20, 2022, to the date of the current survey, October 26, 2023. The findings include: 1. A review of PT records revealed attestation statements with no evidence of signatures by the Testing Personnel for Hematology 3rd Event 2022 or Hematology 2nd Event 2023. 2. During an interview on 10/26/2023 at 11:00 AM, the Technical Consultant confirmed the above findings.</p>